Chapter-2

REVIEW OF LITERATURE

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Review of Literature means to review the earlier studies which are correlated to the present study. By reviewing the various empirical studies and publications, the researcher is able to identify the research gap between earlier and present study. In this regard researcher made an attempt to review the various empirical studies and publications related to facilitate the present study. The Knowledge of those empirical studies and publications are summarized in this chapter. A review of related literature is an essential and important step for any scientific research.

(2.1) Perinatal Care

Guidelines for Perinatal Care (2012) has focused on improving the outcomes of pregnancies and reducing maternal and perinatal mortality and morbidity by suggesting sound paradigms for providing perinatal care. Its strong advocacy of regionalized perinatal systems, including effective risk identification, care in a risk-appropriate setting, and maternal or neonatal transport to tertiary care facilities when necessary, has had a demonstrable effect on perinatal outcomes. The full spectrum of high-quality perinatal care is covered by this seventh edition of Guidelines for Perinatal Care, from the principles of preconception counseling and the provision of antepartum and intrapartum care in routine and complex settings to guidelines for routine and complex neonatal and postpartum care. In general, each hospital should have a clear understanding of the categories of perinatal patients that can be managed appropriately in the local facility and those that should be transferred to a higher-level facility.

According to Rodríguez C et al., (2007) in order to achieve improvement in the perinatal health care delivery tightly integrated health care delivery system is not important rather than to focus on organizing modalities that promote the effectiveness of cooperative clinical practices and woman-centered care.

Most maternal deaths are avoidable, as the health-care solutions to prevent or manage complications are well known. All women need access to antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth. 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.

Drazancic A. (2001) in their study found that the bad socio-economic background and a lack of organized antenatal and perinatal health care system are the reasons for high maternal and perinatal mortality. Authors concluded that the policy with respect to improvement of antenatal booking, the number of prenatal visits of pregnant women, their childbearing under professional assistance to be adopted to decrease maternal and perinatal mortality.

Facuveau V. et al., (1991) showed in their study that maternal survival can be improved by the posting of midwives at the village level, if they are given proper training, means, supervision, and back-up. The inputs for such a programme to succeed and the constraints of its replication on a large scale should not be underestimated.

Sundari T.K. (1992) in their study put together evidence from maternal mortality studies in developing countries of how an inadequate health care systems characterized by misplaced priorities contributes to high maternal mortality rates. Inaccessibility of essential health information to the women most affected, and the physical as well as the economic and socio-cultural distance separating health services from the vast majority of women, are only part of the problem. Even when the woman reaches a health facility, there are a number of obstacles to her receiving adequate and appropriate care. These are a result of failures in the health services delivery system: the lack of minimal life-saving equipment at the first referral level; the lack of equipment, personnel, and know-how even in referral hospitals; and worst of all, faulty patient management. Prevention of maternal deaths requires fundamental changes not only in resource allocation but in the very structures of health services delivery. Further, they concluded that most of the maternal mortality is due to “avoidable factors” either patient factors or structural factors.

Patient factors are defined as those actions by the patients that are faulty: delayed arrival or non-arrival at a health facility, failure to seek legal abortion or interference with pregnancy, nonuse of prenatal care, and transportation problems. Structural factors are inaccessible health services and failures in the health services delivery system with shortage of trained personnel, lack of equipment and supplies, and poor patient management.

(2.1.1) Maternal and Child Healthcare

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. This period is very important and defines the development of the unborn child right from the initial embryo stage to the final birth, is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death. Most maternal deaths and pregnancy complications can be prevented by quality care in the perinatal period. Diet, exercise, and prenatal check-ups are extremely important. Necessary immunization and pre-natal testing are undertaken during this period to ensure both mother and child are in good health.

The World Health Report (2005) recommends that Progress in newborn and maternal health does not require only expensive technology. It requires a health system that provides the continuity of quality health care starting from the very beginning of pregnancy (and even before) and continuing through professional skilled care at birth into the postnatal period. Most crucially, there is a need to ensure that the delicate and often overlooked handover between maternal and child services actually takes place. Putting in place the health workforce needed for scaling up maternal, newborn and child health services towards universal access is the first and most pressing task.

