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Study of the factors of continuity of prenatal care at the level of the basic health care network
Case of the My Driss/SIAAP health center in OUJDA.

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Abstract:

The continuity of prenatal consultations (ANC) consists of ensuring that pregnant women benefit from 4 visits during their pregnancy in order to provide support global, continuous and integrated into women. In this context, this research aims to explore the determinants which influence the continuity of the CPN during the year 2012.

Based on a conceptual reference framework which highlights the factors influencing the continuity of prenatal care including factors linked to the woman, factors linked to healthcare professionals and organizational factors.

The study is carried out at the Moulay Driss health center in Oujda Angad prefecture. Based on a descriptive quantitative estimate, data collection is carried out through several methods namely: the survey by self-administered questionnaire affecting professionals of health at the level of the health center concerned by the study, a questionnaire intended for population targeted by the research which is pregnant women, the interview with the officials involved in continuity at the prefectural level, namely the chief doctor, the head nurse and the facilitator of SRES (health establishment network service).

The results of the study highlighted strong points in terms of continuity such as Power of the decision that falls to the pregnant woman in 68%, knowledge of the age of pregnancy during the first ANC in 86% of women, the non-use of practices traditional for 94% of the women questioned. However, this continuity remains faced with certain dysfunctions which could explain the problem of study, we have the low quality of reception of W.PR the long waiting time for W.PR, inadequacies in terms of interpersonal communication, insufficient organization of ANC services, the non-permanency of ANC services.

Conclusion

In view of these results, suggestions for improving continuity were made corresponding at the provincial level as well as at the level of the health center subject of the study.

Key words: continuity of CPN - Pregnant women – Determinants

Introduction

Continuity of care is the provision of adequate care and services to the right person, at the right time, right time, in the right place, with the right means and the right people; It's alogical sequence of care observed either in relation to the same provider (the patient consults the same provider) or in relation to a particular type of care the example of prenatal care which should lead to adequate care at delivery (Bhutta et al., 2008).

According to WHO recommendations, maternal health intervention programs and neonatal care must be based on four main pillars forming a continuum of care obstetrics: Prenatal care, care during childbirth, care of new births and postnatal care; Prenatal care or ANC constitutes an important link in this continuity of care on the African continent, where it is estimated that one in four maternal deaths occurs before the term, that is to say during the first 37 weeks of pregnancy, more over almost half of deaths are directly linked to insufficient care during pregnancy. (Diarra et al. 2010).

Continuity of care constitutes a faithful indicator of the proper functioning of the health system.

health care. It has the potential to integrate physical, psychological, social aspectsand economics of care (Boré, 2010).

However, fragmentation and discontinuity of care are the most common problems reported while service users criticize the lack of connection between the different intervention authorities. (Chap delaine, n.d.)

Data shows that the situation in Africa regarding the use of obstetric care is very worrying, since only 64% of women were followed at least once by a doctor, nurse or midwife during pregnancy in 2001 compared to 98%in industrialized countries (unicef 2001) .

Indeed, the challenge facing MNCH (Maternal, Neonatal and Child Health) is not both the purchase of expensive equipment and technologies, but more the establishment of a health care system ensuring continuity of care throughout pregnancy. (Tanye, 2010).

In Morocco, insufficient continuity of care and inappropriate treatment are among the main causes of maternal death with a rate of 45.6% (Dr. BELGHITI ALAOUI 2011). However, by signing up to the MDGs (Millennium Development Goals),

Morocco has made palpable progress with regard to the objective linked to the reduction of maternal mortality (Nations, 2011). The sector plan 2012-2016, mentioned among the achievements, the reduction in the maternal mortality rate with a proportion of 51%, thanks to the establishment of free childbirth, the involvement of health professionals, this resulted in a significant improvement in the health indicators monitoring of pregnancy and childbirth. The proportion of women who have done at least one prenatal consultation increased from 67.8% in 2004 to 80% in 2010.

However, to reduce the risks of maternal deaths linked to pregnancy, childbirth and in the postpartum period, the WHO recommends that all pregnant women should be examined in a health facility at least four times during pregnancy, every deliveries must be carried out in a supervised environment at the level of the structures delivery and three postnatal consultations are recommended to ensure the aftermath of childbirth. All services offered in this context must be delivered by a qualified health personnel. (Nations, 2011).

