

Maternal Satisfaction Toward Antenatal Care provided in A primary Health Care Unit in Sohag

Submitted by

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List of Abbreviations

ANC	: Antenatal care
ANMs	: Auxiliary Nurse Midwife
BBP	: Basic benefits package
CAPMAS	: Central Agency for Public Mobilization and statistics
FHS	: Fetal Heart Sound
FHU	: Family health unit
GP	: General practitioner
HBs Ag	: Hepatitis B Surface Antigen
HIV	: Human immune deficiency virus
HSRP	: Health sector reform program
ICPC-2	: International Classification of Primary Care,
IFA	: Iron Folic Acid
L H Vs	: Lady Health Visitors
lab.	: Laboratory
MOHP	: Ministry of health & population
NICE.	: National Institute for Health and Clinical Excellence
Obs.	: Obstetric
PHC	: Primary health care
PHCC	: Primary health care centre
PHCU	: Primary health care unit
PNC	: Postnatal care
RPR	: Rapid Plasma Reagan
S Ns	: Staff Nurses
Serv.	: Services
TT	: Tetanus Toxoid
VDRL	: Venereal Disease Research Laboratory
Vol.	: Volume
WHO	: World Health Organization.

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Introduction

Antenatal care is the systemic supervision of women during pregnancy to monitor the progress of fetal growth and to ascertain the well-being of the mother and the fetus. A proper antenatal check-up provides necessary care to the mother and helps identify any complications of pregnancy such as anemia, pre- eclampsia and hypertension etc (**Pradhan et al., 2010**).

Antenatal care is a preventive obstetric health care program aimed at optimizing maternal-fetal outcome through regular monitoring of pregnancy (**MOHP, 2005**).

Maternal mortality in Egypt has declined from 174/100, 000 in (1992-1993) to 84/100, 000 in 2000, 82/100, 000 in 2002, 55/ 100, 000 in 2008 (**MOH, 2008**).

The Pregnant women receiving antenatal care (%) in Egypt was reported 73.60% in 2008, in 2010 was 66% according to the World Bank. Pregnant women receiving antenatal care are the percentage of women attended at least once during pregnancy by skilled health personnel for reasons related to pregnancy (**World Bank, 2010**).

The Egypt National Maternal Mortality Study 2001 reported that poor quality antenatal care was found to contribute to 15% of maternal deaths and to 13 maternal deaths per 100, 000 live births. Antenatal care will help ensure, Best possible health status for mother and Fetus, Early detection and timely referral of high-risk pregnancy, Education of the mother about: Physiology of pregnancy, Nutrition, Alarming signs and symptoms, Infant care, Breastfeeding, Child spacing. Antenatal care can detect anemia, hypertensive disease, infections and Other existing conditions and diseases

that lead to high-risk pregnancy. Antenatal visits should take place: To 28th weeks gestation _ every 4 weeks, 28th-36th weeks _ every 2 weeks, and Thereafter _ every week. In a normal pregnancy, with no complications, a minimum of three antenatal visits is acceptable in the first 20 week (**MOHP, 2005**).

Patient's satisfaction is one of the main components of quality of care which includes respect for the client/ patient and understanding the need of client and providing services accordingly (**Staniszewska and Ahmed, 1998**).

The components of patient satisfaction we will visit are accessibility of primary health care facilities, waiting area conditions, clinical examination and drug prescription. Patient satisfaction is an important measure of service quality in health care organizations. From a management perspective, patient satisfaction with health care is important for several reasons. First, satisfied patients are more likely to maintain a consistent relationship with a specific provider. Second, by identifying sources of patient dissatisfaction, an organization can address system weaknesses, thus improving its risk management.

Third, satisfied patients are more likely to follow specific medical regimens and treatment plans. Finally, patient satisfaction measurement adds important information on system performance (**Dansky et al., 1997**).

