

## Ensuring Dignified Access for Antenatal Women: A Humanized Study of Barriers and Solutions at Hospital Entrances

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### ABSTRACT

The pregnancy is a pivotal yet delicate period in any woman's life, when it comes at an unexpected moment. Maternal and newborn health are dependent on access to quality healthcare.

**Objective:** This study will look at the barriers faced by antenatal women during hospital stay. Certifications, appraise their suitability and utilization of healthcare, and investigate human-centered principles. Moreover, solutions a mixed-method approach was employed to collect data using cross-sectional methods. Prenatal women and healthcare staff were given structured questionnaires and observational checklists in selected hospitals. It concludes, "Overcrowding," insufficient seating, poor signage, Access is significantly impeded by long waiting times and insensitive staff behavior. These factors are also significant.

To physical unease and psychological pressure. These obstacles commonly impede the pursuit of care and prolong the process. 'Negatively influence maternal experiences. According to the study, a humanized approach is necessary to ensure dignified access for women during pregnancy. The findings support this claim.'

Strategy encompassing infrastructure improvements, efficient systems administration and people. Sensitization. The resolution of entrance-level obstacles can enhance respectful maternity care. Build maternal confidence and optimize the utilization of antenatal care.

**Keywords:** Antenatal women, Maternal healthcare access, Hospital entrance barriers Healthcare infrastructure, Pregnancy and dignity, Human-centered design.

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### INTRODUCTION

The quality of antenatal care is crucial for the well-being of both mothers and babies, frequently impacting their decision. Pregnancies progress safely. Most women begin their journey towards such care at the doorway.

Hospital entrance. Ideally, this location should serve as a place of comfort and security. Yet, in. The first hurdle is often the hospital entrance, rather than being the initial step. Toward care. Those who are pregnant and in the advanced stages of pregnancy, however—frequently all

too common. Face unnecessary obstacles such as steep escalators, lengthy lines for transportation to work or unseating seats. Unsafe parking arrangements. These seemingly insignificant problems can accumulate over time. Affecting stress levels, physical fatigue, and potential complications. This paper. Explores the unresolved issues by focusing on the lived experiences of antenatal life.' Women. It also scrutinizes the viewpoints of hospital workers who work in the front lines to gain insight into the situation. Systemic gaps. By doing this, it demonstrates that accessibility is more than just a matter of quantity. Besides infrastructure, it is also associated with dignity, respect, and ethical obligation.

### **1.1 Background of the Study**

Across the world, maternal healthcare has transformed from just being biomedical to something else. Holistic and rights based approach. The World Health Organization is among the organizations that support this approach. The WHO advocates for respectful maternity care, which includes respect for dignity, privacy, and freedom. Accusing discrimination and providing timely services. However, in many healthcare. The presence of structural and administrative obstacles is a significant concern, especially in developing countries. Persist at hospital entry points. India has a high number of pregnant women who visit government and social establishments. There were several instances of private hospitals during pregnancy.... These visits may involve physical. Pressure caused by extended periods of standing at entry gates, security checks, queues for registrations, and more.? Navigation through complex hospital layouts. In cases of late-term pregnancy, anemia, hypertension, or musculoskeletal discomfort, Such barriers can lead to physical tiredness, emotional turmoil, and hinder the delivery of essential services, Care seeking. The value systems of a healthcare facility are represented by hospital doors, which are symbolic spaces. Institution. An open, friendly entrance can alleviate both fear and hostility. Trust can be fostered, but an unplanned and insensitive entry system can reinforce feelings of trust. Neglect and marginalization. Despite its importance, there is still limited research in this area. However, Researching the lived experiences and expectations of women during their antenatal period is crucial. Regarding hospital access.

### **1.2 Problem Statement**

Notwithstanding advancements in maternal health care, antenatal women still encounter difficulties. Hospital entrances are impeded by significant physical, emotional, and procedural obstacles inadequate.

A lack of ramps, elevators and seating areas or safe parking infrastructure is accompanied by these issues.

Comfort, safety and dignity are compromised by overcrowding, long lines, bad signage. These access to care may be delayed due to obstacles, which in turn can cause physical and psychological stress during pregnancy. Despite the fact that most maternal health research centres on clinical outcomes, delivery care, and neonatal studies are focused on other areas,

The hospital entrance has received minimal attention as the first point of contact for survival.

A significant gap is uncovered at this point due to the absence of a humanized and dignity-based approach.

The gap between policy aspirations and actual outcomes. Understanding and addressing entrance-level. We must eliminate barriers to ensure that maternal care is equitable, respectful and accessible.

### **1.3 Research Objectives**

While maternal health systems are focusing on providing respectful and high-quality care, antenatal mothers frequently encounter significant obstacles before they can access healthcare services.

The hospital door, meant to be a source of comfort and safety, often becomes characterized by physical struggle, emotional turmoil, and procedural slowness.

Barriers such as. inadequate infrastructure, inefficient crowd management, lack of priority systems and sensitivity of staff are especially detrimental to pregnant women, particularly those in advanced pregnancy or with serious medical conditions.

