

ARE PREGNANT WOMEN ACTUALLY SEEKING ANTENATAL CARE

INTRODUCTION

WHO recommends a minimum of 4 antenatal (ANC) visits during a normal pregnancy for a healthy woman. These visits help identify and manage obstetric complications such as preeclampsia, anemia, tetanus etc. by providing an opportunity for tetanus toxoid immunization, blood measure pressure and perform routine examination for fetal health etc¹. Many experts – using national survey data - feel that nearly half the women in Pakistan have at least 3 ANC visits and 80% seek 1 or more². However it is puzzling that if so many women seek ANC, then why do so few of them deliver with trained providers (39%) and why are maternal and neonatal mortality so high. We propose some insights into this paradox.

METHODS

Research and Development Solutions recently conducted a study for RSPN³ in Dadu, Sindh, to study pre-, during and post-delivery pregnancy healthcare seeking practices. This brief presents important findings regarding the number of times a pregnant woman went to see health providers during their pregnancy, reasons for this health seeking and the perceived severity of health problems. The study targeted married women who had given birth to a child less than a year ago.

RESULTS

Women reported 5+ ANC visits on average while 68% of these reported four or more ANC visits during their last pregnancy.

TABLE 1: NUMBER OF VISITS TO A HEALTH PROVIDER DURING LAST PREGNANCY (N=196)

Mean ± Std. deviation	5.20±2.70
Minimum	1
Maximum	16
Less than 4 visits	32%
4 or more visits	68%

However, most of these visits for were for medical reasons such as vomiting, headaches or back pains etc. and only 2-4% reported that their visits were for “checkup”. Less than forty percent reported a visual exam for anemia, blood pressure was checked for 7-13% of the women and fetal growth monitoring was not reported at all. A vaginal examination was conducted for 66-74% of the women. For more than half the women, the provider whom they saw for these visits was not who eventually conducted the delivery.

¹<http://www.who.int/pmnch/media/publications/africanewborns/en/index.html>

² Pakistan Demographic and Health Survey 2006-7

³ Study funded by RAF

RECOMMENDATIONS

- Policy makers must consider the fact that although survey data show many health visits during pregnancy, few are truly preventive ANC visits
- Women don't use the same providers they saw for healthcare during their deliveries and therefore don't form relationships that can be crucial if complications arise during labor and delivery
- Given the high maternal and neonatal mortality in Pakistan, strategies must be re-considered to engage women in preventive ANC visits and to help form their relationships with health providers who will eventual help them during their deliveries.

DISCUSSION

In Pakistan, care seeking is very common and on average people visit a health provider once every 3 months (PSLM 2008-9), often for minor symptoms. The 5 visits during

TABLE 2: REASONS FOR THE VISIT DURING THE PREGNANCY AND SEVERITY OF THE PROBLEM

	% of total women	% who perceived the problem as severe
Vomiting	65	63
Severe lower back pain	64	62
severe headache	54	65
Anemia	49	68
Shortness of breath	32	68
Swelling of face	15	80
High blood pressure	13	68
jaundice	7	93
Heavy menstrual	5	100
Fits and convulsions	1	100

pregnancy in our study are only slightly more than the 3 visits that would be expected from PSLM data. Additionally, most visits in our study were for medical care rather than typical preventive actions that should happen during an antenatal visit, suggesting that these visits to health providers during the pregnancy were more of a continuation of normal healthcare seeking behavior rather than specific antenatal care.

Interestingly, the vast majority of perceived “problems” that prompted health visits reported were common pregnancy related signs and symptoms such as vomiting, lower back pain, headache etc. More significantly potentially harmful problems like facial swelling, anemia, shortness of breath, hypertension, jaundice etc. were relatively uncommon.

These findings suggest that most visits that are reported as ANC are actually routine medical care visits and do not confer the preventive benefits that are anticipated from ANC. Thus it is likely that relatively high number of ANC visits reported in PDHS and other survey may also be misleading although the findings from our study cannot readily be generalized to mean that this findings can apply elsewhere in Pakistan. For this similar studies are needed in other locations. These findings should prompt some re-thinking from policy and program makers about how best to attract women to ANC visits where preventive actions such measurement of blood pressure, anemia, fetal monitoring etc can happen. Additionally, more should be done to prompt a closer professional relationships between pregnant women and their health providers so that when or if complications arise during labor or delivery – many of which are unpredictable – there is a level of understanding between the provider, the woman and her family.

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