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Assessment of Birth Preparedness Practices and Preferences towards delivery among Primigravida Women in North India

Kaur Varinder[1], Shokeen Jyoti[2], Kaur Jasbir[3]

[1]M.Sc. Nursing in Obstetrics & Gynaecological Nursing/ Assistant Professor in Maharishi Markandeshwar University, M.M. College of Nursing, Kumarhatti, Solan

[2]M.Sc. Nursing in Paediatrics Nursing/ Lecturer, Faculty of Nursing in SGT University, Gurugram, Haryana

[3]PhD Psychiatric Nursing/ Principal in Maharishi Markandeshwar University, M.M. College of Nursing, Kumarhatti, Solan

Abstract— **Birth preparedness is a safe motherhood initiative with the objective of planning for normal birth and anticipating actions needed in the case of emergency.[2] The pregnant women and their families are encouraged to effectively plan for births and deal with anticipated complication, if they occur. It ensures that the readiness and timely utilization of skilled maternal and unit health care services. It helps the women to reach professional delivery care and key to decrease maternal mortality.[5] Aim of this study is to find out the birth preparedness practices and preferences towards delivery among Primigravida women. A descriptive design among 200 women selected by purposive sampling, who visited antenatal OPD in selected Hospitals of Ambala, Haryana. Self-Structured checklist was used by (Interview) self-report method and data were analyzed using the SPSS software (version 16.0. Chicago, Inc.) Findings revealed that the 67.5% women had good level of birth preparedness practices and 99.5% women had preferences normal delivery and 71% Governmental institutional delivery, home delivery 91.5% delivery by doctor, 42% wants to stay in labour room with their mother 22.5% wants to stay with their husband. It can be conclude that the women had good level of birth preparedness. The association of birth preparedness as found to be statistically highly significant age, religion, education status of self & husband, socioeconomic status, duration of marriage ($p<0.05$)**

Index Terms— **Birth Preparedness, Delivery, Practices, Preferences**

INTRODUCTION

Birth is the process of bearing for offspring. In mammals, this process initiated by hormones, which cause the muscular walls of the uterus to contract, expelling the fetus at a developmental stage when it is ready to feed and breathe. Giving birth is one of the most important events in life, which is a highly individual experience. Childbirth plays a major role in how first-time mothers will develop good self-esteem, positive feelings for the baby, and an easier adjustment to motherhood role, and future childbirth experiences.

A birth preparedness plan includes identification of following knowledge of key dangerous; signs and desired place of birth; preferred birth attendance; location of the closes appropriate health specialist; funds for birth-related and emergency expenses' birth companion; transport a health facility for the birth; transport in case of an obstetric emergency; and identification of compatible blood donors in case of emergency. It involves making plans prior to birth to ensure that a pregnant woman prepared for normal birth and complications. Decisions was documented on such issues as desired place for birth, the preferred skilled birth attendant, items required for birth, birth companion getting a blood donor and arranging in advance for transport. Other elements of birth preparedness include knowledge of expected date of delivery, signs of labour. HIV testing, mobilizing resources to pay for services to pay for services arranging for someone to take care of the family during delivery, importance of postnatal care,

importance of exclusive breastfeeding and contraception.

Preparedness also helps women to acquire confidence and skills needed to make both a positive experience. Nowadays even maternity hospitals give more importance towards birth preparedness. They provide all the arrangements and special classes regarding antenatal exercises, diet, nutrition, financial and transport. Preparedness is one of the interventions that address the delays by encouraging pregnant women and their family member to effectively plan for births and deal with sudden situation, if they occur. It is a key component of safe motherhood programmes, which helps women to reach professional care when labor begin and reduce delay that occur during woman in complicated labor. Childbirth naturally occurs through the birth canal. Some conditions are there which affect natural delivery or make it difficult include cephalopelvic disproportions, fetal distress, abnormal presentations and other medical conditions. Usually, the presence of each condition will require the use of other procedure such as Caesarean section, vacuum extraction and forceps delivery.

According to the demographic and health surveys, a skilled provider at their last delivery assisted only 51% of women in developing countries.[8] Therefore, it has discover the expectations women have delivery and to determine their preferences of delivery method in order to provide the knowledge, support and care that they need during this period and to include them in the decision-making process.1

NEED FOR THE STUDY

Pregnancy is vital event in the life of a woman. It needs special attention from the time of conception to the postnatal stage. Antenatal care services are crucial for ensuring the advice and information about birth preparedness, danger sign of obstetric complications, and emergency preparedness for reproductive health of the women and for the better outcome of pregnancy.