Current research is primarily concerned with antenatal coverage, institutional delivery, and in-hospital quality of care, rather than considering the entrance level experiences that influence women's views of themselves and their desire for healthcare. There is little empirical evidence to support the observation of how things work.

These early barriers affect the dignity, comfort, psychological well-being and continuity of antenatal care.

Additionally, the integration of infrastructural improvements, administrative reforms, and behavioral change into integrated solutions is still a topic of discussion. This study aims to conduct a systematic analysis of the entrance barriers that students face. The goal is to provide an overview.

Examine maternal health, evaluate their relevance to human dignity and healthcare utilization, and determine feasible options. 'Humanized interventions if we are to address this issue and increase maternal confidence,strengthening access to services and promoting fairness in maternal care.

### **1.4 Hypotheses**

The study is based on the following hypotheses:

- **H<sub>0</sub> (Null Hypothesis):** Hospital entrance facilities are not significantly linked to each other
- **H<sub>1</sub> (Alternative Hypothesis):** Viewed as a source of dignity and comfort for pregnant women. Hospital entrance facilities and the hospital are closely linked. Viewed as a source of dignity and comfort for pregnant women.

### 1.5 Research Methodology

#### Research Design

An analytical and descriptive cross-sectional study design will be employed to comprehend the findings existing conditions and patient experiences.

**Study Population:** A portion of the study population will include antenatal women who receive outpatient and indefinite care. Maternal services at selected hospitals.

**Sample Size and Sampling Technique:** The method of purposive sampling will be employed. Choose from antenatal women in different stages of pregnancy. The size of the sample will be decided on. Based on the feasibility and institutional norms

#### Data Collection Methods

- **Primary Data:**
  - A. Formal surveys administered to pregnant women during pregnancy.
  - B. In-depth interviews for qualitative insights.
  - C. A checklist of hospital entrances for inspection purposes.
- **Secondary Data:**
  - A. Hospital records.
  - B. Government maternal health guidelines.
  - C. Published research articles and reports.

#### Data Analysis

1. A pre-prepared questionnaire for expectant mothers.
2. A semi-structural guidebook for qualitative interviews.
3. A checklist for observing hospital entrances.
4. A questionnaire for employees to evaluate their level of awareness and sensitivity.
5. Checklist for hospital policies and guidelines – Be careful!

### 1.6 Significance of the Study

It is important at many levels, including:

1. Boosts the awareness of the right of pregnant women to be treated with dignity and respect. And Care.

2. Medical institutions: Delivers actionable insights to enhance patient-centered care. Infrastructure and services.

3. Maternal-friendly hospital plans receive support from policymakers who promote evidence-based planning. Designs.

4. Adds to the limited literature on humanized subjects among academics and researchers. Healthcare access in maternal health. Ultimately, the study advocates for dignity and empathy in healthcare. The hospital entrance is where the delivery systems start.?

### 1.7 Limitations of the Study

The study's limitations are despite its importance:

1. However, the study could be limited to a few hospitals, making it less applicable to general information.

2. The impact of personal perceptions and recall bias may be observed in responses.

3. The longitudinal assessment of implemented solutions may be constrained by time constraints. 4. Healthcare settings may have distinct cultural and regional differences that limit its applicability across different conditions and settings.

### 1.8. Ethical Considerations.

The institutional ethics committee had to approve the ethical standards before data collection could take place. Collection. The study's objective was to communicate to all participants, who were then informed. Consent was obtained. It was voluntary, no one was named, and nothing was kept confidential. Personal identifiers were collected. Women were given reassurance that decreasing participation was not harmful. » Their care was not impacted by the situation.

1. Institutional Ethics Committee's approval on ethical issues.

2. Consent obtained from all parties.

3. The participation was voluntary and could be voluntarily terminated.

4. Respondents were kept anonymous and private.

5. No personal identifiers were collected.

6. No disruption to standard medical treatment and whatever.

7. No financial or physical losses were made to the participants.'

### REVIEW OF LITERATURE

Accessibility and quality to antenatal care services have a significant impact on global maternal health outcomes. Accessible physical and psychological care is

considered a crucial aspect of maternal care by the WHO (2016) and the UNFPA (2016), which emphasizes dignity. Prenatal visits should be treated with respect as a basic human right.' Several studies in India have investigated the barriers to the use of healthcare by mothers. Bhattacharyya. As noted by et al. (2015), infrastructural gap is the lack of adequate hospital design and limited capacity to overcome it (i.e.). Often, the lack of resources and patient-friendly services discourage individuals from seeking care promptly. In their research, Tripathi and Singh (2017) found that most urban hospitals in India do not provide essential medical services to the population. Accessible facilities such as ramps, waiting areas, or priority services for pregnant women. Assistance: Kaur and Goel (2020) also found that pregnancy induces pain. Insufficient seating, cramped entrances, and dangerous passageways. All of which harm the environment in general. Experience of care. The poor accessibility of healthcare services has been demonstrated by international studies (Ray-Bennett, 2018; Ogbo et al, 2019). However, other research projects have also found some evidence. Implies the avoidability of maternal emergencies, especially in low- and middle income nations.... Notwithstanding the results, most research concentrates primarily on healthcare access and service provision. Treatment, with little attention given to the entrance-level obstacles that hospital staff members encounter. This. The hospital entrance is often the first point of contact, indicating a significant gap in knowledge. The entire care experience is shaped by the contact. This study is designed to fill that gap.? Exploring the perspectives of antenatal women towards hospital admissions, obstacles they confront and ways to cope with them. Request. These challenges are being acknowledged and managed by the hospital staff. Among the obstacles that pregnant women encounter at hospital entrances:

