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Public Health 2018- Amending Timely Attendance of 1st Antenatal Care among Enceinte Women Utilizing Timed and Targeted Counselling (TTC)

Antenatal care (ANC) has perpetually been shown to abbreviate neonatal deaths via identification of high-risk pregnancies. Current WHO guidelines, however, state a supplemental underlying benefit: women's uptake of ANC by a medical professional minimizes dropout from the continuum of maternal and reproductive healthcare. ANC plays a central role in the continuum of care, a critical framework for understanding the continuity between maternal, new born, and child health. ANC is an opportunity for adept professionals to inculcate and engage with women about how and why to distribute in a facility (in-facility distribution, IFD), the benefits of exclusive breastfeeding, where and when to return for postpartum and postnatal care, and the availability of modern family orchestrating methods. Supplementally, women who have a positive experience during their ANC visits may be more liable to bring their children back to health facilities for accommodations such as vaccinations and alimental supplements. While this logic is intuitive and optimistic, little evidence subsists to corroborate that receipt of ANC efficaciously keeps women in the health care system, categorically poor populations. Given that poor women are often the least connected to health accommodations due to long peregrinate distances, lack of access to conveyance or indemnification, poor health literacy, financial constraints, or cultural notions, it is categorically paramount to understand how receipt of ANC relates to other vital health accommodations along the continuum of care for these populations. If poor women who receive ANC are not returning to the health system or practicing positive health demeanours, this would be a grave missed opportunity to abbreviate subsisting health and healthcare access inequities. Alternately, if ANC is shown to be an efficacious betokens of engaging and keeping women in the health system, it should receive supplemental accentuation.

Statement of the Problem:

Fundamental Antenatal Care (BANC) is an approach that is utilized in the public health institutions of South Africa to provide health care accommodations to enceinte women according to the National Department of Health (NDOH). Until 2007 South Africa utilized the

traditional approach to ANC. Good antenatal care includes customary screening which can detect and obviate early complications such as hypertension and gravidity diabetes; both of which can dramatically affect the foetus. Early detection denotes conventional monitoring and treatment. Most women have their first and longest antenatal check-up between weeks 8 and 12 of gravidity. The earlier you commence attending antenatal check-ups the preponderant. You should then attend antenatal check-ups monthly until 28 weeks, then twice a month until you are 36 weeks enceinte. All enceinte women should have 4 routine antenatal visits. First antenatal contact should be as early in gravidity as possible. During the last visit, apprise the woman to return if she does not distribute within a fortnight after the expected date of distribution.

Antenatal care is the care you get from health professionals during your gravidity. It's sometimes called gravidity care or maternity care. You'll be offered appointments with a midwife, or sometimes a medico who specialises in gravidity and birth (an obstetrician). You can do this by contacting a midwife or GP.

High maternal mortality rate is one of major public health concerns in developing countries and most deaths are caused by factors attributed to gravidity and childbirth. It is consequential to ascertain coverage of early antenatal care accommodations starting from the first trimester as one component to achieve these targets. World Health Organization (WHO) recommends that all enceinte women should attend Antenatal Care (ANC) at least four times afore birth with the first being within the first 14 weeks of gravidity. Early antenatal care visit gives the opportunity to provide screening and tests that are most efficacious early in the gravidity like correct assessment of gestational age to sanction for precise treatment of preterm labour, screening for genetic and congenital disorders. Despite free ANC accommodations in public health facilities in Uganda, only a handful of enceinte women attend first ANC visit in their first trimester. Development partners like World Vision International have developed and implemented initiatives and models like timed and targeted counselling targeting enceinte women to ameliorate maternal health outcomes. This is built around evidence-predicated, cost efficacious key interventions for enceinte women and children under two that when taken together, can significantly minimize maternal and infant/puerile child morbidity and mortality. This paper presents how the TTC model has positively VHTs have amended maternal and new born health care in Butaleja District.

Methodology & Theoretical Orientation:

Through the KOICA funded Butaleja Maternal, Neonatal and Child Health (BMNCH) project, World Vision fixated on the community-predicated models to address the delays in seeking congruous care and inability to access care in a timely manner. This involved roll out TTC model by the community health workers to map, health inculcates, follow up and refer enceinte women for early MNCH accommodations including attendance of timely 1st ANC.

Findings:

A pre and post intervention analysis of Health Management Information System (HMIS) dataset afore and after the intervention was conducted. Trend analysis of enceinte women attending first ANC in first trimester was done.

Conclusion:

The World Health Organization has issued an incipient series of recommendations to amend quality of antenatal care to truncate the jeopardy of stillbirths and gravidity complications and give women a positive gravidity experience. By fixating on a positive gravidity experience, these incipient guidelines seek to ascertain not only a health gravidity for mother and baby, but additionally an efficacious transition to positive labour and childbirth and ultimately to a positive experience of motherhood.

Village health team members have engendered cognizance and inductively authorize and hence incremented uptake of MNCH accommodations.