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Original Research Article

UNDERSTANDING THE FACTORS INFLUENCING HOME DELIVERIES IN MALEGAON CORPORATION, MAHARASHTRA: AN OBSERVATIONAL STUDY

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ABSTRACT

This observational study examines the factors influencing home deliveries in Malegaon Corporation, Maharashtra. The study used a case-control design, comparing mothers who delivered at home with those in healthcare facilities, focusing on maternal perceptions, antenatal care (ANC), and healthcare infrastructure. Data were collected using semi-structured questionnaires and home visits involving 250 mothers, healthcare workers, and traditional birth attendants (TBAs). Results show that home deliveries are significantly associated with family insistence, transportation delays, fear of hospitals, and inadequate ANC visits. Mothers who delivered at home reported fewer ANC visits and were less likely to have undergone critical health screenings compared to those who opted for institutional deliveries. Additionally, negative healthcare worker attitudes and a lack of postnatal care (PNC) services further contributed to home deliveries. The study highlights the need for targeted interventions, including improved transportation infrastructure, enhanced ANC and PNC services, and trust-building measures to reduce home deliveries and improve maternal health outcomes.

Keywords: Home delivery, Malegaon Corporation, antenatal care, postnatal care, maternal health, transportation barriers, healthcare infrastructure.

INTRODUCTION

Maternal health is a crucial indicator of a nation's healthcare system's effectiveness, reflecting maternal mortality rates and the prevalence of pregnancy-related complications and disabilities. Despite global efforts to improve maternal and neonatal outcomes, millions of women worldwide continue to experience complications during childbirth, with a staggering 830 maternal deaths occurring daily.[1] The choice of delivery location significantly impacts maternal and neonatal health outcomes, with home deliveries often associated with higher risks due to factors such as lack of planning, accidents, and poor hygiene.[2]

In 2017, Southern Asian countries, including India, contributed significantly to global maternal and neonatal mortality rates, with approximately 20% of maternal deaths and 38% of neonatal deaths occurring in this region (UNICEF, 2018). Home deliveries have been identified as a major contributing factor to these statistics, particularly in urban areas where they remain prevalent despite efforts to promote institutional deliveries.[3] To address this issue, the Indian government has implemented various schemes such as the Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK) under the National Rural Health Mission (NRHM), aiming to encourage institutional

deliveries and reduce out-of-pocket expenses for pregnant women and their families.[4]

Despite these initiatives, the prevalence of home deliveries persists in urban areas like Malegaon Corporation, Maharashtra. Understanding the reasons behind home deliveries in this urban setting is essential for developing effective interventions. This study aims to investigate the factors contributing to home deliveries in Malegaon Corporation, focusing on the perceptions of mothers and traditional birth attendants, the utilization of antenatal care services, and the infrastructure available in both government and private healthcare facilities.

The study employs a case-control design with a mixed-methodology approach, combining qualitative and quantitative data collection methods. Semi-structured questionnaires were used to gather insights from mothers, traditional birth attendants, healthcare workers, and local influencers. Collaboration with Grant Medical College Mumbai and Government Medical College Dhule ensures the engagement of expertise and resources, while home visits facilitate comprehensive data collection from mothers and traditional birth attendants (Patil et al., 2020).

Data analysis involves descriptive statistics using SPSS software and a qualitative analysis process, including transcription, translation, coding, and thematic summarization. The findings of this study are expected to provide valuable insights into the underlying factors contributing to home deliveries in urban areas, informing policy and programmatic interventions aimed at reducing maternal and neonatal mortality rates and improving overall maternal health outcomes in Maharashtra and beyond (Sharma et al., 2020).

MATERIALS AND METHODS

This observational case-control study was conducted to investigate the reasons behind home deliveries in Malegaon Corporation, Maharashtra. A cross sectional study was conducted using stratified sampling method. This design enabled the comparison of mothers who delivered at home (cases) with those who delivered in healthcare facilities (controls), thereby identifying factors associated with home deliveries.

