



Effect Of COVID-19 Pandemic On Antepartum Care Of Pregnant Women In Ikwerre Local Government Area Of Rivers State, Nigeria

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ABSTRACT

The study examined effect of Covid-19 pandemic on antepartum care of pregnant women in Ikwerre Local Government Area of Rivers State, Nigeria. The cross-sectional descriptive survey design was adopted for the study. Three research questions were answered and three hypotheses were tested. The population of the study comprised 13470 pregnant women in the 15 operational primary health centres in Ikwerre Local Government Area of Rivers State, Nigeria. A sample size of 394 was selected using stratified random sampling technique through Fischer's sample size determination. The study adopted a self-structured instrument of a 4-likert scale questionnaire for data collection. Face and content validities were ensured by experts including the researcher's supervisors. The reliability coefficient of the instrument was calculated to be 0.78 with the help of Pearson Product Moment Correlation. The research questions were answered using mean and standard deviation. While the null hypotheses were tested using z-test statistics at 0.05 alpha level. Findings revealed that there is a significant difference in the ways in which Covid-19 pandemic has affected antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state, Nigeria. It was concluded that there is a negative effect of Covid-19 pandemic on antepartum care of pregnant women with regards to childbirth education in Ikwerre Local Government Area of Rivers state, Nigeria. It was therefore recommended among others that more emphasis should be laid on childbirth education for pregnant mothers and that the time fixed for childbirth preparation classes should be reviewed to accommodate the peculiarities of Covid-19 such as staggered learning by health specialists at the clinic.

Keywords: Covid-19 Pandemic, Antepartum Care, Pregnant Women, Childbirth Education, Hygiene Measures and Urinalysis

INTRODUCTION

The wheel of any given nation's socio-cultural and socio-economic development cannot roll in the right direction and may be grounded if there is no procreation. It is most noteworthy that all the programmes and policies of today across the length and breadth of nations around the world are targeted at sustainability. This implies having a world that outlives the current system but in the right direction. Hence, pregnancy is sacrosanct. As at this moment, what is known all over the world is that the responsibility of pregnancy is exclusive to women and women who are currently in this line of national and global tasks are simply called pregnant women. Pregnant women are female human beings in the line

and process of ensuring the continuity of the world's nationhood through the conception and delivery of offspring. It is these offspring that are in turn nurtured to continue with the policies and programmes of today for sustainability (World Health Organization (WHO), 2016; Nauck, 2014).

This is to say that pregnant women are potential drivers of socio-political, socio-cultural and socio-economic policies of any given country and the world at large. There is therefore, need to prioritise the wellbeing of pregnant women because it has been reported that not all pregnant women end up achieving the all-important goal of procreation due to a lot of reasons that cut across government's unresponsive attitude towards the wellbeing of pregnant women, poor maternal healthcare facilities, poor or inadequate knowledge on the part of some of the affected pregnant women, poor family support, fatal accidents and outbreak of infectious disease (Anikwe, *et al.*, 2020). It is also pertinent to note that well-meaning individuals and corporate bodies have over a period of time advocated for proper care to be given to pregnant women across the world such as the antepartum care (Ngxongo, 2018). This advocacy in no little measure has proven to alert and support the government in areas pertaining to pregnant women wellbeing as well as address poor knowledge and poor access to maternal healthcare facilities leading to high mortality rate among pregnant women (Evans, *et al.*, 2020).

More so, while some of these calls were targeted at ensuring that government did not lose sight on pregnant women having access to antenatal service, others were skeptical on how measures can be taken so as to ameliorate the effect of Covid-19 pandemic on pregnant women through antepartum care. Once more, it should be noted that Covid-19 as popularly called implies coronavirus disease 2019. This disease (Covid-19) was first identified amid an outbreak of respiratory illness cases in Wuhan City, Hubei Province, China. It was initially reported to the World Health Organisation (WHO) on December 31, 2019. On January 30, 2020, the WHO declared the Covid-19 outbreak a global health emergency. While on March 11, 2020, the WHO declared Covid-19 a global pandemic, its first such designation since declaring H1N1 influenza a pandemic in 2009.

