INTRODUCTION
Prenatal and postnatal health care utilization services are imperative strategy to decrease maternal morbidity and mortality. Prenatal care is the optimistic approach to overcome the prospective hindrance before and after delivery. Regardless of the complications, it is indispensable for pregnant women to visit the health facility for antenatal care. Maternal health care utilization services are essential for maternal and neonate health and safety during pregnancy, delivery and the postnatal period. It is estimated that over half a million women die of pregnancy related reasons around the globe. In low income countries, primary cause of death in childbearing age is pregnancy related complications.

Maternal mortality rate in Pakistan is very high as compared to other neighbouring countries having similar socio economic status. Pakistan is listed in one of six countries that are contributing more than half of all maternal mortality across the globe. In Pakistan maternal mortality rate is 260/100,000 reported highest in South Asian region. One woman out of sixteen is dying from pregnancy related diseases in developing countries. Pakistan has the alarming situation with regard to the maternal health. One in 38 Pakistani women dies from pregnancy related causes as compared to 1 in 230 women in Sri Lanka. It is imperative for mothers to undergo recommended prenatal care and postnatal care,
even if they don’t feel impediment during and after pregnancy. Health care utilization services are significant and must be accomplished during pregnancy, delivery and in postpartum period to make sure the health status of maternal and newborn child\(^1,2\). According to Pakistan Demographic and Health Survey (2008-09)\(^8\) only 65% of the mothers for the first time visited for antenatal health care service and only on fourth 26% mothers got four recommended visits for prenatal health care services.

It is recommended that mother and neonate must be go through the Postnatal consultation visits between the forty two days after delivery for physical examination, post-delivery care, breastfeeding, and immunization tips. But most of the mothers are reluctant to get these health care services because of a number of socio-cultural reasons.\(^9,10\) To evade pregnancy linked concerns, it is recommended by the World Health Organization (WHO) that every pregnant woman get at least four prenatal visits from first trimester to termination the delivery.\(^3,4\) According to the recommendation of WHO more than half almost 55% of mother received prenatal care around the world. But only 37% of the mothers in low income countries received recommended prenatal care visits.\(^1,2\) So, the situation regarding prenatal and postnatal care is not satisfactory in low income nations, especially in Pakistan. The objective of the present study is to know about the pattern and trends of utilization of antenatal and postnatal health care services by mothers in Pakistan.

**METHODS**

For the purpose of writing this review article, the researcher reviewed the 70 articles and after the careful review the 28 relevant articles were included in this research. The research design is followed by previous used methodology for antenatal health care field researches.

A systematic search of national and international literature especially from developing countries was undertaken from peer reviewed indexed journals, including Pub Med, BMC, JPH and MEDLINE. The most up to date data were used for accessing the prevailing situation. Official and non-officials research documents and reports World Health Organization (WHO), United Nations Children’s Fund (UNICEF), Pakistan Demographic and Health Survey (PDHS), were searched through Google and Google Scholar through different key words. The research design of present study is followed by previous used methodology for public health domain researches of Asim\(^5\) Hirani\(^12\) and Methew.\(^13\)

**DISCUSSION**

**Trends of prenatal and postnatal care in Pakistan**

National Institute of Population Sciences\(^14\) pointed out that one woman in every eighty nine has a threat of dying due to reproductive linked cause in Pakistan. Antenatal and postnatal health care utilization services are significant indicators to reduce maternal and neonatal morbidity and mortality. Mother health care services during pregnancy, delivery and postnatal period are remarkable benchmark for the health and safety for maternal and neonatal health.\(^1,2\) In normal situation WHO suggests at least four antenatal consultation during pregnancy in ordinary circumstances. Only more than half 53% of pregnant women across the world went for at least four antenatal consultation. The statistics is much drastic in low income countries, where only 36% women went for antenatal consultation.\(^15\) According to Memon\(^16\) who pointed out that antenatal and postnatal care services have the major implications for mother and child health outcomes. Postnatal care visits provide window of the opportunity to disseminate the message to educate the mother about better care for herself and neonate. According to DHS\(^17\) in Pakistan, slightly more than half i.e. 52% of births report to take place at home. Traditional birth attendants (TBAs) assist 41% deliveries, while 6% of deliveries assist by the relatives and friends. Accessibility and selection of a qualified health care provider make sure health status of pregnant women. Women seeking care during pregnancy from experienced care providers has not considerably improved in Pakistan. According to the national Nutrition Survey\(^18\) 58.9% mothers got antenatal care from qualified and skilled health care providers.
Due to the dearth of antenatal and postnatal health care consultation trends, Pakistan has the highest maternal and neonatal mortality around the globe. Hazir\(^{19}\) said that Pakistan has the third highest neonatal deaths and the first in the rank of still birth in the world.\(^{20}\) According to the Memon\(^{21}\) neonatal mortality remained unchanged for the last two decades at 55 deaths per 1000 live births in Pakistan.