The study was conducted in Malegaon Corporation, Maharashtra, an urban area known for its high prevalence of home deliveries. Data collection was carried out by three teams of investigators. A random sampling technique was employed to select the study participants. The sample size was determined based on selecting 10% of total deliveries during the study period from Malegaon Corporations. The study included 250 mothers, with 125 mothers who delivered at home and 125 mothers who delivered in healthcare facilities. Additionally, equal numbers of traditional birth attendants (TBAs), healthcare workers, and local influencers were interviewed.

Data for the study were obtained from multiple sources. Integrated Health Information Platform (IHIP) data from April 1, 2022, to March 31, 2023, provided information on home deliveries in the selected area. Semi-structured Questionnaires were administered to mothers who delivered at home and in healthcare facilities, TBAs, healthcare workers, and local influencers to gather both quantitative and qualitative data. Home visits were conducted to collect data from mothers and TBAs, ensuring comprehensive coverage and inclusivity.

Prior consent was obtained from all participants before data collection, ensuring voluntary participation and respecting individual autonomy. Confidentiality and anonymity of participants were maintained throughout the study with data anonymization procedures implemented during analysis and reporting. Ethical clearance was taken from institutional ethical committee.

RESULTS

The demographic characteristics of the study participants reveal significant differences between mothers who had home deliveries and those who had institutional deliveries. Among the home delivery group, 0.8% were under 18 years, 10.4% were aged 18-20 years, 64.8% were aged 21-30 years, and 24.0% were aged 31-40 years. In comparison, the institutional delivery group had no participants under 18 years, 4.8% aged 18-20 years, 67.2% aged 21-30 years, and 28.0% aged 31-40 years.

Regarding parity, 16.0% of the home delivery mothers had one child, 28.0% had two children, 20.0% had three children, and 36.0% had more than three children. For institutional deliveries, 23.2% had one child, 23.2% had two children, 23.2% had three children, and 30.4% had more than three children.

In terms of education, 8.0% of home delivery mothers were illiterate, 8.8% had primary education, 44.0% had middle school education, 36.0% had high school education, and 3.2% had intermediate, degree, or postgraduate education. Among institutional delivery mothers, 1.6% were illiterate, 1.6% had primary education, 30.4% had middle school education, 47.2% had high school education, and 19.2% had intermediate, degree, or postgraduate education.

Occupation-wise, 96.0% of home delivery mothers were unemployed, 0.8% were skilled or semi-skilled workers, and none were professionals. In contrast, 84.8% of institutional delivery mothers were unemployed, 1.6% were skilled or semi-skilled workers, and 0.8% were professionals. [Table 1]

The utilization of antenatal care (ANC) services shows distinct differences between mothers who had home deliveries and those who had institutional

deliveries. Among the home delivery group, 80.0% registered for ANC in the first trimester, 16.0% in the second trimester, and 4.0% in the third trimester. In contrast, all mothers in the institutional delivery group registered in the first trimester. Regarding the number of ANC visits, 8.0% of home delivery mothers had only one visit, 12.0% had two visits, 20.0% had three visits, and 60.0% had four or more visits. For institutional deliveries, none had just one visit, 2.4% had two visits, 14.4% had three visits, and 83.2% had four or more visits.

In terms of investigations during ANC, 96.0% of home delivery mothers had their hemoglobin levels checked compared to 100% of institutional delivery mothers. Blood group testing was done for 88.0% of home delivery mothers and 100% of institutional delivery mothers. HIV screening was conducted for 92.0% of home delivery mothers and 100% of institutional delivery mothers. Similarly, Hepatitis B testing was done for 92.0% of home delivery mothers and 100% of institutional delivery mothers. The VDRL test for syphilis was conducted for 76.0% of home delivery mothers and 91.2% of institutional delivery mothers.