Birth preparedness is a safe motherhood strategy whose objective is to promote the timely use of skilled maternal and neonatal care during childbirth and obstetrical emergencies by reducing delays at the first, second and third level. It entails making plans prior to birth and complications. Decision are documented on such issues as desired place of birth, the preferred skilled birth attendant, items required for birth, birth companion, getting a compatible blood donor, and arranging in advance for transport. Other elements of birth preparedness include knowledge of expected date of delivery, HIV testing, mobilizing resources to pay for services, arranging for someone to take care of the family during delivery, importance of postnatal care, importance of exclusive breastfeeding, and contraception.

Maternal mortality is a substantial burden in many developing countries. Globally, more than 40% of pregnant women may experience acute obstetric problems. The World Health Organization (WHO) estimates that 300 million women in the developing world suffer from short-term or long-term morbidities brought about by pregnancy and childbirth. Most of maternal deaths occur in the developing world. With 214 maternal deaths per 100,000 live births, it remains a major public-health challenge in India.

Delivery mechanism is a spontaneous process and requires no intervention. Advances in medical technology in maternity care have intensely reduced maternal and infant mortality. However, improper use of these interventions without scientific and legal reasons has converted a normal delivery to surgical and medical phenomenon. An increasing rate of births by cesarean section is an issue of concern in many countries. Despite the recommendations by WHO that no region in the world is justified to have a cesarean section rate greater than 10-15%, it is the most common obstetrical operation worldwide.

Some factors influence women preference to give birth at home with the help of a Trained Birth Attendants rather than going to a facility for her delivery. The study identified a wide range of factors including; traditional views, poverty, strong faith in TBA and her experience, illiteracy and lack of knowledge regarding maternal health services, prevailing religious beliefs, poor road conditions and lack of available transport, and the fear of undergoing a caesarean delivery at health facilities. Introducing community skilled birth attendants may be a good option to ensure safe normal delivery care at the community level.

The cause of increased cesarean section rate is multi factorial and decision to deliver by cesarean section depends on a variety of factors including previous

cesarean section, multiple gestation, malpresentation, fetal distress, failure of progress during labor and maternal medical conditions. In Main, reason of choosing cesarean section by pregnant women is fear and lack of sufficient knowledge about normal delivery.

PROBLEM STATEMENT

A descriptive study to assess the birth preparedness practices and preferences towards delivery among Primigravida women visiting antenatal OPD in selected Hospital of Ambala, Haryana

OBJECTIVES

1. To assess the birth preparedness practices towards delivery among Primigravida women.
2. To identify the preferences towards delivery among Primigravida women.
3. To find out the association of birth preparedness practices towards delivery among Primigravida women with selected sample characteristics.
4. To develop and prepare IEC (pamphlet) to educate Primigravida women regarding components of birth preparedness.

MATERIAL AND METHODS

Sample and Sampling Techniques
Sample size: The sample was 200
Sampling technique: The sample was collect using Purposive Sampling Technique.
Inclusion Criteria & Exclusive Criteria

Inclusion Criteria
Primigravida women who were:

- Available at the time of data collection.
- Willing to participate in the study.
- having in third trimester(28 weeks- 36 weeks)

Exclusion Criteria
Primigravida women who are

- Multigravida.
- Not able to read, listen, and response.

Description of Tool: Tool consists of three sections;
SECTION-1: Socio-demographic Profile

SECTION-2: a) Self Structured Checklist comprised of 60 items containing 8 major components that are Antenatal care, medicine/drugs, postnatal care, transportation, basic supplies, family support, blood arrangement, and financial support. Each statement had two possible responses: i.e. YES OR NO and both positive and negative forms items in the table no. 1.

Table no.-1 Self Structured Checklist comprised of 60 items

Forms of Items	Number of Items
Positive statement : 53	1,2,3,4,6,7,8,9,10,12,13,15,16,17,18,19,20,22,24,25,26,27,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60
Negative statement : 7	5, 11, 14, 21, 23, 28, 29 and these are denoting with star (*).

SECTION-2 This tool consists of Self Structured Questionnaires to assess Preferences towards delivery, in which there are four questions that is mode of delivery, place of delivery, by which you want to deliver your child, whom you want to stay in labour room.

