      By all means, pregnancy is a very special event. Pregnant women need to eat and rest more than they do when they are not pregnant. By engaging in healthy behaviors (e.g., proper nutrition, iron/folic acid supplementation, etc.), a woman can improve her own health and that of her child, and the risks of maternal and perinatal complications can be reduced through proper antenatal care “ANC” **(Khalil, 2005).**

      In developing countries, more than 500,000 women die every year from complications related to pregnancy and child birth. Many other women suffer pregnancy- and delivery-related complications that result in long-term health problems. A woman's death during childbirth often means death for the newborn, and both death and disabilities translate into emotional, social, and economic hardships for women's older children, their entire families, and even their communities **(Magadi et al., 2000).**

      The WHO (1994) emphasized that early entry to antenatal care (ANC) is important for early detection and treatment of adverse pregnancy related outcomes. The World Health Organization (WHO) recommends that pregnant women in developing countries should seek ANC within the first 4 months of pregnancy.

      In Egypt, the Ministry of Health and Population (2005) stated that antenatal visits should take place every 4 weeks to 28th weeks gestation; every 2 weeks within 28th -36th weeks and every week thereafter. However, the WHO Antenatal Care Trial Research Group (2002) and von Both et al., (2006) recommended that the number of ANC visits for those, identified not to be at high risk is four. It has been highlighted that since the number of visits is reduced to four in the basic component, 'sufficient time must be made during each visit for discussion of the pregnancy and related issues with the patient.

      Maternal care includes care during pregnancy. It should start from the early stages of pregnancy. Women can get their ANC services either by visiting a health center where such services are available or from health workers during their domiciliary visits. The former gives an idea about the voluntary utilization of the services by women while the latter is related to the quality aspect of the services **(Mondal, 1997).**

      The family must decide on the most appropriate and safest place for the mother to get ANC and to deliver. Periodic health check-ups during the antenatal period are necessary to establish confidence between the woman and her health care provider, to individualize health promotional messages, and to identify and manage any maternal complications or risk factors. Antenatal visits are also used to provide essential services that are recommended for all pregnant women, such as tetanus toxoid immunization and the prevention of anaemia through nutrition education and provision of iron/folic acid tablets **(Rooney, 1992).**

      Improved prenatal care has been shown to dramatically reduce infant and maternal mortality. Early detection of potential problems leads to prompt assessment and treatment, which greatly improves the pregnancy's outcomes **(Gazmararian, 1999).**

      If a pregnant mother has the misbelief that her pregnancy is a process associated with disturbances that she should sustain in order to get her baby, or in other words, if she views that pregnancy-related complaints and disturbances are just “normal events” associated with the childbearing process, this would increase the maternal morbidity and mortality **(Ivanov and Flynn, 1999).**

      The International Conference on Population and Development (ICPD) held in Cairo in 1994 reiterated the need for appropriate health care services that will enable women to go safely through pregnancy and childbirth and produce a healthy infant **(Mondal, 1997).** So, this study was carried out to identify the attitude, practice and satisfaction of rural mothers concerning ANC and the main obstacles for non-utilization of ANC services.

**SUBJECTS AND METHODS**

**Design:**

      A retrospective study design was used for the conduction of this study.

**Setting of the study:**

      This study was implemented in Gamgara village, Benha District, Qalubeya, Governorate, during the period from July 2005 to March 2006.

**Sampling:**

      A simple random sampling technique was followed to include 400 women who had given birth within one year before data collection.

**Tool of the study:**

   An interview questionnaire was developed by the researchers to collect data about:

1-Sociodemographic variables: age, educational level, social class, employment status and parity.

2- Women's attitude and utilization of ANC services during their last pregnancy. mothers’ attitude toward importance of ANC, number of ANC visits, gestational age at initial ANC visit, satisfaction with received ANC and reasons for dissatisfaction or not visiting the MCH center during pregnancy.

**Pilot study:**

A pilot study was conducted in May 2005 on 20 mothers to test the clarity of data collection tool. These women who participated in the pilot study were excluded from study sample.

**Statistical analysis:**

All data collected was coded and entered on Microsoft Access database XP and analyzed with SPSS version 13. Data were presented using descriptive statistics in the form of percentages. Quantitative variables were presented in the form of means and standard deviations. Chi – square test was used for the analysis of qualitative data. The socioeconomic scoring was calculated according to Fahmy and El-Sherbini (1983).

**RESULTS**

      Table (1) shows that half of participants aged 20-30 years (53%), while almost one third of mothers aged more than 30 years (31.75%). The educational level of more than one fourth of mothers was either primary (27.5%) or preparatory (28.75%), while 23% of mothers had secondary education and 18.25% of mothers were Illiterate. Two thirds of mothers belonged to a low social class (66.75%), 28.25% belonged to the middle social class while 5% belonged to a high social class. Housewives constituted 58.75%. Most of mothers were multiparas (85.75%).

      Table (2) shows that one fourth of mothers believe that ANC is necessary (25.75%), while 44.75% believe that antenatal care is necessary only if pregnancy is complicated, and 29.5% of mothers believe that ANC is not necessary at all. In addition, more than half of mothers did not use ANC services (53.25%). Among those who had ANC (46.75%), 26.25% visited the MCH center 1-3 times, while 20.5% visited the MCH center 4 times or more. Most mothers (82.89%) had their initial ANC visit to the MCH center after the 13th week.

      Table (3) shows that about half of mothers who attended the MCH center during their pregnancy were satisfied with the provided ANC (52.41%). Main reasons for being dissatisfied with provided ANC were the unfriendly interview by health care providers (49.44%), having no chance to ask questions (40.45%) and the long waiting time (21.35%). Main reasons for not visiting the MCH center for ANC were the lack of the friendly interview by health care providers (41.78%), the experience of embarrassment by being examined by a male physician (30.52%), having a non-complicated normal pregnancy (26.29%) and the difficult transportation from home to MCH center (12.68%).

      Table (4) shows that younger mothers (<20 years) receive ANC more than older mothers. However, differences were not statistically significant. Mothers’ education illustrated a significant relation as regard receiving ANC. Mothers who were illiterate or attained a primary level of education obtained the least ANC (42.56% and 42.47%, respectively), while most mothers with secondary or university levels of education received ANC (75% and 80%, respectively). Differences were statistically significant (p=0.028). Social class of mothers showed a significant association with ANC practice. Those with low social class showed least utilization of ANC (42.32%), a higher proportion of mothers whose social class was middle or high showed higher utilization (51.33% and 70%, respectively). Employed mothers did not significantly differ from housewives as regard receiving ANC (43.64% and 48.94%, respectively). Primigravidas were significantly more keen to receive ANC than multigravidas (66.67% and 43.44%, respectively, p=0.001).