SHORT REPORT

Utilisation of Antenatal Care in a Nigerian Teaching Hospital

Karl Peltzer¹ and Banji Ajegbomogun²

ABSTRACT

Records of 300 antenatal clinic attendees of a Nigerian teaching hospital were analysed. Results show that many of them obtained care only late in pregnancy and inadequately. Reasons for the delay in seeking antenatal care should be further investigated. (Afr J Reprod Health 2005; 9[3]:159-161)

RéSUMÉ

Utilisation des soins prénataux dans un Centre Hospitalier Universitaire Nigérien Les dossiers de 300 femmes qui fréquentent la consultation prénatale au sein d’un Centre Hospitaliers Universitaire ont été analysés. Les résultats ont montré que bon nombre d'entre elles ne profitent de soins prénataux que très tard pendant la grossesse et de manière peu adéquate. Il faut étudier davantage les raisons pour lesquelles elles recherchent les soins tard. (Rev Afr Santé Reprod 2005; 9[3]:159-161)

KEY WORDS: Antenatal care, Utilisation, Teaching hospital, Nigeria

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Introduction
A minimum of three antenatal visits are essential for monitoring the progress of pregnancy and taking action on the results of rhesus, haemoglobin and serological tests for syphilis. Previous studies have shown that African pregnant women obtain care late in pregnancy and inadequately. The aim of this study was to ascertain the utilisation (timing and quantity of care obtained) of antenatal care in a Nigerian teaching hospital.

Material and Methods
The sample included 300 Nigerian pregnant women. Consecutive (starting with the last) records of the antenatal clinic at Obafemi Awolowo University Teaching Hospital, Ile Ife, were analysed until a sample of 300 attendees had been identified. Trimester for first antenatal attendance (timing) was determined from the date of first attendance and estimated date of delivery.

Results
The predominant age group of the subjects was 20-29 years (181 women; 60%), followed by those aged 30-40 years and above (89 women; 30%), while teenage pregnancy rate was 30 (10%). For 67 (22%) women it was the first pregnancy, for 46 (15%) it was the second, for 159 it was the third to fifth (53%), and for 25 (8%) it was the sixth or more pregnancy. Table 1 indicates time and frequency of antenatal visits.

<table>
<thead>
<tr>
<th>Gestation at first visit</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st trimester</td>
<td>62 (21)</td>
</tr>
<tr>
<td>2nd trimester</td>
<td>95 (32)</td>
</tr>
<tr>
<td>3rd trimester</td>
<td>141 (47)</td>
</tr>
<tr>
<td>Attendance at 2nd visit</td>
<td>282 (94)</td>
</tr>
<tr>
<td>Attendance at 3rd visit</td>
<td>232 (77)</td>
</tr>
<tr>
<td>Attendance at 4th visit</td>
<td>228 (76)</td>
</tr>
<tr>
<td>Attendance at 5th visit</td>
<td>223 (74)</td>
</tr>
<tr>
<td>Attendance at 6th visit</td>
<td>220 (73)</td>
</tr>
</tbody>
</table>

Only 62 women (21%) attended during the first trimester (90 days). Most women (47%) only attended during the third trimester. Ninety-four percent came for a subsequent visit: 77% thrice, 76% four times, 74% five times and 73% six times. There was no relationship between age and attendance of antenatal clinic.

Conclusion
Clinic records showed that this sample of Nigerian women tended to obtain care late in pregnancy, and for about one third the care was inadequate. In this study, almost half (47%) of the women started attending the antenatal clinic only in the third trimester. In a sample of South African antenatal clinic attendees, it was found that 75% had already attended either in the first (7%) or second trimester (68%). Kambarami, Chirenje and Rusakaniko found among rural Zimbabwe antenatal clinic attendees that only 21.6% started antenatal clinic in the first trimester and 62% made five or less antenatal visits. Late and low utilisation may be explained by costs as one of the major barriers to utilisation of antenatal care. However, antenatal care in the state hospital studied was free. Therefore, reasons for delay in seeking antenatal care warrant further investigation.

REFERENCES