Original Article

Patients' Perception of Antenatal Care at the University of Port Harcourt Teaching Hospital

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ABSTRACT

BACKGROUND: Antenatal care is considered an important aspect of maternity care and is generally believed to positively influence the outcome of pregnancies. This reason informs the regular antenatal attendance by expectant mothers. This study aims to determine the views of expectant mothers on the value and benefits of antenatal care and their satisfaction with the service delivery at the routine antenatal clinic.

METHODOLOGY: Five hundred randomly selected antenatal clinic attendees at the University of Port Harcourt Teaching Hospital were surveyed using a pre-tested interviewer administered questionnaire from September to November 2005. Four hundred and forty four of the five hundred questionnaires were retrieved for analysis. Data management was done using SPSS 11 for Windows® statistical software.

RESULTS: Most of the respondents (98.4%) thought antenatal care has benefits and could list at least one benefit. Majority (87.4%) felt the traditional antenatal clinic visits were adequate while 3.8% felt they were too frequent. More than two-thirds (72.3%) waited beyond 2 hours before consultation with the doctors. Fear of possible industrial strikes which disrupts health services in the Teaching Hospital compelled patients to have parallel antenatal care with other health facilities. Twenty eight respondents (6.3%) felt the members of staff have a very hostile attitude towards antenatal patients.

CONCLUSION: Expectant mothers agree there are health benefits derived from antenatal care. They are satisfied with the traditional antenatal visits. However, long waiting time, industrial strikes and hostile staff attitude were the negative perceptions of the antenatal care in our hospital.

KEY WORDS: Antenatal care, Health benefits, Negative perceptions.

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INTRODUCTION

Antenatal care is a specialized form of care organized for pregnant women to enable them attain and maintain a state of good health throughout pregnancy and to improve their chances of having safe delivery of healthy infants at term[1]. Antenatal care is a very important aspect of maternity care. The main purpose of antenatal care is to screen for and prevent potential complications that might arise in the mother and fetus and the prompt diagnosis and treatment of same when they arise. Antenatal care is an efficient preventive strategy for decreasing unfavourable pregnancy outcome. Its benefits have been shown in various studies[2,3]. However, utilization of obstetric services in Nigeria is generally very low with only a third of the deliveries being conducted under supervision of trained health personnel[4]. In rural South Africa, it was observed that most women attend their first antenatal clinic late in pregnancy and do not return for any follow up care potentially leading to avoidable prenatal and maternal complications[5]. These women do not perceive significant health threats during pregnancy and therefore consider more than one antenatal visit unnecessary. Most of them register for antenatal care because they want to give birth in a health facility.

Antenatal care involves a number of 'routine' visits for assessment by a variety of health care professionals on a determined basis throughout the period of pregnancy[6]. Traditionally, the standard follow up visit schedule for low risk women, also the practice in this centre, has been four weekly until 28 weeks of gestation, then two to three weekly until 36 weeks and thereafter weekly until delivery[7]. However, the trend currently is towards reducing the number of visits and at the same time establishing clearly defined objectives to be achieved at each visit. In 2002, the World Health Organisation (WHO), through its working group advocated a reduced schedule of visits to four for low risk women in developing countries and envisioned greater maternal and professional satisfaction with this care[8].

The influence of antenatal care on pregnancy and pregnancy complications are most prevalent in the unbooked patients[3]. Lack of antenatal care has been shown as a high risk factor for maternal mortality.[9]

Antenatal care has undergone continuous development over the past decades but little is known about women's views and expectations. There is a diversity of opinions amongst the women as to the desired number of visits. Some women prefer the standard schedule while some others want more or fewer visits[10]. In Zimbabwe, the older multiparous women wanted the visits to be reduced and the weighing omitted; while the younger women preferred more than the stipulated goal orientated visits. One reason for this was the importance of being assured that the fetus was growing well[8]. Compliance with clinic attendance and advice given would obviously be affected by the perception of the attendees on the value

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of, and necessity for antenatal care. This study therefore seeks to evaluate the perception of women on the value and benefit of antenatal care.