However, since these stages of declarations on Covid-19, the world has been left in shock to the point that there is little progress made on the wellbeing of pregnant women. In taking a cue from positions made by scholars on the need to harness necessary resources for pregnant women antepartum care, it shows to tell that in most quarters around the world, pregnant women have been badly affected by Covid-19 and they are not receiving commensurate support from the general public. WHO also admitted that the foregoing is the reality on ground which requires a deliberate and decisive dexterous approach to alter for the common good of all. WHO noted that antepartum care in practice implies essential labour and childbirth practices that should be provided to all pregnant women and their babies during labour and childbirth irrespective of socioeconomic setting. Antepartum care according to WHO is targeted at promoting the delivery of interventions' package of labour and childbirth that is critical at this time of Covid-19 to ensure that giving birth is not only safe but also a positive experience for women and their families. In addition, WHO perceived antepartum care as the basis for the optimization of woman-centred care through a holistic, human rights-based approach.

So, the components of Covid-19 effect on antepartum care for pregnant women as deduced from WHO's position on the subject matter can be basically highlighted as essential labour and childbirth practices. These essential labour practices were enumerated by: Oladapo, *et al.* (2018); Lothian in Iravani, *et al.* (2015); National Collaborating Centre for Women's and Children's Health (2014); and, Nunes, *et al.* (2014) as: decision on place of birth, birth settings, availability of medical doctors, midwives and nurses, availability of personal protective equipment (PPE), attendance of pregnant women, childbirth education, urinalysis, communication, mobilization, hygiene measures, initial assessment, pain relief, ongoing assessment, as well as transfer of care approach. Most researchers have discovered that even in an advanced country such as the United States, although antepartum care methodology is known but in most cases are not observed to the latter in practice. It is based on this suspicion that curiosity has been aroused on how better pregnant women antepartum care has become at such a critical time as this with the emergence of Covid-19 in a developing country such as Nigeria. To this end, the study intends to examine the perceived effect of Covid-19 pandemic on antepartum care of pregnant women in Ikwerre Local Government Area (KELGA) of Rivers state, Nigeria.

Statement of the Problem

Prior to the emergence of Covid-19, a good number of researchers have discovered a series of shortcomings in the health sector of Rivers state, Nigeria. These shortcomings ranges from fewer staff and wider coverage gaps to limited experience of primary health care workers in basic neonatal resuscitation and very few facilities reported to having functional community systems (Briggs & Eneh, 2020; Ogaji, *et al.*, 2017). Notably, the health sector of Rivers state is a mirror of the Nigeria health sector. These short falls have been found to affect the wellbeing of women of childbearing age more when compared to any other at-health-risk population of the Nigeria-society.

It is however presumed a scary situation at this moment in time that the emergence of Covid-19 has assumed a dangerous dimension of health risk and done unimaginable but anecdotal and unempirical flattening to all the sectors of the country's socio-economic life which includes the health sector of Rivers state. In any case, there are paucity of investigations here, consequently, this examination on the perceived effect of Covid-19 pandemic on antepartum care of pregnant women in KELGA of Rivers state.

Aim and Objectives

This study is aimed at examining and documenting the perceived effect of Covid-19 pandemic on antepartum care of pregnant women in Ikwerre Local Government Area of Rivers state, Nigeria. Specifically, the objectives of this study were to:

1. find out ways in which Covid-19 pandemic has affected childbirth education as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state, Nigeria.
2. ascertain ways in which Covid-19 pandemic has affected hygiene measures as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state, Nigeria.
3. determine ways in which Covid-19 pandemic has affected urinalysis as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state, Nigeria

Research Questions

The following research questions guided the study:

1. What are the ways in which Covid-19 pandemic has affected childbirth education as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state, Nigeria?
2. What are the ways in which Covid-19 pandemic has affected hygiene measures as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state, Nigeria?
3. What are the ways in which Covid-19 pandemic has affected urinalysis as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state, Nigeria?

