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A study of Impact of Maternal Ill-Health And Frequency of Neonatal Intensive Care Unit Admission in Hospital Settings for Treatment in Pune Area.

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Abstract

Researcher completed her Mphill on topic A study of maternal Anaemia in low income group women in antenatal care period taking treatment in hospital situated in Pune area. She find out the realtion of poor intake of healthy diet leads to maternal anemia during pregnancy .Researcher was worked in KEM, Hospital , Pune as a Medical Social Worker in Gynec OPD and Obstetric ward. Researcher also worked as medical social worker in Ratna memorial Hospital, Pune. researcher has a job profile to counsel pregnant women in ANC care. Maternal anemia is nutritional deficiency during pregnancy. Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period. Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and well-being. Although important progress has been made in the last two decades, about 295 000 women died during and following pregnancy and childbirth in 2017. This number is unacceptably high.The most common direct causes of maternal injury and death are excessive blood loss, infection, high blood pressure, unsafe abortion, and obstructed labour, as well as indirect causes such as anemia, malaria, and heart disease. Most maternal deaths are preventable with timely management by a skilled health professional working in a supportive environment. Ending preventable maternal death must remain at the top of the global agenda. At the same time, simply surviving pregnancy and childbirth can never be the marker of successful maternal health care. It is critical to expand efforts reducing maternal injury and disability to promote health and well-being .Every pregnancy and birth is unique. Addressing inequalities that affect health outcomes, especially sexual and reproductive health and rights and gender, is fundamental to ensuring all women have access to respectful and high-quality maternity care. Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period. Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and well-being. Mainly 4 factors for maternal Iii-lhealth , the 4 major complications that account for nearly 75% of all maternal deaths are 1)severe bleeding (mostly bleeding after childbirth)2)infections (usually after childbirth),high blood pressure during pregnancy (pre-eclampsia and eclampsia) 3)complications from delivery4)unsafe abortion .Most maternal deaths are preventable, as the health-care solutions to prevent or manage complications are well known. All women need access to high quality care in pregnancy, and during and after childbirth. Maternal health and newborn health are closely linked. It is particularly important that all births are attended by skilled health professionals, as timely management and treatment can make the difference between life and death for the mother as well as for the baby. **Severe bleeding** after birth can kill a healthy woman within hours if she is unattended. Injecting oxytoxics immediately after childbirth effectively reduces the risk of bleeding. **Infection** after childbirth can be eliminated if good hygiene is practiced and if early signs of infection are recognized and treated in a timely manner. **Pre-eclampsia** should be detected and appropriately managed before the onset of convulsions (eclampsia) and other life-threatening complications. Administering drugs such as magnesium sulfate for pre-eclampsia can lower a woman's risk of developing eclampsia. To avoid maternal deaths, it is also vital to prevent unwanted pregnancies. All women, including adolescents, need access to contraception, safe abortion services to the full extent of the law, and quality post-abortion care. Researcher want to create awareness among women about reasons, symptoms of maternal ill-health and preventive measures for maternal illhealth. And try to minimize the neonatal intensive care unit admission. By collaboration with government health worker can be create new strategies to implement preventive programme for maternal illhealth. Use the case

work method group work method and community organization method to implement effective programmer strategies.

Keywords: Maternal ill health, maternal anemia , pre-elampsia, severe bleeding, Intrauterine death, intrauterine growth retardation.

Introduction

Concept of Health-

Health is common theme in most of cultures .In fact all communities have their own concept of health as part of their health is absence of disease. In some cultures Health is considered equivalent harmony are considered .Harmony being defined as being at piece with the self, the community, god and Cosmos .The current definition of health is elusive. Health continues to be neglected entity despite lip service .At the individual level it cannot be said that health occupies an important place, it is usually subjugated to other needs defined as more important .Example- Wealth, power, prestige, knowledge, secuirity. Health is often taken for granted and its value is not fully understand until it is lost. At the International level health was drafted after the first world war.However during the past few decades there has been a reawakening that health is a fundamental human right and a world wide social goal ; that it is essential to the satisfaction of basic human need & to an improved quality of life ; and that it is to be attained by all people. In 1977 the 30 world Health assembly decided that the main social target of governments & WHO in the coming decades should be " the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially & economically productive life" for brevity called " Health For All"

1.Biomedical Concept-

Traditionally Health has been viewed as an absence of disease and if one was free from disease then the person was considered healthy. This concept known as the "Biomedical concept". It has the basis in the germ theory of disease which dominated medical thought at the turn of the 20 century .The Medical body as a machine ,Disease as a consequence of the breakdown of the machine & one of the doctors task as repaire of the machine. Thus health in this narrow view, became the multimarket goal of medicines. The biomedical model for all spectacular success in the major health problems of mankind example-malnutrition, chronic disease, drug abuse, mental illness, environment pollution, population explosion.