These findings highlight that although a majority of mothers utilized ANC services, those opting for home deliveries had fewer ANC visits and less comprehensive screening compared to those choosing institutional deliveries. This underscores the importance of promoting early and frequent ANC visits and ensuring comprehensive screening to improve maternal and neonatal health outcomes. [Table 2]

The table presents the determining factors for home delivery, along with the corresponding odds ratios (OR) and 95% confidence intervals (CI), considering that mothers could cite multiple reasons for their decision. One of the most significant factors was the insistence of family members, with 52 home delivery mothers versus 10 institutional delivery mothers citing this reason. This resulted in an odds ratio of 8.30 (95% CI: 3.84 - 17.96), indicating that mothers were 8.3 times more likely to have a home delivery if family members insisted.

Delayed transportation was another significant factor, reported by 26 home delivery mothers compared to 5 institutional delivery mothers, yielding an odds ratio of 6.24 (95% CI: 2.27 - 17.12). This highlights the critical impact of transportation issues on the choice of delivery location. Delay in decision-making was reported by 38 home delivery mothers and 6 institutional delivery mothers, with an odds ratio of 7.92 (95% CI: 3.23 - 19.43), showing that indecision significantly increased the likelihood of home delivery.

Fear of hospitals or cesarean sections influenced 19 home delivery mothers compared to 4 institutional delivery mothers, resulting in an odds ratio of 5.26 (95% CI: 1.68 - 16.43). Non-availability of transport facilities was cited by 21 home delivery mothers and 8 institutional delivery mothers, with an odds ratio of 2.98 (95% CI: 1.22 - 7.30).

The unavailability of an accompanying person was another factor, reported by 12 home delivery mothers versus 3 institutional delivery mothers, yielding an odds ratio of 4.45 (95% CI: 1.20 - 16.60). Negative attitudes of health workers were cited by 7 home delivery mothers compared to 2 institutional delivery mothers, with an odds ratio of 3.71 (95% CI: 0.75 - 18.44). Inappropriate advice from healthcare workers was reported by 12 home delivery mothers, but none of the institutional delivery mothers cited this reason, making the odds ratio and confidence interval not applicable (N/A). [Table 3]

The table on perceptions of antenatal care (ANC) and home deliveries highlights notable differences between mothers who had home deliveries and those who opted for institutional deliveries. Satisfaction with ANC services was markedly higher among institutional delivery mothers, with 83.2% expressing satisfaction compared to 60.0% of home delivery mothers. Neutral responses were more common among home delivery mothers (28.0%) than institutional delivery mothers (12.8%). Dissatisfaction was higher among home delivery mothers (12.0%) compared to institutional delivery mothers (4.0%).

Regarding the perception of home deliveries as safe, 60.0% of home delivery mothers believed that home deliveries were safe, whereas only 24.0% of institutional delivery mothers shared this perception. Conversely, 76.0% of institutional delivery mothers perceived home deliveries as unsafe, compared to 40.0% of home delivery mothers.

The table also details complications experienced during pregnancy. Fever was reported by 16.0% of home delivery mothers compared to 8.8% of institutional delivery mothers. Abnormal vaginal discharge or itching was more frequently reported by home delivery mothers (6.4%) than institutional delivery mothers (1.6%). Generalized swelling or puffiness of the face was significantly higher among home delivery mothers (20.0%) compared to institutional delivery mothers (4.8%). Breathlessness at rest or on mild exertion was experienced by 12.0% of home delivery mothers, whereas only 4.8% of institutional delivery mothers reported this symptom. Palpitations and easy fatigability were more common among home delivery mothers (14.4%) than those who had institutional deliveries (7.2%). Severe headache with blurring of vision was reported by 4.0% of home delivery mothers, compared to 0.8% of institutional delivery mothers. [Table 4]

The table on postnatal care (PNC) services received highlights differences in the care provided to mothers who had home deliveries versus those who had institutional deliveries. In terms of the frequency of health worker visits post-delivery, 24.0% of home delivery mothers were visited within 24 hours, compared to 51.2% of institutional

delivery mothers. Visits within 48-72 hours were reported by 20.0% of home delivery mothers and 48.0% of institutional delivery mothers. Health worker visits within 7-14 days were more common among institutional delivery mothers (45.6%) compared to home delivery mothers (32.0%). Visits at 6 weeks post-delivery were more frequent for home delivery mothers (20.0%) compared to institutional delivery mothers (12.0%), while visits occurring more than 6 weeks post-delivery were reported by 24.0% of home delivery mothers and 18.4% of institutional delivery mothers.