Antenatal care is the care given by health professional during pregnancy to promote the well-being of mother and fetus is necessary to reduce maternal morbidity and mortality, low-weight births and perinatal mortality. Antenatal care is generally aimed at producing healthy mother and baby at the end of any pregnancy. It presents important opportunities for reaching pregnant women with a number of interventions that

may be vital to their health and well- being and that of their infants. The antenatal care period also provides a forum to supply information may positively influence maternal and child outcomes. Thus, it has been suggested that the antenatal care could play a role in reducing the maternal mortality rate and that it could ensure that pregnant woman delivers with the assistance of a skilled attendant. Most maternal deaths and pregnancy complications can be prevented by providing quality perinatal care (McDonagh M. 1996).

Nirmala Murthy et al.,(2004) explore in his study about the non-medical factors that are responsible for the persistently high maternal mortality rate in India showed that most deaths occurred at home and during the postnatal period. Data suggested that about half the deaths could have been prevented if the health system had been alert and easily accessible. The study highlighted the need for health workers to stress on health education, care during the third trimester and postnatal period, and referral to appropriate and accessible facilities, even by passing the hierarchical referral system if necessary.

A study conducted in the Birbhum district of the State of West Bengal in India. It is one of the backward districts in India, showed that the standard of living of the family and status of literacy of mothers are directly related to the utilization of modern maternal health care. The study shows that antenatal care in rural areas is still largely based on Indian traditional system. It is the women who need to be educated and must be made aware of the importance of the quality health care practices for ensuring the healthy pregnancy and safe delivery. The study indicates that the educated women with high standards of living have an emphasized role in the practice of more maternal health care. (Susmita Bharati et al., 2007).

Iron deficiency is the most prevalent nutrient deficiency during pregnancy. According to the literature, anemia, particularly severe anemia, is associated with increased risk of maternal mortality. It also puts mothers at risk of multiple perinatal complications. Numerous studies in the past have evaluated the impact of supplementation with iron-folic acid and multi-nutrient supplements and effectiveness of these interventions on maternal anemia and maternal mortality. The studies have shown

that these supplements improve anemia status and have other benefits for maternal and child nutritional status and birth outcomes (Yakoob MY, et al., 2007).

Upadhyay R.P et al., (2012) in their study the role of prevalent culturally driven beliefs and practices in influencing the home based new-born care, found that significant portion of mothers has some beliefs/ practices with respect to the care of the cord, taking the baby out of the house for the first time. Also, around 11% of the mothers did not prefer their baby to be weighed at frequent intervals because according to them, doing so could lead to the slowing of the growth of the baby. Further researchers concluded that traditional knowledge and practices must be considered before developing neonatal health care intervention strategies.

Bhardwaj N et al., (1990) shows that there is a wide gap between provision and utilization of maternal care services. Since most of the deliveries are conducted at home by untrained traditional birth attendants, the people must be educated to utilize the services of trained personnel.

Dilip T.R. (2002) found from their study that the preference of public/private sector depends on nature of service in demand. The role of private providers in health care was found to be limited in the case of family planning services, but almost 50 per cent availed delivery care services from the private sector. A majority of women were found to prefer treatment from the private medical service providers if their children were suffering from fever or a cough. Class differentials were severe, with the public sector being the major provider of Reproductive and Child Health care services for the poorer sections of society. People with a higher potential to pay preferred the private sector irrespective of the nature of service they required.

Ram F. et al., (2006) through Multilevel Analysis shows that after controlling for other socio-economic and demographic factors, utilization of antenatal care services may lead to the utilization of other maternal health-related services such as institutional delivery, delivery assisted by trained professionals, seeking advice for pregnancy complications, and seeking advice for post-delivery complications. There is strong

clustering of utilization of services within the primary sampling units (i.e. villages) and districts.

Eva S. Basant et al., (2009) showed in their study that women's satisfaction with delivery care was associated with great provider empathy. Women delivering at private facilities in the settlement near the industrial area were more satisfied than women delivering at private facilities in the more distant and marginalized settlement. The association of women's satisfaction and provider empathy was stronger among women who experienced complications compared to those who did not. Maternal health programmes should focus on increasing provider empathy, especially for women who experience complications, in both private and government health facilities.

