

Background: Majority of mothers are usually exposed to the risk of death during pregnancy, and being cautious about outcomes of pregnancy is important. Promotion of mechanisms to improve decision-making for healthcare seeking in case of such complications would be ideal. The aim of this study was to assess factors associated with birth preparedness and complication-readiness:

Method: This was a cross-sectional study conducted at Kajjansi HC III across 200 women visiting for antenatal services. Data was collected on socio-demographics and birth preparedness and complication readiness from mainly mothers while also taking note of spouse information of interest. Women were found to have received health education were aware of childbirth danger signs, labor signs, importance of skilled birth attendance and importance of hospital delivery. Mothers had saved money for emergencies, made a plan of where to deliver from and made preparations for a birth companion. Univariate and Bivariate analysis was done to present social demographics characteristics and associations between dependent and independent factors.

Results: Majority (72.0%) of mothers were aged 21-25, 17% were aged 15-20 and the least (1.5%) were aged 31-35. Majorities (89.0%) were married and 9.9.0% were cohabiting. By religious affiliations, 76.0% were Christians while 24.0% were Moslem, 57.5% were of secondary education, 35.5% primary and 7.5% post-secondary. Majority (48.0%) were homemakers, 27.0% were self-employed while 25.0% were employed.

Most mothers and their partners earned less than 150,000 from employment with the most affected group being that of mothers. Mothers earning between 150,000 and 300,000 were 14% while partners were 40%.

Mothers' income level, marital status and mothers' education level had a significant association with birth preparedness and complication readiness ($p=0.024$, 0.048 , 0.001 respectively). No significant association was found between partners education level and birth preparedness and complication readiness ($p=0.271$) Distance to health facilities was significantly associated with preparedness for birth and complication readiness ($p=0.036$) while Awareness and exposure to IEC did not have an association with birth preparedness and complication readiness ($p=0.712$, 0.236

respectively). Transport and funds availability had significant association with birth preparedness and complication readiness ($P=0.044, 0.023$) while potential blood donor identification had no significant association ($p=0.18$).