Regarding the types of PNC services provided, 44.8% of home delivery mothers and 69.6% of institutional delivery mothers received mother and baby checkups. Advice on breastfeeding methods and care was given to 88.0% of home delivery mothers and 100% of institutional delivery mothers. Personal hygiene advice was provided to 85.6% of home delivery mothers and 100% of institutional delivery mothers. Vaccination advice was received by 76.0% of home delivery mothers compared to 96.0% of institutional delivery mothers. Dietary advice was provided to 92.0% of home delivery mothers and 100% of institutional delivery mothers. Family planning counseling was received by 64.0% of home delivery mothers and 92.0% of institutional delivery mothers. Lastly, iron and folic acid supplementation was given to 52.0% of home delivery mothers and 68.0% of institutional delivery mothers. [Table 5]

The table presents various reasons for home deliveries as perceived by Traditional Birth Attendants (TBAs), Auxiliary Nurse Midwives (ANMs), PRI Members, and Maternity Home Heads. A significant proportion of respondents, 66.7%, indicated that family members insisting on home delivery was a primary reason. Delayed transportation was reported by 50.0% of the respondents, highlighting logistical challenges. Delay in decision-making was also a major factor, cited by 50.0% of respondents, showing that indecisiveness significantly influenced the decision to opt for home delivery.

Fear of hospitals or cesarean sections was reported by 41.7% of respondents, reflecting a common apprehension among mothers. Non-availability of transport facilities was mentioned by 37.5% of respondents, indicating a critical barrier to accessing institutional care. The unavailability of an accompanying person was cited by 25.0% of respondents, suggesting that support systems during delivery were often lacking. Negative attitudes of health workers were noted by 29.2% of respondents, suggesting that the behavior and approach of healthcare providers impacted the decision to choose home delivery. Inappropriate advice from healthcare workers was mentioned by 25.0% of respondents, indicating instances of misinformation or discouraging guidance from health professionals.

Cultural beliefs and traditions played a significant role in the decision for home deliveries, with 50.0% of respondents highlighting this as a reason. Economic constraints were mentioned by 37.5% of respondents, emphasizing financial barriers to institutional deliveries. Fear of extended hospitalization was reported by 25.0% of respondents. This concern stems from mandatory policies requiring a minimum of three days of hospitalization for normal deliveries and seven days for cesarean sections. These extended stays disrupt daily chores at home, making family members reluctant to allow institutional deliveries.

Delivery at non-registered practitioners was cited by 33.3% of respondents. These practitioners, often from systems like Unani, are not registered as they do not fulfill the recommended criteria for a maternity home. Families sometimes prefer these practitioners because they feel the official norms for registration are too stringent, even though these practitioners lack official recognition and proper training. [Table 6]