2. Ecological Concept-

Deficiencies in the biomedical concept gave rise to other concept. The ecologist put forward an attractive hypothesis which viewed health as a dynamic equilibrium between man and his environment disease a maladjustment of the human organism to environment. Dubos defined health saying health implies the relative absence of pain and discomfort and continuous adoption and adjustment to environment to ensure optimal functions. Human ecological and cultural adoption do determine not only the occurrence of disease but also the availability of food & the population explosion The ecological concepts raise two issues-

1.Imperfect man 2.Imperfect environment.

History argues strongly that improvement in human adoption to natural environment can lead to longer life even in the absence of modern health delivery services.

3.Psychological concept-

Contemporary developments in social sciences reveled that is not only a biomedical phenomenon but one which is influenced by social ,psychological, cultural, economic, ,political, factors of the people concerned. These factors must be taken into consideration in defining and measuring health.

4. Hollistic Concept-

The holistic concept model is a synthesis of all the above concept. It recognize the strength of social ,economical , political, environmental influence on health. It has been variously described as a unified or multidimensional process involving the well being of the whole person in the context of his environment .This view corresponds to the view held by the ancients that health implies a sound mind.

Definition Of Health-

Health is multidimensional. The WHO definition envisages three dimensions of health- the physical, the social , the mental. Many more may be social. Many more be cited. Spiritual , emotional, vocational, political dimension. As the knowledge base grows the list may be expanding. Although these dimensions functions and interact with one another each has its own nature and descriptive purpose will be treated separately.

According To WHO-Health is a state of complete physical, mental, and social wellbeing and not merely absence of disease.

The WHO definition of health has been critised as being too broad .Some argue that health cannot be defined as a state at all but must be seen as a process of continuous adjustment to the challenging demand of living and changing meanings. We give lo life. It is dynamic concept. It helps people live well, work well, enjoy themselves. The WHO definition of Health is therefore considered by many as an idealistic goal than a realistic proposition. It refers to a situation that may exist in some individuals but not in everyone to all the time. It is not usually observed in groups of human beings and in communities.

In spite of the above limitation the concept of health as defined by WHO is broad and positive in its implication; it sets out the standard of positive Health.

New Philosophy of health- In recent years we have acquired a new philosophy of health which may be stated as below,

Health is fundamental human right.

Health is the essence of productive life and not the result of ever increasing expenditure on medical care.

- Health is intersectoral.
- Health is integral part of development.
- Health is centre to the quality of life.
- Health involves individuals state and international responsibility.
- Health and its maintenance is a major social investment.
- Health is worldwide social goal.

Historical status of women Health-

Women status in Ancient India-

Works by ancient Indian women were educated in the early Vedic period. Rig-Veda verses suggests that the women married at a mature age and were probably free to select their husband .Scriptures such as Rig veda and upnishada mention several women sages and seers notably Gargi and Maitrayi. Some Kingdoms in the ancient India had traditions such as nagarvadhu bride of the city. Women competed to win the coveted title of the nagarvadhu.Amprapali is the most famous example of Nagarvadhu. According to studies, women enjoyed equal status and rights during early vedic period. Hoeever later approximately 500B.C,the status of women bagan to decline with especially Manusmriti and with Islamic invasion of Babur and The Mughal empire and later Christianity curtailing womens freedom and rights. Although reformatory movements such as Jainism allowed women to be admitted to the religious order, by and large the women in India faced confinement and restrictions. The practice of child marriage is believed to have from around six century.

Women Status in Midieval Period-

Indian woman's position in the society further deterioted during the medieval period. Sati,child marriages and ban on widow remarriges became part of social life in India. The Muslim conquest in the sunconinent brought the purdah practice in the Indian Society. Among the Rajputs of Rajsthan and Iauhar was practiced. In some parts of India

Woman Health -

Woman life is relates with hard work by various types and reasons. There are insufficient basic facilities and availability of resources at rural slum fields or areas in urban sites. So for acquiring the basic needs like food, water and shelter, etc. Women spent their frequent time for acquiring basic

needs to her family and herself and to fulfill their needs. She takes lots of effort and hard work. Among these women few are house worker as well as farm workers. In rural area work at home and in farm is compulsory to her for carry forward day to day life of her family.

Woman is not getting sufficient time for rest and looking after own health. Within family also women are taking meal when all family finishing their meal. If family members shall be completed their meal then women are taking their meal with available vegetables and ingredients in meal. Women are believing on god. They have fast various reason. All superstition and myths are relates with women life. She could not think about self health. Women have not mentality to concentrating on own health. She is giving last priority to her health and thinking about monthly budget.

Child marriage ,early pregnancy, low birth spacing, repeated abortion, repeated pregnancy ,etc all facts impact on woman health. These reason woman body not getting all nutrients and body not getting chance to recover from effects of previous delivery. Women have careless attitude towards her health. In rural and urban slum area if asked to any woman she told you she have major health related complaints. Majorly woman have symptoms like low appetite, dizziness, hair fall, body ache, headache, weakness, etc. regularly. Few women told that she currently check done her routine test, and she diagnosed anemia, etc. Some are on treatment and taking Iron folic acid tablets.