Hypotheses

The following five (5) null hypotheses were formulated and tested at 0.05 level of significance.

1. There will be no significant difference in the ways in which Covid-19 pandemic has affected childbirth education as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state, Nigeria.
2. There will be no significant difference in the ways in which Covid-19 pandemic has affected hygiene measures as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state, Nigeria.
3. There will be no significant difference in the ways in which Covid-19 pandemic has affected urinalysis as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state, Nigeria.

METHODOLOGY

This study adopted descriptive survey design. The study was carried out in primary health care centres in Ikwerre Local Government Area of Rivers state. The population comprised all the pregnant women attending primary healthcare centres in Ikwerre Local Government Area of Rivers state. The total number of operational primary health centres in KELGA is 15 and by estimate, based on 2016 record, 13470 pregnant women made up this study population. The sample size of 394 pregnant women was selected

from the total population of 2186 pregnant women, using Fischer’s sample size determination. A self-structured instrument titled “Covid-19 Pandemic Effect on Antepartum Care in KELGA Questionnaire” (C19POIC-KELGAQ) was used to gather data for this study. The instrument was divided in two (2) sections: A, and B. Section A consist of demographic information of the respondents, while section B sought information on the research variables. The instrument consists of a 30-item questionnaire that was structured on a modified four (4) point Likert type scale of: Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD) with ratings of: 4, 3, 2 and 1 respectively. The instrument was validated by the researcher’s supervisor, and other experts in School of Public Health and Toxicological Research, Africa Centre of Excellence, University of Port Harcourt. The test-retest reliability method was employed to determine the reliability of the instruments, the reliability index was further calculated using Pearson’s Product Moment Correlation coefficient (PPMC) and the reliability index yielded a coefficient of 0.78. The researchers self-administered the instrument (C19POIC-KELGAQ) with the assistance of two experienced research assistants. A total of 394 questionnaires was administered (based on the sample size) and same was retrieved manually by the researcher and the two research assistants within two weeks. The research questions were answered using measure of central tendency statistics (mean and rank order) and standard deviation statistics. The mean of 2.5 was used as a criterion mean. Therefore, mean of 2.5 and above was remarked as accepted, while mean below 2.5 was remarked as rejected while inferential statistics were used to test the null hypotheses.

RESULTS

Research Question 1: *What are the ways in which Covid-19 pandemic has affected childbirth education as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state, Nigeria?*

Table 1: Weighted mean scores and standard deviation on ways in which Covid-19 pandemic has affected childbirth education as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state, Nigeria.

S/N	Items	Urban	Sd	Rural	Sd	Mean Set	Decision
		Respondents (83)		Respondents (211)			
		Mean		Mean			
1	In my prenatal clinic, birth preparation classes are taught by anyone available in the clinic due to Covid-19 pandemic.	1.54	1.24	2.02	1.42	1.78	Disagreed
2	In my prenatal clinic, trained midwives were available for birth preparation classes but insufficient.	2.24	1.50	2.52	1.59	2.38	Disagreed
3	In my prenatal clinic, antepartum women were few during birth preparation classes due to Covid-19 pandemic scare.	2.56	1.60	2.49	1.58	2.53	Agreed
4	Covid-19 pandemic affected time fixed for the childbirth preparation classes in my prenatal clinic.	2.51	1.58	2.53	1.59	2.52	Agreed
5	Most antepartum women were satisfied with the time fixed for the childbirth preparation classes due to Covid-19 pandemic in my prenatal clinic.	2.55	1.60	2.64	1.62	2.60	Agreed
6	In my prenatal clinic, handwashing point is available at every session for antepartum women.	2.66	1.63	2.57	1.60	2.62	Agreed
Cluster Mean and Standard Deviation		2.34	1.53	2.46	1.57	2.40	