ORGANIZATION OF STUDY FINDINGS

The data and findings have been organized and presented under the following sections:

Objective 1:
Section 1 a) Frequency and percentage distribution of sample characteristics of Primigravida women visiting OPD of selected Hospitals of Ambala, Haryana.
Section 2 a) Self Structured Checklist to assess birth preparedness practices towards delivery among Primigravida women

Objective 2:
Section 2 b) Self Structured Questionnaire to assess the birth preferences of towards delivery

Objective 3
Chi square value showing association between birth preparedness practices and selected sample characteristics

Objective 4

To prepare IEC material (pamphlet) to educate Primigravida women regarding components of birth preparedness practices.

SECTION I: Sample Characteristics:- The sample consists of 200 women who were select through purposive non-probability sampling technique. The sample characteristics was described in term of women age, religion, type of family, education, occupation, monthly family income, socio - economic status of family, duration of marriage, period of gestation, and any complication during present pregnancy. These findings was presented in Table 2

Table 2: Frequency and percentage distribution of the sample characteristics:

N=200

S. No	Sample characteristics	Frequency (f)	Percentage (%)
1.	Women's age (in years)		
	1.1) 18-22	103	51.5
	1.2)23-26	82	41
	1.3)27-30	11	5.5
	1.4)>31	4	2
2.	Religion		
	2.1) Hindu	131	65.5
	2.2) Muslim	35	17.55
	2.3) Sikh	33	16.5
	2.4) Christian	1	5
3.	Type of family		
	3.1) Nuclear family	101	50.5
	3.2) Joint family	97	48.5
	3.3) Extended family	2	1
4.	Education of self		
	4.1) Illiterate	18	9
	4.2) Elementary	112	56
	4.3) Higher secondary	49	24.5
5.	4.4) Graduate or above	21	10.5
	Education of husband		
	5.1) Illiterate	4	2
	5.2) Elementary	33	17
	5.3) Higher secondary	112	56
	5.4) Graduate or above	51	25
6.	Occupation Self		
	6.1) Self employed	37	18.5
	6.2) Housewife	163	81.5
7.	Occupation of husband		
	7.1) Government Job	37	18.5
	7.2) Private job	64	32
	7.3) Labour	95	47.5
	7.4) Not working	4	2
8.	Socio-economic status of family		
	8.1) Upper class	45	22.5
	8.2) Upper middle class	37	18.5
	8.3) Lower middle class	33	16.5
	8.4) Upper lower class	78	39
9.	8.5) Lower class	7	3.5
	Duration of marriage		
	9.1) 0-1 year	40	20
	9.2) 1-2 years	138	69
	9.3) 3-4 years	16	8
10.	9.4) More than 4 years	6	3
	Period of gestation (in weeks)		
	10.1)28-30	16	8
	10.2)31-33	19	9.5
11.	10.3)34-36	165	82.5
	Any complication during present pregnancy		
	12.1)Hyperemesis	10	5
	Gravidarum	4	2
	12.2) Placenta previa	182	91
	12.3) None of above	4	2
	12.4) Any other		

Age shows (51.5%) of Primigravida women were in the age group of eighteen to twenty two years followed by (41%) were in the age group of twenty three to twenty six followed by (15%) were in the age group of twenty seven to thirty one. Religion (65.5%) of Primigravida women belongs to Hindu religion followed by (17.5%) were Muslim followed by (16.5%) were Sikh followed by (5%) were Christian. Majority of Primigravida women belongs to Hindu religion. Type of family (50.5%) of Primigravida women living in a nuclear family followed by (48.5%) belong to joint family and (1%) belongs to extended family. Education of self (56%) of Primigravida women elementary education followed by (24.5%) having higher secondary education followed by (10.5%) were graduated and (9%) are illiterate. Education of husband (565%) were having higher secondary education followed by (25%) are graduate followed by (17%) having elementary education and (2%) are illiterate. Occupation of self (81.5%) of Primigravida women were housewife and (18.5%) were self employed. Majority of Women were housewife. Occupation of husband (47.5%) of Primigravida women husband were labor followed by (32%) were doing private job followed by (18.5%) were doing Government job and (2%) are not working. Socio economic status of family (39%) were belongs to upper lower class followed by (22.5%) belongs to upper class followed by (18.5) belongs to upper middle class followed by (16.5%) and (3.5%) belongs to lower class. Duration of marriage(69%) of Primigravida women were having one to two years duration of marriage followed by

