



ANTENATAL CARE

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Midwives' knowledge and practice of Focused Antenatal Care in selected health facilities in Ilorin, Kwara State

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Abstract

Background: Focused antenatal care (FANC) is an evidence-based, client-centred, goal-directed care provided by skilled health providers with emphasis on quality rather than frequency of visits to a woman during

pregnancy.

Objective: The main objective of this study was to assess midwives' knowledge and practice of focused antenatal care in selected health care facilities in Ilorin.

Methods: A descriptive cross-sectional survey



design was adopted for this study and purposive sampling technique was used to select a sample of 102 respondents for the study. A pre-tested structured questionnaire was utilized for data collection. Descriptive (frequencies and percentages) and inferential (Chi square) analysis was done using SPSS version 20.

Results: Results revealed that majority of the midwives had good knowledge and practice of

focused antenatal care. A significant relationship exists between knowledge and practice of focused antenatal care with ($X^2=25.59$; $p\text{-value}=0.000<0.05$). It is recommended that periodic training of midwives on focused antenatal care should be implemented stressing its importance in the prevention of maternal and neonatal mortality.

Keywords: Knowledge, practice, focus antenatal care, pregnancy, midwives



Introduction

The consequences of failing to provide maternal and child care are clearly seen in the disturbing statistics of maternal and neonatal morbidity and mortality of developing nations. Globally, there has been a tremendous decline in Maternal Mortality Rate (MMR) (WHO/USAID/MCHIP, 2015). Despite this decline, Maternal and neonatal mortality still remains disturbingly high in Sub-Saharan Africa (Hogan, Foreman, Naghavi, Ahn,

& Wang, et al, 2010; WHO 2013; Amosu, Degun, Thomas, Olanrewaju, Babalola, Omeonu, et. al, 2011). In - sub Saharan Africa, MMR was estimated to be 500 per 100,000 live births in 2010; while the infant mortality rate was 35 per 1000 live birth (UNICEF/WHO, 2010; WHO/USAID/ MCHIP, 2015; Andergie & Abebe, 2018). These morbidities and mortalities especially during pregnancy, labour and puerperium remain a major issue of public health concern demanding immediate strategies and interventions that prioritize maternal and infant health (Andergie & Abebe, 2018)). One of the strategies aimed at addressing this maternal

mortality in developing countries is the implementation of Focused Antenatal care (FANC), which is an evidenced-based, client-centred, goal-directed care provided to pregnant women by skilled health providers with emphasis on quality rather than frequency of visits to the health care facilities (Onwudiegwu, 2012; Banda, 2013). Amosu et al. (2011), however, stated that the effect of antenatal care on maternal mortality is unclear, but there is broad agreement that antenatal care interventions can lead to improved maternal and newborn health. The World Health Organization (2005) endorsed the recommendation of the



care A significant difference between knowledge and antenatal care with ($X^2=0.000<0.05$). It is important to have periodic training of antenatal care should be given to emphasize its importance in the reduction of neonatal mortality.

quality in developing countries is the implementation of Focused Antenatal Care (FANC), which is an evidenced-based, client-centred, goal-directed care provided to pregnant women by skilled health providers with emphasis on quality rather than frequency of visits to

schedule to deliver antenatal services in four focused visits, one within the first trimester and three after quickening. Each Focused Antenatal care visit includes interventions that are appropriate to the woman's stage of pregnancy and addresses her overall health and preparation for birth as well as care of the new born. These goal-directed interventions are important because pregnancy is one of the most important periods in the life of a woman, a family and the society at large (Amosu, et al., 2011). The FANC approach accepts the view that every pregnant woman is at risk of complication and that all

approach to antenatal services increases the likelihood that a skilled healthcare provider will be present at birth (Igbokwe, 2004). Essential interventions in FANC include identification and management of obstetric complications such as preeclampsia, tetanus toxoid immunization, intermittent preventive treatment for malaria during pregnancy (IPTp), and identification and management of infections including HIV, syphilis and other sexually transmitted infections (STIs).

In traditional antenatal care, visits were often irregular with long waiting time, little

their chances of complications. The level of care disregards these categories and focuses on an updated approach to antenatal care over number of visits.

Despite the benefits associated with FANC, studies have documented poor practice of FANC among health care providers (Conrad, Schmid, Tientrebeogo, Moses, Kirenga, et al., 2012; Amosu, et al. 2011; Mathole, Lindmark, Majoko, & Ahlberg, 2004). Furthermore, in Kwara State, anecdotal reports have shown poor knowledge and practice of focused antenatal



among midwives in healthcare facilities in Ilorin, Kwara State. Three specific objectives and two hypotheses guided the study. The objectives were, to assess knowledge of midwives about focused antenatal care in the selected health facilities; assess the practice of FANC among midwives; and examine the factors influencing practice of focused antenatal care by midwives in the selected health facilities. The hypotheses tested the significance of the relationship between rank of respondents and their

knowledge of focused antenatal care and the significance of relationship between knowledge and practice of focused antenatal care.

