



Daffodil
International
University

Project Title

**“Survey on current pregnant mother care status of rural Fakirhat
Upazila, Bagerhat in Bangladesh”**

In the partial fulfilment of the requirements for the degree of Bachelor of
Pharmacy.

Submitted To

The Department of Pharmacy
Faculty of Allied Health Sciences
Daffodil International University

Submitted By

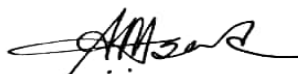
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November 27,2022

Declaration

I, thereby humbly declare that, the dissertation work title. “**Survey on current pregnant mother care status of rural Fakirhat Upazila, Bagerhat in Bangladesh**” a requirement for the degree Bachelor of Pharmacy (B.Pharm) program under the faculty of Allied Health Sciences Daffodil International University, Bangladesh was carried out by me under the guidance of my supervisor during the study period of July 31 to October 15 2022.

Supervised By:



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Approval

This project paper “**Survey on pregnant mother care status of rural Fakirhat Upazila, Bagerhat in Bangladesh**” submitted to the Department of Pharmacy, Faculty of Allied Health Sciences, Daffodil International University, has been accepted as satisfactory for the partial fulfilment of the requirements for the degree of Bachelor of Pharmacy and approved as to its style and contents.

BOARD OF EXAMINERS

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Acknowledgement

Firstly, I would like to express all my gratitude to Almighty Allah, who has granted me courage and the strength to complete this project. A project is never the work of an individual. It is more than a combination of folk ideas, suggestion, reviews, contributions and work. A project's achievement and final outcome required a lot of guidance and support from many people, and I am extremely privileged to have acquired this all along until my paper is finished. My heartfelt thanks to my Supervisor Md. A. K. Azad, Assistant professor, Department of pharmacy, Daffodil International University, who cared intensively for my project work and guide me throughout. I feel obliged to take this opportunity to express my sincere thanks to Professor Dr. Munir Uddin Ahmed, Head of Department of Pharmacy at Daffodil International University.

I would like to express my heartfelt gratitude to my supervisor for allowing me to work under him, for his precious time in spite of his busy schedule, for his academic and administrative support and for the motivation and care as well.



Dedicated to
My Parents and Supervisor...

Abstract

From the time of the child's birth until the child is between the ages of twelve and fifteen months, maternal practices have included elements of a mother's parenting duties. Potential mothers receive prenatal and postnatal treatment throughout their pregnancies. In order to reduce the number of stillbirths and pregnancy complications and give women a good pregnancy experience, WHO has developed a new set of recommendations to improve the standard of maternal care. The experience of all expectant women should be positive, and they should receive treatment that honors their dignity. The study's objectives were to raise public knowledge of maternal care during pregnancy and to assist in creating and implementing maternity care plans through a questionnaire-based in-person survey in which over 120 pregnant women took part. With an average age ranging from 19 to 24 years old, the bulk (80%) of the 120 respondents were very young adults. Eighty percent (80%) of their pregnancies were unintended. 97% of respondents claimed to have completed all tasks on their own without any further help while pregnant. With pressure from their families and after finding they were having a girl, about 30% of expectant moms underwent ultrasounds; the remaining 70% underwent ultrasounds once or twice throughout their entire pregnancies due to low family income and other factors. The remaining respondents—who are in financial difficulty and lack the necessary knowledge about maternal care—do not take any multivitamins, which increases the risk of miscarriage and poor pregnancy outcomes—despite the fact that the majority of respondents—58% of mothers—consult a doctor during pregnancy and do not favor self-medication. Only 6% of expectant mothers who have maternal mental depression go to a doctor. Consequently, the infant is impacted. 92% of doctors fail to warn patients about the risks associated with cesarean birth, despite the fact that those who disregard medical advice have a 54% higher chance of experiencing subsequent infertility people. Only 2% of respondents are aware of the importance postpartum care plays in lowering the chance of problems occurring after delivery. Only 2% of respondents as a whole are aware of postpartum care, which lowers the chance of difficulties during delivery. Mothers with infants with issues were more likely to receive postpartum care. Even if the majority of respondents do not receive enough care during pregnancy, homeowners' awareness of proper maternal care has to be increased.

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CHAPTER 1

INTRODUCTION

INTRODUCTION:

In addition to offering basic items for kids up to age 8, mother care is specialized for expectant women. Following the baby's stabilization in an incubator or warmer, which can take anywhere between 3 and 7 days on average, the World Health Organization (WHO) currently recommends that mothers only begin to care for their infants. [1] from conception through delivery. The egg grows into the embryo and placenta before becoming a fetus after being fertilized by a sperm and then deposited in the uterine lining. The average gestational period is 40 weeks long, divided into three trimesters that each last three months, starting on the first day of the woman's last menstrual cycle. [2]

1. Stage of Pre-Pregnancy

Early prenatal care, also referred to as pre-pregnancy care, aids in identifying problems that can impact our pregnancy. Thus, we can prevent any issues with the help of our doctors. We will discuss our emotional and physical well-being with our nurse or doctor, and they will conduct any testing or screenings to ensure that we have a good pregnancy. They can also offer us advice on how to conceive. [3]A healthy, well-balanced diet is essential. Health starts with a freshly prepared, low-fat, high-fiber diet. Before to becoming pregnant, women should aim for a normal body weight.

Folic acid:

Folic acid is a specialized form of vitamin. It is less likely that a baby will be born with a neural tube defect like spina bifida if folic acid is taken for at least one month before to conception and then during pregnancy. All women attempting to get pregnant should take folic acid supplements. The recommended dosage of folic acid will be suggested by our doctor. [4]

Iodine:

The generation of thyroid hormones requires iodine. These hormones are essential for the brain and nervous system development of the fetus as well as in newborns and early children. Many Australian women do not consume enough iodine through their diets. Find out from our doctor how much iodine we must consume.[5]

Vitamin D:

Women who receive limited exposure to the sun, such as those who wear veils or who frequently apply sunscreen, may be at risk for vitamin D insufficiency. If we don't get enough vitamin D, our doctor could test us and suggest supplements. [6]

2. During Pregnancy Stage

Calculating from the first day of the last menstrual cycle, which is roughly two weeks prior to conception, a typical pregnancy typically lasts for about 40 weeks. Three trimesters, each

lasting 12 to 13 weeks, make up the course of a pregnancy. The body of a pregnant woman undergoes changes throughout each trimester, as does the growing fetus. [7]

1.3 First Trimester (conception – 12 weeks)

Month One (conception – 4 weeks)

A fluid-filled sac that forms around the infant as it develops into a watertight sac. The amniotic sac, as it is known, helps protect our developing kid. [8] The placenta develops at this period as well. A structure inside the uterus called the placenta is responsible for transferring nutrients from the mother to the unborn child. Throughout the pregnancy, consider the placenta to be our baby's feeding supply. [9] The baby's face will start to shape during these early weeks, with its eyes having noticeable black rings. In development are the neck, lower jaw, and mouth. Circulation is about to start as blood cells are forming. By the end of the fourth week, the little "heart" tube will be beating 65 times per minute. [10]

