International Journal of Africa Nursing Sciences 2 (2015) 59–64

Contents lists available at ScienceDirect

International Journal of Africa Nursing Sciences

journal homepage: www.elsevier.com/locate/ijans

Enhancing focused antenatal care in Ghana: An exploration into perceptions of practicing midwives

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ARTICLE INFO

Article history:
Received 29 May 2014
Received in revised form 15 January 2015
Accepted 26 February 2015
Available online 16 March 2015

Keywords:
Focused antenatal care
Midwives
Perceptions

ABSTRACT

Objective: The specific objectives of this study were to explore the perceptions of midwives on focused antenatal care at a large urban hospital in Tema, Ghana.
Methodology: An interpretive descriptive design was used to explore, interpret and describe the perceptions of midwives in the provision of focused antenatal services to pregnant women. Purposive sampling techniques were used to recruit participants (midwives). Data were collected by conducting individual semi-structured interviews. The recorded interviews were transcribed verbatim. Data were manually coded using two methods described by Saldana (2009). Guba's model of trustworthiness was implemented.
Findings: Five themes emerged from the data analysis. It included midwives' conceptualization of FANC and their perception of FANC processes/flow, quality of care, factor inhibiting the implementation of FANC, and strategies to enhance FANC interventions.
Discussion: Continuous quality management is essential to ensure a supportive environment to deliver FANC services. Continued and increased support from Ghana Health Service (GHS) will be of great importance.
Conclusion: It is clear that the midwives in this study perceived FANC positive. FANC contributes to the quality of ANC delivery and subsequent improvement in the health status of pregnant women in Ghana. In addition, the findings contributed to existing knowledge and have the potential to guide future research in the field of ANC to improve maternal health and reduce maternal deaths.

1. Introduction and background

Globally, and typically in Africa, the period of parturition is characterised by moments of joy and pride for women, their families and society. The birth of a healthy newborn is welcomed and the mother is expected to remain safe throughout delivery, the post-partum period and beyond. The majority of pregnancies will proceed without complications; however in sub-Saharan Africa, the death of a woman while pregnant or within 42 days of termination of a pregnancy are not declining sufficiently to reach Millennium Development (MDG) Goals 4 and 5 (Amosu et al., 2011).

The Government of Ghana adopted the World Health Organization's (WHO) focused antenatal care (FANC) approach in 2002 in an attempt to address the comparatively high maternal mortality rate and to improve access, quality and continuity of antenatal care (ANC) to pregnant women. The outcome of antenatal care (ANC) on maternal mortality is uncertain. However, ANC interventions have been found to enhance maternal and newborn health, which can also impact the survival and health of the mother and infant (Bullough et al., 2005; WHO, United Nations International Children's Emergency Fund [UNICEF], 2003). ANC is a key entry point for a pregnant woman to receive a broad range of health promotion and preventive health services; it is the care, supervision, and attention given to an expectant mother and foetus during pregnancy up to delivery. It provides a chance for pregnant women to interact with midwives and other health care providers. During ANC, the chances for pregnant women to make appropriate and informed choices and decisions, contribute to optimum pregnancy outcome and improved care of the newborn. The traditional method of ANC includes routine activities like weighing, history taking, urine analysis, measuring of foetal growth, physical

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http://dx.doi.org/10.1016/j.ijans.2015.02.001
2214-1391/

examination, palpation, early detection and management of minor complaints. During the traditional ANC methods, the pregnant woman visits the hospital up to 28 weeks of gestation, and then fortnightly up to 36 weeks and weekly visits thereafter. Furthermore, the traditional ANC assumes that more frequent ANC is better and thus quantity of care is emphasized rather than the essential elements of care. In the traditional ANC, care is provided by different midwives, nurses and doctors and women were classified by risk category to determine their chances of complications and the level of care they need.

In contrast, the FANC approach was originally intended to reduce waiting time during antenatal visits and subsequently increase the time for direct contact to share information on pregnancy-related issues (WHO, 2001). FANC is individualized, client-centred, comprehensive antenatal care that emphasizes disease detection rather than risk assessment. It is an evidence-based intervention which focuses on individual women's needs and concerns and what is appropriate for the gestational period at that time of their pregnancy. The concept of FANC services is a model of preventive health care targeted at primary, secondary and tertiary prevention of diseases and pathological conditions during pregnancy and delivery. It is a model of care that is characterized by a series of health examinations done by health personnel to detect conditions in pregnancy which may threaten the pregnancy and its outcome. FANC emphasizes quality of visits and individualized care rather than quantity of visits. The FANC package includes continuous care provided by the same midwife and focusses on the involvement of the client's partner or support person in the process of care and preparation for delivery. FANC focuses on the client and unborn baby's needs. This needs include examining of the pregnant mother, involvement of the partner, treating clients as unique individuals (individualized care) with respect, preparing the client for delivery, educating her on what to expect and how to prepare the layout needed for delivery (birth preparedness). Women are also prepared for possible complications (complication readiness). Components such as individualized care, complication readiness, birth preparedness and detection and prevention of diseases help midwives to proactively detect diseases early and prevent complications; these components are strongly emphasised in the FANC approach (Nyarko et al., 2006).