Concept of maternal illheath:

Maternal illhealth - Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period. Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and well-being. Although important progress has been made in the last two decades, about 295 000 women died during and following pregnancy and childbirth in 2017. This number is unacceptably high.The most common direct causes of maternal injury and death are excessive blood loss, infection, high blood pressure, unsafe abortion, and obstructed labour, as well as indirect causes such as anemia, malaria, and heart disease. Most maternal deaths are preventable with timely management by a skilled health professional working in a supportive environment. Ending preventable maternal death must remain at the top of the global agenda. At the same time, simply surviving pregnancy and childbirth can never be the marker of successful maternal health care. It is critical to expand efforts reducing maternal injury and disability to promote health and well-being.Every pregnancy and birth is unique. Addressing inequalities that affect health outcomes, especially sexual and reproductive health and rights and gender, is fundamental to ensuring all women have access to respectful and high-quality maternity care.Mainly 4 factors for maternal iilhealth. The major complications that account for nearly 75% of all maternal deaths are :

- severe bleeding (mostly bleeding after childbirth)
- infections (usually after childbirth)
- high blood pressure during pregnancy (pre-eclampsia and eclampsia)
- complications from delivery.
- unsafe abortion.
    - Most maternal deaths are preventable, as the health-care solutions to prevent or manage complications are well known. All women need access to high quality care in pregnancy, and during and after childbirth. Maternal health and newborn health are closely linked. It is particularly important that all births are attended by skilled health professionals, as timely management and treatment can make the difference between life and death for the mother as well as for the baby.
    - **Severe bleeding** after birth can kill a healthy woman within hours if she is unattended. Injecting oxytocics immediately after childbirth effectively reduces the risk of bleeding.
    - **Infection** after childbirth can be eliminated if good hygiene is practiced and if early signs of infection are recognized and treated in a timely manner.
    - **Pre-eclampsia** should be detected and appropriately managed before the onset of convulsions (eclampsia) and other life-threatening complications. Administering drugs such as magnesium sulfate for pre-eclampsia can lower a woman's risk of developing eclampsia.

- To avoid maternal deaths, it is also vital to prevent unwanted pregnancies. All women, including adolescents, need access to contraception, safe abortion services to the full extent of the law, and quality post-abortion care.

Women not get the care they need

Poor women in remote areas are the least likely to receive adequate health care. This is especially true for regions with low numbers of skilled health workers, such as sub-Saharan Africa and South Asia. The latest available data suggest that in most high income and upper middle income countries, more than 90% of all births benefit from the presence of a trained midwife, doctor or nurse. However, fewer than half of all births in several low income and lower-middle-income countries are assisted by such skilled health personnel.The main factors that prevent women from receiving or seeking care during pregnancy and childbirth are:

- poverty
- distance to facilities
- lack of information
- inadequate and poor quality services
- cultural beliefs and practices.To improve maternal health, barriers that limit access to quality maternal health services must be identified and addressed at both health system and societal levels.

Preventable mortality strategies- As defined in the Ending Preventable Maternal Mortality Strategy , WHO is working with partners in supporting countries towards:

- addressing inequalities in access to and quality of reproductive, maternal, and newborn health care services;
- ensuring universal health coverage for comprehensive reproductive, maternal, and newborn health care;
- addressing all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities;
[1]
- strengthening health systems to collect high quality data in order to respond to the needs and priorities of women and girls; and

Neonatal Intensive care units

By the 1970s, NICUs were an established part of hospitals in the developed world. In Britain, some early units ran community programmes, sending experienced nurses to help care for premature babies at home. But increasingly technological monitoring and therapy meant special care for babies became hospital-based. By the 1980s, over 90% of births took place in hospital. The emergency dash from home to the NICU with baby in a transport incubator had become a thing of the past, though transport incubators were still needed. Specialist equipment and expertise were not available at every hospital, and strong arguments were made for large, centralised NICUs. On the downside was the long travelling time for frail babies and for parents. A 1979 study showed that 20% of babies in NICUs for up to a week were never visited by either parent. Centralised or not, by the 1980s few questioned the role of NICUs in saving babies. Around 80% of babies born weighing less than 1.5 kg now survived, compared to around 40% in the 1960s. From 1982, pediatricians in Britain could train and qualify in the sub-specialty of neonatal medicine.

