# Reducing the gap between uptake

## of antenatal care and skilled attendance at birth

### The challenge: little ANC and very few SBAs at birth

There is little evidence that antenatal care prevents maternal mortality[1-3] but its potential to reduce maternal morbidity and improve newborn survival and health has been widely acknowledged[4]. Antenatal care also provides an excellent platform to reach pregnant women with prophylactic medication, vaccinations, diagnosis and treatment of infectious diseases, as well as with health education programs[5].

Evidence-based antenatal interventions include: provision of malaria prophylaxis, anti-tetanus vaccination, prevention of mother-to-child transmission of HIV (PMTCT) and serological screening for syphilis[6,7].

***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. In Northern Nigeria, only 41% of pregnant women have any antenatal care (ANC) and as few as 12% deliver with the assistance of a skilled birth attendant (SBA).
2. Births with SBAs are safer, and efforts by PRRINN-MNCH to increase these numbers have been extremely successful with a 14-fold increase in annual ANC numbers and an almost nine-fold increase in deliveries with SBAs between 2008 and 2013.
3. Household surveys show the gap between ANC and delivery with an SBA is narrowing, albeit slowly.
4. Targeted strategies to address barriers to SBA use can accelerate progress and improve the quality of ANC by ensuring necessary equipment and drugs are in place, reducing the cost to families and obtaining support from men in the community.

The antenatal period also presents a good opportunity to give advice on complications of pregnancy, danger signs, how to seek medical care and emergency preparedness. These areas of advice form key strategies to reduce delay in seeking skilled care should complications arise[1,8]. Furthermore, ANC offers the chance to promote the use of skilled attendance at birth and healthy behaviours such as breastfeeding, early postnatal care, and planning for optimal pregnancy spacing.

Increasing the number of births assisted by skilled birth attendants (SBAs) is an important factor in reducing maternal deaths. A clinically competent health care provider will be able to recognise, manage or refer complications when they arise during delivery. Evidence shows that women are more likely to give birth with an SBA if they have had at least one ANC visit. Studies in Asia and sub-Saharan Africa have found a positive association between the level of care obtained during ANC and skilled attendance at birth[9,10]. In sub-Saharan Africa, women having four ANC visits are over seven times more likely than those with no antenatal care to deliver at a health facility[10].

But the situation is different in Nigeria where there is a significant gap between the uptake of ANC and delivery with an SBA. Use of ANC by Nigerian women is 61%, with 86% of women in urban areas attending ANC compared with 47% of rural women. Use of ANC also varies by region with women in North-Western Nigeria having the lowest ANC attendance at 41% (Fig 1).

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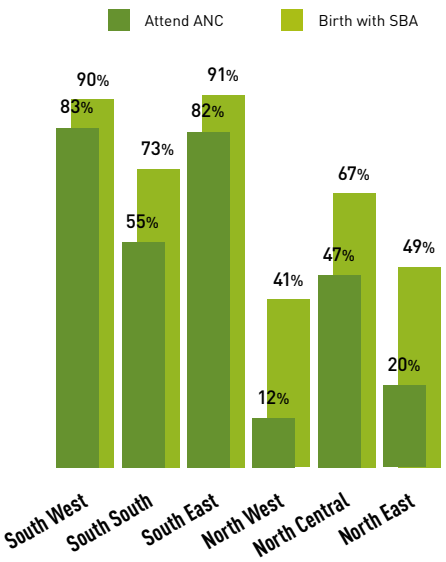
The figures for ANC, although low, are however significantly better than those for skilled attendance at delivery with only 38% of women being assisted at birth by an SBA[11]. Again, this figure is much lower for Northern Nigeria at only 20% for the North East zone and 12% for the North West.

### Fig 1: Use of ANC and SBA by region

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

*Source: DHS 2013*




## The response: improve ANC and boost SBAs in rural areas

To increase the low use of skilled maternal health care, the government of Nigeria adopted the focused antenatal care (FANC) model promoted by the World Health Organisation (WHO) and launched the Midwifery Service Scheme (MSS) in 2009. The FANC model emphasises the importance of quality rather than quantity of antenatal visits and promotes goal-oriented and women-centred care by skilled providers.

Adoption of the FANC model led to the development of FANC training by the Federal Ministry of Health (FMoH) and reorientation of health care providers. The MSS programme, on the other hand, is meant to address the SBA shortage in rural areas.

