

Delayed antenatal care attendance: Are providers part of the problem?

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ABSTRACT

Background: Malawi is identified by the United Nations as a least developed country and ranks among the top 10 poorest countries in the world. Approximately 90% of Malawian women attend antenatal care (ANC) at least once during their pregnancies; however, most mothers first attend ANC during months five and six.

Methods: A qualitative study consisting of interviews with urban pregnant mothers and health workers was conducted during September - December 2014 exploring the reasons why women delay in accessing antenatal care. Two large tertiary care hospitals in the central and southern regions of Malawi were selected as study sites. Twenty pregnant mothers and eight health workers were recruited and interviewed.

Results: Several factors influenced a woman's decision to participate in antenatal care. Major barriers reported include clinic wait time, family and friend support, number of visits, transportation, cost and distance. However, patient-provider relationship was the primary reason stated by maternal interviewees. Mothers indicated that health workers often mistreat and demean them when they come for treatment. In addition, health workers mentioned that, due to staff shortages, patients often do not receive the care they deserve.

Conclusions: The results of this study suggest that, in addition to other factors, healthcare provider's attitudes influence antenatal attendance. Improving the patient-provider relationship may increase antenatal attendance and decrease pregnancy complications during pregnancy. Professional development opportunities and quality improvement programs are needed to improve patient care and health outcomes while addressing the continued staff shortage in the country.

RESULTS

	N	% of total
Pregnant Mothers (N=20)		
Age		
18-19	1	5
20-29	8	40
30-39	10	50
40-50	1	5
Employment		
Currently	9	45
Past 12 months	11	55
Education		
Primary	3	15
Secondary	9	45
Certificate/Diploma	2	10
Advanced Diploma	2	10
College/University	4	20
Parity		
Primigravida	4	20
Multigravida	16	80
Number of children		
0	7	33
1	4	20
2	8	40
3+	1	5
Health Workers (N=8)		
Age		
25-34	2	25
35-39	2	25
40-44	3	38
45+	1	13
Education		
Certificate/Diploma	2	26
Advanced Diploma	1	13
College/University	5	63
Occupation		
Nurse Midwife Technician	3	38
Registered Midwife	1	13
Clinical Officer	1	13
Physician	3	38
ANC Experience		
0-5 years	4	50
6-10 years	2	25
11-15 years	2	25

Patient-Provider Relationship

Sometimes you can meet a very wicked doctor who can slap you, and they can curse at you, and they will tell you I wasn't there when you were getting pregnant, don't put this on me.

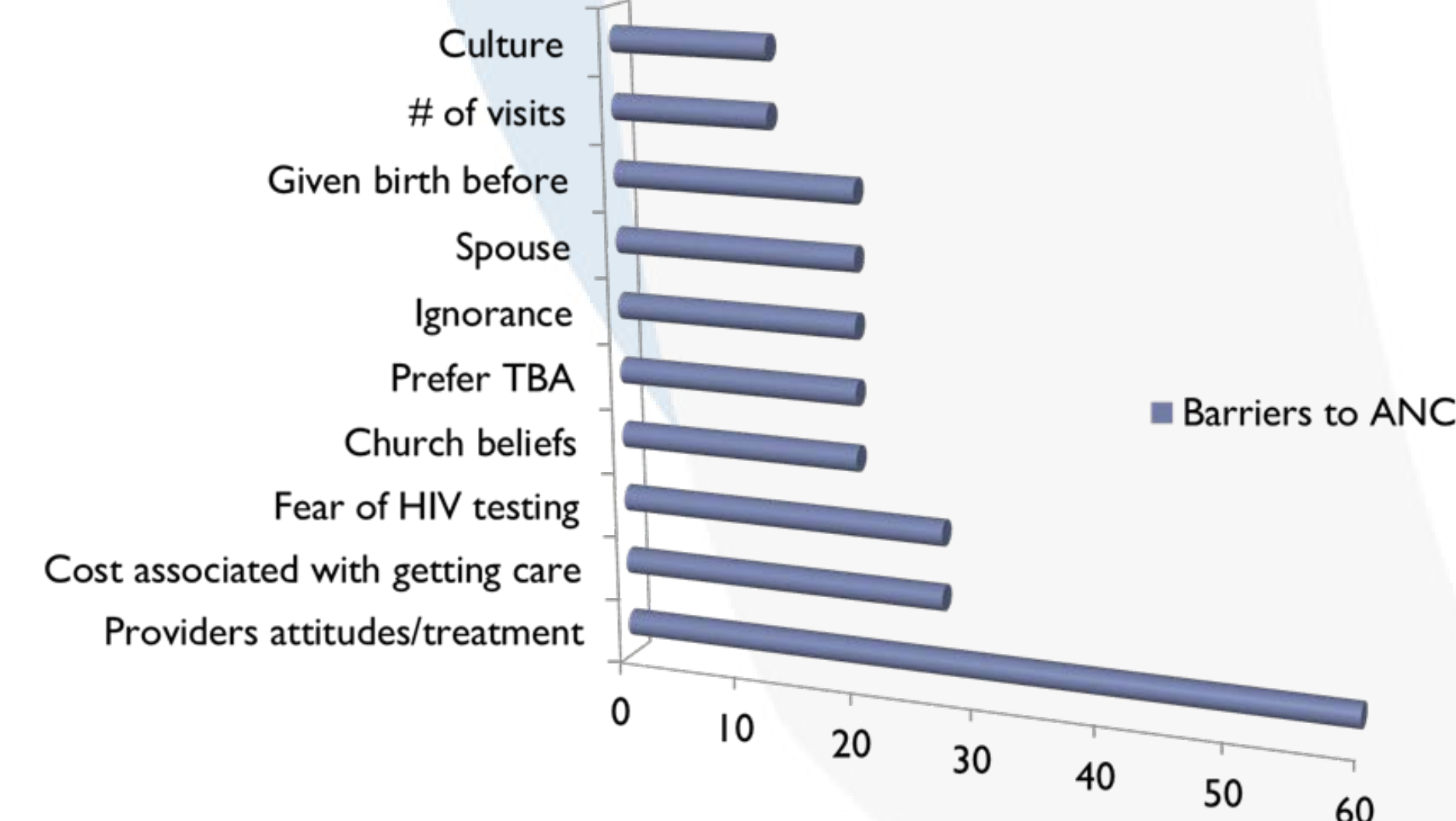
~Pregnant Mother #16



Clinic wait time

What I would like to see this clinic do is that, when the pregnant mother comes to the clinic at the times she would like to give birth, the doctors should care for the child at appropriate time because sometimes the doctors do shout or beat the patients...So I would love to see the doctors welcoming the patients well....

When asked to identify barriers to antenatal care, participants reported



OBJECTIVES

1. Discuss the role of the provider during pregnancy
2. Discuss the importance of the patient-provider relationship during pregnancy and childbirth.
3. Identify patient-provider relationship areas for improvement.

METHODS

- Maternal participants were aged 18-49, and were expectant mothers who received antenatal care services at the study sites.
- Ten women from each hospital participated.
- Eight health professionals participated, 5 from Lilongwe and 3 from Blantyre
- Interviews were audio-recorded and transcribed verbatim.
- Transcripts were coded using three methods: descriptive, topic, and analytic coding (Morse, 2002).

CONCLUSIONS

Healthcare provider attitudes play a pivotal role in influencing antenatal attendance. An area of improvement for health professionals is their interactions with patients; by improving the quality of communication, they can help to increase antenatal attendance, which may ultimately reduce complications during pregnancy, and improve maternal and infant mortality outcomes.

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