(20%) were having (0-1%) were having zero to one year duration of marriage followed by (8%) were having three to four years duration of marriage and (3%) were having more than four years duration of marriage. Periods of gestation (82%) were having thirty four to thirty six weeks of period of gestation followed by (10%) were having thirty one to thirty three weeks of period of gestation followed by (8%)were having twenty nine to thirty one weeks of period of gestation. Complication during pregnancy (91%) of Primigravida women does not having any kind of complication followed by (4%) were having Hyper emesis gravidarum followed by (3%) were having placenta previa and (2%) does not having other disease condition.

SECTION II:-Self-Structured Checklist to assess the Birth preparedness practices towards delivery among Primigravida women

This section consists of checklist to assess Birth preparedness practices towards delivery. There are 8 components in checklist Antenatal care, medicine, postnatal care, transportation, basic supplies, family support, blood arrangement, and financial support. These findings are present in Table 3

Showing item wise analysis of Self-Structured Checklist to assess birth preparedness practices

Table 2 reveals that in Antenatal component of checklist (51%) respondents have ever heard about birth preparedness,(98%) respondents had gone for Antenatal visit,(94.5%) respondents had got their hemoglobin level checked,(84%) respondents avoid fast and spicy food,(63.5%) do not lift heavy objects ,(76%) have idea about small and frequent diet, (86%) are taking rest and sleep, (90.5%) respondents maintain personal hygiene, (67%) respondents maintain Perineal hygiene, (60.5%) avoid travelling in 1st and 3rd trimester, (63.5%) respondents are not taking any injurious substances, (38.5%) were aware about total weight gain in pregnancy,(71%) do not have any allergy from food, only(26%) respondents count fetal movements daily, (39.5%) experienced any minor element, (29%) respondents know how to manage minor elements, (63.5%) were prepared for new born care , majority (74%) respondents know about the cesarean section,(38%) know about the complications of cesarean section,(75.5%) are not taking any treatment for any health problem,(45.5%) have idea about breast care.

2nd component of checklist it reveals that (83.5%) respondents had not taken any counter drug during pregnancy,(95.5%) had received dose of injection tetanus toxoid, (95%) respondents had taken folic acid supplement, (62%) had taken iron supplement , (88.8%) had taken calcium supplement,(91.5%) respondents do not have any side effect of medicine,(80.5%) did not skipped any medication in between,(64%) respondents had followed medication chart prescribed by doctor, (56.5%) had taken multi-vitamin supplements.

3rd component of checklist shows that (37.5%) respondent had idea regarding postnatal care,(33%) respondent knew about episiotomy,(53%) respondents were aware about family planning, only(16.5%) knew about breast engorgement and its prevention,(30.5%) respondents were knew about when to start breastfeeding after cesarean section,(71.5%)respondents were knew about when to start breastfeeding after normal delivery,(62%) knew about the benefits of breast feeding,(32%) respondents knew about the techniques of breast feeding, majority of(74.5%)were aware about the importance of burping after breast feeding,(66.5%) were aware about diet after delivery, (64%) respondents were about the baby care, (49%) were about duration of resting period after delivery,(28.5%) were knew about Lochia.

4th reveals that (73%) respondents were knew about the estimated cost of transportation,(83.3%) respondents were having transport facility available in their homes, (80.5%) were having idea that ASHA worker will provide transport service, (56%) respondents knew about the contact number of ambulance.

5th components reveals that (88%) respondents arranged essential items required that were for delivery, (91%) arranged essential items required for baby.

6th component reveals that majority of (96.5%) respondents received support by their family members, (92%) respondents arranged family members to accompany at the time of delivery, (81%) respondents had taken guidance regarding delivery.

7th component shows that (59.5%) respondents had idea about their blood group, (81%) respondents had idea regarding blood bank and its facility, (41%) respondents had arranged for blood donor to donate blood if required at the time of delivery.

8th component shows that (76%) respondents saved money for delivery, (77.5%) had estimated the cost of delivery and care, (71.5%) were aware about the approximate expenditure for delivery, (54.5%) had identified the source of fund to be utilizes at the time of delivery.