METHODOLOGY

A cross sectional analytical survey of antenatal clinic attendees during the months of September to November 2005 was conducted at UPTH. Five hundred randomly selected antenatal clinic attendees were interviewed at 36 weeks gestation using a semi structured pre-tested questionnaire. Information about the socio-demographic characteristics, benefits of antenatal care, as well as their opinion about the quality of care provided were obtained. All those attending the clinic for the first time (booking visits) were excluded. Data collected was entered into a spread sheet using SPSS 11.0 for Windows® statistical software which was also used for analysis. Results are presented as means with standard deviations, rates and proportions in tables and figures.

RESULTS

Four hundred and forty four women completed and returned the questionnaire giving a response rate of 88.9%. Majority of the women, 389 (87.6%) were aged 20-34 years, 12% were 35 years or more while 2 (0.5%) were teenagers. Two-fifths (40.2%) were nulliparae, 56.7% were multiparae while 3.1% were grand multiparae. Majority of the women (98.4%) were married while only 1.1% were single. Almost all the women had been educated to various levels with 66.1% having tertiary education (Table 1).

TABLE 1: Sociodemographic Data

Characteristics	Frequency (%)
Age Group (n=444)	
15–19	2 (0.5)
20–24	54 (12.2)
25–29	183 (41.2)
30–34	152 (34.2)
35 and Above	53 (11.9)
Total	444 (100)
Marital Status (n=444)	
Single	5 (1.1)
Married	436 (98.4)
Divorced	2 (0.5)
Not stated	1(0.25)
Total	444 (100)
Level of Education (n=434)	
Primary	6 (1.4)
Secondary	141 (32.5)
Tertiary	287 (66.1)
Total No. of Respondents	434 (100)

Almost all the respondents (98.4%) felt antenatal care has some benefits and could list at least one benefit. Only 1.6% felt otherwise.

Table 2: Number of appointments

Response	Frequency (%)
Appropriate	388 (87.4)
Too Frequent	17 (3.8)
Not Enough	39 (8.8)
Total	444 (100)

Table 2 shows that 388 (87.4%) of the women were satisfied with the present traditional scheduled number of antenatal visits as adequate. Thirty nine (8.8%) thought the visits were not enough while 17 (3.8%) felt they were too frequent.

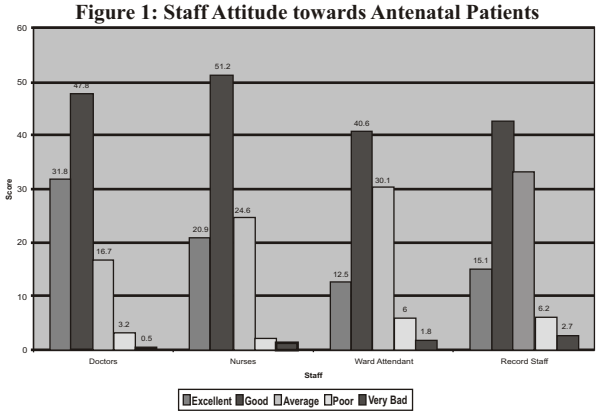
Table 3: Transit time

TimeRespondents	Frequency& (%)
30 Mins	29(6.6)
1 hour	93 (21.1)
2 hours	132 (29.9)
3 hours or more	187 (42.4)
Total	441 (100)

Table 3 showed that 187(42.4%) of the respondents waited for up to 3 hours or more before seeing a doctor. 132 (29.9%) waited up to 2 hours, 93(21.1%) up to an hour, while only 29(6.6%) waited for less than 30minutes . Majority of them (79.8%) considered the transit time too long. Fifty one (11.5%) respondents attributed the long waiting time to the nurses' health talk, 55% to lateness of the doctors, and 16.4% to clinic disorganization while 49.4% of the respondents felt it was due to the long queue of women attending the clinic. Nearly half of the respondents 191 (43%) had a parallel antenatal care in another health facility. Two thirds (66.2%) of those with parallel antenatal care wanted to have an alternative to the teaching hospital should there be industrial strike action. Another 24 (12.5%) were not satisfied with the care given at the teaching hospital. Thirty three (17.3%) of them wanted to increase antenatal care benefits with the parallel care. Other reasons given for a parallel care were to avoid caesarean section (1.6%), being used to teach medical students (1.6%), long process in UPTH and the unfriendly attitude of staff at the teaching hospital (1.1%).