**1. Physical Barriers and Infrastructure Deficiencies:** Many hospital buildings are designed with a one-of-4 solution, disregarding the uniqueness of each patient. Needs of pregnant women. Scalloped stairs, no ramps with gentle slopes, slippery tiles.' Without handrails, there are hazards. The third trimester of women who are carrying a child during this age group. Having more weight and experiencing reduced mobility can be challenging due to these structures. Additionally, they are not convenient. But potentially hazardous. More besides the distance between drop-off points and main entrances. Impedates exhaustion, putting women at risk for falls or exhaustion before they reach their prime.

**2. Medical care:** The lack of seating and waiting comfort. It is common for hospitals to have overcrowded areas.? When seating arrangements are. Due to insufficient or absent energy sources, pregnant

women are compelled by extreme weather conditions to stand for extended periods. This mental pressure could cause fainting, early muscle contractions, or elevated body temperature. What are the potential effects? Discomfort. Additionally, the absence of designated priority seating conveys, symbolically speaking. That their needs are secondary.

**3. Inadequate Parking and Transport Facilities:** Haunting traffic and road congestion pose a challenge for many families who need to reach the hospital. Parking areas. Pregnant drivers face pressure due to the unavailability of designated parking lots near entrances. Women to walk in risky areas that are.' During emergencies—such as labor. The delays can lead to life-threatening risks. The absence of fast-track systems and prolonged waiting times are the primary reasons for this problem.

**4. Waiting and standing problem:** Standing or waiting for an hour during pregnancy can quickly become a health concern. However, pregnant women are frequently required to wait in lengthy queues for registration or otherwise comply with hospital regulations. Consultations. Without fast-track counters or priority lanes, antenatal women are left to wait. Why? Experiencing periods that intensify tiredness and stress can hinder the attainment of care.

**5. Emotional and Psychological Stress.** Physical barriers often lead to unseen emotional consequences.?... Women reported heightened anxiety, a feeling of being unnoticed and a senselessness due to having to repeatedly seek help.

Such as experiences undermine trust in healthcare providers..Rather than feeling empowered, pregnant women exhibit a lack of empathy. What makes pregnancy so difficult?

The mental health of individuals is compromised when they accept the concept of being inconvenient. Being in a phase of high emotional stability.

**2.4 Research Gap**  
Although existing literature recognizes the need for respectful maternity care, there is a notable gap in studies specifically addressing hospital entrances as critical access points. This study aims to fill this gap by focusing on antenatal women's lived experiences at hospital entry systems.

**RESEARCH GAP**  
Most maternal health studies have traditionally focused on **in-hospital care**, emphasizing delivery outcomes, neonatal survival, and clinical quality indicators. While these are undeniably important, such a focus tends to overlook the *initial point of contact*—the hospital

entrance—where antenatal women begin their healthcare journey.

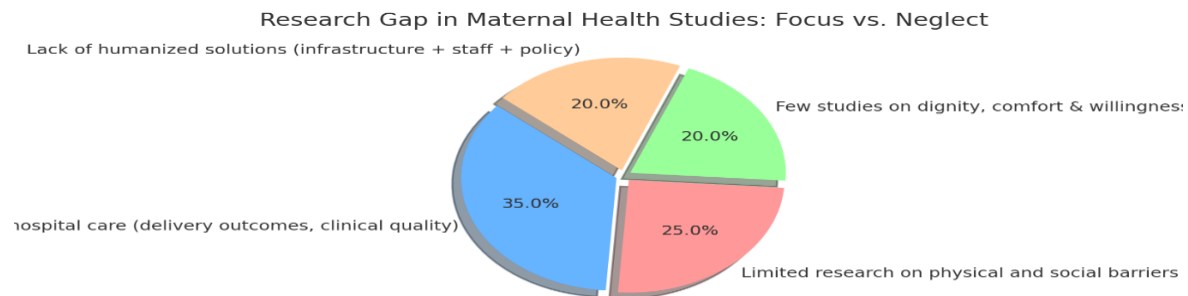
There is **limited research** addressing the physical and social barriers that antenatal women encounter at hospital entrances. Overcrowding, lack of ramps or elevators, absence of shaded or comfortable waiting areas, and confusing signage often create unnecessary hurdles even before women access professional care. These challenges, though seemingly minor, may delay medical attention during critical stages of pregnancy.

Furthermore, **few studies assess how these entrance-level barriers impact women’s dignity, comfort, and willingness to seek care.** The psychological consequences—such as stress, anxiety, or feelings of neglect—are rarely documented. For antenatal women, who are already navigating physical and emotional vulnerabilities, these barriers can significantly

discourage regular check-ups and reduce trust in healthcare systems.