Month Two (5 weeks – 8 weeks)

The features of our baby's face keep changing. At the side of the head, each ear starts as a little skin fold. Arms and legs are developing from little buds. Additionally, eyes, fingers, and toes are developing. [11] The central nervous system's neural tissue, including the brain, spinal cord, and other brain and spinal cord regions, is now fully developed. Also starting to grow are the digestive system and the senses. The cartilage begins to give way to bone. [12] In comparison to the rest of its body, our baby's head is currently larger. The heartbeat of our infant can typically be heard at around 6 weeks. By the second month's conclusion, our baby is about one inch long and weighs around a thirtieth of an ounce. [13]

Month Three (9 weeks – 12 weeks)

1.4 Second Trimester (13 weeks – 28 weeks)

The arms, hands, fingers, feet, and toes of our unborn child are all developed. Our infant is now beginning to explore a little bit by opening and closing its mouth and hands. The external ears are fully developed, and fingernails and toenails are starting to grow. Under the gums, teeth are developing. The reproductive organs of our unborn child also grow, although ultrasounds have difficulty identifying the gender of the child. [14]

Our baby is completely formed by the third month's end. All of the organs and extremities are there and will continue to grow and develop to become fully functional. Additionally, functioning are the baby's circulatory and urinary systems, as well as the liver's bile production. [15] Abortions are usually carried out in the third and fourth month.

Month Four (13 weeks – 16 weeks)

Using a doppler, we can now hear our baby's heartbeat. The fingers and toes are clearly formed. The formation of the eyelids, eyebrows, eyelashes, nails, and hair. Bones and teeth get denser. Even more advanced than that, our infant can yawn, stretch, and make faces. [17] The neurological system is beginning to work. Our doctor can tell on an ultrasound whether we are expecting a boy or a girl because the reproductive organs and genitalia are now fully grown. [18] Our child is about 6 inches long and weighs about 4 ounces by the end of the fourth month.

Month Five (17 weeks – 20 weeks)

We might start to feel our baby move about at this point! Our infant is using his/her muscles, which have grown. It can seem like a flutter to the mother during this first movement, known as quickening. [19] The newborn's head starts to sprout hair. The lanugo, a soft, fine hair, covers our baby's shoulders, back, and temples. Normally shed at the conclusion of the infant's first week of life, this hair serves to protect our newborn. [20] Vernix caseosa, a whitish covering, is present on the infant's skin. Our baby's skin may be shielded by this material from prolonged contact with amniotic fluid. Immediately before delivery, this coating is lost. [21] Our baby is about 10 inches long by the end of the fifth month.

Month Six (21 weeks – 24 weeks)

Our baby's skin is reddish, wrinkled, and translucent, and if we could see inside the uterus, we would find that the baby's veins are visible through the skin. You can see the Baby's finger and toe prints. The eyes now start to open. [22] Baby moves or increases the pulse in response to stimuli heard outside the womb. If the infant gets hiccups, we might see jerking movements. If given intensive care, a premature baby can live past the 23rd week. Our child is about 12 inches long and 2 pounds when the sixth month comes to a close.

Month Seven (25 weeks – 28 weeks)

Our infant is reserving body fat and will continue to develop. The infant's hearing is now fully developed. The infant frequently shifts positions and reacts to sounds, pain, and light. From this point until the conclusion of the pregnancy, the amniotic fluid steadily starts to disappear. [23] The baby's heart rate is observed to somewhat slow down when the mother speaks at this point, demonstrating that the mother's voice has a calming impact on the child. When a baby is born, they will recognize their mother's voice. [24] Our kid is between 2 and 4 pounds and about 14 inches long at the end of the seventh month.

1.5. Third Trimester (29 weeks – 40 weeks)

Month Eight (29 weeks -32 weeks)

The development of bodily fat stores and our infant's maturation are ongoing processes. Our infant's increased kicking may be something we notice. Currently, our kid can see and hear, and his or her brain is still developing quickly. The most of the body's systems are mature, but the lungs could not be. [25] Our kid is approximately 18 inches long and up to 5 pounds by the end of the eighth month of pregnancy.

Month Nine (33 weeks – 36 weeks)

Our infant will continue to develop and grow during this phase. At this stage, the lungs are almost finished developing. Our baby's reflexes are coordinated, enabling him or her to respond to sounds, light, and touch as well as blink, close the eyes, turn the head, and grab firmly.[26] Our kid is between 17 and 19 inches long and weighs between 5 12 and 6 12 pounds at the end of the ninth month.

Month Ten (37 weeks – 40 weeks)

We're in the last month where labor could happen at any moment. Due to the restricted space, we can observe that our baby moves less. The position of our baby may have shifted at this stage to accommodate labor. The baby should be lying head down inside our uterus. As the baby descends into our pelvis and is ready to be born, we could experience some extreme discomfort at this point. [27]

1.6 Post Pregnancy

Pregnancy that lasts more than 42 weeks is referred to as post-term. That is two weeks past the typical 40-week gestational period. It's deemed safe and "normal" for most women to give birth between 37 and 40 weeks. Obstacles to fetal and mother health are associated with post-term pregnancy. Therefore, doctors typically take all reasonable measures to ensure that a baby be born as near to the due date as feasible. Sometimes, this entails initiating labor, which carries its own set of dangers. [28]

1.7. Working Material During Pregnancy

Food

Dairy products

We need to eat more protein and calcium during pregnancy to meet the demands of our developing babies. Milk, cheese, and yogurt are examples of dairy products that ought to be considered.

Legumes

Lentils, peas, beans, soybeans, and peanuts are among the foods in this category. Legumes are excellent plant-based providers of fiber, protein, iron, folate, and calcium, which are all nutrients that our bodies require in greater quantities during pregnancy. In addition to being

delicious and versatile in how they are prepared, sweet potatoes are also high in beta-carotene, a plant chemical that is transformed into vitamin A in human bodies.

Eggs

Those amazing, edible eggs are the healthiest food since they have a small amount of practically every vitamin we require. A big egg has roughly 80 calories, as well as lots of vitamins and minerals, high-quality protein, and fat.

Proteins and lean meat

High quality protein can be found in lean meats like chicken, hog, and beef. Iron, choline, and other B vitamins, all of which we'll need in greater amounts during pregnancy, are also abundant in beef and pork. [29]

Exercise

Pregnancy can improve our health if we exercise for 30 minutes most days, if not every day. Additionally, good is exercising for only 20 minutes, three or four days per week. Getting our blood moving and being active are key. [30]

Psychological Status

Though they are not uncommon in women of reproductive age, psychiatric or mental illnesses do not worsen during pregnancy. The risk of the most common mental disorders is not raised by pregnancy, while the chance of severe depressive disorder may increase after delivery. Major depressive episodes (MDE) affected 12.4% of pregnant women, or one in eight of them, according to one study. [31]

Family Care

Not many people understand the importance of family support during pregnancy. The thing is, the support family members give the soon-to-be mother helps keep her in a good mood, which benefits the health of the baby. The fact that a mother feels cared for and accompanied during her pregnancy keeps her stress hormones in check and helps prevent postpartum depression. The arrival of a new family member entails creating new bonds. As a result, the family grows and each member must be emotionally available for the new family member. Support is needed during this time.[32]

Medicine

Our healthcare provider will weigh the benefit to us and the risk to our baby when making his or her recommendation about a particular medicine. With some medicines, the risk of not taking them might be more serious than the potential risk associated with taking them. For example, if we have a urinary tract infection our healthcare provider might prescribe an antibiotic. If the urinary tract infection is not treated, it could cause long-term problems for both the mother and her baby.[33]

1.8 Worldwide Condition of Pre-Pregnancy

The medical care a pregnant woman receives is called prenatal care. As soon as a woman realizes or suspects she is pregnant, prenatal care should start. The health of both the mother and the fetus depends on early and frequent prenatal visits.