Results in Table 1 showed the mean and standard deviation statistics on ways in which Covid-19 pandemic has affected childbirth education of pregnant women attending care in primary healthcare centres in Ikwerre LGA, Rivers state. The mean scores of the respondents showed that they agreed on items 3 to 6 in the Table with individual mean set scores greater than the criterion mean score of 2.5. The cluster mean scores of 2.34 and 2.46 for urban and rural respondents respectively. The cluster mean set of 2.40 showed that respondents have a strong interest in voicing their concern on the impact of Covid-19 on childbirth education as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state, Nigeria. This is shown in figure 1 below

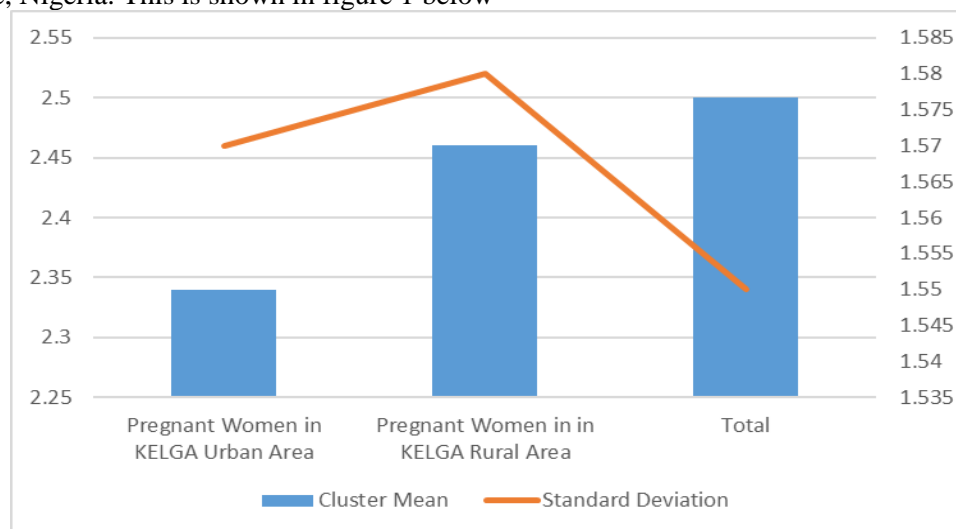


Figure 1: Weighted mean scores and standard deviation on effect of Covid-19 on childbirth education of pregnant women attending antepartum care in the urban and rural areas of KELGA PHCs, Rivers state, Nigeria.

Research Question 2: *What are the ways in which Covid-19 pandemic has affected hygiene measures as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state, Nigeria?*

Table 2: Weighted mean scores and standard deviation on ways in which Covid-19 pandemic has affected hygiene measures as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state, Nigeria.

S/N	Items	UR	Sd	RR	Sd	Mean Set	Decision
		(83)		(211)			
		Mean	Mean				
7	Antepartum women were provided with face mask in my prenatal clinic.	2.12	1.46	2.44	1.56	2.28	Disagreed
8	Antepartum women with no face mask were turned back in my prenatal clinic.	2.65	1.63	2.58	1.61	2.62	Agreed
9	In my prenatal clinic, there is functional public convenience for antepartum women at the clinic.	2.81	1.68	2.63	1.62	2.72	Agreed
10	Infrared thermometers were positioned at the entrance of my prenatal clinic, to check antepartum women for the symptoms of Covid-19.	2.59	1.61	2.53	1.59	2.56	Agreed
11	Regular urinalysis are being carried out with the intent of ascertaining Covid-19 status of each antepartum woman in my prenatal clinic.	2.77	1.66	2.69	1.64	2.73	Agreed
12	Alcohol based hand sanitizer is provided by the clinic at the entry point.	2.48	1.57	2.36	1.54	2.42	Disagreed
Cluster Mean and Standard Deviation		2.57	1.60	2.54	1.59	2.56	