Another gap lies in the **absence of integrated, humanized solutions** that combine infrastructural improvements, administrative reforms, and behavioral change among healthcare staff. While some literature highlights respectful maternity care within delivery wards, there is a **lack of evidence-based interventions** that ensure respectful treatment and accessibility from the very entrance of the hospital.

This gap points to the need for a **holistic framework** that examines maternal health not just in terms of clinical outcomes but also in terms of **equitable access, dignity, and human experience** at every stage of healthcare seeking. By bridging this gap, policies and hospital designs can be reoriented to create more inclusive, antenatal-friendly environments.



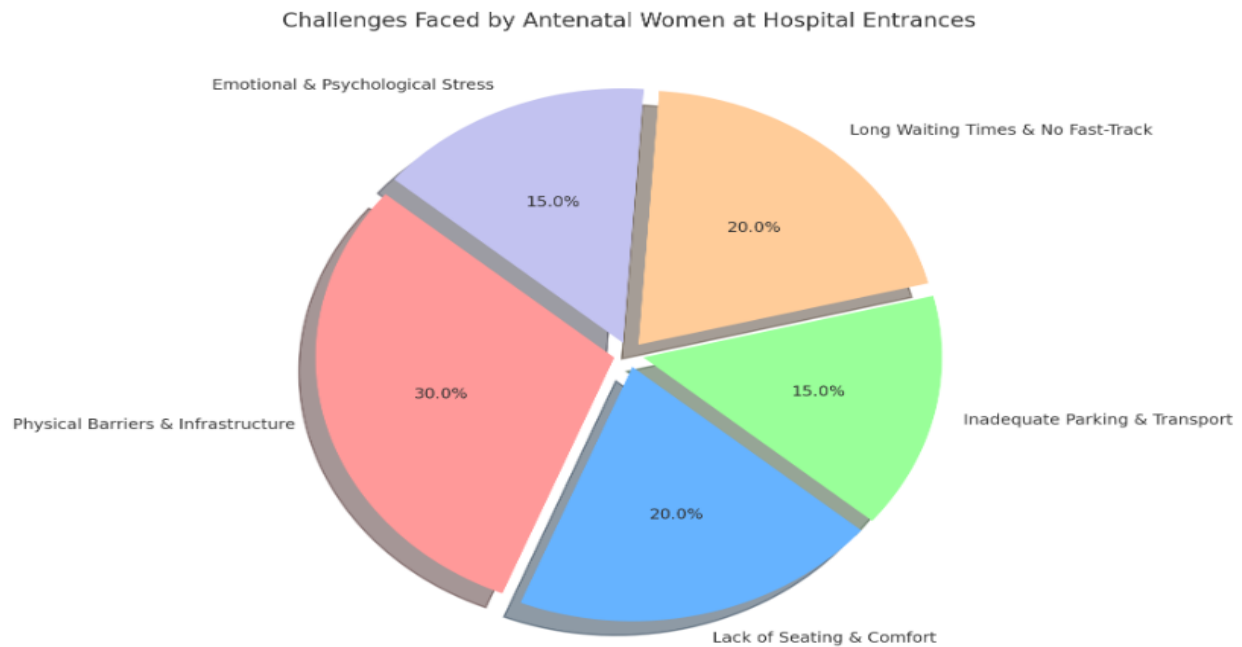
## COMPARATIVE CASE STUDIES.

**1. United Kingdom (NHS Hospitals)** :Access to hospitals must be barrier-free under the NHS, with ramps, priority seating, and clear paths being implemented. Dedicated signage and trained volunteers at entrances. Antenatal women receive fast-track access, Reducing waiting times and stress.

**2. Sweden.** Hospitals utilize a human-centered design approach, featuring welcoming entrances, digital services, and prenatal awareness. Appointment systems, and minimal queueing. Emphasis has been placed on the concept of dignity and autonomy. Improved maternal satisfaction.

**3. Japan.** Japanese hospitals employ crowd control, priority lanes, and support staff. Entry points. Cultural values that emphasize respect and clear navigation systems are beneficial for maternal reasons. Comfort.

**4. Rwanda. Raising the Standards:** Maternal-Friendly Facility Reforms have brought in simplified layouts, trained staff and. Priority access for pregnant women and support staff greatly enhance antenatal care. Attendance. Through the use of these models, it is evident that interventions incorporating both infrastructural and behavioral factors can be effective. Effectively resolve entrance-level barriers.



### DATA ANALYSIS AND INTERPRETATION

Examine the obstacles that women encounter during antenatal care at hospital admissions encounter. In three major hospitals, a cross-sectional survey was conducted over ten months. The 100 antenatal women and 30 staff members (including nurses, receptionists) were interviewed in the study.

Security personnel a series of anonymous questionnaires were distributed among three subjects. Dimensions: physical obstacles, emotional triggers and/or perceived remedies.