Table 1: Demographic Characteristics of Study Participants

Characteristics	Home Deliveries (n=125)	Institutional Deliveries (n=125)	Total (n=250)
Age Distribution			
<18 years	0.8% (1)	0.0% (0)	0.4% (1)
18-20 years	10.4% (13)	4.8% (6)	7.6% (19)
21-30 years	64.8% (81)	67.2% (84)	66.0% (165)
31-40 years	24.0% (30)	28.0% (35)	26.0% (65)
Parity			
1 child	16.0% (20)	23.2% (29)	19.6% (49)
2 children	28.0% (35)	23.2% (29)	25.6% (64)
3 children	20.0% (25)	23.2% (29)	21.6% (54)
>3 children	36.0% (45)	30.4% (38)	33.2% (83)
Education Level			
Illiterate	8.0% (10)	1.6% (2)	4.8% (12)
Primary	8.8% (11)	1.6% (2)	5.2% (13)
Middle school	44.0% (55)	30.4% (38)	37.2% (93)
High school	36.0% (45)	47.2% (59)	41.6% (104)
Intermediate/Degree/PG	3.2% (4)	19.2% (24)	11.2% (28)
Occupation			
Unemployed	96.0% (120)	84.8% (106)	90.4% (226)
Skilled/Semi-skilled	0.8% (1)	1.6% (2)	1.2% (3)
Professional	0.0% (0)	0.8% (1)	0.4% (1)

Table 2: Utilization of Antenatal Care (ANC) Services

ANC Services	Home Deliveries (n=125)	Institutional Deliveries (n=125)	Total (n=250)
ANC Registration Month			
1st Trimester	80.0% (100)	100% (125)	90.0% (225)
2nd Trimester	16.0% (20)	10.4% (13)	13.2% (33)
3rd Trimester	4.0% (5)	0.0% (0)	2.0% (5)
Number of ANC Visits			
1 Visit	8.0% (10)	0.0% (0)	4.0% (10)
2 Visits	12.0% (15)	2.4% (3)	7.2% (18)
3 Visits	20.0% (25)	14.4% (18)	17.2% (43)
≥4 Visits	60.0% (75)	83.2% (104)	71.6% (179)
Investigations During ANC			
- Hemoglobin	96.0% (120)	100% (125)	98.0% (245)
- Blood Group	88.0% (110)	100% (125)	94.0% (235)
- HIV	92.0% (115)	100% (125)	96.0% (240)
- Hepatitis B	92.0% (115)	100% (125)	96.0% (240)
- VDRL	76.0% (95)	91.2% (114)	83.6% (209)

Table 3: Determining Factors for Home Delivery with Odds Ratios (Considering Multiple Responses)

Reasons for Home Delivery	Home Deliveries (n=125)	Institutional Deliveries (n=125)	Odds Ratio (OR)	95% Confidence Interval (CI)
Family members insisted	52	10	8.30	3.84 - 17.96
Delayed transportation	26	5	6.24	2.27 - 17.12
Delay in decision-making	38	6	7.92	3.23 - 19.43
Fear of hospitals or cesarean sections	19	4	5.26	1.68 - 16.43
Non-availability of transport facilities	21	8	2.98	1.22 - 7.30
Accompanying person not available	12	3	4.45	1.20 - 16.60
Health worker attitudes	7	2	3.71	0.75 - 18.44
Inappropriate advice from healthcare workers	12	0	N/A	N/A

Table 4: Perceptions of Antenatal Care and Home Deliveries

Perceptions and Experiences	Home Deliveries (n=125)	Institutional Deliveries (n=125)	Total (n=250)
Satisfaction with ANC services			
- Satisfied	60.0% (75)	83.2% (104)	71.6% (179)
- Neutral	28.0% (35)	12.8% (16)	20.4% (51)
- Dissatisfied	12.0% (15)	4.0% (5)	7.6% (19)
Perception of Home Deliveries as Safe			
- Yes	60.0% (75)	24.0% (30)	42.0% (105)
- No	40.0% (50)	76.0% (95)	58.0% (145)
Experienced Complications During Pregnancy			
- Fever	16.0% (20)	8.8% (11)	12.4% (31)
- Abnormal vaginal discharge/itching	6.4% (8)	1.6% (2)	4.0% (10)
- Generalized swelling/puffiness of the face	20.0% (25)	4.8% (6)	12.4% (31)
- Breathlessness at rest/on mild exertion	12.0% (15)	4.8% (6)	8.4% (21)
- Palpitations, easy fatigability	14.4% (18)	7.2% (9)	10.8% (27)
- Severe headache with blurring of vision	4.0% (5)	0.8% (1)	2.4% (6)