Since 2008, PRRINN-MNCH has supported the government of Nigeria to improve maternal newborn and child health (MNCH) services in four northern Nigerian states: Jigawa, Katsina, Yobe and Zamfara. Three key outputs of the programme focus on improving human resource policies and practices in the primary health care (PHC) system; improving demand for routine immunisation (RI) and MNCH services and their delivery.

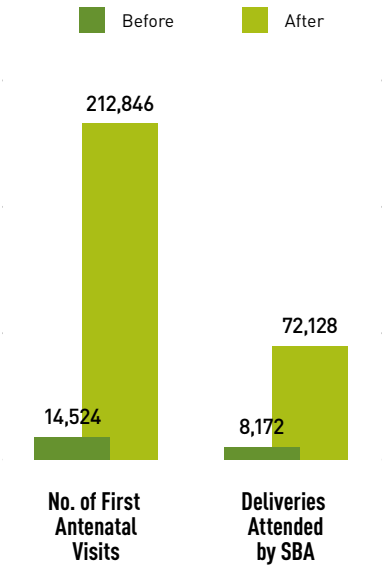
The PRRINN-MNCH programme developed an integrated training manual on FANC, postnatal care and family planning in 2011[12] which has been used to cascade training of health workers in three states (Katsina, Yobe and Zamfara)[13,14]. Various capacity building activities on emergency obstetric care, interpersonal communication and counselling skills were provided to SBAs. Job aids, protocols and guidelines on ANC and delivery care were also developed and distributed in all supported facilities.

## The results: still not enough deliveries by SBAs

Training in FANC has led to an increase in the capacity of health workers, and improvement in the quality and use of ANC in targeted facilities. A significant increase in deliveries conducted by SBAs has also been noted in all targeted facilities though the SBA figure is generally still low when compared with that of ANC (Fig 2).

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

Both ANC and attendance at birth by SBAs has increased significantly



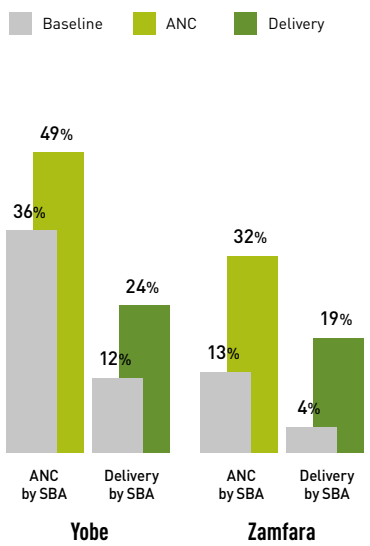

*Before: Baseline data 2008 After: Endline data 2013*

## Reducing the gap

In addition to collecting facility data, PRRINN-MCNH's household surveys confirmed that the percentages of women receiving ANC and being delivered by an SBA have both increased with early indications that the gap between ANC attendance and deliveries is narrowing. However it seems to be narrowing more in some states than others.

### Fig 3: Exploring the ANC versus SBA delivery gap – Yobe and Zamfara

The dropout rate between ANC and delivery by SBA reduced significantly




*Baseline – HHS data 2009 ANC – HHS data 2013*

*Delivery – HHS data 2013*

In Yobe state in 2009 36% of women attended ANC but only 12% were delivered by an SBA. Thus nearly two thirds 'dropped out'. However, in 2013, the number attending ANC had increased to 49% while nearly 24% were delivered by an SBA. Thus the 'dropout' rate had reduced to nearly 50% (from the two thirds or 66% previously).

Similarly, in Zamfara the gap had reduced from a 'dropout' of more than two thirds (13% to 4%) to a 'dropout' of approximately 40% (32% to 19%).

## Factors affecting SBA use

A study in rural Katsina[15] identified these predictors for SBA use:

- Maternal education
- Husband's occupation
- Presence of complication
- Previous place of delivery

Barriers:

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

Enablers:

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

## Policy implications

**Continue improving the quality** of ANC to encourage more deliveries with SBAs – this strategy is working.

**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 reduce their costs eg voucher schemes, health insurance, performance-based payments to health workers.

**Continue and expand demand-side activities** to increase involvement of men and obtain their support for health facilities and access to SBAs.

## Conclusion

Improving delivery rates assisted by SBAs requires much more than simply enhancing the skills of health care providers. While some factors lie outside the direct influence of the health sector (eg education levels of women), 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 effective interventions to remove user fees.

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PRRINN-MNCH

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

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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