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Improving quality of maternal and newborn care in selected districts in 3 sub-saharan countries: baseline quality assessment

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Abstracts of the 7th European Congress on Tropical Medicine and International Health

Track 2: Women's and Children's health**Oral communications on maternal, sexual and reproductive health****Factors affecting timing of formal antenatal care attendance: results from qualitative studies carried out in Ghana, Kenya and Malawi**

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BACKGROUND Antenatal care (ANC) at health facilities is an important platform for the timely delivery of health interventions during pregnancy, such as, in malaria endemic areas of sub-Saharan Africa, intermittent preventive treatment of malaria (IPTp). Delayed ANC attendance can contribute to sub-optimal delivery of interventions. This paper therefore comparatively explores factors that influence timing of ANC attendance in diverse sites across sub-Saharan Africa.

METHODS Data were collected in Ghana (two sites), Malawi (two sites) and Kenya (one site). Several qualitative methods were employed. Respondents included pregnant women, their relatives, biomedical and traditional health providers, opinion leaders and community members.

RESULTS Across the sites, a range of factors influenced timing of ANC attendance: although accessibility (transport and healthcare costs, and distance to healthcare facilities) played a role, ideas about ANC and its benefits – shaped by context-specific understandings of pregnancy care and risk, interactions with healthcare providers and the perspectives of relatives – were also key themes. In western Kenya and southern Malawi, to reduce the number of trips to healthcare facilities, women often attended ANC in the third trimester. However, this was not simply a result of poor accessibility. As women were largely unaware of specific interventions and viewed checking the pregnancy's progress and obtaining the ANC card as priorities, they had little reason to attend in early pregnancy. Furthermore, after ANC visits, healthcare workers scheduled monthly follow-ups, and fearful of being refused care for non-compliance, women viewed follow-ups as obligatory. In addition, three Kenyan women attending ANC in the first trimester were told by healthcare staff to return when their pregnancy was visible.

CONCLUSIONS This qualitative research highlights the role interactions between healthcare workers and pregnant women can play in influencing timing of ANC. This relationship is therefore a potentially important focus for future interventions aimed at promoting early ANC attendance.

Improving quality of maternal and newborn care in selected districts in 3 sub-saharan countries: baseline quality assessment

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BACKGROUND This baseline quality assessment is part of the QUALMAT project, a collaborative project funded by the European Commission. QUALMAT wants to improve the quality of maternal and newborn care (MNC) through addressing the existing gap between 'knowing what to do' and 'doing what you know' by implementing performance based incentives for health workers and a computer-assisted clinical decision support system which will help providers to comply with established standards of care. The project, coordinated by Heidelberg University, is implemented in Burkina Faso, Ghana and Tanzania.

METHODS Quality assessment was conducted in each research country in 12 primary health care (PHC) facilities located in two rural districts. Quality of MNC is addressed by a quantitative study assessing: (i) availability of material and human resources through a health facility survey (12 facilities/country); (ii) women's experience of care through a satisfaction survey (63 women/facility); and, (iii) actual care given through direct observation study (35 observations/facility), review of patient records (35 records/facility), and review of routinely collected data. National guidelines on pregnancy and childbirth serve as standard for good quality of care. Antenatal and childbirth care is assessed separately. Quality scores reflecting availability of resources, client satisfaction and quality of actual care given were calculated and compared along PHC facilities and districts.

RESULTS Preliminary results show that scores for availability of material resources are good however in most facilities no vacuum extractor is available which implies that basic EmOC services cannot be provided. Inter-personal performance and counselling (part of technical-professional performance) have the lowest scores as well in the satisfaction survey as in the observation study.

CONCLUSION Quality assessment show there is little difference in the MNC quality between PHC facilities inside the study countries and there is need to improve MNC especially access to basic EmOC services, counselling practices and inter-personal performance.

Community skilled birth attendants: are they making a difference?

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BRIEF INTRODUCTION Different initiatives have been undertaken by the government of Bangladesh to increase delivery with skilled birth attendants, which is presently 27%. A community skilled birth attendant (CSBA) program was launched in 2004 to create a trained cadre to perform home deliveries and refer women with complications to emergency obstetric care facilities. Efforts have focused on training on birthing techniques of paramedics offering community services related to maternal and child health and family planning.

METHODS AND MATERIALS Qualitative research was carried out between March 2010 and January 2011 as part of a recent national maternal mortality survey to understand the role of the CSBAs. Semi-structured interviews were carried out with paramedics (12) who received CSBA training.