

RETURN FOR POSTNATAL CHECK: CURRENT SITUATION IN A NIGERIAN TERTIARY HEALTH INSTITUTION

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ABSTRACT

Objective: This study aims to determine the current prevalence of postnatal clinic attendance among parturients who delivered in a Nigerian teaching hospital.

Methods: A two year review of obstetric record of women who delivered in the hospital from July 2010 to June 2012 and were scheduled to attend Postnatal Clinic was done. The list was cross checked with the postnatal clinic record to know patients who kept their appointment by attending the clinic. A frequency table was generated and data were analyzed.

Results: In the first year, out of 1267 women 264 (20.8%) returned for postnatal clinic. During the second year, 1651 women delivered in the hospital while 759 (46.0%) came back for postnatal clinic. Aggregate prevalence of postnatal clinic attendance among the parturients was 35.1%.

Conclusion: Most parturients who had hospital delivery do not return for postnatal clinic in our environment.

Keywords: delivery, postnatal, clinic, attendance

INTRODUCTION

Postnatal care is an essential component of maternal healthcare services (MHCS) that is aimed at ensuring the wellbeing of the mother and the new baby. Traditionally in our environment, postnatal visit is fixed for the sixth week after delivery during which the mother is examined to ascertain that she has recovered from the effects of pregnancy, labour and puerperium.

During this visit, complaint from the patient is entertained. Efforts are made to rule out anaemia and specifically, examination of the breast, abdomen and pelvis is done. The attending health care provider ensures that the uterus has completely involuted and that full healing of any trauma that was sustained during delivery has occurred. If any problem was

identified in the course of review; it is promptly addressed to ensure that she is healthy [1].

Several other important services are also provided during the postnatal check. These include family planning services where information about child spacing and techniques to avoid unwanted pregnancies are given. Information on maternal and child nutrition, immunization, hygiene and sanitation, prevention of infections including HIV and other STIs are equally available at this clinic [2, 3].

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Postnatal care has been identified as one of the major interventions that reduce maternal and newborn deaths globally [4]. More than 60% of maternal deaths take place during the postnatal period [5]. The death of a mother exposes her newborn child to high risks of morbidity and mortality [2, 6]. Thus, receiving postnatal care can make the difference between life and death for both mother and child.

Haemorrhage, infections and hypertensive disorders are common causes of maternal deaths during the postpartum period. These conditions are known to be treatable. Whenever a woman attends her postnatal check, it affords skilled health professionals to detect and treat postpartum problems and potential complications that may threaten her survival and that of her child [2].

Bulk of global maternal mortality is from developing countries. It has been estimated that 59,000 maternal deaths occur annually in Nigeria; this constitutes 10 percent of the world's maternal deaths, even though the country only accounts for 2% of global population [7]. It therefore calls for a more critical look at ways of stemming the tide and, improving postnatal care may add up to these efforts.

Available data on postnatal clinic attendance in Nigeria are largely from demographic surveys which showed low postnatal clinic attendance [8, 9]. However, not many individual health institutions in the country have provided information on the percentage of parturients under their care that returned for postnatal check. Looking into this gives opportunity for appraisal of how well an institution is doing in provision of complete maternal healthcare service and also this can act as avenue to challenge other institutions in our

environment to equally examine how they are faring too.

Even though demographic data showed a generally low level of postnatal clinic attendance, differences in the experience of individual health institution is likely. More so, it may be important to know if status quo of low postnatal clinic attendance as reported in the demographic survey still exists or whether the situation is changing.

Thus, this study aims to look at the current prevalence of return for postnatal clinic in a tertiary health institution in South-western Nigeria while comparing it with what was the prevailing situation in the zone during the last demographic health survey- NDHS 2008. Our findings may present a pedestal for further recommendations or consolidation of efforts made so far.

MATERIALS AND METHODS

This observational study was conducted at Ekiti State University Teaching Hospital, Ado-Ekiti, Nigeria. The hospital is located at the capital city of Ekiti State, Nigeria and serves as tertiary referral centre for secondary and primary tiers of hospitals within the state. Ethics approval was obtained from the hospital's Ethics Committee.

Obstetric record of women who delivered in the hospital from July 2010 to June 2012 and were scheduled to attend Postnatal Clinic was obtained from the Medical Records Department. The list was cross checked with the postnatal clinic record to know patients who kept their appointment by attending the clinic.

A frequency table was generated and data were analyzed using SPSS version 16.0 (SPSS, Chicago, IL, USA)

RESULTS

In the first one year under consideration, July 2010 to June 2011, 1267 women delivered in the hospital out of which 264 women honored their postnatal clinic appointment, representing 20.8% of the parturients [Table 1]. During this period, highest return for postnatal check was 50%, which was recorded in women who delivered in September, 2010. The least recorded return for postnatal clinic was in the month of August 2010 where 9 women delivered in the hospital and only one (11.1%) returned for postnatal clinic. Strike by the health workers was responsible for the drop in number of deliveries at this time.