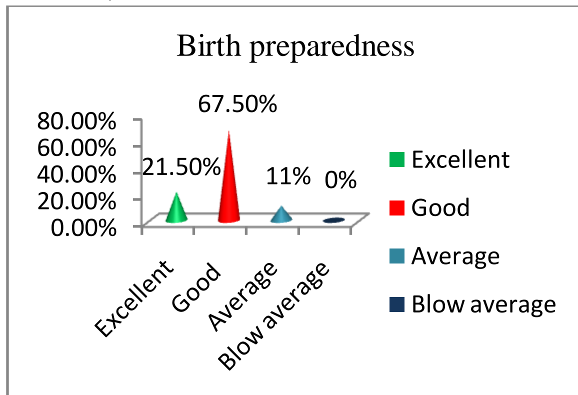

Figure 1: Conical graph showing percentage distribution of birth preparedness practices of Primigravida women towards delivery.

Graph shows that (67.5%) of Primigravida women having good birth preparedness practices, (21.5%) is having excellent birth preparedness practices and (10%) having average birth preparedness practices.

SECTION III: Self Structured questionnaire to assess the preference towards delivery.

This section consists of 4 self structured questionnaires to assess the preference towards delivery. Questionnaires are mode of delivery, place of delivery, which you prefer to deliver your child, with whom you want to stay in labor room. These findings are present in Table 2

Table 3: Range, mean, median and standard deviation of Preferences of women towards delivery N=200

Group	Range	Mean	Median	SD
Primigravida women	7-9	66.6	48	77.13

Maximum score=13

Minimum score=4

Table 4: Showing the Preferences of Primigravida women towards delivery N=200

S. No	Preferences towards delivery	Frequency (f)	Percentage (%)
1.	Which mode of delivery would you prefer?		
	1.1) Normal delivery	199	99.5
	1.2) Caesarean delivery	1	0.5
	1.3) Others	0	0
2.	Which place of delivery would you prefer?		
	2.1)Private institutional	48	24
	2.2)Government institutional	142	71
	2.3) Home	10	5
3.	By whom you prefer to deliver your child?		
	3.1) Doctor	183	91.5
	3.2) Registered nurse	16	8.0
	3.3) Trained Dai	1	0.5
4.	With whom you want to stay in labor room?		
	4.1) Husband	45	22.5
	4.2) Mother in law	71	35.5
	4.3) Mother	84	42

Data presented in table 2 shows that out of 200 sample 199(99.5%) prefer normal vaginal and 1(0.5%) prefer caesarean section and no one prefers other type of delivery. As regard to place of delivery majority of 142(48%) Primigravida women prefer Government institution and 48(24%) prefer private institutions and only 10(5%) prefer home for delivery.(91.5%) Primigravida women prefer to deliver their child by doctor, (8%) prefer to deliver by registered nurse, (0.5%) prefer to deliver by trained Dai. (42%) of Women prefer to stay in labor room with her mother, (35.5%) of women want to stay in labor room with their mother in law, (22.5%) prefer their husband.

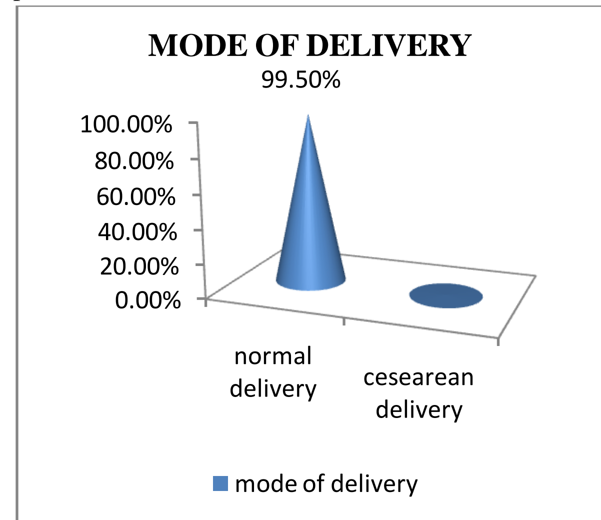

Figure 2: Conical graph shows the percentage distribution of preferences in terms of mode of delivery.