Not only careful nursing but also new techniques and instruments now played a major role. As in adult intensive-care units, the use of monitoring and life-support systems became routine. These needed special modification for small babies, whose bodies were tiny and often immature. Adult ventilators, for example, could damage babies' lungs and gentler techniques with smaller pressure

[1] https://www.who.int/health-topics/maternal-health#tab=tab_1

changes were devised. The many tubes and sensors used for monitoring the baby's condition, blood sampling and artificial feeding made some babies scarcely visible beneath the technology. Furthermore, by 1975, over 18% of newborn babies in Britain were being admitted to NICUs. Some hospitals admitted all babies delivered by Caesarian section or under 2500 g in weight. The fact that these babies missed early close contact with their mothers was a growing concern. The 1980s saw questions being raised about the human and economic costs of too much technology, and admission policies gradually became more conservative.

NICUs now concentrate on treating very small, premature, or congenitally ill babies. Some of these babies are from higher-order multiple births, but most are still single babies born too early. Premature labour, and how to prevent it, remains a perplexing problem for doctors. Even though medical advancements allow doctors to save low-birth-weight babies, it is almost invariably better to delay such births.Some major problems of the NICU have almost disappeared. Exchange transfusions, in which all the blood is removed and replaced, are rare now. The long-term outlook for premature babies saved by NICUs has always been a concern. From the early years, it was reported that a higher proportion than normal grew up with disabilities, including cerebral palsy and learning difficulties. Now that treatments are available for many of the problems faced by tiny or immature babies in the first weeks of life, long-term follow-up, and minimising long-term disability, are major research areas .Besides prematurity and extreme low birth-weight, common diseases cared for in a NICU include perinatal asphyxia, major birth defects, sepsis, neonatal jaundice, and infant respiratory distress syndrome due to immaturity of the lungs. In general, the leading cause of death in NICUs is necrotizing enterocolitis. Complications of extreme prematurity may include intracranial hemorrhage, chronic bronchopulmonary dysplasia (see Infant respiratory distress syndrome), or retinopathy of prematurity. An infant may spend a day of observation in a NICU or may spend many months there. Neonatology and NICUs have greatly increased the survival of very low birth-weight and extremely premature infants. In the era before NICUs, infants of birth weight less than 1400 grams (3 lb, usually about 30 weeks gestation) rarely survived. Today, infants of 500 grams at 26 weeks have a fair chance of survival. NICU rotations are essential aspects of pediatric and obstetric residency programs, but NICU experience is encouraged by other specialty residencies, such as family practice, surgery, pharmacy, and emergency medicine.
[2]

Review of Literature

J Reprod in July 2019 published in their journal of Reproductive and infant psychology.

This study aimed to examine the impact of newborns' Neonatal Intensive Care Unit (NICU) admittance on maternal postpartum depression. Prior research on the parental psychological impacts of a NICU admittance typically includes a hospital sample of parents following birth, so the causality of NICU admittance and maternal depressive symptomatology is unclear. 127 women across 38 counties in a South Central US state participated in online surveys in their third trimester and approximately six weeks post-birth in 2016. Pre- and post-birth assessments of depression were measured with the Center for Epidemiologic Studies Depression Scale (CES-D). NICU admittance was asked in the post-birth survey. *t*-Tests and multivariable regression analyses were used to determine predictors of NICU admittance and postnatal depressive symptomatology. Findings indicate that prenatal depression does not differ significantly between mothers by NICU admission status, but NICU admission is a significant predictor of postpartum depressive symptomatology. Having a newborn admitted to the NICU is a risk factor for maternal postpartum depression. These findings have implications for practice; screening mothers in the NICU for depression as a target for ntervention has the potential to improve maternal well-being, which in turn should enhance subsequent infant developmental outcomes.

[2] https://www.who.int/news-room/fact-sheets/detail/maternal-mortality

2.Samuel.m shover ,sara s bachman Jun 2021 published on their journal ,
Postpartum depression (PPD) negatively impacts caregivers, infants, siblings, and entire families. Mothers with infants admitted to the neonatal intensive care unit (NICU) face additional risk for PPD, coupled with risk factors extending beyond a NICU admission. The novelty of this review is the focus on maternal PPD for mothers with infants admitted to the NICU. Interventions aimed at limiting and preventing PPD in this population include: prenatal and postpartum depression screening, PPD symptom awareness and monitoring, and trauma-informed care.PPD, the most frequent complication of childbirth, affects approximately 10-15% of mothers worldwide. Prevalence rates increase to 40% for mothers whose infant is admitted to the NICU. PPD can affect maternal and child health across the life course and predispose future generations to a myriad of developmental, psychosocial, and physical challenges. Prevalence rates are higher for racial and ethnic minorities, immigrant and refugee populations, and mothers in rural locations. Trauma-informed care is suggested at individual and organizational levels, leading to better care for those with and without previous trauma exposure. Increasing PPD symptom awareness, screening for PPD, and connections with resources should begin during prenatal visits. Care teams should discuss barriers to resources for mothers, children, and families to improve access and support.