In the next one year period spanning from July 2011 - June 2012, 1651 women delivered in the hospital while 759 (46.0%) returned for postnatal clinic [Table 2]. A closer look at postnatal clinic attendance month by month during this time shows that less than half of the parturients came back except for those that delivered in the months of February, March, May and June 2012.

In summation, during the two year period from July 2010 – June 2012, out of 2918 women who delivered in the hospital, 1023 (35.1%) came back for postnatal clinic.

Table 1: Numbers of deliveries and Postnatal Clinic attendance from July, 2010 – June 2011.

Month & Year	Number of deliveries	Number that attended PNC	%
Jul., 2010	100	21	21.0
Aug., 2010	9	1	11.1
Sept., 2010	22	11	50.0
Oct., 2010	96	20	20.8
Nov., 2010	109	16	14.6
Dec., 2010	116	24	20.6
Jan., 2011	108	30	27.8
Feb., 2011	126	33	26.2
Mar., 2011	118	27	22.9
Apr., 2011	141	16	11.3
May, 2011	166	44	26.5
Jun., 2011	156	21	13.5
Total	1,267	264	20.8

Table 2: Numbers of deliveries and Postnatal Clinic attendance from July, 2011 – June 2012.

Month & Year	Number of deliveries	Number that attended PNC	%
Jul., 2011	101	21	20.8
Aug., 2011	133	39	29.3
Sep., 2011	127	20	15.7
Oct., 2011	127	44	34.6
Nov., 2011	136	45	33.1
Dec., 2011	124	32	25.8
Jan., 2012	102	36	35.3
Feb., 2012	134	85	63.4
Mar., 2012	141	105	74.5
Apr., 2012	170	80	47.1
May, 2012	183	132	72.1
Jun., 2012	173	120	69.3
Total	1,651	759	46.0

DISCUSSION

Outcome of this study reflects a low return for postnatal check among patients who delivered in a tertiary institution in Southwestern Nigeria over the two years under review (July 2010 - June 2012), with only 35.1% of the parturients coming back for postnatal clinic. It indicates that there is still no significant departure from what was observed for the region as at 2008 demographic health survey. In the 2008 survey, 28.7% of women in Southwest Nigeria reported postnatal clinic attendance [9].

Even though the Southwest was applauded to have highest respondents who returned for postnatal check compared to a 15% utilization in the North during that survey [9], the said prevalence can still be regarded as unacceptably low. Four years after the NDHS 2008, evidence from this study reflects that situation has not reasonably improved.

A review of literature showed efforts that have been deployed to understand the factors that influence decision to seek postnatal care based on data from different Nigerian surveys. In the work by *Babalola and Fatusi* [7], they looked at individual, household and community factors that might influence use of postnatal care based on 2005 National HIV/AIDS and Reproductive Health Survey (NARHS). It was identified that education is the only consistent individual factor that influences use of postnatal care. At household level, socio-economic status was identified while urban residence and media information were strong community-level predictors of use of postnatal care [7]. Recommendations were made based on these findings with the aim of improving postnatal attendance.

Regional factors that might influence

use of postnatal care in Nigeria were explored by *Adamu* based on NDHS 2008 [2]. Notably she isolated that aside educational status, family income and urban residence which were constant predictors of use of postnatal care across all regions in the country; mother's age and religion have additional impact in the South. Targeted interventions based on these factors were equally recommended.

Considering the identified factors that influence postnatal attendance, not all are modifiable. For example, a particular religion cannot be promoted in other to enhance postnatal clinic attendance nor the mother's age modified. However, modifiable issues like education (especially girl child education) and socioeconomic status should be aggressively worked on to improve postnatal clinic attendance and invariably reduce maternal mortality.

Aside above mentioned factors, it may be important to consider health-provider factors that might improve attendance of postnatal clinic. Since all patients in this study had hospital delivery and just a third returned for postnatal check, it will be good to focus attention on quality of healthcare and support given to the patients during delivery as it may play a role in encouraging or discouraging them from seeking further care after delivery.

Negative experiences like lack of companionship during labor, beating by midwives, being shouted at, etc are likely to discourage mothers from returning to the hospital.

Timing of postnatal visit should also be considered. Though currently there is no consensus on optimal time to schedule postnatal visit, early appointment during the first week of delivery may be more beneficial and may

improve postnatal clinic attendance [10]. Studies have shown that sexual intercourse is usually resumed by the majority of postnatal women before the sixth week appointment with 1% resuming regular intercourse by the first week, 43% by the fourth week and 60% by the sixth week [11, 12]. Thus, when the women are seen early appropriate contraceptive counseling can be done.

Content of our postnatal care should be looked into too. Incorporation of child immunization services into the postnatal clinic should be promoted. Although this is the ideal, it is not the general practice in our environment. Immunization services are not available in most health facilities owing to refrigeration problems. So, mothers shop from one place to another to be able to get immunization for their children. Inadvertently, they may abandon postnatal care.

More effort should be devoted to reinforce the importance of postnatal clinic after delivery. Reminder system especially through use of bulk SMS can now be practiced in our environment. And, this is worth exploring.

We recommend further studies from other health institutions on return for postnatal check.

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