SECTION IV:-Chi square value showing association between Birth preparedness practices and selected sample characteristics

This section represents the association with birth preparedness practices and selected sample characteristics

Table 5: Chi square value showing association of Birth preparedness practices with selected sample characteristics N=200

S. No	Sample Characteristics	Level of Birth Preparedness Practices			X^2	df	P value
		Excellent	Very Good	Average			
1.	Women's age						
	(in years)				0.00		
	1.1) 18-22	12	77	14	9*	6	17.
	1.2)23-26	20	57	5			01
	1.3)27-30	4	6	1			
	1.4)>31	3	1	0			18.
2.	Religion				0.00		04
	2.1) Hindu	31	90	10	6*	6	
	2.2)Muslim	2	30	3			
	2.3) Sikh	6	21	6			
	2.4)Christian	0	0	1	0.74		1.9
3.	Type of family				2^{NS}		68
	3.1)Nuclear family	17	73	11		4	
	3.2)Joint family	22	66	9			
	3.3)Extended	0	2	0			
	family				0.00	6	22.
4.	Education of self				1*		9
	4.1) Illiterate	3	12	3			
	4.2) Elementary	12	87	13			
	4.3) Higher sec.	13	33	3			
	4.4)Graduate	11	9	1			
	Education of				0.0*	6	
5.	husband						
	5.1)Illiterate						26.
	5.2)Elementary	2	2	0			6
	5.3) Higher sec.	3	24	6			
	5.4)Graduate or	13	88	11			
	above	21	21	3			
	Occupation Self				0.98	2	
6.	6.1)Self				1^{NS}		0.0
	employed	7	26	4			38
	6.2) Housewife						
	Occupation of	32	115	16	0.14	6	
7.	husband				7^{NS}		9.4
	7.1)Government						99
	Job	0	3	1			
	7.2) Private job						
	7.3) Labour	9	23	5			
	7.4) not working	18	40	6			
	Socio-economic	12	75	8	0.01	8	
8.	status of family				5*		18.
	8.1) Upper class						9
	8.2) Upper middle class	14	28	3			
	8.3) Lower middle class	12	20	5			
	8.4) Upper lower class	4	23	6			
	8.5) Lower	9	64	5			
	class					6	16.
9.	Duration of	0	6	1	0.01		31
	marriage				2*		
	9.1) 0-1 year	5	25	10			
	9.2) 1-2 years	28	101	9			
	9.3) 3-4 years	3	12	1			
	9.4) More than	3	3	0			
	4 years					6	7.3
10.	Period of				0.29		09
	gestation (in				3^{NS}		
	weeks						
	10.1) 28-30	4	11	1			
	10.2) 31-33	6	9	4			8.7
	10.3) 34-36	29	121	15		6	29
11.	Any				0.18		
	complication				9^{NS}		
	during present						
	pregnancy						
	12.1)Hyperemes is gravidarum	1	5	3			
	12.2)Placenta previa	1	4	0			
	12.3) None of above	35	130	17			
	12.4) Any other	4	0	0			

$X^2(1)=0.009^*$,$X^2(2)=0.006^*$,$X^2(3)=0.742^{NS}$,$X^2(4)=0.001^*$,$X^2(5)=0.0^*$,$X^2(6)=0.981^{NS}$,$X^2(7)=0.147^{NS}$,$X^2(8)=0.015^*$, $X^2(9)=0.012^*$,$X^2(10)=0.293^{NS}$, $X^2(11)=0.810^{NS}$, $X^2(12)=0.189^{NS}$ at ($p \leq 0.05$) level of significant*= significant NS = Not significant

There was significant association between birth preparedness practices with age ($X^2=0.009^{*}$), religion ($X^2=0.006^*$), education of self ($X^2=0.001^*$), education of husband ($X^2=0.0^*$), socio economic status of family ($X^2=0.015^*$), duration of marriage ($X^2=0.012^*$) and there is no significant association between birth preparedness practices with type of family($X^2=0.742^{NS}$), occupation of self($X^2=0.981^{NS}$), occupation of husband($X^{2=}0.147^{NS}$), period of gestation ($X^2(=0.293^{NS}$), and any complication during present pregnancy ($X^2=0.189^{NS}$), hence research hypothesis (H_2) is partially accepted and null hypothesis (H_2) partially rejected .

SECTION V:-To prepare IEC material (pamphlet) to educate Primigravida women regarding components of birth preparedness practices

This section consist of IEC material in which there are eight components as these are antenatal visit, diet, hygiene, rest and sleep, medication and drugs, delivery bag, blood arrangement, transportation .