Materials and Methods

Descriptive crosssectional survey was adopted for this study. The study was carried out in three selected hospitals, namely: University of Ilorin Teaching Hospital (UITH) Ilorin, Sobi Specialist Hospital, and Okelele Health Centre, all in Kwara State, Nigeria. These hospitals were purposively selected

because they offer comprehensive antenatal and post-natal services to pregnant women within Kwara State and its environs. They also have high patronage of clients since the government subsidizes the cost of care received in these hospitals. Purposive sampling technique was used to select 102 midwives who are working in maternity ward and were willing to participate in the study from the three hospitals. Table I shows the total number of midwives selected for the study from the three selected hospitals at the time of study.

Table 1: Proportion of respondents from the selected health facilities

Hospital	Total number of Midwives	Total number of midwives selected for the study
University of Ilorin Teaching Hospital	150	72
Sobi Specialist Hospital	50	23
Okelele Health Centre	15	7
Total	215	102

Instrument for data collection

The instrument for data collection was questionnaire that was developed by the

researcher to suit the purpose of the study. The reliability of the instrument was established by exposing the structured questionnaire to a

pilot study group of 20 midwives randomly selected in General Hospital, Ilorin, Kwara State. The instrument was subjected to Split half



reliability test using Pearson Product Moment Correlation co-efficient. A score of 0.88 was obtained which was considered reliable. Informed consent of the respondents was obtained and information provided by the respondents was treated with confidentiality, and respondents' anonymity was maintained.

Data analysis

The data collected were analysed descriptively and inferentially using Statistical Package for Social Sciences (SPSS) version 21.

Results

Socio demographic profile

More than half (57.8%) of the respondents are Muslim, 75 (73.5%) were between 30 and 39 years of age while 4 (3.9%) were 50 years and above. Majority of the respondents 80 (78.4%) were married while 11 (10.8%) were single. Most of the respondents 84 (82.4%) were Yoruba; which is due to the fact that the setting for the study is a Yoruba dominated area. Majority 82 (80.4%) of them were registered nurses with post basic qualifications, while 8 (7.8%) had Bachelor of Nursing Science.; 44

(43.1%) were Senior Nursing Officers, and 55 (53.9%) had 1 to 5 years of working experience while only 8 (7.8%) had up to 16 to 20 years working experience.

Table 2 shows that majority 94 (92.2%) of the respondents have been trained in reproductive and child health activities, where majority affirmed that they acquired knowledge on FANC (n = 94, 92.2%); how to use focused antenatal guidelines (n = 75; 73.5%); and early detection and treatment of problems and complications (n=76; 74.5%).

FOCUSED ANTENATAL CARE

Is an approach to ANC that emphasizes:

- Evidence-based, goal-directed actions
- Family-centered care
- Quality, rather than Quantity of visits
- Care by skilled providers



Table 2: Knowledge about FANC (n = 102)

Variables	Response	Frequency	Percent
Have you been trained in reproductive and child health activities?	Yes	94	92.2
	No	8	7.8
Have you ever been trained in Focused Antenatal care?	Yes	94	92.2
	No	8	7.8
If yes, what knowledge did you gain during the training? Please tick all applicable areas:			
How to use focused antenatal guideline	Yes	75	73.5
	No	19	18.6
	No response	8	7.8
Early detection and treatment of problems and complications	Yes	76	74.5
	No	18	17.6
	No response	8	7.8
Principles of underlying FANC	Yes	57	55.9
	No	37	36.3
	No response	8	7.8
Individualized birth preparedness (IBP) and complications readiness	Yes	72	70.6
	No	22	21.6
	Missing System	8	7.8
Intermittent prevention and treatment of malaria (IPT)	Yes	64	62.7
	No	30	29.4
	Missing System	8	7.8
Health promotion and disease prevention during pregnancy	Yes	64	62.7
	No	30	29.4
	No response	8	7.8
How many goals in focused antenatal care?	3	7	6.9
	4	46	45.1
	5	25	24.5
	6	12	11.8
	No response	12	11.8
How many visits in focused antenatal care?	2	12	11.8
	3	8	7.8
	4	62	60.8
	5	8	7.8
	No response	12	11.8
Focused antenatal care emphasizes quality of care rather than quantity of used	True	82	80.4
	False	4	3.9
	No response	16	15.7
FANC deals with each woman's specific need	True	79	77.5
	False	23	22.5