3.Family welfare statistics in India 2011
Tracking of Mothers and Children
It has been decided to have a name-based tracking whereby pregnant women and children can be tracked fortheir ANCs and immunisation along with a feedback system for the ANM, ASHA etc to ensure that all pregnant women receive their Ante-Natal Care (ANCs) and postnatal care (PNCs) Checkups; and the children receive their full immunisation. All new pregnancies detected/being registered from 1st April, 2010 at the first point of contact of the pregnant mother are being captured as also all births occurring from 1st December, 2009. A number of States have established the system and other are putting in place systems to capture such information on a regular basis. Mother and Child Tracking System require intense capacity building at various levels primarily at the Block and Sub-Centre levels. The National Informatics Centre (NIC) has developed softwout is being monitored centra are application. The roll is out of being centerally.

4.Maternal Health: Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period.
Antenatal care (ANC) is the systemic medical supervision of women during pregnancy. Its aim is to preserve the physiological aspect of pregnancy and labour and to prevent or detect, as early as possible, all pathological disorders. Early diagnosis during pregnancy can prevent maternal ill-health, injury, maternal mortality, foetal death, infant mortality and morbidity. During 2010-11, 28.30 million women got registered for ANC checkup and more than 20 million underwent 3 check-ups during the pregnancy period.
The institutional deliveriesto total deliveries (Institutional +home) increased from 56.7% in 2006-07 to 78.5% in 2010-11. Kerala and Tamil Nadu (99.8%) are the best performing States in the country during 2010-11.
[3]

[3] **Strategies towards ending preventable maternal mortality (EPMM). Geneva: World Health Organization; 2015.**

Research Methodology

Significance Of the study-

Researcher was worked in KEM, Hospital , Pune as a Medical Social Worker in Gynec OPD and Obstetric ward. Researcher also worked as medical social worker in Ratna memorial Hospital,Pune.R esearcher has a job profile to counsel pregnant women in ANC care. That time researcher felt that so many pregnant women come in KEM from low income family whose annual income is below 50,000/- and whose annual income is between 50,000 to 1,00,000/-. Then women from low income family have poor knowledge about anemic .So many women have Hemoglobin below 10 mg/dl. Also women have major physical problems like high blood pressure,pregnancy induced hypertension,hypothyroididm,anaemia,diabetis,etc.Maternal anemia is nutritional deficiency during pregnancy. Women who have Hb below 11 g/dl is said Anemic. But in this study researcher focus on women belongs from middle class family and totally unaware about their maternal illhealth. Women do not have knowledge about signs symptoms of poor maternal illhealth. Factors responsible for anemia and prevention as well as management of anemia. women doesn't have knowledge about anemic pregnancy and its consequences. like low birth weight babies, Intra uterine growth retardation, Premature baby, Preterm deliveries ,etc.

In India the National anemia prophylaxis program of Iron and folic acid distribution to all pregnant women. In India it through primary Health Centers was evolved and implemented from 1972.In these program women receive elemental Iron 60 mg./dl and 500 mg folic acid .Therefore attempt was made to identify all pregnant women and give them 100 tablets containing 60 mg of Iron And 500 mg of folic acid. The program was revised and renamed as National Anemia Control Programs (NACP).In that anemia should get two tablets daily, non anemic get Iron 100 mg/500 mg foliate. Primary Health Care centers have NACP9 National Anemia Control program me) scheme but women not reach upto the PHCS because of awareness. Then from this study low income pregnant women get medicines and PHCs also provide good health care facilities.

Objective Of Study-

- To study how does women are vulnerable for maternal ill-health?
- To study how does maternal ill-health affect on women physical and mental health.
- To Study Awareness about maternal ill-health among middle class women.
- To provide information about impact of maternal ill-health and increasing neonatal intensive care unit admission.
- To study how to use social work method to implement preventive measures for maternal ill-health.

Hypothesis of study-

- Lower the intake of healthy food higher the rate of vulnerability of maternal ill-health.
- Lower the physical activities increases the chances of preeclampsia ,obesity in mother.
- The knowledge of low income about maternal ill health is very low because Women are more vulnerable for maternal ill-health ,Low birth weight baby IUGR, premature delivery ,pre-eclampsia, severe bleeding,ealrly abortion.

Problem Formulation-

Examined publication by(Sudbury ,MA,IN 2011) Iron Deficiency anemia is a common type of anemia. The term anemia usually refers to a condition in which blood has lower than normal range of normal of red blood cells. Red blood cell carry oxygen and remove co2 a waste product of body. Anemia also an occur if red blood cell don't contain enough hemoglobin. Hemoglobin is an Iron rich protein that carries oxygen from the lungs to the rest of body.SCN news publishes hat of anemia in the world. About half of the Indian subcontinent where 88% of them develop anemia during pregnancy.