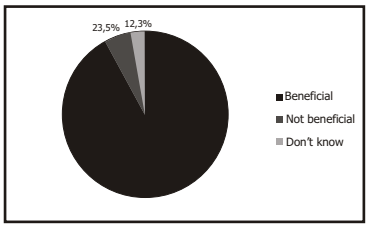
Over 40% of respondents felt the staff attitudes were good, while 6.2% felt the staff had a very hostile attitude towards antenatal patients. (Figure 1)

Figure 1: Staff Attitude towards Antenatal Patients



Majority of the respondents (92.1%) felt antenatal clinic activities were beneficial. 5.2% felt the activities were not beneficial while 2.7% did not know whether the above listed antenatal clinic activities were beneficial or not.

Figure 2: Benefits of Antenatal Clinic Activities



(Figure 2). Beneficial activities included health talk (98.6%), blood pressure measurement (95.6%), urine testing (93.2%) laboratory tests (93.4%), weighing (92.2%), and examination by doctors (96.7%).

DISCUSSION

In this study, only one third of the respondents felt a pregnancy should be booked in first trimester, while others felt booking should be in second and third trimesters. Most women book late because of a belief that there are no advantages in booking for antenatal care in the first three months of pregnancy. This seems to be because antenatal care is viewed primarily as curative rather than preventive in the study population[11]. This is in keeping with most previous studies in African women which show that the average timing was usually in the second trimester[12-16].

Majority of the women in this study perceived the present conventional scheduled number of antenatal visits as adequate and only about 3.8% felt the visits were too frequent while 8.8% wanted more visits. This may be so because antenatal visits offer opportunities for reassurance to the mothers that all is well besides increasing confidence and building rapport between the health care provider and the pregnant women[17]. The women also use the opportunity of antenatal visit to interact with other pregnant women and share experiences. This finding is similar to reports obtained from other parts of Africa[8,10].

Long transit time as found in this study is a problem faced by majority of the respondents. This could be as a result of the multiple reasons as highlighted in the responses, such as disorganization of the clinic, doctors arriving late, overcrowding at the clinic and prolonged health talk. The danger of this delay lies in the women missing subsequent visits or generally avoiding some aspects of the antenatal visit such as the health talk in order not to spend too much time at the hospital. Either way there is no benefit to the client. This is in agreement with findings from other parts of Nigeria[18,19].

Nearly half of the women had multiple booking mainly because they wanted to have an alternative to the teaching hospital in an event of industrial strike action. This is one of the factors that hinder women from utilizing maternal care at the teaching hospitals which needs to be addressed by the appropriate government agency in order to restore confidence to the system.

Though majority of the respondents felt the staff attitudes towards them were good, 6.2% felt the staff had a very bad attitude towards antenatal patients. This percentage, though small, are those bold enough to indicate their displeasure in the way they are treated. They represent a larger number of women who would not come for antenatal care or delivery at the teaching hospital except very late in advanced morbidity when overall outcome is usually poor because of the hostile attitude of hospital staff.

Nearly all the respondents felt antenatal clinic activities such as health talk, blood pressure measurement, urine testing, laboratory tests, routine drugs, weighing and doctor's examination were very beneficial. This knowledge most likely came from health education programs during previous pregnancies, hospitals or the news media but the booking pattern suggests that most of the women were not convinced that there was any gain in registering for antenatal care early or had constraints hence the discordance between knowledge and practice in most of them. Therefore unless the socio-cultural and religious determinants of health seeking behaviour were modified, good health education may not easily translate to optimum utilisation of antenatal care.

CONCLUSION

The majority of the pregnant women agree there are health benefits derived from antenatal care. They are satisfied with the traditional antenatal visits and the care they received. However, long waiting time, industrial strikes and hostile staff attitude were the negative perceptions of the antenatal care in our hospitals. Measures for improving elements of quality of antenatal care are imperative.

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