(2.2) Quality Care

A critical challenge for health services in developing countries is to find ways to make them more client-oriented. In developing countries, where quality is one of the major challenges to be met under the current health care reforms, the measurement of perceived quality is also justified by the powerful influence that these perceptions have on utilization of services. Several studies offer evidence on the growing interest in user's perception or satisfaction in developing countries. Surprisingly, only few types of research have been done on patient perceptions of quality in India.

In recent years developing countries influenced heavily by findings in developed countries, have become increasingly interested in assessing the quality of their health care. Outcomes have received special emphasis as a measure of quality. Assessing outcomes has merit both as an indicator of the effectiveness of different interventions and as part of a monitoring system directed to improve quality of care. Quality assessment studies usually measure one of three types of outcomes: medical outcomes, costs, and client satisfaction. For the last mentioned, clients are asked to assess not their own health status after receiving care but their satisfaction with the services delivered.

Hossain J. et al., (2006) found in their study of the impact of interventions on use of obstetric services in government facilities that the best results are achieved through a combination of facility improvement, quality of care activities and targeted community mobilization activities.

Harriott E.M. et al., (2005) found in their study that women's satisfaction with delivery care was associated with aspects of quality of care, including courtesy and availability of staff, confidence in providers, being treated with respect, receiving information and physical comfort.

(2.2.1) Availability and Accessibility of Health Care

World Health Organization (2009) in its study reveals that insufficiently trained health workers in rural areas and remote areas remain a challenge that obstructs the access to health care services. And to increase the availability of trained and qualified health workers in remote and rural areas to make the focus on concerns like socio-economic environments through improved attraction, recruitment and retention.

A study conducted in Bedouin in the North East region of Jordan shows that there is the issue of accessibility of health care in terms of lack of female and local staff lack of cultural competencies and poor communication. Accessible and acceptable health care in remote and rural areas possess a challenge because health providers are less aware of the right of acceptable accessible health care in their day to day provisions. And in order to promote the concept of health care justice, it is imperative to focus on equitable and access to quality medical care services (Lewando Hundt et al., 2012).

A study conducted in West Bengal showed that patient should not avail health facilities even when they fall sick because of the Government health facilities was followed by Private and unqualified practitioners this needs the Government attention. Attention is also required with respect to the premises of cleanliness, informed choice and clean toilet with privacy and including the availability of safe drinking water. The study was concluded that an attempt should be made to improve patient's satisfaction through

the cordial behavior of all health care staff, providing more time for patient care by the doctors and other staff, reducing the time of registration making the availability of medicine. As observed in RCH study and family planning services were utilized better but there is a prominent need of improved postnatal care in order to improve Neonatal and Maternal mortality and morbidity (Ray S.K. et al., 2011).

According to Srivastava R.K. et al., (2009) this study was conducted in Varanasi District. The Author reveals that lower was the utilization of government health facilities because of the unsatisfactory services provided by government institutions. Utilization of the reproductive child health services was higher among the backward classes in comparison to the general category, level of education also affects the utilization of government health facilities higher the level of education lower the utilization of government health facilities. Paper was concluded by making the focus on the standard of health facilities, and the standard should be made functional according to Indian Public Health Standards (IPHS) of NRHM.

A Study conducted in Andhra Pradesh, Uttar Pradesh, Bihar, and Rajasthan reveals that National Rural Health Mission (NRHM) is on the right track of addressing the issues of rural health care firmly and the institutional changes that have introduced within the health care system. But there are problems related to the implementation, physical infrastructure, medicines, and funding, complexities related to structural issues need careful resolving by making a long-term investment in the education and training of paramedical and medical staff, especially women, and close monitoring of attendance (Kaveri Gill 2009).

Ager A. et al., (2007) in their study examined the patterns of utilization of healthcare services among the rural population of four districts of Orissa, with special reference to perceptions of the availability and quality of state services at the primary care level. The Major concern in this study is the utilization of state-provided services rather than on strengthening local health care provision. Key factors that are the guiding patterns of utilization were the reputation of the service provider, physical and cost accessibility. Local health provision through the assistant female and male health workers

was generally recognized for poor quality, with the lowest rates of solution of health problems of all service providers. Acknowledging constraints on broader generalization, there is need of current support to strengthen the ability of the primary health center and sub-center within the state and also to recognize the growing role of an effectively regulated private provision in meeting the needs of the rural poor.