Examined the article by (Department of Reproductive and Biomedicine ,National Institute of Health and Family Welfare, New Delhi India 2009) They said that pregnant women during pregnancy required Iron doses up to 60 mg/day. But in poor women Iron Supplementation to their body not

done properly due to programmatic constraints such as lack of available supplements ,lack of information, lack of education, and communication campaigns and poor counseling by health providers resulting in maternal anemia. For this study we should select low income women because poor women are more vulnerable for maternal death only because of lack of education, poor counseling by health providers, lack of information. Because of poverty of women neglect to their health. They not done regular screening of Hemoglobin. Not take proper iron supplementation 60 mg/day .Iron rich food .Awareness about maternal anemia in poor women will be reduce the preterm delivery ,causes of prematurity. Severe anemia during pregnancy is thought to increase the risk of maternal mortality but there have been no controlled interventional trial on this question .An association between anemia and preterm delivery has reported several studies of ICMR, DLHS, National Institute of Health and family welfare. Present researcher want to create awareness poor women about maternal Iron supplementation during pregnancy can improve both maternal and infant iron status up to about 6 months post partum. The main problem of the study poor education about maternal anemia. Illiteracy for Iron rich food. Poverty leads to collect food products which contain high iron contents means green

vegetables,salads,milk,smallanimals,fish,chiken,liver,maize,wheat,date,fruites,apple,juggery,peanuts, etc take daily only because of lack of money. Also Indian culture women always negligible to self health. She gives first priority to her family .Women not take Iron rich food because of poverty.So in this study researcher involved middle class women who have bad history of high blood pressure ,obesity ,severe diabetes, poor intake of multivitamin food ,etc. Women does not have idea about meaning of maternal ill-health. Women not aware about reason of neonatal intensive care unit .They does not have idea about maternal ill-health impact on health of new born babies .
[4]

Basic Research Question-

Is the maternal ill-health assessed neatly by physician during antenatal care period is causally related to repeated neonatal intensive care unit admission.

Basic assumption of this study-

According researchers view during antenatal care period women always need care. But in low middle class women have careless attitude about their health. Women do not have adequate knowledge about diet, because illiteracy and poor knowledge about maternal exercise .They do not take multimineral and multivitamine diet, Iron rich food and Iron folic acid supplementation. So women experience Iron deficiency, high blood pressure, high diebetic,hypothyroidism. So they are vulnerable for maternal ill-health. As like that low awareness affects on health. Low knowledge increase the adequate quantity of maternal ill health in middle class family pregnant women.

It includes-

1. Poor knowledge about pregnancy induced diseases.
2. Low knowledge about maternal anemia.
3. Poor knowledge about antenatal exercise and antenatal care
4. Not have knowledge about PHCs who supplies Iron folic acid tablets pregnancy induced diseases.

Possible contribution to social work profession-

Social work profession is very closely related to this awareness about study on maternal anemia .As per above explanation Researcher working in KEM, Hospital, as a Medical social worker. Her role is to counsel Antenatal care pregnant women for maternal anemia, Importance of regular health check up ,and screening of health related facts. social worker attend gynecologist OPD s on different days. is the main source to approach women. Also see their ANC cards Tell them about Immunization, Diet, Medicine,, USG report explanation, disease during ANC. So from this study Social worker will get more benefits because social worker from another Hospital also starts ANC counseling in

[5] Sudbury ,MA,IN 2011

gynecologist OPD'S. Social worker conducts survey for follow up and un structural counseling to women near to their home. Social worker who connect pregnant women with ICDS Anganwadi workers and with ANM from PRIMARY Health Centres. Social worker organizes training for Anganwadi worker who counsel regularly pregnant women from Rural Slum /Urban slum areas (poor families).In This study are benefits social worker who are working charity hospitals ,gynecologist, OPD'S whose working on women Health problems.

In this study worker take four professional medical social workers questionnaire because the medical social worker who directly approach towards the patients (pregnant women).Also take some Interviews of gynecologists. Social worker has can contribute in this study. Researcher felt tResearcher completed her Mphill on topic A study of maternal Anaemia in low income group women in antenatal care period taking treatment in hospital situated in Pune area.She find out the realtion of poor intake of healthy diet leads to maternal anaemia during pregnancyhat social worker with Hospital with NACP program scheme with Anganwadi workers, etc

[5]**Operational Definition:**

1- Definition of women Health-

Women health refers to health issues specific to human female anatomy. Some health and medical research advocates particularly the society for women health research in the United states .It can be defined as " Women health more broadly than issues specific to human female anatomy to include areas where biological sex differences between the sexes in rates of susceptibility, symptoms and response to treatment in major disease and some cancers."

This often related to structure such as female genital and breast cancer or a condition caused by hormones specific to or most notable to females. Women health issue include menstruation, contraception, menopause, and breast cancer. Women health is an issue which has been taken up by many feminist especially where reproductive health is concerned.

2-Definition of Socio economic status-

Socio economic status is an economic and sociological combined total measures of persons work experience and often individuals or families economic and social position in relation to others based on income, education and occupation .When analyzing a families Socio economic status, income, vurses with an individual when their own attribute assessed SES broken into three broad categories.

