

Focused Antenatal Care: Planning and Providing Care during Pregnancy

Program Brief

The MNH Program's approach to antenatal care balances support for women with normal pregnancies and early detection and effective management of complications.

Antenatal care, the care that women receive during pregnancy, helps to ensure healthy outcomes for women and newborns. The traditional approach to antenatal care, which is based on European models developed in the early 1900s, assumes that more is better in care for pregnant women. Frequent routine visits are the norm, and women are classified by risk category to determine the likelihood that they will experience

complications and the level of care they need. Many developing countries have adopted the traditional approach without adjusting the interventions to meet the particular needs of their population, without taking into account their country's available resources, and without evaluating the scientific basis for specific practices (Villar and Bergsjö 1997).

The Maternal and Neonatal Health (MNH) Program promotes an updated approach to antenatal care that emphasizes quality over quantity of visits. The approach, *focused antenatal care*, recognizes three key realities: First, frequent visits do not necessarily improve pregnancy outcomes, and in developing countries they are often logistically and financially impossible for women to manage and a burden on the healthcare system (Munjanja, Lindmark, and Nyström 1996; Villar and Bergsjö 2003; Villar et al. 2001). Second, the majority of pregnancies progress without complication, so antenatal care providers must support women with normal pregnancies and help prevent complications. Third, many women who have risk factors never develop complications, while women without risk

factors often do (Kasongo Project Team 1984; Vanneste et al. 2000; Yuster 1995). When antenatal care is planned using a risk approach, scarce healthcare resources may be devoted to unnecessary care for "high-risk" women who never

At the core of the MNH Program's approach to antenatal care are focused visits with a skilled provider, aimed at ensuring the healthiest possible outcome for every mother and baby.

develop complications, and "low-risk" women may be unprepared to recognize or respond to signs of complications (Family Care International 1998).

Focused antenatal care recognizes that every pregnant woman is at risk for complications, and therefore all women should receive the same basic care and monitoring for complications (Maine 1991). The provision of quality basic care—safe, simple, cost-effective interventions that all women should receive—helps maintain normal pregnancies, and can save lives by preventing complications and facilitating early detection and treatment of complications.

Goals of Focused Antenatal Care

The MNH Program's approach to focused antenatal care promotes interventions that address the most prevalent health issues that affect mothers and newborns. The major goal of focused antenatal care is to help women maintain normal pregnancies through

- Targeted assessment to ensure normal progress of the childbearing cycle and newborn period, and to facilitate the early detection of complications, chronic conditions, and other problems/potential problems that will affect the pregnancy; and

- Individualized care to help maintain normal progress, including preventive measures, supportive care, health messages and counseling (including empowering women and families for effective self-care), and birth preparedness and complication readiness planning.

Following the lead of the World Health Organization, the MNH Program promotes a minimum of four antenatal care visits—ideally, at 16 weeks, 24–28 weeks, 32 weeks, and 36 weeks—for women whose pregnancies are progressing normally (WHO 1994). Each visit includes care that is appropriate to the woman’s overall condition and stage of pregnancy, and facilitates preparation for birth and care of the newborn. Focused antenatal care visits generally include the goal-directed interventions described below:

Health Promotion and Disease Prevention

Individual interaction is an essential component of focused antenatal care visits. This is a time for providers and women to talk about important issues affecting the woman’s health, her pregnancy, and her plans for childbirth and the newborn period. Discussions should include the following:

- How to recognize danger signs, what to do, and where to get help
- Good nutrition and its importance to the health of the mother and baby; how to get enough calories and essential macronutrients and micronutrients
- Good hygiene and infection prevention practices
- Risks of using tobacco, alcohol, medications, local drugs, and traditional remedies
- Rest and avoidance of heavy physical work
- Benefits of child spacing to mother and child; options for family planning services following the baby’s birth
- Benefits (to mother and baby) of breastfeeding; importance of early and exclusive breastfeeding
- Protection against HIV and other sexually transmitted diseases through individualized

risk reduction; availability and benefits of HIV testing; and specific issues related to mother-to-child transmission and living with AIDS (after a positive test result)

In many parts of the world, the majority (about two-thirds) of pregnant women attend an antenatal clinic at least once during pregnancy. The MNH Program sees antenatal care as a key platform for promoting safer health practices, preventing and treating malaria, preventing mother-to-child transmission of HIV, and preventing and treating other diseases such as syphilis, as well as building a trusting relationship with a skilled provider.

The MNH Program advocates the following preventive interventions for all pregnant women:

- **Immunization against tetanus** with tetanus toxoid, a stable, inexpensive vaccine that helps to prevent neonatal and maternal tetanus. Tetanus causes about 500,000 neonatal deaths and 30,000 maternal deaths each year (Fauveau et al. 1993).
- **Reduction of iron deficiency anemia**—the single most prevalent nutritional deficiency affecting pregnant women—through iron and folate supplementation (LINKAGES Project 2000). The prevention and treatment of hookworm infection and the prevention and treatment of malaria are also important interventions to reduce anemia.