According to research, prenatal care affects how healthy the pregnancy is. Three times as many low birth weight babies are delivered by women who do not seek prenatal care. Infant mortality risk can also rise as a result of inadequate prenatal care. [34]

1.9 Pre- pregnancy condition in Bangladesh

Bangladeshi women were more likely to have unfavorable pregnancy outcomes and poor prenatal health. In Bangladesh, women continue to be significantly subordinate to men in practically every area of their lives, including access to healthcare, employment prospects, and education. This study examines the seriousness of pregnancy-related health issues as they relate to women's autonomy and how antenatal care use and birthing habits affect this relationship. About 41.5% of women in Bangladesh had high-risk pregnancies with numerous health issues. Findings demonstrated a substantial relationship between high-risk pregnancies and women's economic autonomy, freedom of movement, and decision-making autonomy. However, maternal childbearing habits and antenatal care acted as mediating factors to only somewhat increase women's autonomy, particularly in terms of physical mobility. In particular, the likelihood of high-risk (many problems) pregnancies increased by roughly 30% and 31%, respectively, for both early and delayed childbearing and shorter birth interval, high parity lowered the risk by 23%, and antenatal care use decreased the risk by 46%. [35]

1.10 Worldwide Condition of Post Pregnancy

Morbidity and perinatal mortality are among the problems of post-term pregnancy that affect the fetus, newborn, and mother. Inaccurate pregnancy dates and the stillbirth definition's denominator led to an initial underestimation of these risks. Regular ultrasound dating in the first trimester has reduced the overall rate of post-term pregnancy and shown increased complication rates in post-term pregnancies due to better differentiation between term and postterm gestation. The number of perinatal complications in post-term women has increased sixfold when ongoing pregnancies rather than delivered pregnancies are used as the denominator for stillbirth. [36]

1.11 Post Pregnancy condition of Bangladesh

Twenty percent of all fatalities among women in reproductive age occur in Bangladesh as a result of pregnancy and childbirth. One in five deaths occur before delivery, 10% happen during delivery, and the rest deaths happen after delivery. In Bangladesh's rural communities, the majority of women are unaware of how to properly care for themselves during pregnancy. Most

women give birth to undernourished children because they receive inadequate consultation and direction. In Bangladesh, ADRA works closely with rural women and has arranged a variety of health programs to increase awareness of various health issues among the rural population. [37]

CHAPTER 2

PURPOSE OF THE STUDY

PURPOSE OF THE STUDY

General objective:

To learn more about the knowledge, attitudes, and perceptions of Bangladeshi villagers.

Specific objective:

- To determine the current state of maternal care.
- To identify the contributing causes to inadequate maternal care in the local community.
- To raise people's awareness of adequate maternal care.
- To offer appropriate recommendations for assuring care.

CHAPTER 3

LITERATURE REVIEW

LITERATURE REVIEW:

3.1. Nutrition in pregnancy and lactation S A Udipi 1, P Ghugre, U Antony Affiliations expand J Indian Med Association 2000 Sep;98(9):548-57.

The preservation of good health is fundamentally dependent on nutrition at appropriate levels. The progress and result of the pregnancy depend greatly on the nutrition of the mother.

During lactation, the infant's wellbeing and nutritional status are monitored.

reliant upon the mother. In order for pregnancy and lactation to be successful, changes must be made to the mother's metabolism, body composition, and physiological systems. These changes call for a diet that satisfies maternal nutritional requirements in order to protect maternal health after a healthy baby is born. A healthy diet promotes the development of both maternal and fetal tissues. The birth weights of neonates are impacted by chronic undernutrition during pregnancy. Intrauterine growth retardation results from poor nutrition. Additional nutrients necessary for the growth of the brain include zinc, iodine, and folate.

3.2. Nutrient Requirements during Pregnancy and Lactation Marie Jouanne,1 Sarah Oddoux,2 Antoine Noël,2 and Anne Sophie Voisin-Chiret1, Faruk Ahmed, Academic Editor

Throughout pregnancy, nutrition counseling is crucial for all women. The nutritional state of a woman influences not only her own health but also the course of her pregnancy and the health of her unborn child. The nutritional needs of pregnant women vary greatly. From those of populations who are not pregnant. On this subject, there is a wealth of literature, and our results were supported by adequate data. As a result, we can think about two situational categories: systematic additions, unique circumstances that may justifiably warrant supplements, and the treatment of maternal or fetal illnesses, either curative or preventative. The present daily recommendations appear to be quite far from physiological realities, which overestimates the real demands of pregnant women. Currently, all available research suggests that coping mechanisms enable healthy, well-nourished women who have access to a varied diet to.

3.3. Pregnancy and Lactation: Physiological Adjustments, Nutritional Requirements and the Role of Dietary Supplements Mary Frances Picciano The Journal of Nutrition, Volume 133, Issue 6, June 2003, Pages 1997S-2002S, <https://doi.org/10.1093/jn/133.6.1997S>

Nutritional needs rise during pregnancy and nursing in order to sustain both the metabolism and development of the mother's reproductive tissues as well as the growth and development of the fetus and newborn. The whole amount of nutrients need is not always.

Even though this procedure of summation is sometimes employed to obtain estimates of necessary nutrient intakes, the simple sum of those stored in maternal tissues, products of pregnancy and breastfeeding, and those attributable to the maintenance of non-reproducing women. Both pregnancy and breastfeeding are anabolic states that are controlled by hormones to guide resources into the placenta and mammary gland, two highly specialized maternal tissues that are essential for reproduction, and then pass those nutrients to the growing fetus or newborn. The physiological changes, dietary requirements, and lifestyle choices of pregnant and breastfeeding women are discussed in this article.

CHAPTER 4

METHODOLOGY

METHODOLOGY

Methods

This section will look into the methodology and approach that will be utilized to collect the survey's data. This survey aimed to evaluate pregnant women in Bangladesh Fakirhat upazila "knowledge, attitude, and perception of mother care." This part is crucial because it examines the survey methodology and techniques that will be applied to gather data for the survey.

Study design

This questionnaire-based in-person study of pregnant women who resided in both urban and rural areas was conducted from July 31 to November 15, 2022. I physically collected the data for this investigation. To ensure the data's authenticity and dependability, a good rapport with the participants must be established. The points and objectives of the review were presented to the members before the meeting. A wise approach has been used in handling, resuming, and settling the information that has been obtained.