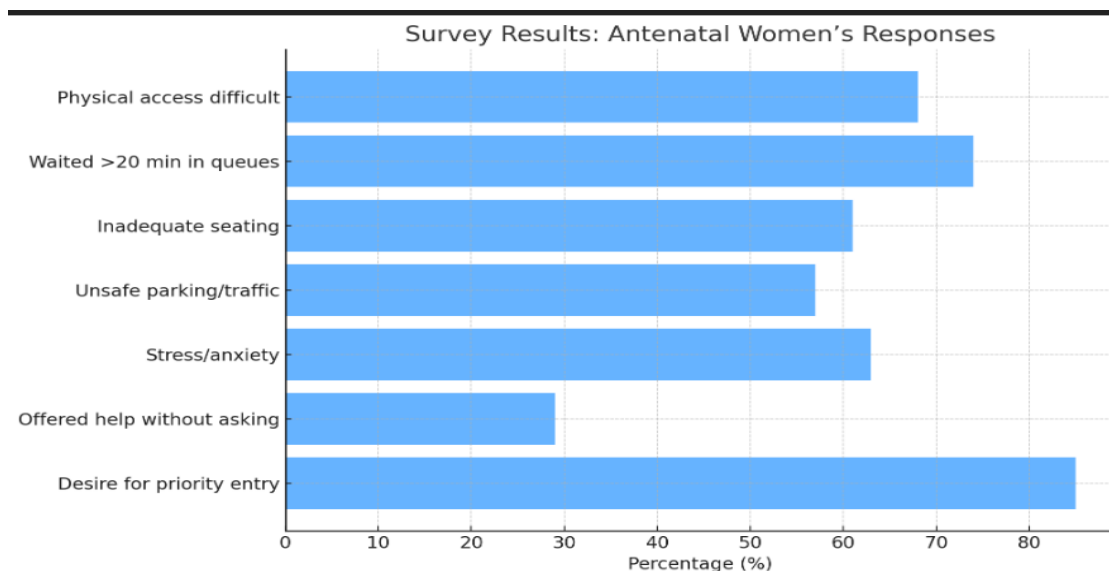
**A) Staff were.** Furthermore, inquired about the level of training, awareness, and institutional readiness to support antenatal care. Additionally, Patients. Responses from Antenatal Women.

1. The majority of individuals, 68%, found physical access to entrances (stairways, handrails, etc.) to be problematic. Distant drop-offs).
2. Over 74% had to wait in long lines of over 20 minutes.?

3. 61% reported poor seating around entrances or no seating at all.
4. Another 57% felt unsafe due to parking in close proximity or traffic congestion.
5. 63% of participants reported experiencing stress or anxiety upon entering hospitals.
6. The number of people who requested help was limited to 29%.
7. The preference for separate entry or priority services was expressed by 85% of respondents.

### B) Responses from Hospital Staff:

1. Access to be had by pregnant women, with 47 per cent.
2. Just 22% of women claimed to have been trained on assisting them during pregnancy.
3. Four out of ten believed that the facilities in place were adequate.
4. A majority of 78% recognized the need for immediate improvements.



**ANALYSIS OF FINDING**

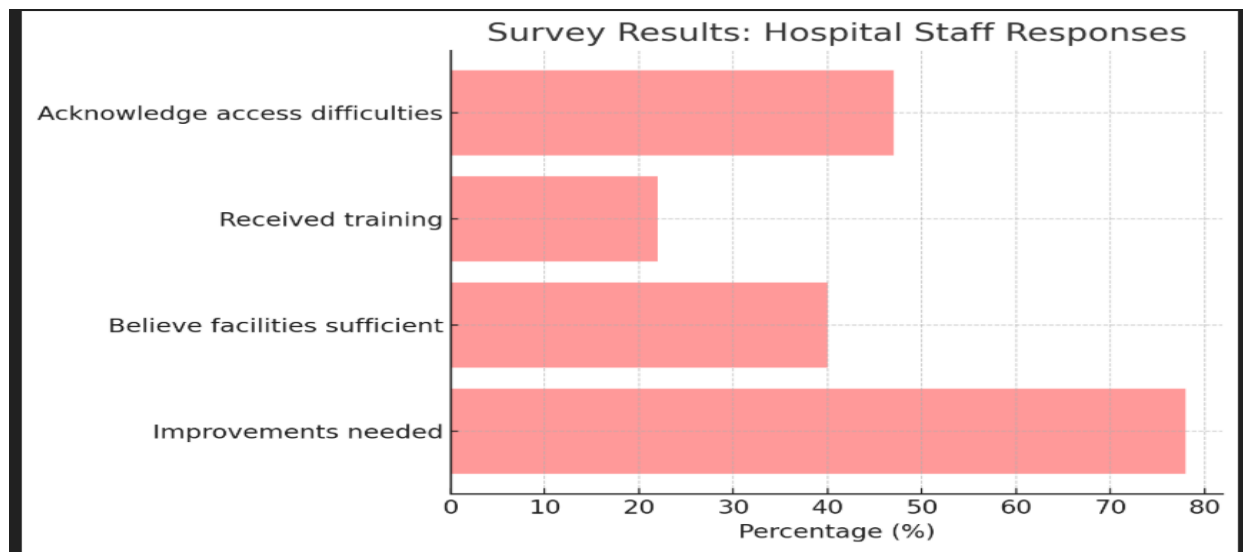
**Physical Barriers Dominate:** Considering that infrastructure is the most immediate challenge, it seems evident as evidence that two-thirds of antenatal women found it physically challenging to gain access during pregnancy. Accessible ramps, shaded pathways, and drop-off points are still not commonly found in hospitals.