In recent decades, determining the level of patient satisfaction has been found to be the most useful tool for getting patient's view on how to provide care. This is based on two major principles; patients are the best source of information on quality and quantity of medical services provided and patient's view are determining factors in planning and evaluating satisfaction (**Bahrampour and Zolala, 2005**).

Many studies was done to measure satisfaction in Egypt mainly in lower Egypt but, in 2003, a study was done to compare satisfaction in a primary health care unit in lower Egypt (belbies- Elsharquia) & in upper Egypt (abou kourkas - Elmynia), and the degree of satisfaction among them was 97% &98% respectively (*Gadallah et al., 2003*).

Many studies are needed to make in Sohag to measure patient satisfaction to ante-natal care, so this study will be done to measure maternal satisfaction of antenatal care to improve antenatal care utilization and improve the out come of pregnancy and also decrease maternal &child mortality in Sohag & in Egypt.

Our goal of antenatal medical care, is to minimize risk, thereby ensuring a healthy outcome for both mother & baby.

This study will be in Sohag , in a primary health care(El bhalil health unit) to achieve Good satisfaction, to improve the quality of health care.

And detect what is the magnitude of utilization and causes of satisfaction and dissatisfaction.

Objectives

- 1- To determine the magnitude of utilization of antenatal care in a primary Health care unit (El - bhalil).
- 2- To find out causes of satisfaction & dissatisfaction among current & previously pregnant mothers in El-Bhalil village.

Review of Literature

Primary care is the health care given by a health care provider. Typically this provider acts as the principal point of consultation for patients within a health care system and coordinates other specialists that the patient may need.

Such a professional can be a primary care physician, such as a general practitioner or family physician, or depending on the locality, health system organization, and patient's discretion, they may see a pharmacist, a physician assistant, a nurse practitioner, a nurse (such as in the United Kingdom), a clinical officer (such as in parts of Africa), or an Ayurvedic or other traditional medicine professional (such as in parts of Asia).

Depending on the nature of the health condition, patients may then be referred for secondary or tertiary care (**WHO, 2011**).

The International Classification of Primary Care (ICPC) is a standardized tool for understanding and analyzing information on interventions in primary care by the reason for the patient visit (**WHO, 2011**).

Common chronic illnesses usually treated in primary care may include, For example : hypertension, angina, diabetes, asthma, COPD, depression and anxiety, back pain, arthritis or thyroid dysfunction (**WHO, 2011**).

Primary care also includes many basic maternal and child health care services, such as family planning services and vaccinations. In context of global population ageing, with increasing numbers of older adults at greater risk of chronic non-communicable diseases, rapidly increasing

demand for primary care services is expected around the world, in both developed and developing countries (**Simmons, 2009**).

Identification of patient requests, needs, and judgment on health care received is the starting point of a patient centered approach, so a transformation of healthcare is underway, from a sellers' market to a consumers' market, where the satisfaction of the patient's needs is part of the definition of quality (**Joos et al., 1993**).

So patients can participate in the evaluation of quality of primary health care in three ways: by defining what is desirable or undesirable (i.e. setting standards of care), by providing information that permits others to evaluate the quality of care; and by expressing satisfaction or dissatisfaction (**Andaleeb, 2001**).

Antenatal care: defined as routine care for the healthy pregnant woman ; and also it involves monitoring the health of you and your baby while you're pregnant (antenatal means before birth) (**NICE clinical guideline 62, 2008**).

Antenatal care is also defined as the systemic supervision of women during pregnancy to monitor the progress of fetal growth and to ascertain the well-being of the mother and the fetus. A proper antenatal check-up provide necessary care to the mother and helps identify any complications of pregnancy such as anemia, pre-eclampsia and hypertension etc (**Pradhan et al., 2010**).

Antenatal care includes recording medical history, assessment of individual needs, advice and guidance on pregnancy and delivery, screening tests, education on self-care during pregnancy, identification of conditions detrimental to

health during pregnancy, first-line management and referral if necessary (**WHO, 2006**).