In areas of high prevalence of disease, the Program also promotes the following:

- **Presumptive treatment for hookworm infection.** Hookworm is a major cause of iron-deficiency anemia.
- **Prevention of mother-to-child transmission of HIV**—through counseling, voluntary testing, antiretroviral therapy, and infant feeding support. Mother-to-child transmission is the most significant source of HIV in children below the age of 15 years.
- **Protection against malaria**—through the use of insecticide-treated nets,

intermittent preventive treatment, and effective case management of malarial illness (SARA Project 2003).

- **Protection against vitamin A and/or iodine deficiency**—through supplementation in areas of significant deficiency (Child Health Research Project 1999).

Detection and Treatment of Existing Diseases and Conditions

As part of the targeted assessment, the skilled provider talks with the woman and examines her for signs and symptoms of chronic or infectious diseases and conditions that are endemic among the population being served, congenital problems, and other problems that may harm the health of the pregnant woman or the newborn. Conditions that can severely affect mothers and babies if they are left untreated include HIV, malaria, syphilis and other sexually transmitted infections, anemia, heart disease, diabetes, malnutrition, and tuberculosis (especially in populations where HIV is common) (Gloyd, Chai, and Mercer 2001).

Early Detection and Management of Complications

The skilled provider talks with and examines the woman to detect problems that might need additional care. Conditions such as severe anemia, infection, vaginal bleeding, pre-eclampsia/eclampsia, abnormal fetal growth, and abnormal fetal position after 36 weeks may cause or be indicative of a life-threatening complication. Early treatment of these conditions, using evidence-based practices, can mean the difference between death and survival for the woman and her newborn.

Birth Preparedness and Complication Readiness

Focused antenatal care includes attention to a woman's preparations for childbirth, such as getting the support she will need from her healthcare provider, family, and community, and making arrangements for her newborn (Gerein et al. 2003). This is an important time to encourage women to select a skilled provider

for birth and to establish an emergency plan (McDonagh 1996). Because 15 percent of all pregnant women develop a life-threatening complication and most of these complications cannot be predicted, every woman and her family must be ready to respond in case a problem occurs. Women and their families should plan for the following:

- A skilled provider to be at the birth
- The place of birth and how to get there, as well as emergency transportation if needed
- Items needed for the birth, whether it will be at home or in a healthcare facility
- Money to pay for the skilled provider and any needed medications, as well as unexpected costs of an emergency
- A person designated to make decisions on the woman's behalf, in case she is ill and unable to make decisions herself
- A way to communicate with a source of help (skilled provider, facility, transportation)
- Support during and after the birth, including someone to accompany the woman and someone to take care of her family while she is away
- Blood donors in case of emergency

Focused Antenatal Care in the MNH Program

The MNH Program emphasizes several general principles as integral to the provision of quality focused antenatal care for pregnant women. The Program promotes care that is

- **Woman-friendly:** The woman's health and survival, basic human rights, and comfort are given clear priority. The woman's personal desires and preferences are also respected.
- **Inclusive of a woman's partner:** Communication, participation, and partnership in seeking and making decisions about care help to ensure a fuller and safer reproductive health experience for the woman, her newborn, and her family.
- **Culturally appropriate:** Every culture has its own rituals, taboos, and proscriptions surrounding pregnancy and childbirth. These beliefs and practices are deeply held

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and define what a culture regards as acceptable or unacceptable conduct on the part of the pregnant woman, her partner and family, and others who are caring for her. Cultural awareness, competency, and openness are essential in a care relationship with a woman during this important time in her life.

- **Individualized:** By taking into consideration all of the information known about a woman—current health, medical history, daily habits and lifestyle, cultural beliefs and customs, and other unique circumstances—the skilled provider can individualize components of the care plan for each woman.

The MNH Program promotes focused antenatal care as one of several essential maternal and neonatal care interventions that are evidence-based and that build on global lessons learned about what works to save the lives of mothers and newborns. While effective antenatal care alone will not prevent global maternal and newborn mortality, the care a woman receives during pregnancy plays a vital role in ensuring the healthiest possible outcome for mother and baby.

Basic Maternal and Newborn Care: A Guide for Skilled Providers
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This reference manual presents evidence-based guidelines on the provision of focused antenatal care and other basic care for pregnant women and newborns. The manual was developed for skilled providers working in low-resource settings at any level of the healthcare system or in homes. It can also be used in inservice training and preservice education programs. A learning resource package, which includes all of the materials needed to conduct a competency-based course based on the manual, is also available.

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