

Gap in uptake of antenatal care and skilled attendance at birth

The challenge: little ANC and very few SBAs at birth

Increasing the number of births assisted by SBAs is an important factor in reducing maternal deaths as most deaths occur around the time of delivery. ANC provides the opportunity to make initial contact with health workers, detect and manage problems in pregnancy and promote a safe birth¹. In sub-Saharan Africa, women with four ANC visits are over seven times more likely than those with no antenatal care to deliver at a health facility².

In Nigeria, use of ANC by pregnant women is 61% on average: however, women in North-Western Nigeria have the lowest ANC attendance in the country at 41% (Fig 1). The figures for skilled attendance at delivery are significantly lower, at 38% on average and a mere 12% for the North West zone³.

1. Abou-Zahr CL, Wardlaw TM: Antenatal care in developing countries: promises, achievements, and missed opportunities: an analysis of trends, levels and differentials, 1990-2001 Geneva: WHO; 2003.

2. Guliani H, Sepehri A, Serieux J: What impact does contact with the prenatal care system have on women's use of facility delivery? Evidence from low-income countries. *Soc Sci Med* 2012, 74(12):1882-1890.

3. National Population Commission (NPC) [Nigeria] and ICF Macro: Nigeria Demographic and Health Survey 2013, Preliminary Results. Abuja, Nigeria: National Population Commission and ICF Macro. 2013

Key messages: Targeted strategies are helping to improve the gap between receiving antenatal care and the presence of a skilled birth attendant at birth.

- 1 Antenatal care provides an important opportunity to encourage a safe delivery with a skilled birth attendant, but in Northern Nigeria, only 41% of pregnant women have any ANC and as few as 12% deliver with the assistance of an SBA.
- 2 Despite PRRINN-MNCH's achievement in increasing both ANC and deliveries with SBAs, the gap between ANC and delivery with an SBA is only narrowing very slowly.
- 3 Targeted strategies to address the key barriers to SBA use at delivery can help to accelerate progress.

The response: improve ANC and boost SBAs in rural areas

To increase the low use of skilled maternal health care, the government of Nigeria launched two important initiatives:

The Focused Antenatal Care (FANC) model promoted by the World Health Organisation (WHO), to improve the quality of ANC and promote goal-oriented and women-centred care by skilled providers.

The Midwifery Service Scheme (MSS) to address the SBA shortage in rural areas.

Since 2008, PRRINN-MNCH has supported the government's efforts in four northern Nigerian states: Jigawa, Katsina, Yobe and Zamfara. PRRINN-MNCH developed an integrated training manual on FANC, Postnatal care (PNC) and Family Planning (FP) in 2011 and conducted capacity building activities on emergency obstetric care and interpersonal communication, as well

as counselling training for SBAs. Job aids, protocols and guidelines on ANC and delivery care were also developed for all supported facilities.

The results: still not enough deliveries by SBAs

The support for SBAs resulted in a significant increase in ANC and deliveries conducted by SBAs in all targeted facilities, although delivery rates remain much lower than ANC rates (Fig 2).

Reducing the gap

Baseline and endline household surveys by PRRINN-MCNH confirm the increasing trend of ANC and deliveries by an SBA, and show early indications that the gap between them is narrowing. In Yobe and Zamfara states, only about one third of women who had ANC also had a delivery assisted by an SBA at baseline, whereas at endline, almost half did so in Yobe and well over half in Zamfara.



Fig 1: Use of ANC and SBA by region

The most pronounced gap between overall ANC and attendance by SBAs is in Northern Nigeria.

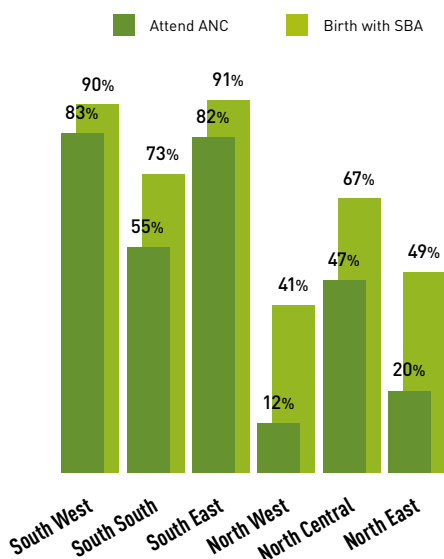
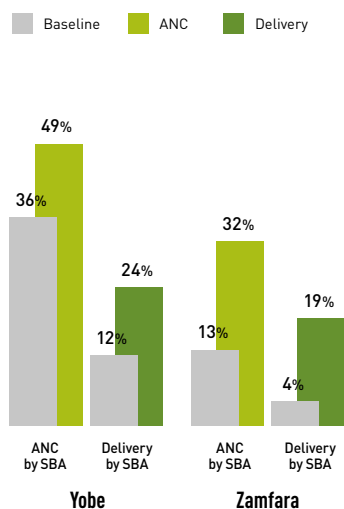


Fig 3: ANC and delivery conducted by SBA

The gap between ANC and SBA attendance at birth has narrowed, but only slightly.



Policy implications

- Continue improving the quality of ANC to encourage more deliveries with SBAs
- Complement quality of care improvements with initiatives to improve the availability of equipment and drugs
- Consider alternative health financing measures to attract clients to health facilities and cut their costs
- Increase involvement of men and obtain their support for SBAs

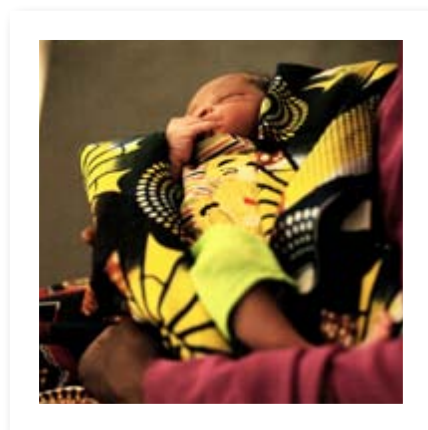
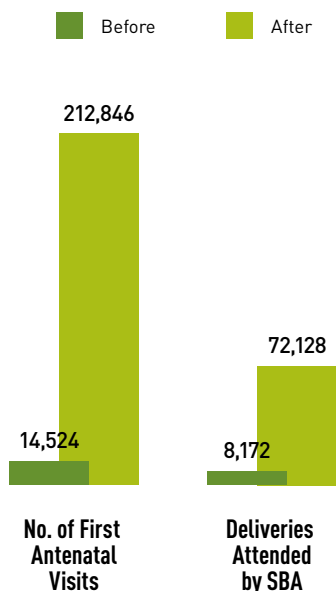


Fig 2: Increasing access to MNCH services in PRRINN-MNCH targeted states

ANC and attendance at birth by SBAs have both increased significantly.



Factors affecting SBA use

The following factors were found to be important in influencing SBA use:

Barriers:

- Not enough skilled birth attendants
- Lack of equipment and supplies
- Poverty

Enablers:

- Availability of staff
- Husband's approval
- Affordable service

Conclusion

Improving delivery rates assisted by SBAs is particularly challenging and requires much more than simply enhancing the skills of healthcare providers. Nevertheless, there are many areas where health managers and providers can make a difference.

Women are more likely to use health facilities where there is wider availability of skilled personnel working in an enabling environment and with interventions to remove user fees.



The PRRINN-MNCH programme works with federal, state and local governments and local communities to improve the quality and availability of maternal, newborn and child health services.

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Partnership for Reviving Routine Immunisation in Northern Nigeria; Maternal Newborn and Child Health Initiative



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