Results in Table 2 showed the mean and standard deviation statistics on ways in which Covid-19 pandemic has affected hygiene measures of pregnant women attending care in primary healthcare centres in Ikwerre LGA, Rivers state. The mean scores of the respondents showed that they agreed on items 8 to 11 in the Table with individual mean set scores greater than the criterion mean score of 2.5. The cluster mean scores of 2.57 and 2.54 was arrived at for urban and rural respondents respectively. However, the cluster mean set of 2.56 showed that Covid-19 pandemic has positively affected hygiene measures of pregnant women attending care in primary healthcare centres in the urban and rural areas of KELGA in Rivers state, Nigeria. This is shown in figure 2 below:

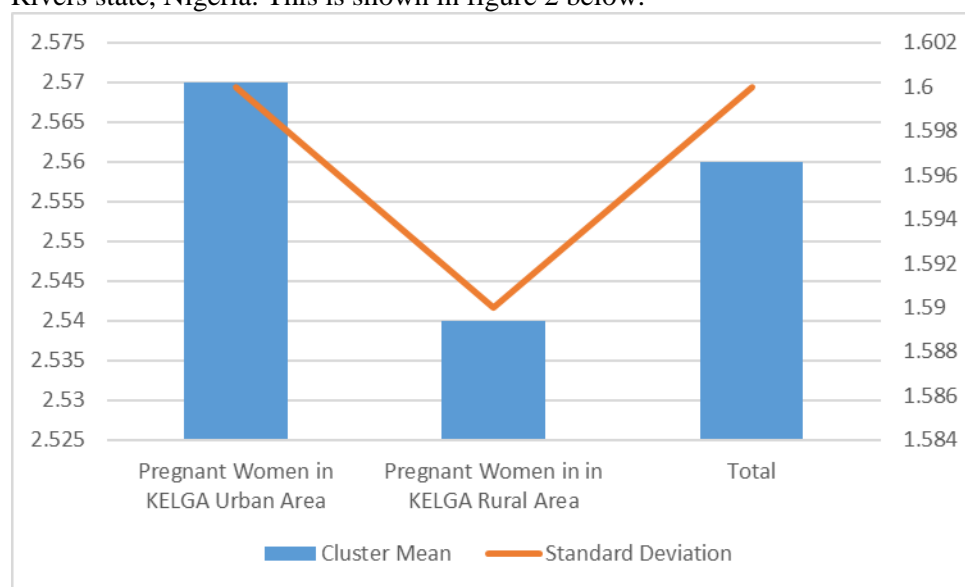


Figure 2: Weighted mean scores and standard deviation on effect of Covid-19 on hygiene measures of pregnant women attending antepartum care in the urban and rural areas of KELGA PHCs, Rivers state, Nigeria

Research Question 3: *What are the ways in which Covid-19 pandemic has affected urinalysis as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state, Nigeria?*

Table 3: Weighted mean scores and standard deviation on ways in which Covid-19 pandemic has affected urinalysis as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state, Nigeria.

S/N	Items	UR	Sd	RR	Sd	Mean Set	Decision
		(83)		(211)			
		Mean	Mean				
13	Antepartum women confirmed of Covid-19 through urinalysis in my prenatal clinic are being referred to government designated Covid-19 centres.	2.58	1.61	2.55	1.60	2.57	Agreed
14	Urinalysis is rarely carried out among antepartum women in my prenatal clinic.	2.30	1.52	2.25	1.50	2.28	Disagreed
15	There is a separate cost attached to urinalysis in my prenatal clinic.	2.56	1.60	2.53	1.59	2.55	Agreed
16	Urinalysis is voluntary for antepartum women in my prenatal clinic.	2.48	1.57	2.52	1.59	2.50	Agreed
17	There is consistent sensitisation on stringent social distancing for antepartum women diagnosed with hyperglycemia.	3.21	1.79	2.89	1.70	3.05	Agreed
18	In my prenatal clinic, due to the effect of Covid-19 on antepartum women, efforts are intensified on continuous glucose monitoring.	2.44	1.56	2.48	1.57	2.46	Disagreed
Cluster Mean		2.60	1.61	2.54	1.59	2.57	