- High socio economic status
- Middle socioeconomic status
- Lower socio economic status.

When family or individual placing one of these categories any or all three variables (income, education, occupation.). can assessed .Additionally low income and little education have shown to be strong predictors of range of physical and mental health problems ranging from respiratory viruses arthritis disease and schizophrenia.

Contents-

Income- Income refers to wages salaries profits rents or any flow of earnings received .Income can also come in the form of unemployment or workers compensation social secuirity, pension, interest or dividers, royalties, trusts, alimony, or governmental public, or family financial assistance.. Income can be looked at in two terms relative and absolute .

Absolute income as theorized by economist John Maynard Keynes is the relationship in which as income increases so will consumption but not at the same rate.

Relative income dictates a person or families savings and consumption based on the families income in relation to others.

[5] https://en.wikipedia.org/wiki/Neonatal_intensive_care_unit

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Low income families focus on generation thus increasing inequality. Families with higher and expendable income can accumulate wealth and focus on meeting immediate needs while being able to consume and enjoy luxurious and weather crises.

Occupation-

Occupational prestige as one of SES encompasses both income and educational attainment. Occupational status reflects the educational attainments requirements to obtain the job and income level that vary with different ob within ranks of occupation.

Occupation is the most difficult factor to measure because so many exist and there are so many competing scales .In some of the majority of researcher agree that income education and occupation together best represents SES while other feels structure should also be considered.

Definition Of Anemia-

A WHO expert group proposed that anemia or deficiency should be considered to exist when hemoglobin is below-

Adult male - 13 g/dl
Adult female (non pregnant) - 12g/dl
Adult female (pregnant women) - 11g/dl.

A hemoglobin level of 10 to 11 g/dl has been defined as early anemia ; a level below 10 g/dl as marked anemia.

Antenatal Care- Antenatal care is the care of the women during pregnancy. The primary aim of antenatal care is to achieve at the end of a pregnancy a healthy mother and healthy baby. Ideally this care should begin soon after conception and continue through out pregnancy.

Objectives of ANC-

- To promote protect and maintain the health of mother during pregnancy.
- To detect high risk cases and given them special attending.
- To foresee complication and prevent them.
- To remove anxiety and dread associated with delivery.
- To reduce maternal and infant mortality and morbidity.
- To teach the mother element to child care nutrition ,personal hygiene and environmental sanitation.
- To sensitize mother to the need for family planning including advice to cases seeking MTP.
- To attend to the under 5 accompanying the mother.

Antenatal visits-

Ideally the mother should attend the antenatal clinic once a month during the 1st seven months and twice a month during the next month and thereafter once a week if everything is normal .A high proportion of mothers in India are from lower socio economic group and many of them are working women. Attendance at the antenatal clinic may mean loss of daily wages. Consequently it is difficult for them to attend the ANC clinic so often .In these cases a minimum of 3 visits covering the entire period of pregnancy should be the target as shown below.

First visit - At 20 week or as soon as the pregnancy
Second visits - At 32 weeks of pregnancy
Third visits - At 36 weeks of pregnancy.

Preventive Services for months

First visit-

- Health history
- Physical examination
- Laboratory Examination
- Complete urine analysis
- Stool Examination

- Complete blood count (Inclidind Hb estimation)
- Serological Examination
- Blood grouping and Rh determination
- Chest x-ray
- Gonorrhea test

Second visit-

- Physical examination
- Laboratory test should be include urine examination
- Hemoglobin estimate

Third visit

- Iron and folic acid supplementation
- Immunization against Tetanus
- Group or individual instruction on nutrition, Family planning's elf care, delivery, parenthood
- Home visiting by a female health worker / trained Daises
- Referral services where necessary.

Variable-

Dependent variable-

1. Low Awareness in women affect on their maternal ill-health.
2. Vulnerability of women for maternal ill-health.
3. Low awareness about maternal ill-health higher the vulnerability rate in middle class pregnant women .
4. 4. Low awareness about maternal ill-health higher the vulnerability rate neonatal intensive care unit admissions.

Independent variable-

1. Age
2. Sex
3. Education
4. Socio economic status
5. Illiteracy
6. Occupation
7. Standard of health
8. Income
9. Source of medicine
10. Antenatal counseling
11. USG Reports

Research Design

Researcher use "Descriptive research design" for her study. It use because design help to provide the question who, when, where, and how associate with a particular research problem.

Area of study

Researcher will conduct this study in Pune city . Area of study is pune area mainly urban area where majority middle class women attending OPDs from middle class economic strata as well as Economocally weaker section strata.

Universe of study

Researcher has selected a hospitals where women came from cities belong to middle income families. Their annual income is more than 2,00,000l-lakh
Mai mangeshkar Hospital,Pune
Sanjivani Hospital, Pune
Chatanya Hospital and Maternity Home,Malawadi,,
Navale Hospital,Narhe.

