



# FOCUSED ANTENATAL CARE: Providing integrated, individualized care during pregnancy

Antenatal care provides a key entry point for a broad range of health promotion and preventive health services. It is an essential link in the household-to-hospital continuum of care.

## WHAT IS ANTENATAL CARE?

Antenatal care, the care that a woman receives during pregnancy, helps to ensure healthy outcomes for women and newborns (WHO/UNICEF 2003). Antenatal care is a key entry point for a pregnant woman to receive a broad range of health promotion and preventive health services, including nutritional support and prevention and treatment of anemia; prevention, detection and treatment of malaria, tuberculosis and sexually transmitted infections (STIs)/HIV/AIDS (particularly prevention of HIV transmission from mother to child); and tetanus toxoid immunization. Antenatal care is an opportunity to promote the benefits of skilled attendance at birth and to encourage women to seek postpartum care for themselves and their newborns. It is also an ideal time to counsel women about the benefits of child spacing. Finally, antenatal care is an essential link in the household-to-hospital care continuum—it is an intervention that can be provided at both the household and peripheral facility levels and helps assure the link to higher levels of care when needed.

### In the developing world:

Nearly 70% of pregnant women have at least one antenatal care visit, and the majority of women presenting for any antenatal care have at least four visits.

All age groups show similar rates of four or more visits.

Rural and uneducated women are least likely to receive antenatal care.

Women reporting at least four antenatal care visits are on average 3.3 times more likely than other women to give birth with a skilled provider. (WHO/UNICEF 2003)

In the household-to-hospital continuum of care, the community is mobilized as a vital link between families and the care they need. In this model, community health workers (CHWs) and skilled attendants help women and their families become active participants in maintaining normal pregnancy and in seeking additional care when required (de Graft-Johnson et al. 2005). Thus, certain components of antenatal care can be provided as part of home-based practices and care, while basic antenatal care services are provided in peripheral facilities by skilled attendants.

The community, women and their families, CHWs and skilled attendants share the responsibility to help improve care-seeking behaviors and access to antenatal care. Results of community-based behavior change interventions in four countries demonstrated an increase in antenatal care attendance in all four countries, an increase in childbirth with a skilled provider, and an increase in the proportion of women who made arrangements for transportation to a health care facility in case of an obstetric emergency. The interventions included creating a locally appropriate mass media campaign to help define safe motherhood as a broad social issue, establishing a community mobilization system and ensuring high-quality clinical services and skills (JHPIEGO/MNH Program 2004).

Skilled attendants and CHWs work together to provide antenatal care services, counseling and health education for pregnant women and their families. Trained CHWs can provide health education on danger signs and where to go if there is an emergency, as well as on care-seeking and preventive practices (e.g., provision of insecticide-treated nets, micronutrient supplementation, and counseling about nutrition and safer sex). They can also advise women and their families on how to prepare for birth and potential complications and promote the benefits of receiving antenatal care and having a skilled provider attend the birth, whether at home or in the facility. Skilled attendants can provide antenatal care services as described below.

## FOCUSED ANTENATAL CARE

Traditional antenatal care uses a risk approach to classify which women are more likely to experience complications, and assumes that more visits mean better outcomes for mother and baby. However, many women who have risk factors will not develop complications, while women without risk factors may do so (Kasongo Project Team 1984; Lilford and Chard 1983; Vanneste et al. 2000; Yuster 1995). Using a risk approach with its more frequent visits, therefore, does not necessarily improve pregnancy outcomes. Furthermore, when antenatal care is planned using a risk approach, scarce health care resources may be devoted to unnecessary care for “high-risk” women who may never develop complications, and “low-risk” women may not receive essential care, or may be unprepared to recognize or respond to signs of complications (Family Care International 1998). Also, frequent visits are often logistically and financially impossible for women to manage, and are a burden on the health care system (Munjanja,

Lindmark and Nyström 1996; Villar and Bergsjö 2003; Villar et al. 2001). Many 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).

Focused antenatal care means that providers focus on assessment and actions needed to make decisions, and provide care for each woman's individual situation.

An updated approach to antenatal care emphasizes quality over quantity of visits (Kinzie and Gomez 2004; MNH Program 2001). This approach, focused antenatal care, recognizes three key realities: First, antenatal care visits are a unique opportunity for early diagnosis and treatment of problems in the mother and prevention of problems in the newborn. Second, the majority of pregnancies progress without complication. Third, all women are considered at risk of complications because most complications cannot be predicted by any type of risk categorization. Therefore, all women should receive essential care and monitoring for complications that are focused on individual needs (Maine 1991).

### Goal of Focused Antenatal Care

The provision of high-quality, basic antenatal care—safe, simple, cost-effective interventions that all women should receive—helps maintain normal pregnancies, prevent complications and facilitate early detection and treatment of complications. The major goal of focused antenatal care is to help women maintain normal pregnancies through:

- Targeted assessment based on the woman's individual situation to ensure normal progress of the pregnancy and postpartum/newborn period, and to facilitate the early detection of and special care for complications, chronic conditions and other potential problems that can affect the mother and newborn; and
- Individualized care to help maintain normal progress, including preventive measures, supportive care, health messages and counseling (including empowering women and families for appropriate and effective self-care), and birth preparedness and complication readiness planning.