**Emotional Burden :** The psychological dimension of barriers at entrances is evident in the overwhelming majority, with over 60% expressing stress upon arrival.

Anxiety about going in to a hospital is not an unpreventable problem, it's just poorly designed and people don't care.

**Lack of Proactive Support:** Unprompted help was provided to only 29% of women, indicating that hospitals tend to focus on listening to them instead of anticipating their needs.

**Staff Awareness Gap :** Despite the fact that almost half of staff recognized it, only a few had received appropriate training. This discrepancy in perception and behavior reveals systemic negligence.



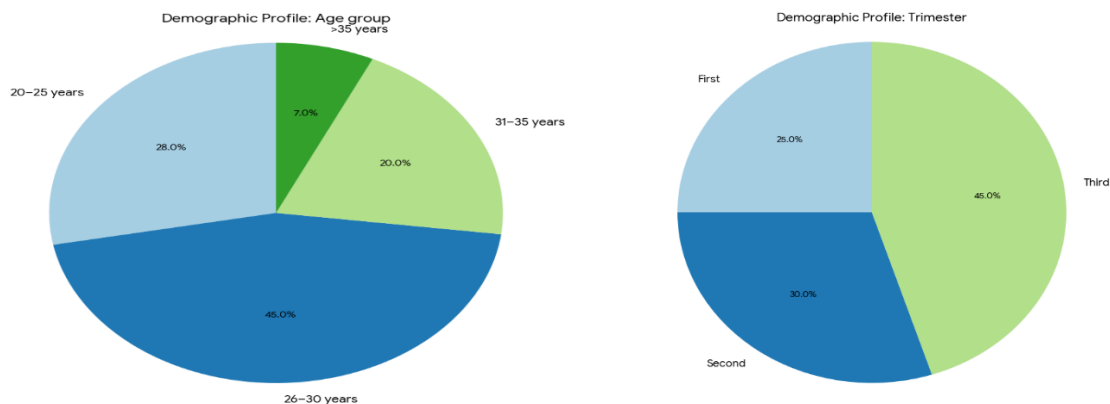
**5. ANALYSIS: Key Findings:** Challenges Discovered and Solutions Proposed.

The participation was made by 30 hospital staff and 100 antenatal women.

Most of the age group of women was 45%, with almost half of them being in their third decade of life trimester (45%).60% of the population were primigravida, which demonstrates their vulnerability of first-time mothers.

Characteristic Category		n (%)
Age group	20–25 years	28 (28)
	26–30 years	45 (45)
	31–35 years	20 (20)
	>35 years	7 (7)
Trimester	First	25 (25)
	Second	30 (30)
	Third	45 (45)
Parity status	Primigravida	60 (60)
	Multigravida	40 (40)

Table 1. Demographic profile of antenatal women (n = 100)

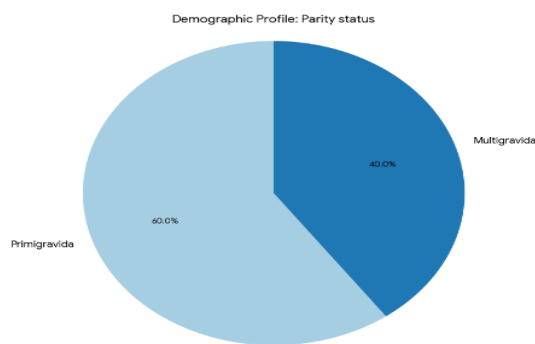
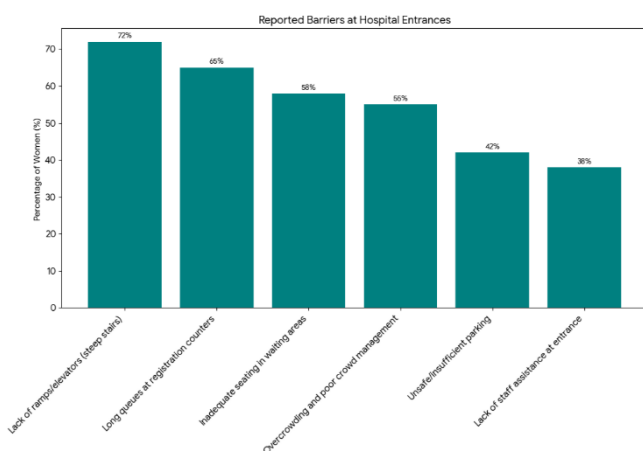


The study and data demonstrated various obstacles that women who were expecting have to overcome at some point in their lives. Hospital entrances the majority of women, 72%, reported having trouble navigating stairs or ramps and 66% found it challenging.

Observed long lines as a significant burden more than half (55%) of the population were overcrowded. Unsuitable parking areas were encountered by 42% of participants, and seating conditions were poor.

