

BIRTH AND EMERGENCY PREPAREDNESS AND ITS ASSOCIATION WITH MATERNAL AND NEONATAL OUTCOMES AMONG POSTNATAL MOTHERS AT BASE HOSPITAL, BALANGODA**Perera WND¹**, Goonewardena CSE¹

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Background: Birth and emergency preparedness had been identified as a behaviour change intervention in Safe Motherhood Initiative, which will contribute to reduce the three delays in deciding to seek care, reaching the health facility and receiving care during pregnancy and child birth which will contribute to save lives of mothers and new born babies.

Aim/s: To describe the birth and emergency preparedness and its association with maternal and neonatal outcomes

Methods: A descriptive cross sectional study was conducted among 427 postnatal mothers, delivered after completion of 37 weeks of period of amenorrhoea. Data was collected using a pre tested interviewer administered questionnaire. Chi square test was used to test the significant associations and a probability of less than 0.05 was selected as the level of significance.

Results: Response rate was 93.9% (n=401). Majority (84.3%, n=338) had utilized antenatal care services, and were registered before 12 weeks. Majority had vaginal delivery (65.3%; n=262) and postpartum complications were experienced by 6.2% (n=25) mothers. 99.5% (n=399) were live births, 21.4% were low birth weight babies and 4.8% (n=19) were resuscitated after birth. Breast feeding was initiated in 95.5% of babies (n=381) within one hour.

Majority of the mothers (59.4%, n=238) were well prepared for birth and emergencies. Less well prepared mothers were more likely to experience postpartum complications compared to well-prepared mothers ($p < 0.05$). There was no statistically significant association between BAEP and mode of delivery. Babies of well-prepared mothers were more likely to have a favourable Apgar score at ten minutes and not needed resuscitation at birth ($p < 0.05$). There was no significant association with BAEP with birth weight or early initiation of breast feeding.

Conclusions: Preparedness for birth and emergencies was satisfactory among study participants. The association between well preparedness and the better maternal and neonatal outcomes suggests the need for further strengthening of this intervention.

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