Table 3 shows that most 48 (41.2%) agreed to utilizing focused antenatal care by explaining process of pregnancy and its complication to pregnant

women, 52 (51.0%) strongly agreed to compulsory four visits by pregnant woman to the facility, 55 (53.9%) also strongly agree to HIV

Testing and Counseling (HTC), 57 (55.9%) strongly agreed to individualized health education on nutrition and breast feeding, 67 (65.7%)



strongly agreed to health Promotion and Disease Prevention, 53 (52.0%) strongly agreed to detection and Treatment of Existing Diseases and Conditions,

64 (62.7%) strongly agreed to Presumptive Malaria treatment with SP, 64 (62.7%) strongly agreed to early Detection of risk and Management of

Complications while majority 48 (47.1%) also strongly agreed to birth Preparedness and Complication Readiness.

Table 3: Practice of Focused Antenatal Care (n=102)

Variable	Response	Frequency	Percent
Explaining process of pregnancy and its complication to pregnant women	Strongly agree	42	41.2
	Agree	48	47.1
	Undecided	12	11.8
Compulsory four visits by pregnant woman to the facility	Strongly agree	52	51.0
	Agree	34	33.3
	Disagree	4	3.9
	Undecided	12	11.8
HIV Testing and Counselling (HTC)	Strongly agree	55	53.9
	Agree	24	23.5
	Undecided	23	22.5
Individualized health education on nutrition and breast feeding	Strongly agree	57	55.9
	Agree	22	21.6
	Undecided	23	22.5
Health Promotion and Disease Prevention	Strongly agree	67	65.7
	Agree	15	14.7
	Undecided	20	19.6
Detection and Treatment of Existing Diseases and Conditions	Strongly agree	53	52.0
	Agree	33	32.4
	Undecided	16	15.7
Presumptive Malaria treatment with SP	Strongly agree	64	62.7
	Agree	18	17.6
	Disagree	4	3.9
	Undecided	16	15.7
Early Detection of risk and Management of Complications	Strongly agree	64	62.7
	Agree	22	21.6
	Undecided	16	15.7
Birth Preparedness and Complication Readiness	Strongly agree	48	47.1
	Agree	38	37.3
	Undecided	16	15.7

Table 4 shows that the majority of the respondents 'agreed' or 'strongly agreed' that factors that influences the practice of FANC are:

insufficient equipment and supplies (84.3%), poor access of communication (88.3%), lack of essential drugs (68.6%), inadequate

rooms to provide focused antenatal services (77.4%) and No guidelines and checklist for provision of focused antenatal care



(75.5%)

Table 5 shows results for the hypothesis testing. No

significant relationship was found between rank of respondents and their knowledge about focused

antenatal care with p-value (0.086) greater than the standard p-value (0.05).

Table 4: Practice of Focused antenatal care (n = 102)

Variables	Response	Frequency	Percent
Insufficient Equipment and supplies	Strongly agree	35	34.3
	Agree	51	50.0
	Disagree	16	15.7
No guidelines and checklist for provision of focused antenatal care	Strongly agree	27	26.5
	Agree	50	49.0
	Disagree	25	24.5
Poor access to communication	Strongly agree	43	42.2
	Agree	47	46.1
	Undecided	12	11.8
Shortage of professional staff	Strongly agree	26	25.5
	Agree	26	25.5
	Disagree	31	30.4
	Strongly disagree	3	2.9
	Undecided	16	15.7
Lack of essential drugs	Strongly agree	18	17.6
	Agree	52	51.0
	Disagree	13	12.7
	Strongly disagree	7	6.9
	Undecided	12	11.8
Inadequate rooms to provide focused antenatal services	Strongly agree	18	17.6
	Agree	61	59.8
	Disagree	4	3.9
	Strongly disagree	4	3.9
	Undecided	15	14.7

Table 5: Chi-square test showing significant relationship between Rank of respondents and their knowledge about focused antenatal care

Variables	Knowledge of focused antenatal		Total	Pearson Chi-square X^2	P-value	Df	Conclusion
	High	Low					
Practice of focused antenatal	Yes	69	12	25.59	0.000	2	Significant. H_0 rejected
	No	14	7				
Total		83	19				

Table 6 shows a significant relationship between knowledge of respondents and their practice of focused antenatal care with p-value (0.000) lesser than the standard p value (0.05), hence



the null hypothesis which stated was rejected.