1.1. Care providers' perception of FANC and services

Providers' attitude and perceptions play an important role in how women are cared for in the FANC model. Communication is an important part of delivering FANC services; midwives build trust through effective communication that in the long term contributes to better pregnancy outcomes. In a study conducted by Sanders, Somerset, Jewell, and Sharp (1999) midwives emphasized that face to face contact and reassurance of their health status was the main reason women wished to attend the clinic regularly. Midwives indicated that women, who had fewer antenatal attendances, needed supplementary information on how to make additional appointments, contact a midwife if necessary and how to identify signs of pregnancy-related complications. Sanders et al. (1999) concluded that the midwives uniformly felt the traditional ANC model is too inflexible to meet the needs of women. In the traditional ANC, midwives often do not have the authority to order specialised screening for HIV, syphilis and Hepatitis B testing (Todd et al., 2008). Midwives supported the ability to order testing for above mentioned diseases as possible in FANC. Todd et al. (2008) recommended improved training, empowerment of midwives and the ability to order rapid testing. In a study conducted in four developing countries (Langer et al., 2002), midwives rated the overall aspect of care such as number of ANC visits, waiting time, types of information received and the quality of information provided in the FANC model as very good in comparison to services delivered in the traditional ANC model.

1.2. Factors affecting the implementation of FANC

Client and care related factors such as clients' knowledge, attitude, educational background, income levels, cost of service and accessibility of services influence the care and utilisation of antenatal services (Simkhada, Van Teijlingen, Porter, & Simkhada, 2003; Ye, Yoshida, Harun-Or-Rashid, & Sakamoto, 2010). Client related factors influencing women's choice of place of delivery, were related to issues such as sub-optimal quality of care including communication, attitudes and cooperation within the health care system; cultural influences from decision makers, and their own perceptions of danger signs (bleeding, edema, headaches, diminished fetal movement) and traditional views on pregnancy and delivery (Seljeskog, Sundby, & Chimango, 2006). These clients' related factors were found to be the major barriers to utilising FANC services. In Nigeria, pregnant women who participated in a study acknowledged ignorance as one of the factors affecting accessing FANC.

In addition health system issues such as the lack of policy support and supervision were major factors influencing the delivering of FANC (Amosu et al., 2011). In Ghana where FANC was implemented to improve ANC, it is also not without challenges. In a study conducted by Nyarko et al. (2006) it was indicated that some components of delivering FANC were lacking in several clinics, most importantly procedures and facilities for disease detection, such as rapid testing for malaria, syphilis and HIV. Existing opportunities for referral were not completely utilized and client's awareness of the process of FANC delivery was poor and was often confused with free delivery policies (Nyarko et al., 2006). Outreach actions, such as follow-up visits and information sharing, to ensure client compliance, infra-structure strengthening to ensure availability of space, equipment and essential drugs, supplies and equipment to providing FANC services were often found to be inadequate (Birungi, Stephanie, & Hughes, 2008).

In Ghana the acceptability and feasibility of introducing the FANC approach, was well accepted and appreciated. Components such as individualized care, privacy during service delivery and an emphasis on birth planning were received very positively (Nyarko et al., 2006). Midwives in Ghana were satisfied with the new approach as the quality of care for pregnant women and the unborn child improved pregnancy outcomes (Nyarko et al., 2006). However, the maternal mortality rate in the country is estimated at 350 per 100,000 live births (WHO, 2011) in spite of the high antenatal attendance of pregnant women in various health facilities. Sepsis, haemorrhage, hypertensive disorders of pregnancy, unsafe abortion, complications of obstructed labour, malaria, anaemia, malnutrition and opportunistic infections associated with HIV/AIDS are some of the leading causes of maternal mortality in Ghana (Ministry of Health, 2007; Asamoah, Moussa, Stafström, & Musinguzi, 2011). Most of above-mentioned conditions can be prevented or detected early, and managed by midwives during the antenatal period.

Since the implementation of FANC in 2002 very little research has been conducted and documented on the perceptions of midwives on the benefits and challenges of delivering FANC. The specific objectives of this study were to explore the perceptions of midwives on FANC at a large urban hospital in Tema, Ghana.

2. Methodology

An interpretive descriptive design (Thorne, 2008) was implemented. The study setting was an out-patient ANC unit at a large urban hospital in Tema, Ghana. FANC services have been delivered