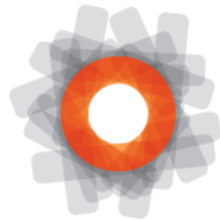


Antenatal Care: An Overview

Malaria in Pregnancy: A Solvable Problem

Bringing the maternal health and malaria communities together

Ana Langer



Maternal Health **Task Force**

ANC: a critical pillar of maternal and perinatal health

Universally recommended

- Prevent, alleviate or treat health problems with unfavorable outcomes of pregnancy
- Opportunity to provide women and partners contextually appropriate and medically sound advice
- Promote post-partum care, early exclusive breastfeeding and birth spacing
- Entry point to the health system

ANC: a critical pillar of maternal and perinatal health

Country	Women who gave birth in past 5 years who received antenatal care from a skilled provider (%)	Urban	Rural	Median Gestational Age at 1 st visit	DHS Year
Malawi	95	96	94	21-25 weeks	2010
Nigeria	58	84	46	20 weeks	2008
Senegal	93	99	90	16 weeks	2010
Burkina Faso	96	98	94	--	2010

Antenatal coverage indicator

- MDG tracking indicator for maternal, newborn and child survival, particularly MDG 5b
 - Example: *Countdown to 2015*; UN Commission on Information and Accountability for Women's and Children's Health
- Widely available (DHS, MICS, and HMIS)
- Number of ANC visits: perceived as an indication of strength of a country's health system

Limitations of ANC

Global coverage of ANC is a success story

- An average of 71% of women worldwide receive at least 1 visit

But,

- A single visit is not enough
- First visit often happens late in pregnancy
- Much smaller proportion of women get 4 or + visits
- Content of ANC: variable and often poor quality

High coverage does not necessarily translate into better maternal and perinatal health

“By some curious chance, antenatal care has escaped the critical assessment to which most screening procedures have been subjected”

—Archie Cochrane, 1972

Evaluation of ANC models

- “Best ANC practices” evaluated through randomized control trial
 - 4-6 visits
 - Only includes safe, simple, cost effective, evidence-based interventions
 - No increased risk of maternal or perinatal, complications, equal satisfaction, and more cost effective
- Focused Antenatal Care (FANC) Guidelines (WHO, 2006)

Source: Villar *et al*, Lancet, 2001

WHO FANC Model—Best Practice

- Are health systems complying with schedule of visits?
- But are providers complying with recommended best practices? If not, why?

Evaluating Providers' Compliance with Best Practices: Global Voices for Maternal Health Project

Aim: Collect perspectives of frontline healthcare workers on ANC

Methodology:

- Internet-based survey (**1,400** facility-based frontline providers; **99** countries; **963** facilities)
- **Respondents:**
 - Rated availability of interventions
 - Identified barriers to their implementation
 - Generated ideas to overcome implementation barriers

Use of Interventions in Africa

High

- Blood pressure measurement (99%)
- Provide iron/folic acid supplementation (95%)
- Instructions for labor and delivery (84%)

Limited

- Urine test for protein (69%)
- Recommendations for contraception (52%)
- Hemoglobin test (59%)
- Explain procedure for emergencies, and provide contact details (68%)

Barriers to implementation of evidence-based practices in Africa

- Inadequate content, dissemination or enforcement of clinical guidelines
- Lack of training or authorization to administer treatment or carry out a procedure
- Providers' personal preference for another treatment considered safer or more effective

Barriers to implementation of evidence-based practices in Africa

- Short hours for ANC care service delivery resulting in:
 - long waiting times for clients
 - short interactions with providers
- Understaffed clinics and absenteeism
- User fees and other financial barriers
- Quality of care-related factors:
 - Poor measurement
 - No consistent quality improvement implemented
- Stock outs

Are similar barriers affecting uptake of malaria interventions?

- Community level
- Facility level
- Program level
- Policy level

Opportunities

- Despite certain limitations, ANC coverage is mainstream among users and providers
- Lessons to be learned from integration of PMTCT and tetanus immunization in ANC
- Integration could simultaneously strengthen Malaria and ANC programs and ease burden on healthcare workers

ANC: invaluable tool for management of indirect causes of MMM

- Improving access to and quality of ANC: more essential than ever considering increase of indirect causes
- Efforts to improve malaria care will have a spill over effect on whole ANC
- Great benefits for mothers, newborns and children in malaria affected areas

Thank you!

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Photo by Kate Mitchell, 2009