Results in Table 3 showed the mean and standard deviation statistics on ways in which Covid-19 pandemic has affected urinalysis of pregnant women attending care in primary healthcare centres in Ikwerre LGA, Rivers state. The mean scores of the respondents showed that they agreed on items 13, 15 to 17 in the Table with individual mean set scores greater than the criterion mean score of 2.5. The cluster mean scores of 2.60 and 2.54 was arrived at for urban and rural respondents respectively. However, the cluster mean set of 2.57 showed that Covid-19 pandemic has affected urinalysis of pregnant women attending care in primary healthcare centres in the urban and rural areas of KELGA in Rivers state, Nigeria. This is shown in figure 3 below

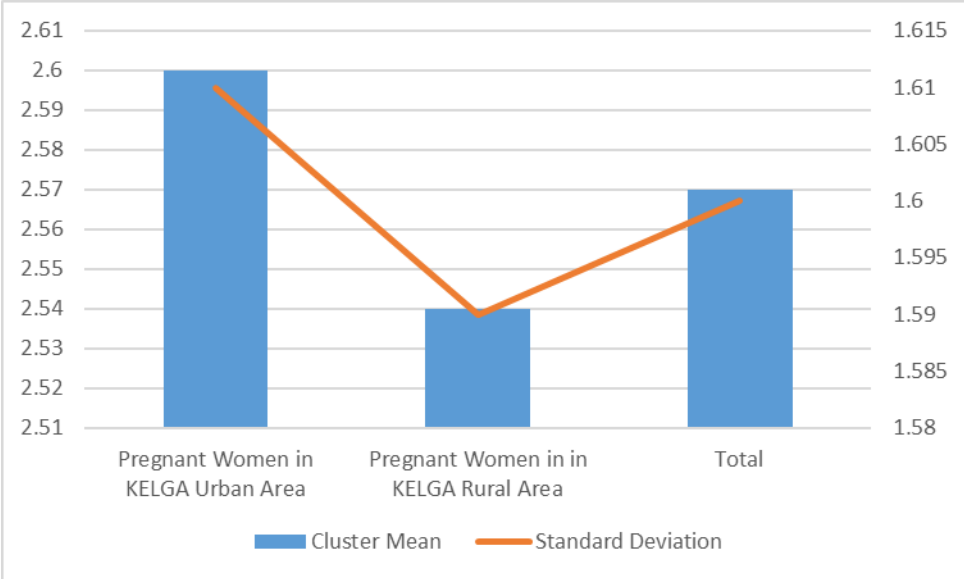


Figure 3: Weighted mean scores and standard deviation on effect of Covid-19 on urinalysis of pregnant women attending antepartum care in the urban and rural areas of KELGA PHCs, Rivers state, Nigeria

Test of Hypotheses

Hypothesis 1: There will be no significant difference in the ways in which Covid-19 pandemic has affected childbirth education as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state, Nigeria

Table 4: z-test analysis of the significant difference between the mean statistics on the ways in which Covid-19 pandemic has affected childbirth education of pregnant women attending primary healthcare centers in the urban and rural areas of KELGA in Rivers state, Nigeria.