Table 5: Postnatal Care (PNC) Services Received

PNC Services	Home Deliveries (n=125)	Institutional Deliveries (n=125)	Total (n=250)
Frequency of Health Worker Visits Post-Delivery			
- Within 24 hours	24.0% (30)	51.2% (64)	37.6% (94)
- 48-72 hours	20.0% (25)	48.0% (60)	34.0% (85)
- 7-14 days	32.0% (40)	45.6% (57)	38.8% (97)
- 6 weeks	20.0% (25)	12.0% (15)	16.0% (40)
- >6 weeks	24.0% (30)	18.4% (23)	21.2% (53)
Types of PNC Services Provided			
- Mother and baby checkups	44.8% (56)	69.6% (87)	57.2% (143)
- Advice on breastfeeding methods and care	88.0% (110)	100% (125)	94.0% (235)
- Personal hygiene	85.6% (107)	100% (125)	93.2% (232)
- Vaccination advice	76.0% (95)	96.0% (120)	85.6% (215)
- Dietary advice	92.0% (115)	100% (125)	96.0% (240)
- Family planning counseling	64.0% (80)	92.0% (115)	78.0% (195)
- Iron and folic acid supplementation	52.0% (65)	68.0% (85)	60.0% (150)

Table 6: Perceptions and Reasons for Home Deliveries as Reported by TBAs, ANMs, PRI Members, and Maternity Home Heads

Reasons for Home Delivery	TBAs (n=5)	ANMs (n=14)	PRI Members (n=2)	Maternity Home Heads (n=3)	Total (n=24)
Family members insisted	3 (60.0%)	10 (71.4%)	1 (50.0%)	2 (66.7%)	16 (66.7%)
Delayed transportation	3 (60.0%)	6 (42.9%)	1 (50.0%)	2 (66.7%)	12 (50.0%)
Delay in decision-making	2 (40.0%)	7 (50.0%)	1 (50.0%)	2 (66.7%)	12 (50.0%)
Fear of hospitals or cesarean sections	2 (40.0%)	5 (35.7%)	1 (50.0%)	2 (66.7%)	10 (41.7%)
Non-availability of transport facilities	2 (40.0%)	5 (35.7%)	1 (50.0%)	1 (33.3%)	9 (37.5%)
Accompanying person not available	1 (20.0%)	3 (21.4%)	1 (50.0%)	1 (33.3%)	6 (25.0%)
Health worker attitudes	2 (40.0%)	3 (21.4%)	1 (50.0%)	1 (33.3%)	7 (29.2%)
Inappropriate advice from healthcare workers	1 (20.0%)	3 (21.4%)	1 (50.0%)	1 (33.3%)	6 (25.0%)
Cultural beliefs and traditions	3 (60.0%)	6 (42.9%)	1 (50.0%)	2 (66.7%)	12 (50.0%)
Economic constraints	2 (40.0%)	5 (35.7%)	1 (50.0%)	1 (33.3%)	9 (37.5%)
Fear of extended hospitalization	1 (20.0%)	3 (21.4%)	1 (50.0%)	1 (33.3%)	6 (25.0%)
Delivery at non-registered practitioners	2 (40.0%)	4 (28.6%)	1 (50.0%)	1 (33.3%)	8 (33.3%)

DISCUSSION

The findings of this study reveal several critical factors influencing the choice of home deliveries in Malegaon Corporation, Maharashtra, despite significant efforts to promote institutional deliveries. The demographic characteristics indicated that younger mothers, those with more children, lower education levels, and higher unemployment rates were more likely to opt for home deliveries. These findings align with previous research indicating that socioeconomic factors and educational status significantly impact the utilization of maternal healthcare services.[5]