Barriers Identified	Proposed Solutions
Overcrowding at entrances	Antenatal-friendly entrances with shaded pathways and designated access points
Lack of ramps/lifts	Installation of ramps with gentle gradients and lifts for accessible entry
No priority counters	Separate priority counters/queues for antenatal women
Harsh staff behavior	Staff training and sensitization programs on

Barriers Identified	Proposed Solutions
	humanized, empathetic care
Poor seating/waiting areas	Adequate seating, shaded waiting zones, digital queue and appointment systems
Barrier	n (%)
Lack of ramps/elevators (steep stairs)	72 (72)
Long queues at registration counters	65 (65)
Inadequate seating in waiting areas	58 (58)
Unsafe/insufficient parking	42 (42)
Lack of staff assistance at entrance	38 (38)
Overcrowding and poor crowd management	55 (55)



**1. Overcrowding at entrances:**

Women are frequently subjected to traffic and long lines, which intensify tiredness and arousal. Why? Discomfort during check-ups.

**2. Lack of ramps or lifts.**

Women in hospitals face significant challenges in descending stairs, which is still the norm. However, individuals experiencing advanced pregnancy or mobility difficulties....

**3. There are no priority counters or fast-track systems.?**

Women experiencing antenatal pain are forced to wait in long lines, which can result in longer waiting times and physical strain.

**4. Harsh or insensitive staff behavior.**

Health care is negatively impacted by the absence of empathy and supportive attitudes from front-line workers institutions.

**POORLY ADEQUATE SEATING AND WAITING AREAS.**

Lack of seating, or lack thereof, forcing women at entrances to stand for long periods is a result.

May lead to the development of additional health concerns such as exhaustion, unconsciousness, or anxiety.

An array of practical and humane measures was implemented to remedy these deficiencies:

1. Access to antenatal services such as ramps, lift rides, shaded pathways, and secure drop-off points for visitors ensure dignified physical access.

2. The use of separate priority counters/queues for pregnant women, particularly in registration and legal proceedings is necessary outpatient services are designed to decrease waiting times....

3. Clearly marked entrances and waiting areas with local signs to aid in navigation and avoid queues reduce anxiety.

4. Training sessions on providing staff with humane treatment, valuing empathy, proactive support, and more respectful communication.

5. Incorporating digital systems like token management and online appointment booking.... Consolidate entry, minimize crowding, and enhance efficiency.

### DISCUSSION

The study highlights how the hospital's entrance can become a point of distraction. Why?

Significant strain on women who are anticipating pregnancy. The majority of those surveyed, over 66%, reported that problems arise from the lack of ramps, long lines, and limited seating capacity..

These findings are consistent with earlier research that identified infrastructure deficiencies as hindrances to progresses. Bhattacharyya et al. reported in 2015 that maternal care is important (Kaurud and Goel, 2020).

However, while existing the literature on the topic primarily focused on distance, transportation, and general facility shortcomings, unlike the current literature. However, studies highlight some of the micro-level, entrance specific barriers that are not commonly acknowledged.

Additionally, this study highlights the psychosocial effects.' Nearly 70% of more than half of antenatal women reported feeling anxious or stressed when entering hospital entrances.

Experienced physical exhaustion. UNFPA's (2022) goal of showing respect is mirrored by this. Why? Emphasizing that trust in health can be compromised by maternal neglect of emotions systems. In contrast to previous studies that extensively discussed maternal discomfort (Tripathi & Singh, 2012), According to the current findings, design flaws and lack of attention to detail are apparent in Kumar & Singh's research from 2017 onwards. The presence of immediate aid at entrances leads to psychological distress. This observation is further reinforced by staff viewpoints. Hospital staff members were found to be 70% certain, despite the challenges of access, only one-third had been trained in how to help pregnant women.

This reiterates Ray-Bennett's (2018) statement that infrastructural deficiencies are amplified by them.

Attitudinal and systemic gaps. A willingness of over 90% percent to undergo the test is crucial.??...

Those barriers are not only infrastructural but also addressable through sensitization training.

Through human-centered policies one of the most significant aspects of this study is its emphasis on access to entrances, which has been neglected throughout history dimension of maternal health.

These hospital entrances are the symbolic, practical thresholds. Those who suffer from neglect or difficulty during pregnancy may feel ashamed of their situation. This erodes their dignity, safety and trust and may affect their future healthcare-seeking. 'behavior. Two approaches are necessary to tackle these problems. First, infrastructural redesign ramps. With non-slip floors, shaded seating, drop-off areas, and fast-track registration counters. Third, to develop and inform frontline staff in a proactive manner for their assistance. Without compromising dignity together, these measures.

### CONCLUSION

This study suggests that hospital entrances, which are often thought of as unimportant areas, actually are crucial to the way antenatal care is received by women. Barriers such as steep stairs, in addition to physical pain, insufficient seating area capacity, prolonged lines, and a dearth of helpful staff are also significant issues. However, but also amplify emotional distress.

Determining dignified and supportive access is not a feasible option. The issue at hand is not as much luxury as healthcare ethics and human rights.

### SUGGESTIONS

1. Pedestrian infrastructure that requires ramps, handrails and shaded seating areas, as well as clearly marked drop-off points off zones near entrances.

2. Priority Systems: Fast-track registration and separate queues for women antenatal.

3. Security staff, receptionists, and other employees are regularly trained in sensitized programs Volunteers.

4. Integrating maternal dignity into hospital accreditation and quality measures through policies.

5. The evaluation of feedback mechanisms involves antenatal women through periodic surveys and focus groups. Additionally,

And improve access.