CONCLUSION

The finding of the study shows that Primigravida women 66.5% had good level of birth preparedness practices and 11% women had average practices

towards delivery. During the data collection, we had provided education to them through IEC pamphlet to improve their level of birth preparedness practices. There was significant association between sample characteristics and birth preparedness practices.

DISCUSSION

It is related to birth preparedness practices: In the present study, data present that majority (67.5%) of Primigravida women having good birth preparedness practices, only few are having average (11%) of birth preparedness practices. Most of the women are in age group of 18-22 years (51.5%) and only (2%) are in the age group of >31. Mostly women were belongs to Hindu religion (65.5%), majority of women lives in nuclear family(50.5%), and majority of women had elementary education(56%), most of the women were housewife (81.5%),most of the women belongs to upper lower class(39.5%),most of the women having 1-2 years of marriage duration (69%),majority of women are having 34-36 weeks of gestation (82.5%),(91%) of women does not having any complication.

While the findings of T Tara, M. Tanya et.al, (2016) study was consistent with the study to assess the birth preparedness and places of birth in Tandahimba, Tanzania. This study reveals that (95%) of women made birth preparation for their last delivery and healthy facility delivery was viewed positively and that women were inclined to go to a health facility because of a perception of increased education about delivery and birth preparedness.

Discussion related birth preferences: In present study majority (99.5%) of the Primigravida women, preferred normal vaginal delivery and only (0.5%) preferred caesarean section. Majority (71%) of the Primigravida women preferred government institutions for the place of delivery and only (5%) preferred home delivery. Most (91.5%) of the Primigravida women prefer to deliver their child by doctors and only (0.5%) prefer trained Dai. Majority (35.5%) of Primigravida women preferred mother -in-law to stay in labor room and only (22.5%) preferred husband.

M. Agustina, G. laura, et.al. (2016) conducted a study to assess the women's preferences and mode of delivery in public and private hospital in Buenos Aires, Argentina. Total number of sample in this study was382 nulliparous pregnant women 183 from the private sector and 199 from public sector aged 18 to 35 years. This study reveals that only 6 to 8% of the healthy nulliparous women in public and private sector respectively, expressed a preference for caesarean section. Study also found that 34.7% and 44.8% expressed their preference among vaginal delivery in public and private hospital respectively. The study concludes that the preference section is low among nulliparous women in Buenos Aires.

REFERENCES

[1] Varghese S. Knowledge, attitude and preferences of pregnant women towards mode of delivery in tertiary care center [Internet]. 2016 [cited 30 May 2019]; Available from https//wwwmsjonline.org/10.18203/2320-6012.ijrms20163299

[2] Kaso M, Addisse M. Birth preparedness and complication readiness in Robe Woreda, Arsi Zone, Oromia Region, Central Ethiopia: a cross-sectional study [Internet]. 2013 [cited 30 May 2019]; Available from: https://reproductive-health-journal. biomedcentral.com/ articles /10.1186/1742-4755

[3] Cofie L, Barrington C, Singh K, Tettey S, Akaligaung A. Birth location preferences of mothers and fathers in rural Ghana: Implications for pregnancy labour and birth outcomes [Internet]. 2015 [cited 30 May 2019];. Available from: https://bmcpregnancychildbirth.

[4] Walana W, Kwabena Acquah S, Kofi Vicar E. Preference of birth delivery modes among women attending antenatal OPD and postnatal clinics in the Tamale Metropolis of Ghana [Internet]. 2017 [cited 30 May 2019];. Available from: https://www.omicsonline.org/

[5] Christou A, Mdemdadulhoque D, Tahsina T, Sharminsalam S, Kuppens L. Birth preparedness and complication readiness (BPCR) among pregnant women in hard to reach areas in bangladesh. [Internet]. 2016 [cited 12 June 2019]; Available from: https://www. ncbi.nlm.nih.gov/

[6] Kaur V, Kumari Saini S, Walia I. Development of birth preparedness tool (BPT)-A tool to assess mother's preparedness for delivery, postnatal and

newborn care. [Internet]. 2009 [cited 12 June 2019];. Available from: http://medind.nic.in

[7] Gorain A, Barik A, Chowdhury A, Kumar Rai R. Preference in place of delivery among rural Indian women. [Internet]. 2017 [cited 12 June 2019]; Available from: https://journals.plos.org/plosone/id=10.1371/journal.pone.0190117