The utilization of antenatal care (ANC) services showed that while a majority of mothers received ANC, those opting for home deliveries had fewer ANC visits and less comprehensive screening compared to institutional deliveries. This supports existing literature that suggests the quality and frequency of ANC visits are crucial determinants of safe delivery practices.[6] The lower percentage of home delivery mothers receiving comprehensive ANC services such as HIV and VDRL tests highlights a gap in the continuum of care that needs to be addressed to ensure better maternal and neonatal health outcomes.[7]

The study also found that family members' insistence was a significant factor for home deliveries, with an odds ratio of 8.30. This finding underscores the influence of familial and cultural norms on delivery choices, consistent with previous studies in similar settings.[8] The significant impact of delayed transportation (OR 6.24) and non-availability of transport facilities (OR 2.98) further emphasizes the need for improved transportation infrastructure and emergency response systems to facilitate timely access to healthcare facilities.[9]

Fear of hospitals or cesarean sections (OR 5.26) and delays in decision-making (OR 7.92) were also notable factors influencing home deliveries. These fears and delays reflect a lack of trust in medical institutions and apprehensions about medical interventions, which have been reported in other studies as well.[10] Building trust through patient education, respectful maternity care, and transparent communication can mitigate these fears and promote institutional deliveries.[11]

Negative attitudes of health workers (OR 3.71) and inappropriate advice from healthcare workers (OR N/A) were additional factors contributing to home deliveries. Training programs for healthcare workers focusing on respectful and culturally sensitive care are essential to address these issues and improve the overall patient experience.[12]

Perceptions of antenatal care revealed that satisfaction with ANC services was higher among institutional delivery mothers (83.2%) compared to home delivery mothers (60.0%). This disparity suggests that improving the quality of ANC services and addressing the specific needs of mothers who opt for home deliveries can enhance their satisfaction and potentially encourage more institutional deliveries.[13] Additionally, the perception of home deliveries as safe was significantly higher among home delivery mothers (60.0%), indicating a need for health education campaigns to highlight the risks associated with home deliveries and the benefits of institutional care.[14]

The study also highlighted the prevalence of pregnancy-related complications among home delivery mothers, such as fever, abnormal vaginal discharge, generalized swelling, and breathlessness. These complications underscore the importance of comprehensive ANC and PNC services to identify and manage potential health issues early.[15]

Postnatal care (PNC) services were less frequently received by home delivery mothers compared to institutional delivery mothers, with significant gaps in the provision of mother and baby checkups, advice on breastfeeding, personal hygiene, and family planning counseling. This gap in PNC services further emphasizes the need for targeted interventions to ensure that all mothers, regardless of their delivery location, receive adequate postnatal care to support their recovery and the health of their newborns.[16]

The perceptions and reasons for home deliveries reported by TBAs, ANMs, PRI members, and

Maternity Home Heads included concerns about extended hospitalization due to mandatory policies requiring a minimum stay of three days for normal deliveries and seven days for cesarean sections. This policy impacts daily chores at home, making families reluctant to opt for institutional deliveries. Additionally, reliance on non-registered practitioners, such as those from Unani, was cited as a reason for home deliveries, highlighting the need for regulatory measures and public awareness about the importance of delivering in registered and well-equipped facilities.[17]

CONCLUSION

Based on the results of the study examining factors influencing home deliveries in Malegaon Corporation, Maharashtra, it is evident that multiple interrelated factors drive the decision to opt for home delivery over institutional care. Key determinants include family insistence, transportation delays, and a lack of comprehensive antenatal care (ANC) services. These findings emphasize the importance of addressing both infrastructural challenges, such as improving transportation facilities, and social barriers, including educating families on the benefits of institutional deliveries. The study also highlights gaps in maternal care, where fewer ANC visits and limited postnatal care (PNC) services contribute to maternal health risks. Improving healthcare worker attitudes, enhancing the quality of ANC and PNC, and promoting trust in medical institutions through patient-centered care and health education campaigns can significantly reduce the prevalence of home deliveries. Ultimately, targeted interventions that address both practical and cultural factors are necessary to promote safer delivery practices and improve maternal and neonatal outcomes in the region.

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