The World Health Organization (WHO) recommends four antenatal care visits for women whose pregnancies are progressing normally, with the first visit in the first trimester (ideally before 12 weeks but no later than 16 weeks), and at 24–28 weeks, 32 weeks and 36 weeks (Villar and Bergsjö 2003; Villar et al. 2001). Each visit should include care that is appropriate to the woman's overall condition and stage of pregnancy, and help her prepare for birth and care of the newborn. If problems or potential problems that will affect the pregnancy and newborn are detected, the frequency and scope of visits are increased. Focused antenatal care visits generally

include the interventions described below (Kinzie and Gomez 2004).

### Health Promotion and Disease Prevention

It is essential for providers and women to talk about important issues affecting the woman's health, her pregnancy and her plans for childbirth and the postpartum and newborn period. Discussions should include how pregnancy progresses and how to prepare for birth; how to recognize danger signs, what to do if they arise and where to get help; benefits of good nutrition and adequate rest; importance of good hygiene; risks of using tobacco, alcohol and drugs; benefits of child spacing; benefits of exclusive breastfeeding; and need for protection against STIs and HIV.

Focused antenatal care should also include 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 200,000 infant deaths every year and accounts for 8% of all neonatal deaths (UNICEF 2002).
- **Reduction of iron deficiency anemia** through nutritional counseling and iron/folate supplementation (LINKAGES Project 2000). Iron deficiency anemia is the single most prevalent nutritional deficiency affecting pregnant women. In endemic countries, the prevention and treatment of hookworm infection and the prevention and treatment of malaria are also important interventions to reduce non-nutritional anemia.

In areas of detrimental conditions, diseases or nutritional deficiencies, the following services should be provided in accordance with national policies and guidelines:

- **Protection against malaria for women living in malaria-endemic zones** through the use of insecticide-treated nets, intermittent preventive treatment and effective case management of malarial illness (WHO 2003).
- **Prevention of STI/HIV/AIDS and prevention of mother-to-child transmission of HIV** through testing and counseling, antiretroviral prophylaxis or treatment, and infant feeding counseling and support. Mother-to-child transmission is the most significant source of HIV infection in children below the age of 15 years (WHO 2004).
- **Presumptive treatment for hookworm** to prevent hookworm infection, a major cause of iron deficiency anemia.
- **Protection against vitamin A and/or iodine deficiency** through supplementation in areas/populations of significant vitamin A and/or iodine deficiency (Child Health Research Project 1999).
- **Defibulation** to remove the obstruction to the vaginal opening in Type III female genital cutting.

## Early Detection and Treatment of Complications and Existing Diseases

As part of focused assessment, the skilled provider talks with and examines the woman for problems that may harm her health or that of her newborn. Complications 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 condition. And existing conditions, such as malaria or tuberculosis; HIV, syphilis and other STIs; and diabetes, heart disease, anemia or malnutrition require special treatment during the antenatal period.

## Birth Preparedness and Complication Readiness

Focused antenatal care includes attention to preparation for childbirth by the pregnant woman and her family, such as selecting a birth location, identifying a skilled attendant and a companion for birth, identifying someone to care for her other children if needed, planning for costs, planning for transportation if needed, and preparing supplies for her care and the care of her newborn (Gerein et al. 2003). Antenatal care visits also provide a crucial platform for influencing a woman to select a skilled provider for birth, whether in a facility or at home, and to establish a plan for normal birth as well as an emergency plan, in case of complications. This emergency plan should include transportation, money, blood donors, designation of a person to make decisions on the woman's behalf and a person to care for her family while she is away (McDonagh 1996; WHO/UNICEF 2003). Because 15% of all pregnant women develop a life-threatening complication (WHO 1996), and most of these complications cannot be predicted, every woman and her family must be ready to respond in case a problem occurs.

## Underlying Principles of Provision of Care

There are several general principles that are integral to the provision of high-quality focused antenatal care for pregnant women. Care should be:

- **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 or other family member:** Respect for the household decision-making process, 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 specific beliefs, rituals, taboos and practices surrounding pregnancy and childbirth. 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, household situation, cultural beliefs and customs, and other unique

circumstances—the skilled provider can individualize components of care for each woman.

- **Part of the household-to-hospital continuum of care:** Many of the components of focused antenatal care can be provided at the community level; however, linkage with the formal health care system is imperative to ensure adequate training and supervision of community health workers and functional referral systems.
- **Integrated:** Focused antenatal care includes STI and HIV testing/counseling, malaria detection and prevention, micronutrient provision, birth planning, emergency planning and family planning counseling.

While effective antenatal care alone will not prevent global maternal and newborn mortality, the quality of care a woman receives during pregnancy plays a vital role in ensuring the healthiest possible outcome for mother and baby.

## RESOURCES AVAILABLE FROM THE ACCESS PROGRAM

*Basic Maternal and Newborn Care: A Guide for Skilled Providers* (reference manual and learning resource package). 2004. JHPIEGO/MNH Program.

*Home Based Life Saving Skills Program: Where Home Birth Is Common*. 2005. American College of Nurse-Midwives.

*Home and Community-Based Health Care for Mothers and Newborns*. 2006. ACCESS Program.

*Household-to-Hospital Continuum of Maternal and Newborn Care*. 2005. ACCESS Program.

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