Content of the survey

The structured questionnaires were created by the researcher themselves after analyzing earlier research from a variety of sources, including online journals, newspapers, scholarly databases, and google searches. These sources were selected based on necessity. It took about 10 to 12 minutes to finish the 23 closed-ended questions in the review. Approximately 120 people are interested in this. A physical sample of this survey was taken from the Fakirhat Upazila Health Complex, the Surjer Hasi Clinic, the Ahmed Diagnostic Center, and a few expectant mothers who live nearby. The survey consists of several different components, including (1) socioeconomic data (welcome, name, age, occupation status, previous pregnancy information) and (2) an analysis of the adult population of Bangladesh's knowledge of appropriate maternal care. 120 participants participated for a month and replied to the survey.

Inclusion criteria

The responders had to be pregnant women who lived anywhere in the Fakirhat upazila in order to qualify.

Exclusion criteria

Children of mothers who were not pregnant at the time of the survey's administration were also excluded, as were those who were not interested in taking part.

Data Analysis

This poll uses only data that has been input and gathered on a Microsoft Excel sheet. Each issue has received specific attention. The various aspects of proportion, relation, percentage, attitude, and information cultivation are used to display the inventions.

CHAPTER 5

RESULT AND DISCUSSION

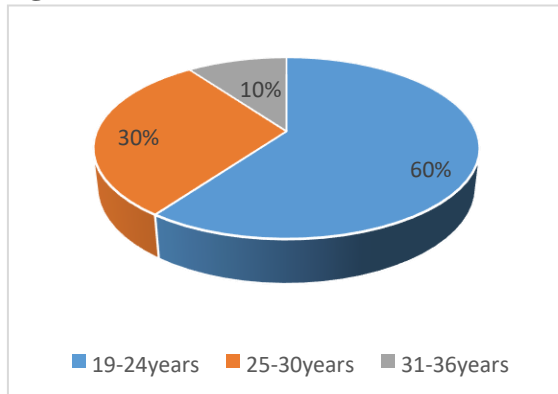
RESULT AND DISCUSSION

5.1. General characteristic of respondent:

Gender :100% female

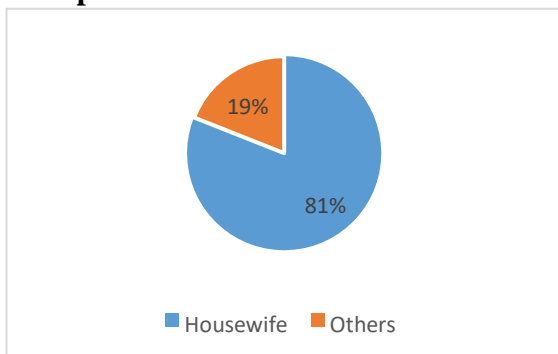
Location: This survey is done in Fakirhat upazila under Bagerhat district in Bangladesh.

Age:



Both developed and developing nations are concerned about teen pregnancies. Due to their developing bodies, pregnant girls and teenagers are more susceptible to various health risks and problems. In Bangladesh, especially among teens, the majority of first pregnancies occur immediately after the following celebration. The respondents, who on average were between the ages of 19 and 24 (60%) are Bangladeshi women who contribute to the country's fertility. After the age of 35, there is a higher likelihood that a C-section will be necessary due to pregnancy-related issues.

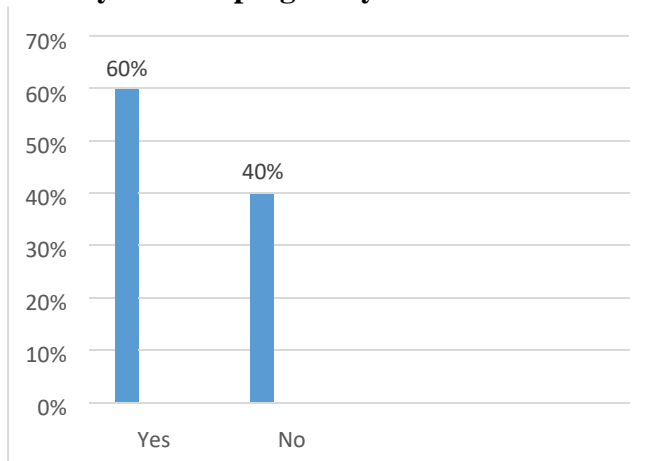
Occupation



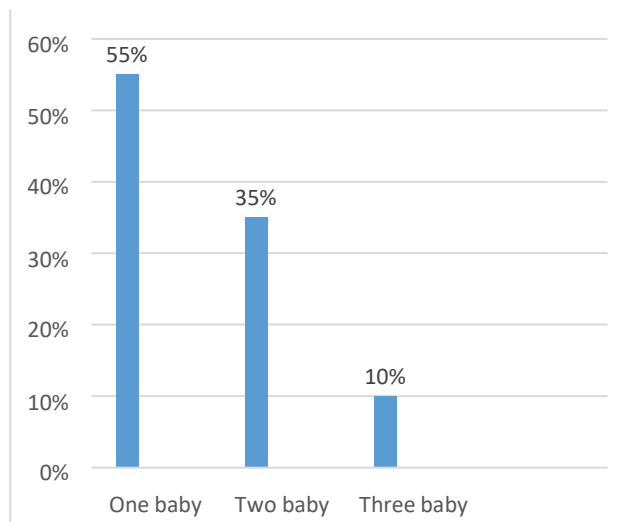
The majority of people who responded were housewives (81%), and those who don't receive care typically do so due to socioeconomic considerations such as poor family income and education, access to medical professionals, distance from the healthcare facility to where they live, and the expense of transportation.

5.2. General information about previous pregnancy:

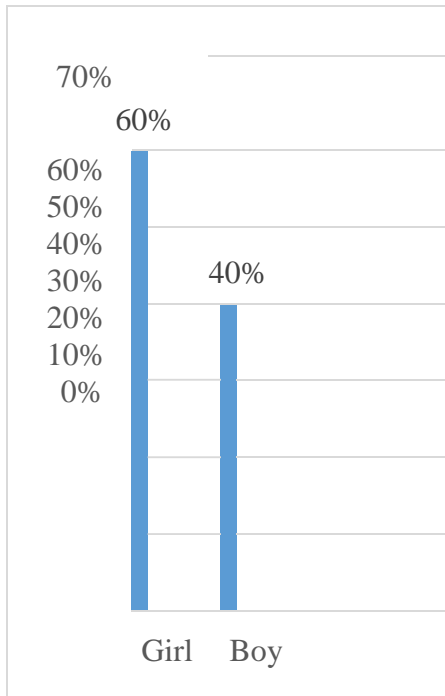
Is this your first pregnancy?