(2.2.2) Utilization, Perception and Patient Satisfaction

Studies have shown that health care utilization, a long-standing concern for many developing countries, is sensitive to user perceptions of quality for these reasons, patient perceptions of health services are now an important part of the quality assessment in health care. The few studies on user perceptions conducted in developing countries have shown that patients are able to evaluate structural, process, and outcome measures of quality. Patient perceptions of quality have been a focus of research due to the increasing need to provide patient-centered care, with the expectation that such care would lead to better patient outcomes and continued use of care. Patient satisfaction was associated with provider's responsiveness, assurance, communication, and discipline (Sofaer S. et al., 2005).

Orna Baron-Epel et al., (2001)found in their study that the degree to which expectations of the interaction were perceived as fulfilled were more strongly associated with the satisfaction especially attributes characterizing interactions and communication with the physician like "explanation and discussion", "answering questions", and "listening to problems". When the patient expectations are met with respect to these characteristics, patient satisfaction is greater. The comprehend degree to which expectations with regards to other characteristics, such as "Medical Certificate Provision", "referral to the specialist" or "test referral" were fulfilled may be less vital in determining the patient satisfaction.

Margaret S.W. et al.,(2003) study's findings provided support for Donabedian's Structure, Process and Outcome Model and they demonstrated that attributes of providers

and settings are major components of patient's satisfaction and showed that the patients in poor general health were significantly less satisfied with organizational factors (like availability of a seat and toilet in the waiting area, and cleanliness) whereas the patients in good general health but poor in mental health were significantly less satisfied with the interpersonal quality of their care (like support, consideration, friendliness, and encouragement).

Krishna D. Rao et al., (2006) examined in their study that Perceived quality at public facilities is only marginally favorable, leaving much scope for improvement, staff behavior that includes the hospital staff's helpfulness and courtesy towards patients and physician interpersonal skills, facility infrastructure, and ease of obtaining of drugs at the clinic have the largest effect in improving patient satisfaction at public health facilities. Incorporating patient views in the assessment of quality offers one way of making health services more susceptible to people's needs. It also gives users an opportunity to voice their notions about their health services. It is likely that the very act involving patients in evaluating their health services will make providers more sensitive and alert to patient needs.

Many studies were made with regard to the patient's satisfaction and patient's characteristics such as age, health status, and education. Usually, older patients are more satisfied and highly educated people are less satisfied with their health-care services compared with their counterparts. Health status is another factor of importance. A higher level of satisfaction is found in patients with better overall health waiting time, real and perceived is often found to influence satisfaction of patients. Another aspect of quality is patient-centeredness, the inclusion of patients in the decision-making process, as well as the degree of such participation, has been found to be strongly associated with overall satisfaction. Patient's time spent with their physician is also strongly associated with overall satisfaction. Overall patient satisfaction is also influenced by receiving information. **(**Rahmqvist M.2001).

A study conducted in rural Wardha showed a gap between mother's knowledge and their health seeking behavior for sick newborn and explored their deep perceptions,

constraints and various traditional treatments. Majority of the mothers of sick newborns knew that sick child should be immediately taken to the doctor and only around 48.1% of such sick newborns got treatment either from government hospital or from the private hospital and almost rest 46.1% of sick babies received no treatment**.** The reasons told by mothers for not taking actions even in presence of danger signs/ symptoms were ignorance of parents, lack of money, faith in supernatural causes, non- availability of transport, home remedy, non-availability of doctor and absence of the responsible person at home. For almost all the danger signs/symptoms supernatural causes were suspected and the remedy was sought from Traditional Faith Healer (Vaidu) followed by the doctor of primary health center and private doctor. Comprehensive intervention strategies are required to change the behavior of caregivers along with improvement in the capacity of Government health care services and National Health Programs to ensure newborn survival in rural area Dongre A.R. (2008).

Acharya L.B. et al., (2000) in their study with regard to the access–quality trade-offs, the evidence strongly suggests that basic improvement in quality of Health Facility, (which are measured through availability of number of trained staff, equipment, supplies and facilities, availability of drugs and holding of special maternal and child health clinics) is a more important priority than increase the number of Health Facilities to improve the access (measured in terms of travel time based on a normal mode of transport).The paper was concluded with the suggestions that investment in the quality of health facilities is more important than further increases in their number and that a further expansion of outreach services is the main priority.