Status	N	\bar{x}	Sd	df	z-cal	z-crit value	Decision
Urban Areas	83	2.34	1.53	292	3.08	1.96	Significant difference
Rural Areas	211	2.46	1.57				

Source: field work (2021)

Results in Table 4 revealed that pregnant women attending antepartum care in the urban areas of KELGA PHCs, Rivers state have mean and standard deviation scores of 2.34 and 1.53 respectively while those attending antepartum care in the rural areas have mean and standard deviation scores of 2.46 and 1.57 respectively. With a degree of freedom of 292, the calculated z-test value of 3.08 was higher than the critical z-test value of 1.96. Therefore, the null hypothesis was not retained. It implies that there is a significant difference between the mean statistics of the effect of Covid-19 pandemic on the childbirth education of pregnant women attending antepartum care in the urban and rural areas of KELGA PHCs, Rivers state.

Hypothesis 2: There will be no significant difference in the ways in which Covid-19 pandemic has affected hygiene measures as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state, Nigeria.

Table 5: z-test analysis of the significant difference between the mean statistics on the ways in which Covid-19 pandemic has affected hygiene measures of pregnant women attending primary healthcare centers in the urban and rural areas of KELGA in Rivers state, Nigeria.

Status	N	\bar{x}	Sd	df	z-cal	z-crit value	Decision
Urban Areas	83	2.57	1.60	292	2.15	1.96	Significant difference
Rural Areas	211	2.54	1.59				

Source: field work (2021)

Results in Table 5 revealed that pregnant women attending antepartum care in the urban areas of KELGA PHCs, Rivers state have mean and standard deviation scores of 2.57 and 1.60 respectively while those attending antepartum care in the rural areas have mean and standard deviation scores of 2.54 and 1.59 respectively. With a degree of freedom of 292, the calculated z-test value of 2.15 was higher than the critical z-test value of 1.96. Therefore, the null hypothesis was not retained. It implies that there is a significant difference between the mean statistics of the effect of Covid-19 pandemic on the hygiene measures of pregnant women attending antepartum care in the urban and rural areas of KELGA PHCs, Rivers state.

Hypothesis 3: There will be no significant difference in the ways in which Covid-19 pandemic has affected urinalysis as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state, Nigeria.

Table 6: z-test analysis of the significant difference between the mean statistics on the ways in which Covid-19 pandemic has affected urinalysis of pregnant women attending primary healthcare centers in the urban and rural areas of KELGA in Rivers state, Nigeria.

Status	N	\bar{x}	Sd	df	z-cal	z-crit value	Decision
Urban Areas	83	2.60	1.61	292	2.09	1.96	Significant difference
Rural Areas	211	2.54	1.59				

Source: field work (2021)

Results in Table 6 revealed that pregnant women attending antepartum care in the urban areas of KELGA PHCs, Rivers state have mean and standard deviation scores of 2.60 and 1.61 respectively while those attending antepartum care in the rural areas have mean and standard deviation scores of 2.54 and 1.59 respectively. With a degree of freedom of 292, the calculated z-test value of 2.09 was higher than the critical z-test value of 1.96. Therefore, the null hypothesis was not retained. It implies that there is a significant difference between the mean statistics of the effect of Covid-19 pandemic on urinalysis of pregnant women attending antepartum care in the urban and rural areas of KELGA PHCs, Rivers state.

DISCUSSION OF FINDINGS

Ways in which Covid-19 Pandemic has affected Childbirth Education as an Antepartum Care of Pregnant Women in the Urban and Rural Areas of KELGA in Rivers state.