In Haripur, Khadduri\(^{22}\) pointed out that the women only go for antenatal visits, if she feels some complications. Kaphle\(^{23}\) in Nepal found only 65.54% have completed ANC visit at least four times and 29.05% have received counselling on new born care during pregnancy. The current situation of the maternal reproductive health care and antenatal and postnatal health care utilization services are underprivileged and there is enough space to work for improving the maternal and child health care in Pakistan.

Ayaz and Saleem\(^{24}\) stated that 54% women had four postnatal visits and majority of the mothers i.e. 70% in Karachi got antenatal care by skilled health care providers. Another study in Karachi, Ali and Ather\(^{25}\) examined 75.4% mothers got antenatal care and more than half 52% took consultation from certified professionals and only one fourth mothers had postnatal visits. According to Batool\(^{26}\) in Faisalabad 74% pregnant mothers have only one antenatal visit. Similar finding found by Asim et al.,\(^{27}\) who stated that majority of the mothers 79% got at least one prenatal visit in district Faisalabad and 18% deliveries took place at home that was assisted by TBAs.

### Geographical disparity to utilize Prenatal and postnatal care

According to the most recent Pakistan social and living standard measurement survey\(^{28}\) seventy three percent pregnant mothers utilize the prenatal health care service as compared to 69% in 2013. Pre-natal check-ups trends have been increased in rural and urban dwellings. It was found that 86% antennal coverage was reported in urban areas whilst 67% in rural areas. Punjab has been reported the highest coverage rate with 78% and Baluchistan showed the lowest coverage with 47%. The trend is much satisfactory in capital territory of Islamabad where 95% consulted for pre-natal care visits. According to another recent national representative survey\(^{35}\) PDHS, almost 73% of mothers reported to have at least one antenatal visit from skilled health providers. Only 37% women determine four Antenatal care (ANC) visits. As for as postnatal care concern 38% women did not go for postnatal consultation and 60% women went for postnatal care within forty eight hours after delivery. Antenatal coverage trend is highest among younger mothers less than 35 years old and in urban settlements. In Baluchistan antenatal care service utilization from skilled birth attendance is low only 31% and 78% in Punjab and Sindh. Mother’s education is positively associated with umber of antenatal visits from skilled birth attendance.\(^{35}\)

Antenatal health care utilization has gigantic significance for the health of pregnant women. Unfortunately, there has been no progress reported in the proportion of women seeking antenatal care since last two decades. According to the findings of NNS\(^{18}\) 2011 only 62.0% women got ANC. The data of NNS clearly pointed out that there is huge disparity is observed in rural and urban areas, whereas 81.4% in urban areas and 53.7% sought antenatal care in rural areas. Provincial data depicted those women who sought care during pregnancy was 66.5%, 61.6%, 55.7%, and 47.1% in Punjab, Sindh, KPK and Baluchistan respectively. The trend for consultation for the purpose of prenatal care was also examined across the Pakistan. It was found that majority of pregnant women in Punjab and Sindh got consultation from private clinics/hospitals, whilst interestingly the trend is reverse in KPK and Balochistan where majority of women visited public health facilities/hospitals for antenatal consultations. There are commonly three major consulted sources were documented i.e. private clinics/hospitals with 57%, government health facilities/hospitals with 31% followed by Leadly Health Workers with 5% and 4% by traditional birth attendant.\(^{28}\)

### Prenatal and postnatal care in socio-economic context
The study revealed that women and their husband’s education, child birth order, type of profession and women autonomy are the major determinants of maternal health seeking behaviour in Pakistan. Munir also pointed out that mothers, who had better education, indicate positive inclination to have maternal health care services. Furthermore, the mothers who had primary education and above are 3% more likely to receive antenatal and postnatal health care as compare to illiterate. According to Faiz et al., the major hindrances to utilize the antenatal care services are illiteracy, mobility issues, non-co-operative behaviour of in laws, lack of resources and time. It is also found that there is a direct relationship between educational status of the mother and her husband and better access towards maternity care. Budhwani and Heard pointed out that education and wealth, birth order, distance to health facility are the major predictors to utilize maternal health care in Pakistan. Higher birth order directly linked to the lower the accessing prenatal, delivery, or postnatal care was reported in the study. Another study from Punjab Pakistan Akhtar et al., found that education of mothers and husbands significantly associate with antenatal and postnatal health care utilization services. Hou and Ning examined the impact of women decision making at household and access to maternal health care services. They found that women’s decision-making power has a significant and positive impact on access to maternal health care services. The opposite effect was observed where the male had more power at household level.


REFERENCES
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AUTHORSHIP AND CONTRIBUTION DECLARATION

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