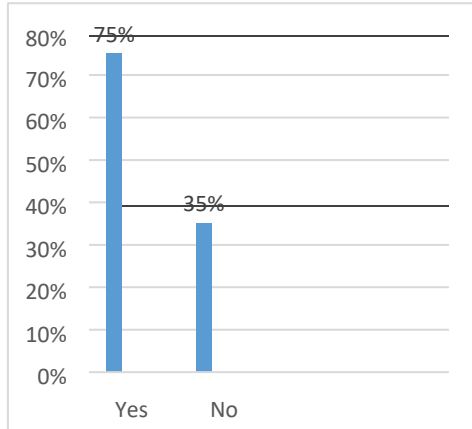
Number of live babies (not including this pregnancy)



Is he or she girl or boy?



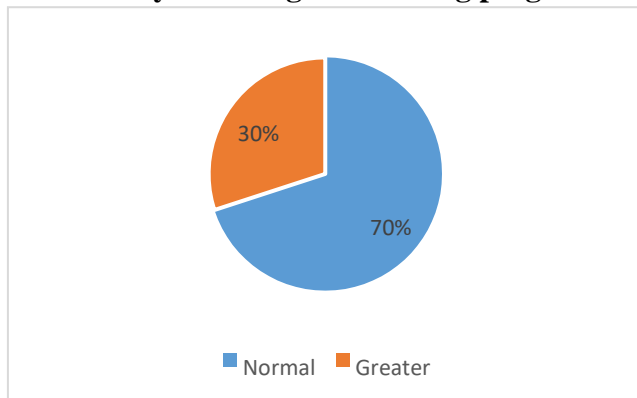
Does your family create pressure about girl?



Most of the respondents' families want a newborn boy, and over 45% of women who weren't first-time mothers said that their pregnancies were well-planned. Those whose second or third child was diagnosed as a girl even said that their partners tortured them mentally and occasionally physically. Even some of the responders had to have a third pregnancy to have a boy.

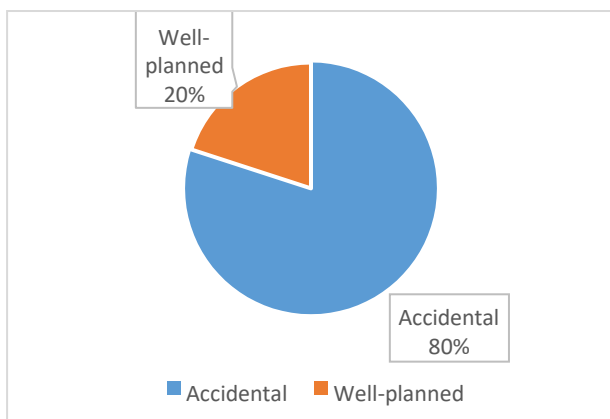
5.3. Questionnaires about pregnant mother care:

1. How are you feeling about being pregnant?



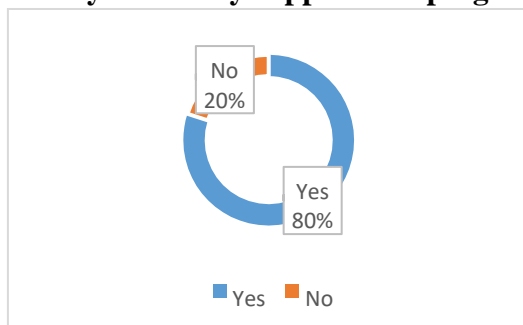
Around 70% of women are not excited about becoming pregnant because most pregnancies are accidental and the other 30% are either planned or unwanted.

2. Is this good timing for your pregnancy?



About 80% of pregnancies among all responders were unintentional. About one-third of pregnancies in Bangladesh are unplanned, and these pregnancies are linked to unsafe abortion, maternal illness, and maternal death.

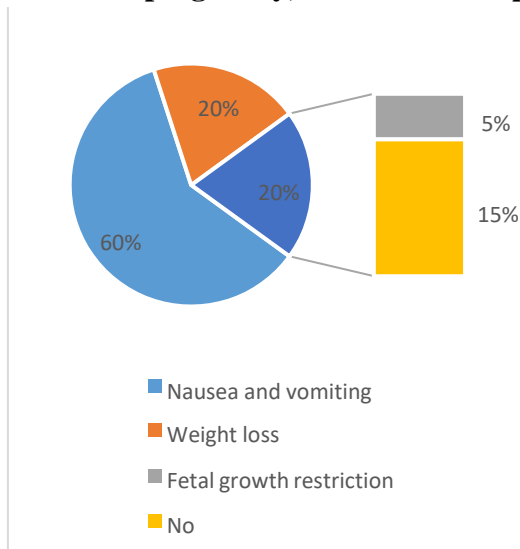
3. Did your family support this pregnancy?



According to a recent study by UCLA life scientists, women who have significant social support from their families during pregnancy appear to be protected from sudden surges in a

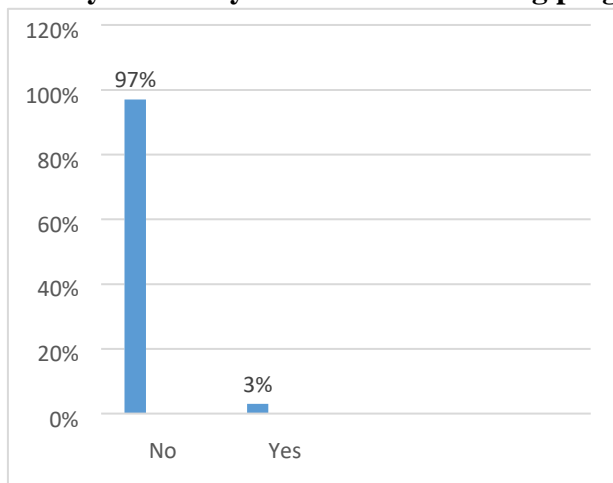
specific stress hormone, making them less likely to experience sadness after giving birth. Your postpartum care is just as crucial as your prenatal treatment. After all, a lot of pregnancy-related complications occur after birth. A solid postpartum support system is one of the keys to success during this period.

4. For this pregnancy, check all that apply:



About 60% of pregnant women experience nausea and vomiting, but they don't take any medication for it until it becomes extremely severe. Then they take it without a doctor's advice. They, therefore, do not adhere to the FDA category of medication for pregnancy. 20% of women lose weight, but they mistake it for vomiting and don't go to the doctor to lose weight. For the 5% of women who have fetal development restriction, a cesarean section is the only procedure left.

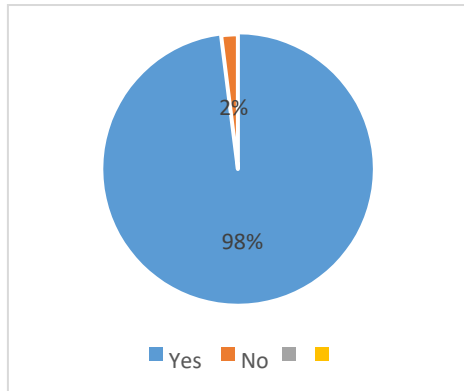
5. Did your family extra care after being pregnant?