The findings revealed ways in which covid-19 pandemic has affected childbirth education as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state as follows: antepartum women were few during birth preparation classes due to Covid-19 pandemic scare; time fixed for childbirth preparation classes was affected; and handwashing point is made available at every session for pregnant women. This is in line with the findings of Kotlar, *et al.* (2021) who substantiated that the temporary closure of outpatient clinics during shelter at home orders left many women without access to time-sensitive maternal and reproductive health care, from routine gynecological checkups to antepartum care. This was also corroborated by Uwambaye, *et al.* (2020) who averred that antepartum care is a critical opportunity for healthcare providers to deliver necessary support and educate pregnant women on unexpected events. As mentioned by Uwambaye, *et al.* (2020) effective antepartum care visits are essential for both maternal and fetal health. Antepartum care helps to promote a healthy lifestyle, which include informing patients about sources of good nutrition, detecting and treating any preexisting diseases, counseling, and supporting women who may be encountering domestic violence. Also Anikwe, *et al.* (2020) acknowledged that fear and anxiety associated with infection could lead to increased demand for abortion and operative deliveries. Hence, it becomes imperative that great efforts should be made to prevent pregnant women and their fetuses from the scourge of Covid-19. This can only be achieved if a woman is knowledgeable about how to prevent contracting the virus and its transmission to her family and others. This becomes very obvious in the study setting that lacks the enabling social and medical infrastructures needed to properly manage a case of Covid-19.

Ways in which Covid-19 Pandemic has affected Hygiene Measures as an Antepartum Care of Pregnant Women in the Urban and Rural Areas of KELGA in Rivers State

The observed ways in which covid-19 pandemic has affected hygiene measures as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state are as follows: pregnant women with no face mask were turned back, there is functional public convenience for antepartum women at the clinic, infrared thermometers were made available to check antepartum women for the symptoms of Covid-19, and regular urinalysis are being carried out with the intent of ascertaining Covid-19 status of each pregnant woman. This is in line with the findings of Rasmussen and Jamieson (2020) that measures to reduce the risk of transmission from an infected mother to her newborn include placing them in separate rooms or using other controls (eg, physical barriers, the mother wearing a face mask during contact with the newborn); shared decision-making between the mother and the care team regarding this issue is recommended. For those who select temporary separation, expression of breast milk with careful hand and breast hygiene should be encouraged, with feeding of the breast milk done by a healthy caregiver. A mother who chooses to room with her newborn should use a face mask and careful hand and breast hygiene before breastfeeding

Ways in which Covid-19 Pandemic has affected Urinalysis as an Antepartum Care of Pregnant Women in the Urban and Rural Areas of KELGA in Rivers State

The finding revealed ways in which covid-19 pandemic has affected urinalysis as an antepartum care of pregnant women in the urban and rural areas of KELGA in Rivers state as follows: pregnant women confirmed of Covid-19 through urinalysis in my prenatal clinic are being referred to government designated Covid-19 centres, financial cost is attached to urinalysis, urinalysis was made voluntary for antepartum women, there is consistent sensitisation on stringent social distancing for antepartum women diagnosed with hyperglycemia, efforts are not intensified on continuous glucose monitoring of antepartum women.

CONCLUSION

Based on the findings of this study, it can be concluded that there is a sharp drop in routine antenatal care as a result of low and irregular turn up of pregnant women for antenatal care. The low and irregular turn up of the pregnant women for antenatal care can be attributed to series of curfews in the state and the initial scare of uncertainty in the transmission and contraction of Covid-19 illness. Additionally, the pregnant women also informed that there were reports that most of the health workers were being affected by Covid-19 thus becoming easier vehicles for the transmission of Covid-19. In essence, there is a negative effect of Covid-19 pandemic on antepartum care of pregnant women with regards to childbirth education in Ikwerre Local Government Area of Rivers state, Nigeria.

RECOMMENDATIONS

In the light of the discoveries made in this study, the following recommendations were made:

1. More emphasis should be laid on childbirth education for pregnant mothers.
2. The time fixed for childbirth preparation classes should be reviewed to accommodate the peculiarities of Covid-19 such as staggered learning.
3. More experienced and well trained facilitators should be recruited into childbirth preparation classes so as to make up for the shortfalls in qualified personnel in antenatal care.
4. Urinalysis should be made free as part of palliatives for pregnant mothers to ease the economic burden of Covid-19 on pregnant mothers and their families.

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