The main of all user-perspective study is to measure the quality of care of those people who actually visit the health facilities. The prospective information is then used as a basis to further enhance the quality of care with the ultimate goal to improve the effectiveness of health care, and to maximize its utilization. However, in assessing community preferences on modern health facilities, it is important not only to be informed about the preferences of those who actually use the facilities but also of those who do not use them.

(2.2.3) Health Care Services Delivery

In much of the developing world, access to quality healthcare is limited, and people depend on providers who have limited training or supervision, often from the private sector. A number of studies have suggested that improving quality of services can increase utilization in low-income countries. In some context even in the face of higher user fees. But public providers often lack the resources and systems to encourage high-quality services; while insufficient attention is paid to the preferences of the people, the interventions are intended to benefit. The poor may prefer private and unqualified providers because they may be more accessible, affordable, and responsive to their needs, even if the technical quality of care is questionable. The outcome is that many people's health conditions are inappropriately treated. Various studies have been made in developed and developing countries health delivery systems try to assess whether health services meet acceptable levels of quality.

A study conducted on the specific roles of structural, process, and outcome components of quality of care shows that structural attributes (availability of drugs, equipment, number and qualifications of staff, and so on) of quality are necessary but not sufficient conditions for demand. The unique characteristic that is also considered as important is the processes followed by practitioners and the outcome of care, to determine simultaneously the respective influence of price and quality on decision making. The study was concluded with the suggestions that price has a minor effect on utilization of health services, increase utilization by focusing on improvement of both the structural and process quality of care in public health facilities (Mariko M.2003).

Duggal R. (1994) in his study on utilization of health care in India reveals that there exists the plurality of health care systems in India. The health care services provided by rural primary health centers are woefully underutilized because they fail to provide their clients with the desired amount of consideration and medication and because they have inconvenient locations and long waiting times. The private sector is comprised of an equal number of qualified and unqualified doctors and practitioners, in rural areas where government services are available qualified doctors are clustered in that

areas therefore, there is need of universalization of health care provision in India to assure equity, access, and availability in health care instead of a large number of doctors who are making profiting from the sicknesses of the poor.

(2.2.4) Maternal and Child Health Care Services Delivery

Most maternal and child deaths are avoidable, as the health-care solutions to prevent or manage complications are well known. All women need access to quality perinatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth. 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.

Sundari T.K. (1992) in their study put together evidence from maternal mortality studies in developing countries of how an inadequate health care systems characterized by misplaced priorities contributes to high maternal mortality rates. Inaccessibility of essential health information to the women most affected, and the physical as well as the economic and socio-cultural distance separating health services from the vast majority of women, is only part of the problem. Even when the woman reaches a health center, she has to face the number of obstacles in receiving adequate and appropriate care. These are a result of failures in the health services delivery system: the lack of minimal life-saving equipment at the first referral level; the lack of equipment, personnel, and know-how even in referral hospitals; and worst of all, faulty patient management. Prevention of maternal deaths requires fundamental changes not only in resource allocation but in the very structures of health services delivery. Further, they concluded that most of the maternal mortality is due to “avoidable factors” either patient factors or structural factors. Patient factors are defined as those actions by the patient that is faulty: delayed arrival or non-arrival at a health facility, failure to seek legal abortion or interference with pregnancy, nonuse of prenatal care, and transportation problems. Structural factors are inaccessible health services and failures in the health services delivery system with

shortage of trained personnel, lack of equipment and supplies, and poor patient management.

Martey J.O. et al., (1994) found in their study that prenatal care alone is not sufficient to prevent some deaths. The high mortality rate during delivery is a justification to improve the quality of care during delivery at all levels of the district health system. Causes of maternal death were postpartum hemorrhage (45.5%), jaundice in pregnancy (22.7%), obstructed labor (6.8%), eclampsia (6.8%), and fever (4.6%). 2.3% of deaths were attributed to antepartum hemorrhage, ectopic pregnancy, and septic abortion.

Maternal and child survival are dependent upon recognition of the problem, access to care, decision making about care, and quality of care. A study conducted in rural and peri-urban settings shows that access was improved through training of Traditional Birth Attendants (TBAs) in timely recognition and referral of pregnancy/delivery /neonatal complications, while quality of care in health facilities was improved through modifying health professional's attitude towards TBAs and clients, and implementation of management protocols (Kwast B.E.1996).