When hospital accessibility is viewed through the lens of dignity and safety, it becomes an important aspect.

Address an essential gap in maternal care, ensuring that every antenatal woman begins care.

To travel with respect, confidence and faith.

### SCOPE OF FUTURE RESEARCH

1. Multi-state or multi-country studies examining hospital access.
2. Temporary evaluation of revamped antenatal-friendly entrances.?
3. Cost effectiveness of infrastructural.
4. How digital technologies can help reduce the congestion at entry gates? Request.
5. How do programs that involve staff sensitization affect the level of maternal happiness?

Including disabled and high-risk pregnant women.?...

### REFERENCES

1. Lateef, M. A., & Pillay, J. D. (2025). Evidence mapping on barriers in accessing prenatal healthcare services among homeless women: a scoping review. *BMC Health Services Research*, 25(1), 87. [BioMed Central](#)
2. Seiedzadeh, M., Khanjani, M. S., Abdi, K., & Latifian, M. (2025). Content analysis of barriers to delivering maternity care to women with physical disabilities: A qualitative study. *BMC Public Health*, 25(Article number: 1208). [BioMed Central](#)
3. Matin, B. K., Williamson, H. J., & Karyani, A. K., et al. (2021). Barriers in access to healthcare for women with disabilities: A systematic review in qualitative studies. *BMC Women's Health*, 21, 44. [SpringerLink](#)
4. Munguambe, K., Boone, H., Vidler, M., Bique, C., Sawchuck, D., & Firoz, T., et al. (2018). Barriers to access and utilization of emergency obstetric care at health facilities in sub-Saharan Africa: A systematic review. *Systematic Reviews*. [BioMed CentralSpringerLink](#)
5. Ray-Bennett, N. S. (2018). Avoidable deaths from maternal emergencies in low-income countries: A case for hospital accessibility. *Global Health Action*, 11(1), Article 1468214.
6. Tripathi, N., & Singh, R. (2017). Healthcare accessibility for pregnant women in urban India: A qualitative study. *Indian Journal of Public Health Research & Development*, 8(4), 239–244.
7. Kaur, R., & Goel, M. K. (2020). Assessment of hospital infrastructure from the perspective of pregnant women in India. *Journal of Family Medicine and Primary Care*, 9(9), 4854–4859.
8. Bhattacharyya, S., et al. (2015). Barriers to access and utilization of maternal healthcare services in India: A systematic review. *PLOS ONE*, 10(1), e0116603.
9. WHO. (2016). *Standards for improving quality of maternal and newborn care in health facilities*.
10. UNFPA. (2022). *Improving maternal health: Ensuring access and respectful care*.
11. Adepeju Lateef, M., & Pillay, J. D. (2025). Evidence mapping on barriers... (See reference 1 above, noted for author names.)
12. Ahmed, S., Creanga, A. A., Gillespie, D. G., & Tsui, A. O. (2010). Economic status, education and empowerment: Implications for maternal health service utilization in developing countries. *PLOS ONE*, 5(6), e11190. [BioMed Central](#)
13. Afari, H., Hirschhorn, L. R., Michaelis, A., Barker, P., & Sodji-Tettey, S. (2014). Quality improvement in emergency obstetric referrals: Qualitative study of provider perspectives in Assin North District, Ghana. *BMJ Open*, 4(5), e005052. [BioMed Central](#)
14. Wong, S. Y. S., Adams, A., Zhou, Y., et al. (Year). Barriers to accessing maternal healthcare among ethnic minority women in Western China: A qualitative evidence synthesis. *Health Policy and Planning*. [Oxford Academic](#)
15. Ulrich, R. S., Zimring, C., & DuBose, J. (2008). A review of the research literature on evidence-based healthcare design. *Herd*. [Wikipedia](#)
16. Singh, S., & Rajak, R. (2023). Barriers in utilization and provisioning of obstetric care services in India: A mixed-methods systematic review. Azim Premji University Resource Repository.
17. Kumar, A., & Singh, R. (2023). Factors associated with underutilization of antenatal care in India. *PLOS ONE Figures*.
18. Ogbo, F. A., Dhami, M. V., & Ude, E. M. (2019). Enablers and Barriers to the Utilization of Antenatal Care Services in India. *ResearchGate*.
19. Singh, S., & Rajak, R. (2023). Barriers in utilization and provisioning of obstetric care services in India: A mixed-methods systematic review. *ResearchGate*.
20. Kumar, A., & Singh, R. (2023). Factors associated with underutilization of antenatal care in India. *ResearchGate*.
21. Ogbo, F. A., Dhami, M. V., & Ude, E. M. (2019). Enablers and Barriers to the Utilization of Antenatal Care Services in India. *PubMed Central*.
22. Singh, S., & Rajak, R. (2023). Barriers in utilization and provisioning of obstetric care

- services in India: A mixed-methods systematic review. PubMed.
23. Kumar, A., & Singh, R. (2023). Factors associated with underutilization of antenatal care in India. PubMed
24. Ogbo, F. A., Dhami, M. V., & Ude, E. M. (2019). Enablers and Barriers to the Utilization of Antenatal Care Services in India. ResearchGate.