Among all the respondents about 97% doesn't get any kind of care during pregnancy but receiving quality treatment before, throughout, and after your pregnancy is crucial for the

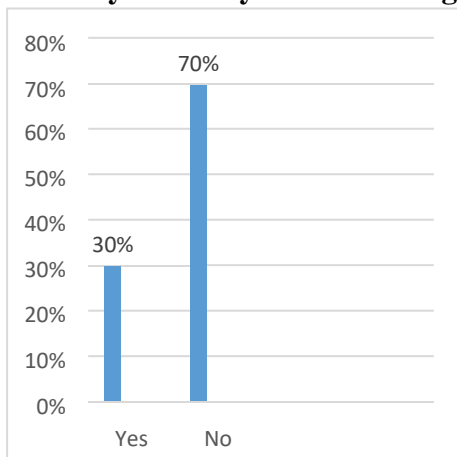
growth, development, and maintenance of both individuals' health. It consists of healthy eating and lifestyle choices both before and throughout pregnancy.

6. Do you do any hard-work after pregnancy?



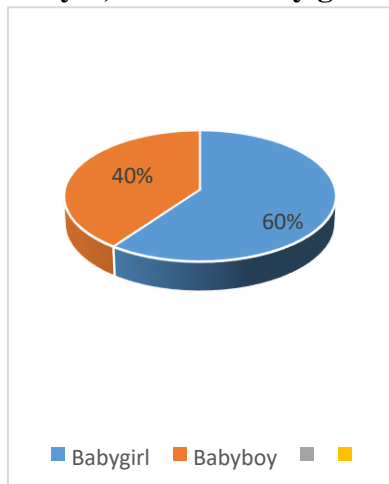
Excessive physical exertion may raise the risk of birth, miscarriage, preterm or injury during pregnancy. Avoid lifting bulky objects while pregnant.

7. Have you done your ultrasonography yet ?



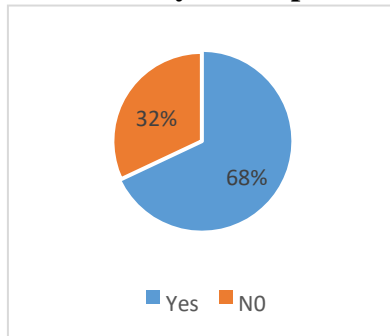
30% of women undergo ultrasounds after becoming pregnant, and 70% of women undergo it once or twice throughout their entire pregnancy.

8. If yes, then it's Baby girl or Baby boy:



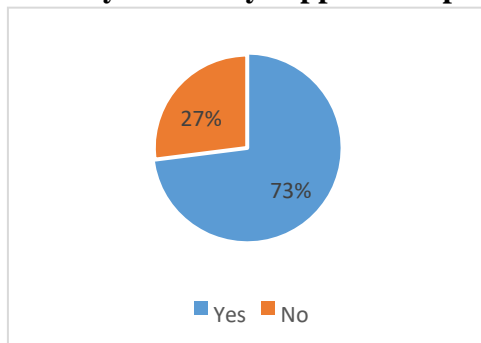
Approximately 60% of mothers receive a baby girl diagnosis on their initial ultrasound.

9. Does family create pressure about baby girl?



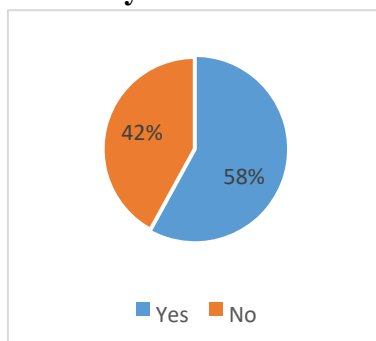
Following the diagnosis of a newborn girl by ultrasonography, 68% of family members wish their first child to be a boy, some family members want their second or third child will be a boy which affects the mental health of the mother.

10. Did your family support this pregnancy?



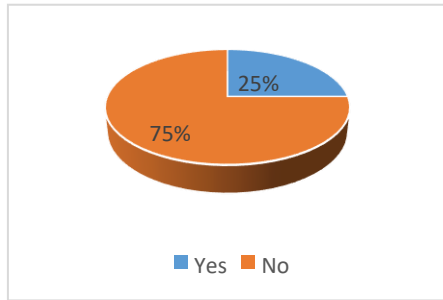
The need for family support is especially important for women during pregnancy. Pregnant women's emotional and physical health is improved as stressors are lessened. Unfavorable birth outcomes, substance use, and the development of mental illness are all risks for pregnant women who receive inadequate support.

11. Have you seen a doctor for this pregnancy?



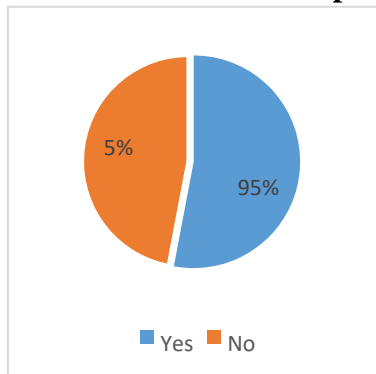
58% of all respondents said that they had visited a doctor after becoming pregnant. Prenatal care should ideally begin as soon as a positive pregnancy test is obtained. Your doctor will perform a thorough examination when you are pregnant to ensure your overall health.

12. Are you following any diet chart for your pregnancy?



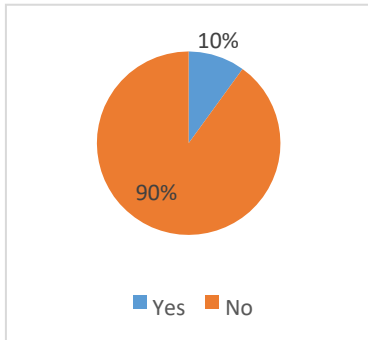
Majority of respondents (approximately 60%) recommended eating eggs, milk, and some fruits twice or three times per week, and their families believed that eating more rice would make them healthier. Nevertheless, they advised eating more vegetables, which is still a good idea. However, a woman cannot consistently consume the same type of food because of a pregnancy related vomiting problem. But in order to give a baby the nutrients and nourishment it needs for growth and development, a pregnant woman must consume a proper amount of the nutrition for the child, which includes a variety of healthy foods including fruits, vegetables, and proteins.

13. In this month before pregnancy, did you take multivitamins ?



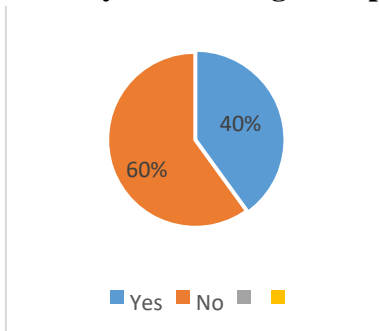
About 95% of respondents reported not taking multivitamins, despite the fact that they aid in the development of a baby's teeth and bones. Finding a prenatal vitamin that has vitamins C, A, and E vitamins, zinc, and iodine may also be helpful. Additionally, based on the situation, your doctor might recommend consuming more of a particular nutrient. Premature birth and low birth weight are linked to problems with the immune system, brain development, and respiration. Anemia is also linked to these problems.