Matruchaya Nursing Home,Pune

Method of Data Collection

Simple Random sampling method will be used for data collection in a group of pregnant women , take each and every pregnant women have gravida (only 1st and 2nd time) in a study in age group of 20 years to 38 years

Suggestion

1) Most of the women especially in rural areas are unaware about their health. Women should be given education free of cost, so they can be aware about their health as well as their children health.

2) Women should be aware about the importance of antenatal check up and maternal anemia and should try to aware their husbands and in-laws also about their importance. There should be seminars, group-discussions and home-visits in this regard.

3) Mostly, women of rural area cannot go to hospitals or clinics, which are situated in far-flung areas. For this purpose health workers should visit home in-order to give them proper guidance concerning their health and awareness about maternal anemia, care during pregnancy.

4) Modern medical equipments should be provided to the health clinics in rural areas so that these people could also benefit from them.

5) Most of the people living in rural areas are not financially strong to buy expensive medicines. So government are provide free medicines under National Anemia control program to the people. Health workers must create more awareness about this program minimize the quantity of maternal anemia among low income group.

6) If possible women should see a reproductive system every 3 to 4 years even if she feel fine. This check up should include a pelvic examination, a breast examination ,a test for anemia and an exam of reproductive tract infection specially sexually transmitted disease.
7) For more awareness health workers, must be reach up to the grass root level women.

8) In private gynecologist OPD appoints medical social worker for explain to patient importance of regular health check up during pregnancy ,aware them about immunization during pregnancy, organize labor room tour to minimize fear for deliveries, explanation of importance of medicine, diet counseling ,education for investigation, motivate pregnant women how to maintain healthy pregnancy life.

9) To create awareness about National anemia control program, and some its benefits .Mostly women in rural areas and urban slum areas do not knows primary health center anganwadi near to their home , to educate them about health facilities provided in primary health centre and Integrated child development scheme.

10) To educate women about how to yield small crops like tomatoes, coriander, methi,spingle, bringle in their home and take healthy diet.

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Conclusion

From this study researcher have concluded that our female, respondents were married and all are pregnant women. All respondents were pregnant and belonged to below poverty line and economic weaker section class.Middle class women not aware abour maternal ill-health.Women not alert about antenalat exercise and pregnancy diet. Women have bad medical history .In those level to create health problems that caused women poor maternal health and anemia, malnutrition.

There are some of the links in the chain of causes that leads to women's health which are ;

Early marriage

Lack of prexercise in pregnancy.

Lack of knowledge about maternal health and maternal ill-health

Poor knowledge of emergency health services

Health workers not trained in women's health

Lack of knowledge about health services.

Another fact is the poor medical system and poor training of health workers and traditional practitioners in early diagnosis of women health problems did not equip from to detect or refer her in time to nearest capable gynecologist or Hospital. From study it is shown that women have nutritional deficiency because of poverty. it must be need to create awareness among women to develop home kitchen garden, community garden, etc from that women can improve their nutrition. Rural women may be take in each planting season, plan crops that return strength to the soil like beans, pears, peanuts, or some other plant with seeds in ponds like legumes or pulses, vegetables like spinach, tomato ,coriander .Women must try to grow a variety of food crops. That way even if one crop fail there will be something to eat.

Also needs to equip rural clinics and trained health workers to treat common women health problems. This way rural women will not be forced to go to urban Hospitals for care. From observation it should need to make health services and life saving drugs available to those who are most need. There should be need to pay women from rural and urban slum areas especially women to get health training that way there will not be such storage of trained health workers .There are requirements of make family planning services and good prenatal care accessible to all women doing so can prevent many death due to complication of pregnancy, child health and unsafe abortion. It is seen that some health problems must be treated with skilled medical care, but most oh health problems can be treated at home or can be prevented by health living.

Due to ignorance, the women of rural areas and urban areas and rural area are unaware about the complications, facilities, problems and precautions during and after pregnancy. Mostly, the in-laws of the respondents were uncooperative, but still they faced work pressure during pregnancy due to joint family system. Mostly the respondents were facing health problems during pregnancy and due to the non-availability of female doctors, their health deteriorated badly mostly respondent informed that Local health workers were not visiting each respondents home. The respondents also informed about no facilities of maternity clinics, female gynecologists and lack of medicines. The respondents were unaware about facilities provided in primary health centers i.e emergency health care services ,free supplementation for iron folic acid tablets ,free awareness activities immunization, nutritional diet, etc implemented under Integrated Child Development Scheme. It was found that the desire for more children affected the mother child health and led to a physical, psychological problems and also affect the reproductive health of woman and also caused excessive deliveries, which were harmful to mother child health. All of the respondents agreed that proper nourishment, availability of maternity clinics / homes / reproductive health centers / family health center family welfare centers, quality contraceptives and medical equipments are responsible for better mother / child health and reductive health of mother .

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