[8] Krishna Sarkar B, Rahman M, Rahman T, Hossain J, Reichenbach L, Kumar Mitra D. Reason for preference of home delivery with traditional birth attendants (TBAs) in rural Bangladesh: A qualitative exploration. [Internet]. 2015 [cited 12 June 2019];. Available from: https://www.ncbi.nlm.nih.gov/

[9] Aggarwal S, Sethi V, Srivastava K, K.Jha P, H. Baqui A. Birth preparedness and complication Readiness among Slum Women in Indore City, India. [Internet]. 2010 [cited 12June2019];. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2965330/

[10] Demirci N. Factors affecting delivery preference of Primigravida women : A qualitative study.[Internet].2018[cited12June2019];.Availablefrom:.https://www.researchgate.net/publication/ 323741692

[11] S. M. Mutiso, Z. Qureshi, J. Kinuthia Birth Preparedness among antenatal clients. [Internet]. 2008 [cited 12 June 2019]; Available from: https://www.ncbi.nlm.nih.gov/pubmed/18817024

[12] OlukemiSabageh A, Adediran Adeoye O, Abiodum Adeomi A, Sabageh D, AfolakeAdejimi A. Birth Preparedness and complication readiness among pregnant women in Osogbo Metropolis, Southest Nigeria. [Internet]. 2017 [cited 12 June 2019];. Available from: https://www.ncbi.nlm.nih.gov/

[13] Smeele P, Kalisa R, Elteren M, Roosmalen J, Akker T. Birth Preparedness and complication readiness among pregnant women admitted in a rural hospital in Rwanda. [Internet]. 2018 [cited 12 June 2019]; Available from: https://www.ncbi.nlm.nih.gov/

[14] Yamasmit W, Chaithogwongwatthana S. Attitude and preference of Thai pregnant women towards mode of delivery. [Internet]. 2012 [cited 12 June 2019];. Available from: https://www.ncbi.nlm.nih.gov/

[15] Tancred T, Marchant T, Hanson C, Schellenberg J, Manzi F. Birth Preparedness and preference of birth in Tandahimba district, Tanzania: what women prepare for birth, where they go to deliver, and why. [Internet]. 2016 [cited 12 June 2019];. Available from:https://bmcpregnancychildbirth.biomedcentral.com/

[16] Mazzoni A, Althabe F, Gutierrez L, Gibbons L, Bonotti A, Ferray M. Women's preferences and mode delivery in public and private hospitals: a prospective cohort study. [Internet]. 2016 [cited 12 June 2019];. Available from: https://www.ncbi.nlm.nih.gov/pubmed/26857448

[17] Bruce S, Blanchard A, Gurav K, Roy A, Jayanna K, Mohan H et al. Preferences for infant delivery site among pregnant women and new mothers in Northern Karnataka, India. [Internet]. 2015 [cited 12 June 2019];. Available from: https://www.ncbi.nlm.nih.gov/

[18] Shah R, Rehfuess E, Maskey M, Fischer R, Bhandari P, Delius M. Factors affecting institutional delivery in rural Chitwan district of Nepal: a community-based cross -sectional study. [Internet]. 2015 [cited 12 June 2019];. Available from: https://www.researchgate.net

[19] Bayu H, Adefris M, Amano A, Abuhay M. Pregnant women's preference and factors associated with institutional delivery service utilization in Debra Markos Town, North West Ethiopia: a community based follow up study. [Internet]. 2015 [cited 12 June 2019]: Available from: https://bmcpregnancychildbirth.biomedcentral.com/

[20] Moyer, C. and Mustafa, A. (2013). Drivers and deterrents of facility delivery in sun-Saharan Africa:a systematic review. [online] [Accessed 13 Jun. 2019]. Available at : https://reproductive-health-journal.biomedcentral.com/

[21] Liu, N., Mazzoni, A., Zamberlina, N., Colomar, M., Chang, O., Arnaud, L. and Althabe, F. (2013). Preference for mode of delivery in nulliparous Argentinean women: a qualitative study. [online] [Accessed 13 Jun. 2019]. Available at: https://www.ncbi.nlm.nih.gov/pubmed/23317141

[22] Dogra, P. and Sharma, R. (2017). Preferences of pregnant women regarding mode of delivery:a

questionnaire based study. [online] [Accessed 13 Jun. 2019]. Available at: https:// pdfs.semanticscholar.org/