14. Are you taking folate, vitamins (vitB12) and iron now?



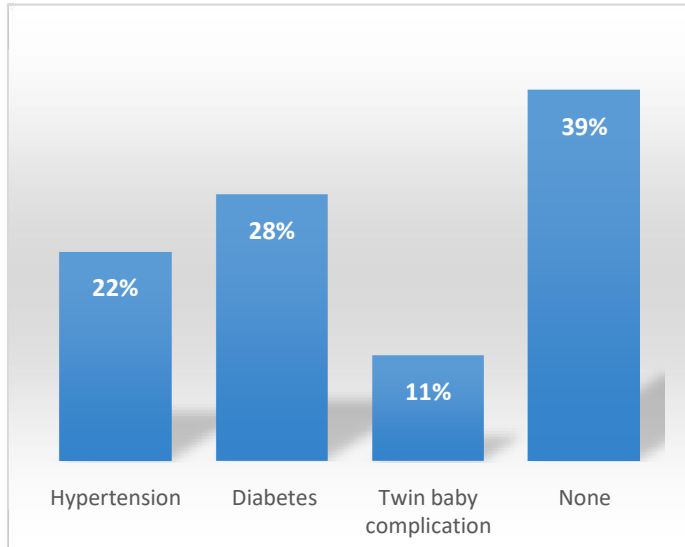
Even if a woman understands she needs iron and multivitamins when pregnant, almost 90% of women don't even know it. For those who do, adequate nutrition is sufficient. Anemia is caused by a lack of iron and folic acids, which raises the risk of preterm birth, poor birth weight, and postpartum depression.

15. Are you following FDA pregnancy categories drug for using ?



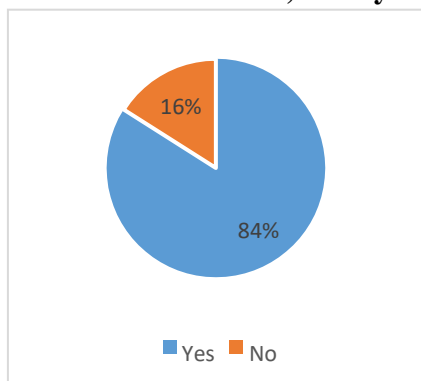
Of all the respondents, 40% of women who consult doctors for pregnancy attempt to maintain this, but other women who have not yet consulted a doctor don't know anything about drug usage during pregnancy. However, the main problem is that some doctors don't even inform their patients about pregnancy category drugs, so patients take medications in accordance with their preferences.

16. Do you have any health problem or mental conditions not related to pregnancy?



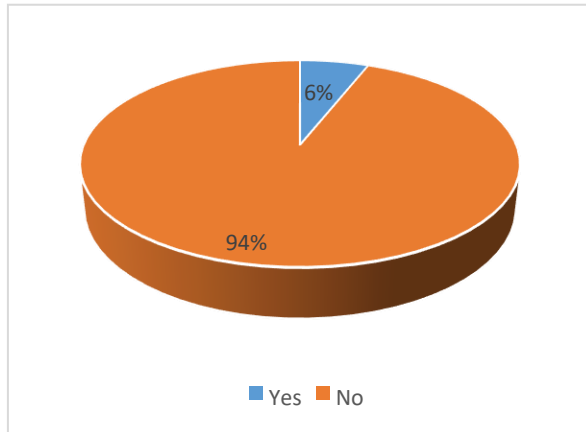
39% of respondents don't know about any health complications even though they are experiencing issues including severe migraines, weight loss, and weakness and haven't seen a doctor for this pregnancy. Even though they believe pregnancy-related health difficulties are completely normal and will resolve themselves without the need for medication, they only visit government hospitals for prescription drugs. Other individuals who have been diagnosed with diabetes, hypertension, or both are taking medication, but they are not adhering to the FDA pregnancy category guidelines. When a woman is diagnosed with twin pregnancy difficulties, about 11% of them believe they don't require any medication or other medical attention. Their only remaining choice is Cesar.

17. In this last month, have you felt down, depressed or helpless ?



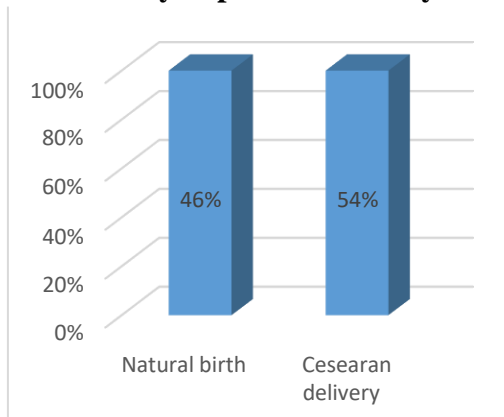
In the past month, 84% of respondents reported having mental depression, but no one seemed to care about their feelings regarding their long-term mental health, which only serves to make them feel worse.

18. Have you received any mental health service during pregnancy?



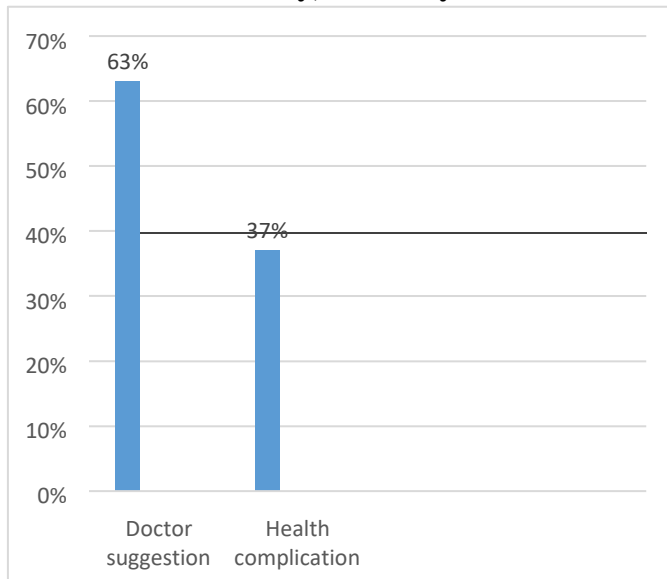
Pregnancy-related hormonal changes, financial difficulties, interpersonal problems, uncertainty about the future, and a number of other circumstances can all cause stress, anxiety, or depression. Support and help in processing these feelings are essential for expectant parents. If maternal health is addressed, the more than 500,000 women who die each year from complications during pregnancy and childbirth can be avoided. In 94% of situations, women are ignorant of their mental health. The family is the focus of everything they do. They are not aware of anyone's preferences. They feel depressed, even if they are unaware of it.

19. How do you plan to deliver your baby?



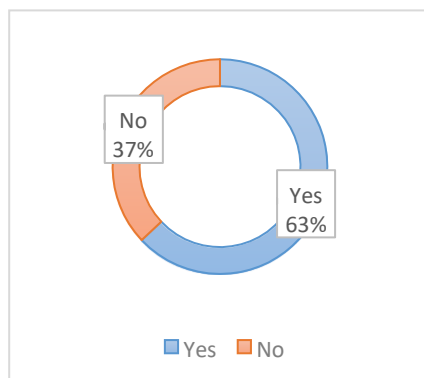
Although a natural birth is ideal, planned home births are associated with a higher risk of child death, seizures, and nervous system abnormalities than planned hospital births. Women & Babies Hospital strongly advise each patient to make a birth plan before coming to the hospital for delivery. Following a C-section, there may be a chance of developing an infection of the uterine lining (endometritis), in the urinary system, or at the location of the incision. Anesthesia reactions can also happen. It might also increase risks during subsequent pregnancies.

