Public Health Congress 2018: Improving timely attendance of 1st antenatal care among pregnant women using Timed and Targeted Counseling (TTC) model in Butaleja district, Eastern Uganda - Pascal Byarugaba - World Vision International

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Statement of the Problem: High maternal mortality rate is one of major public health concerns in developing countries and most deaths are caused by factors attributed to pregnancy and childbirth. It is important to ensure coverage of early antenatal care services starting from the first trimester as one component to achieve these targets. World Health Organization (WHO) recommends that all pregnant women should attend Antenatal Care (ANC) at least four times before birth with the first being within the first 14 weeks of pregnancy. Early antenatal care visit gives the opportunity to provide screening and tests that are most effective early in the pregnancy like correct assessment of gestational age to allow for accurate treatment of preterm labor, screening for genetic and congenital disorders. Despite free ANC services in public health facilities in Uganda, only a handful of pregnant women attend first ANC visit in their first trimester. Development partners like World Vision International have developed and implemented initiatives and models like timed and targeted counseling targeting pregnant women to improve maternal health outcomes. This is built around evidence-based, cost effective key interventions for pregnant women and children under two that when taken together, can significantly reduce maternal and infant/young child morbidity and mortality. This paper presents how the ttC model has positively VHTs have improved maternal and newborn health care in Butaleja district. Methodology & Theoretical Orientation: Through the KOICA funded Butaleja Maternal, Neonatal and Child Health (BMNCH) project, World Vision focused on the communitybased models to address the delays in seeking appropriate care and inability to access care in a timely manner. This involved roll out ttC model by the community health workers to map, health educates, follow up and refer pregnant women for early MNCH services including attendance of timely 1st ANC.

Findings: A pre and post intervention analysis of Health Management Information System (HMIS) dataset before and after the intervention was conducted. Trend analysis of pregnant women attending first ANC in first trimester was done. Conclusion & Significance: Village health team members have created awareness and demand and hence increased uptake of MNCH services. 4. Discussion According to recommendation of World Health Organization (WHO), a pregnant woman needs to start antenatal care in the first trimester of pregnancy. However, a significant proportion of women from developing countries do not start ANC according to the recommendation. This study revealed that 82.6% of the pregnant women initiated antenatal care at or after four months of gestation. This finding is higher than that in the studies done in Addis Ababa (Ethiopia), Bahir Dar (Ethiopia), Gonder (Ethiopia), and Nigeria. This might be due to sociodemographic, economic, and cultural differences as evidenced by the fact that majority of pregnant women had no education and only attained primary school; more than half of women living in rural areas were housewives as compared to Addis Ababa and northern Ethiopian residents. This study also showed that the mean gestational age at first antenatal care booking is 5 months. This result is consistent with the Ethiopian Demographic and Health Survey report that showed median duration of pregnancy at the first antenatal care booking of 5.2 months. Household income was one of the factors significantly associated with late antenatal care entry in this study. Pregnant women who had low household monthly income were 5 times more likely to book late for their first ANC booking as compared to their counterparts with high monthly income. This result is in line with the study done in Metekel Zone (Ethiopia), Holeta town (Ethiopia), and Uganda Furthermore, several other studies showed that low monthly income is associated with increased odds of underutilizing antennal care services among pregnant mother. This could be because of the fact that better income might increase the ability to pay for health care services, transportation, and other indirect costs. As compared to the proportion of pregnant women with past antenatal care experience before current pregnancy, those pregnant women without past antenatal care experience started ANC later than pregnant women with past experience for first antenatal care. This finding was supported by the study done in Addis Ababa and Uganda. Previous experience of antenatal care utilization might improve the current pattern of antenatal care and timing of first antenatal care visits. However, the difference in this study was not statistically significant in final model. This could be due to the fact that the pregnant mother thought there is no need to come early for antenatal care if one has no problem with the pregnancy.

5. Conclusions

The study showed that more than three-fourth of the pregnant women started ANC in study area. Pregnant women's knowledge of importance of antenatal care for the health of mother and fetus was found to be high. Most of the reasons given by pregnant women who attended antenatal care late were due to perception of appropriate time and shortage of time. This study indicated that low monthly income, women who did not receive advice on when to start antenatal care visits, household food insecurity, and unplanned pregnancy were factors associated with late first antenatal care booking. Based on the findings, it is important to provide continuous health education on importance of early antenatal care visits at health facility.

Biography

Pascal Byarugaba is a Professional Health and Project Management Specialist with over six years of practical experience in program management, monitoring and evaluation for child survival, maternal and adolescent health, malaria and community health financing. Currently, he is supporting the Butaleja MNCH project as an M&E Officer. His research interest is in the development of strategies aimed at translating research works into meaningful and relevant policies to improve health outcomes in the global south. He has worked with international organizations including HealthPartners and Amref Health Africa on several community health systems strengthening programs in the local settings.

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