Table 6: Chi-square test showing significant relationship between Rank of respondents and their knowledge about focused antenatal care

Variables	Response	Knowledge of focused antenatal		Total	Pearson Chi-square X^2	P-value	Df	Conclusion
		High	Low					
Rank	No response	7	0	7	11.08	0.086	6	Not significant H_0 accepted
	NO	15	3	18				
	NS	3	0	3				
	PNO	15	0	15				
	PNS	4	0	4				
	SNO	7	4	11				
	SNS	32	12	44				
Total		83	19	102				

Discussion of findings

Knowledge about FANC

The findings revealed that majority of the respondents had adequate knowledge of FANC as well as benefits of FANC; since more than 90% of the respondents had been trained on FANC and majority knew about the principles and components of focused antenatal care such as early detection and treatment of problems and complications, individualized birth preparedness (IBP) and complications readiness, health promotion, intermittent prevention and treatment of malaria (IPT) and disease prevention during pregnancy.

Furthermore, most of the respondents knew that focused antenatal care deals with each woman's specific needs with emphasizes on quality of care rather than quantity of visit during antenatal period. a minimum number of 4visits was mentioned by the majority of respondent. This implies good knowledge of Focus ed Antenatal care among respondents. This finding of this study corroborateshe study carried out by Banda, (2013) on knowledge and practice of health workers on FANC in Malawi where 94% of the participant were trained in FANC and had good knowledge of FANC. In a similar study carried out

by Abdurrahman & Faruk, (2015) it was observed that majority of the skilled healthcare providers were aware of Focused Antenatal care and had good knowledge of focused antenatal care. However, this finding of this study is in contrast with the study carried out in South-West Zone of Nigeria by Amosu et al (2011) where majority of the respondents were not aware of focused antenatal care.

Practice of Focused Antenatal Care

With respect topractice of FANC, most of the respondents said that they follow all recommended FANC package, such as



explaining process of pregnancy and its complication to pregnant women, providing HIV testing and counselling (HTC), individualized health education on nutrition and breast feeding, ensuring health promotion and disease Prevention, providing presumptive malaria treatment with SP. as well as birth Preparedness and complication Readiness. Furthermore, most the respondents claimed that they ensure compulsory four visits by pregnant woman. The results from this study showed that majority of the midwives practiced focused antenatal care which support previous studies conducted in Malawi and Ghana where the respondents had good practices of FANC (Banda, 2013; Nyarko & Birungi, 2006). However, the results from this study are in contrast to the study conducted by Amosu et al, (2011) where focused antenatal care package was not practiced by respondents in their facilities.

Factors Influencing Practice of FANC

The major factors influencing practice of FANC identified by respondents in this study were: insufficient equipment and supplies, poor access to communication and information, lack of essential drugs, inadequate rooms to provide focused antenatal services and no guidelines and checklist for provision of focused antenatal care This finding was inconsistent with that of previous study conducted by Amosu, et al, (2011) where ignorance, non-enforcement of focused antenatal care by the healthcare facility, and lack of policy concerning its practice were the major factors identified by the respondents.

Implication to Nursing Practice

Nurses form the centre of health care and are the closest health workers to the patients. They are in the best position to enlighten and give appropriate education and counselling to clients on matters that affect their

health such as the one discussed in this study. Adequate focused antenatal care to the pregnant women as opposed to the traditional antenatal care is essential in preventing complications and death attributable to pregnancy and birth. Findings from this study will contribute to the knowledge about FANC among nurses and midwives, and enhance their health education and counselling skills. They will also afford professional nurses the opportunity to modify their intervention strategies toward addressing the factors in order to facilitate the utilization of FANC in the 3 selected hospitals.

Conclusion

A large number of the respondents had good knowledge and practice of focused antenatal care, although some of the respondents still had poor knowledge and practice FANC. Maternal mortality rate in the world especially in Sub-Saharan Africa remained high albeit strategies and interventions



that prioritize maternal health (WHO 2012). One of the strategies aimed at addressing this maternal mortality in developing countries is the implementation of Focused Antenatal care (FANC) throughout pregnancy.

It is recommended that healthcare facilities should continually create awareness and ensure skill acquisition on practice of FANC through periodic training of midwives and other health workers on focused antenatal care, stressing its importance in the prevention of maternal and neonatal mortality rate. Emphasis on multi-disciplinary approach in the management of pregnancy from conception to birth is recommended, as well as planning and implementation of policies aimed at improving general masses' health conditions to reduce complications related to pregnancy. More researches should be carried out on addressing the factors hindering the practice of focused antenatal care, especially in primary healthcare settings.

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