20. If cesarean delivery, then why?



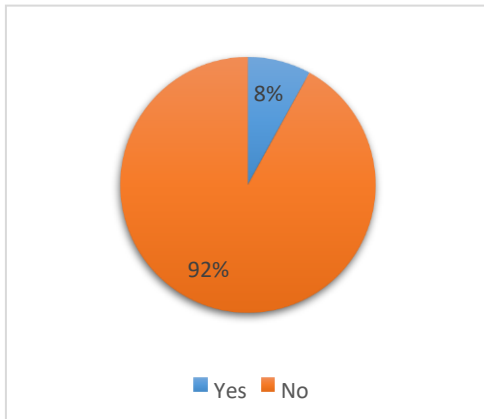
About 820,512 C-sections were done nationwide in 2016, with 571,872 of them being unnecessary, according to data from Save the Children Bangladesh. A further finding from the paper is that around 80% of deliveries currently take place surgically in private facilities. Clearly, moms in Bangladesh are the targets of a staggering number of procedures that are not medically necessary.

21. Does doctor or nurse create pressure for cesar?



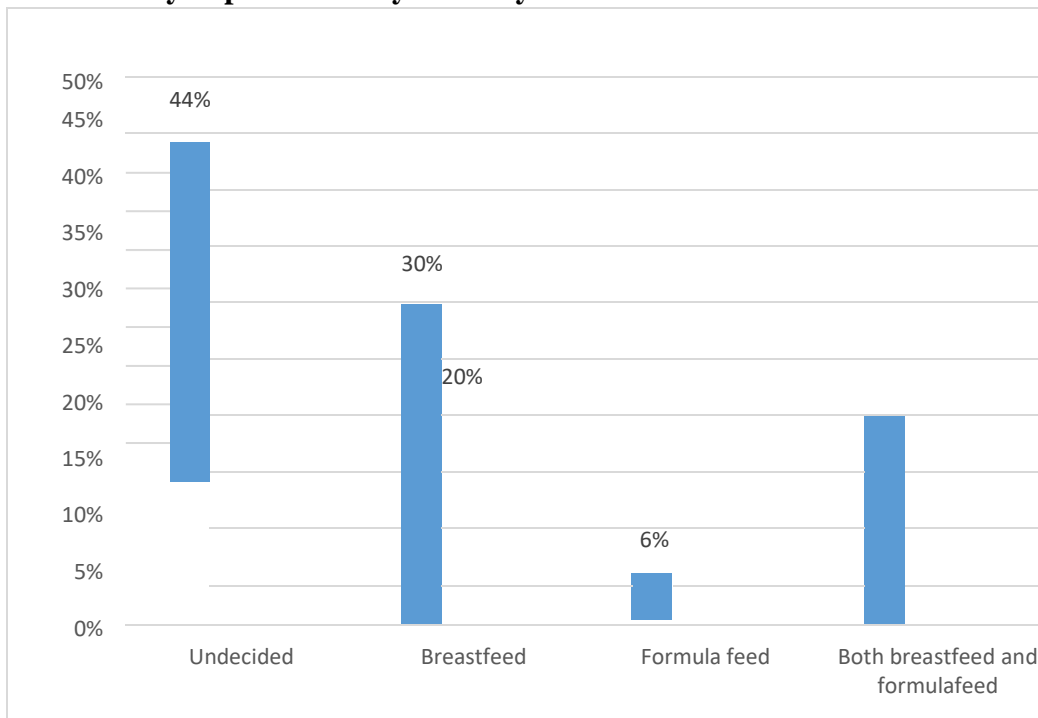
To make money, 63% of doctors push for cesarean sections. She needs a cesarean section but the villagers' ladies are unsure of why. One myth holds that the only two people who require a cesarean section are you and the baby. They are readily persuaded that a cesarean section is necessary since they lack educational credentials, despite not understanding the risks themselves.

22. Does doctor inform you or anyone of your family about the complication during and after cesear?



C-sections can cause serious problems for both women and their unborn children, just like any other type of surgery. Infections, fevers, unusual bleeding, musculoskeletal pain, headaches, and anesthesia-related hazards are the most frequent consequences for women. The likelihood of very significant difficulties during the following pregnancy after a C-section also rises, increasing the chance of future infertility

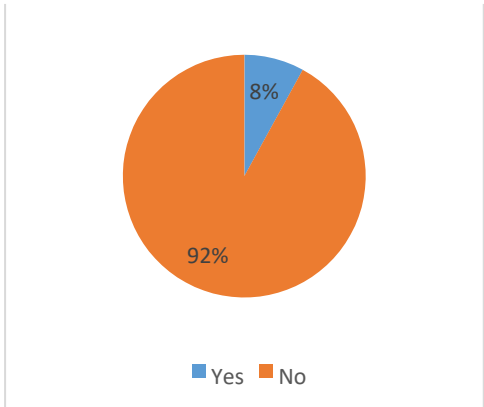
23. How do you plan to feed your baby when he or she is born?



About 40% of women decide to breastfeed their children because it keeps them healthy and protects them against short- and long-term disease and illness. About 6% of women consider formula feeding to give their children the nutrients they need to grow and thrive. However, compared to formula, the nutrients in breast milk are better absorbed and utilized by infants. Due to health issues, 20% of women decide to breastfeed as well as formula-feed, using it as a

backup plan when breastmilk isn't accessible. Among all the respondents 44% of responders don't know how to feed their kid, however inadequate feeding can result in major problems like malnutrition and stunted growth. Therefore, a mother's expertise in feeding is crucial.

24. Have you heard about postpartum pregnancy care?



About 2% of all responders are aware of postpartum care, which reduces the chance of complications following delivery. Mothers of newborns who had complications were more likely to receive postpartum treatment.

CHAPTER 6

CONCLUSION

CONCLUSION:

In a woman's life, giving birth is a pivotal moment. For the health of both the expectant woman and the unborn child, effective maternal care is necessary during pregnancy. This should be maintained by everyone. However, in a developing nation like Bangladesh, most people, particularly in rural areas, are not aware of the need for maternity care, and this situation has not changed yet. For this reason, it is important for individuals to have adequate knowledge, but if they are uneducated or lack information, complications will result, which will increase the risk of mortality and birth defects for both the mother and the child. According to the findings of this study, prenatal and newborn care in Bangladesh has significantly improved. To overcome this issue, though, a multisectoral strategy is necessary. Government aid should be emphasized in order to increase health awareness, education, healthcare accessibility, and cost-effective healthcare system management practices. medical care

Professionals play a crucial role in raising public awareness of the importance of adequate maternal care and in providing extra time for each patient to find a solution. More female medical professionals might be appointed up to the union level to provide quality care, and the supply of medicine should be raised to cover the treatment of common diseases that affect children and expectant women.

CHAPTER 7

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