Antenatal care is a type of preventative care with the goal of providing regular check-ups that allow doctors or midwives to treat and prevent potential health problems throughout the course of the pregnancy while promoting healthy lifestyles that benefit both mother and child (**Schmitt, et al., 2009**).

Antenatal care is also refers to the regular medical and nursing care recommended for women during pregnancy (**National Library of Medicine, 2012**).

Antenatal care is the clinical assessment of mother and fetus during pregnancy, for the purpose of obtaining the best possible outcome for the mother and child. To achieve this objective, history and examination are complemented by screening and assessment using a combination of methods, including biochemical, hematological and ultrasound. Efforts are made to maintain maternal physical and mental wellbeing, prevent preterm delivery, to anticipate difficulties and complications at delivery, ensure the birth of a live health infant, and to assist the couple in preparation for parenting (**WHO, 2009**).

Pregnancy is one of the most important periods in the life of a woman, a family and a society. Extraordinary attention is therefore given to antenatal care by the health care systems of most countries (**Villar et al., 2001**)

The goal of antenatal care is to prevent health problems in both infant and mother and to see that each newborn child has a good start ; The care provided needs to be appropriate and not excessive. New technologies need to be implemented continually, while older services need to be

reconsidered. The care for each pregnant woman needs to be individualized based on her own needs and wishes (**WHO, 2003**).

Antenatal care is a preventive obstetric health care program aimed at optimizing maternal-fetal outcome through regular monitoring of pregnancy (**MOHP, 2005**).

Antenatal care is all the care that a pregnant woman receives from organized health services. The aim of antenatal care is to:

- Detect early factors that may heighten the prenatal risk of both individual pregnancies and members of vulnerable groups.
- Intervene to improve outcomes;
- Educate all who provide or receive care; and
- Help make pregnancy and birth a positive life experience.

The WHO measures ‘antenatal care’ as the: ‘Percentage of women who utilized antenatal care provided by skilled birth attendants for reasons related to pregnancy at least once during pregnancy among all women who gave birth to a live child in a given time period.’ (**WHO, 2006**).

Arrangements for antenatal care vary, but the National Institute for Health and Clinical Excellence (NICE) recommends that healthy women have 10 check-ups for a first pregnancy, including the booking appointment. If you have already had a healthy pregnancy, you will probably have seven antenatal appointments (**De-Regil et al., 2010**).

Maternal mortality in Egypt has declined from 174/100, 000 in(1992-1993) to 84/100, 000 in2000, 82/100, 000 in 2002, 55/ 100, 000 in 2008 (**MOH, 2008**).

Antenatal care for pregnant women commenced in the early 1900's as a process of screening asymptomatic pregnant women, with the aim of detecting, and thereby preventing, both maternal and neonatal adverse events (**Dodd et al., 2002**).

‘Good access to primary health care can make a difference to the health of women of childbearing ages and women during pregnancy as well as the fetus during growth and development and the infant and young children (**Eades, 2004**).

The Egypt National Maternal Mortality Study 2001 reported that poor quality antenatal care was found to contribute to 15% of maternal deaths and to 13 maternal deaths per 100, 000 live births (**MOHP, 2005**).

The percent of pregnant women receiving antenatal care in Egypt was reported to be 73.60% in 2008, while in 2010 it was 66% according to the World Bank and The percent of pregnant women receiving antenatal care is calculated using the percentage of women who attended at least once during pregnancy by skilled health personnel for reasons related to pregnancy (**World Bank 2010**).

Essentials of Antenatal Care:

The first antenatal visit should occur as early as possible after the diagnosis of pregnancy and should include the following: history, physical examination, laboratory tests, advice to patients, and tests and procedures (**Gonzales and Kutner, 2009**).

Antenatal care will help ensure, best possible health status for mother and Fetus, Early detection and timely referral of high-risk pregnancy, Education of the mother about: Physiology of pregnancy, Nutrition, Alarming signs and