Recent evaluations show that progress has been especially slow in sub-Saharan Africa because of weakened health systems, poor quality of care, inadequate human resources, financial barriers to care and insufficient political commitment. Impact of intervention on use of obstetric services in government facilities that the best results are achieved through a combination of facility improvement, quality of care activities and targeted community mobilization activities Hossain J. et al., (2006).

Mrisho M. et al., (2009) found in their study that efforts to improve antenatal and postnatal care should focus on addressing geographical and economic access while striving to make services more culturally sensitive. Antenatal and postnatal care can offer important opportunities for linking the health system and the community by encouraging women to deliver with a skilled attendant. Addressing staff shortages through expanding training opportunities and incentives to health care providers and developing postnatal care guidelines are key steps to improve maternal and newborn health.

Sharad D. Iyengar et al., (2009) study's findings indicate that several factors had contributed to maternal mortality. Lack of skilled attendance and immediate postpartum care were major factors contributing to deaths. Improved access to emergency obstetric care facilities in rural areas and steps to eliminate costs at public hospitals would be crucial to prevent pregnancy-related deaths. Although the high prevalence of health conditions and diseases, including TB and anemia, are identifiable as direct or indirect causes of death, important societal and health systems factors constrain women from accessing quality health services. If the reduction in maternal mortality is to become a reality, women in rural regions will require more efficient access to high-quality delivery and emergency services at an affordable cost.

Further, they concluded that widespread irrational practices by a range of care providers in both homes and facilities can adversely affect women and newborns while inadequate observance of beneficial practices and high costs are likely to reduce the benefits of institutional delivery, especially for the poor. Government health agencies need to strengthen regulation of delivery care and, especially, monitor perinatal outcomes. Family preference for hastening delivery and early discharge also require educational efforts.

Sharma M.P. et al., (2009) found in their study on assessment of institutional deliveries under Janani Suraksha Yojana (JSY) that the quality aspects of institutional deliveries are far from the desired level mostly because of lack of resources, both manpower and materials; non-achievement of Indian Public Health Standards etc. The service quality related to antenatal, intranatal and postnatal care needs to be improved. The Janani Suraksha Yojana is perceived as an effective scheme by the beneficiaries but gaps in resources and lack of quality of services need to be adequately dealt with. It is found that the necessary drugs were in short supply and use of pantograph was absent in health facilities. Also, the quality of emergency obstetric care services (EmOC) was still poor due to the lack of blood storage units and anesthetists. Further, they found out that private accredited hospitals fared better as they had the manpower and managed more complicated cases as compared to government facilities.

Titaley C.R. et al., (2010) found in their study that a comprehensive strategy to increase the availability, accessibility, and affordability of delivery care services should be considered and also, health education strategies are required to increase community awareness about the importance of health services along with an existing financing mechanisms for the poor communities. Public health strategies involving traditional birth attendants will be beneficial particularly in remote areas where their services are highly utilized.

Healthcare organizations operating in the public sector are experiencing increasingly low trust on the part of the patients in terms of the service quality of care provided. Today, people hoping to receive high service quality tend to prefer private hospitals. Thus, National Health System Hospitals are undergoing pressure from governments and the general public to improve their quality and compete effectively. Quality has a strong and positive impact on the patient satisfaction and patient trust. The study shows that service quality to be a vital determinant of patient satisfaction and patient trust, as patient's perception of their healthcare provider competence is likely to influence patients' confidence in healthcare service provider's reliability and expertise. The study indicated that all five dimensions of healthcare quality were significant in explaining patient satisfaction, tangibles, reliability, responsiveness, empathy and assurance in the hospital environment. Therefore, healthcare quality can improve patient satisfaction and patient trust in healthcare related service provider Hemant Kumar Shrotriya, et al., (2017).

Research Gap

The above review of various research studies has clearly shown that such factors as availability, accessibility, and affordability of delivery care services have a significant influence on maternal and newborn care. However, little attention seems to have given to the importance quality care during the perinatal period in the earlier studies. Very few studies emphasized on the quality care. None of the studies done earlier has made an attempt to correlate quality care and perinatal care. The present study aims to fulfill the gap that exists in the literature on quality care during the perinatal period.