However, the Population and Family Health Survey EPSF 2003-2004 showed that 68% of pregnant women benefited from prenatal consultations with professionals' healthcare (doctors, nurses, midwives), Among women who received healthcare prenatal visits, only 31% of births had four or more prenatal visits and are more common in urban areas (44%) than in rural areas (15%)(Morocco - Enquête sur la Population et la Santé Familiale 2003-2004, s. d.).

The objective of this study is to evaluate the determinants of the continuity of CPN at the level of My Driss health center

Material and method:

The population studied are: Clients registered during 2013 who are at number of 1629 pregnant women. We took a random sample of 10% of the population.
We included in our sample patients registered postnatally on the 1st quarter of 2014 and women who had given birth and had not benefited from any prenatal consultation.
For the validation of the research instruments, a two-day pre-test was carried out. organized from March 26 or 27, 2014. It took place in the Al Makssem health center. Meadow- test concerned 10 F.E. The objective of this pre-test was to assess the understanding of the questions with a view to adapting them for proper collection of the desired information.
The instruments used to collect data and information related to the study are:
The self-administered questionnaire to health personnel working at the health unit level PSGA of the My Driss health center, Oujda.the observation grid which will make it possible to evaluate the quality of care for clients in ANC, as well as the degree of respect for the process aforementioned. Also, we will use a semi-directed interview with those responsible at the SRES level.
and of course, the questionnaire given to pregnant women makes it possible to detect the factors hindering the continuity of prenatal care.
The biases of the study:
The study may come up against certain biases such as:
♣ memory bias for the women interviewed who risk forgetting certain dates and certain services.
♣ Heterogeneity of health professional profiles can bias the information.
♣ Modification of staff behavior when using the observation grid.

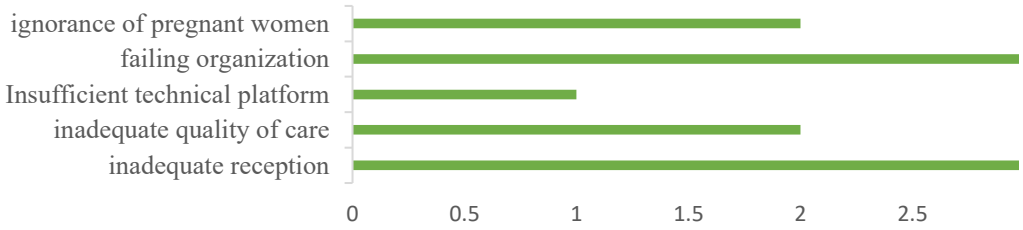
Results

The majority of women interested in the study are aged between 26 and 30.
According to De Sousa (1995) there is a correlation between the woman's age and continuity of care. prenatal: 50% of women under 35 have benefited from more than three ANC, compared to 20% for older women, these results consolidate the observation of Fatoumata (1990) who was able observe high rates of obstetric complications among young women (less than 20years) and those older (over 35 years) in Mali because of the discontinuity in ANC.
The response rate is 100% for the questionnaire intended for health professionals and the interview as well as the observation grid while the self-administered questionnaire to pregnant women was 92%.
2/3 of the staff questioned declared having received continuing training in matters of CPN; on the other hand, 1/3 affirms the opposite.

Graph n° 1: staff benefiting from continuing training in CPN.

This training is less than a year old for half, and more than 5 years old for the other half.
In fact, the majority of staff confirm their knowledge of the diseases that the CPN, thus the number of CPNs to be done during the pregnancy; yet women do not provide all the CPNs recommended by the program for the following reasons: late recruitment, unavailability of ultrasound machine, non-involvement of spouses, premises unsuitable for ANC.

The study subjects state that danger signs during pregnancy are respectively: vaginal bleeding, seizures, severe headache, fever and asthenia, in addition they argue that the causes hindering the continuity of prenatal care would undoubtedly be the waiting time and the insufficiency of medical-technical equipment.
On the other hand, the personnel responsible at the SRES level declare that the determinants hindering the continuity of prenatal care are inadequate reception and poor organization firstly followed by the insufficient quality of care and the ignorance of women speakers.

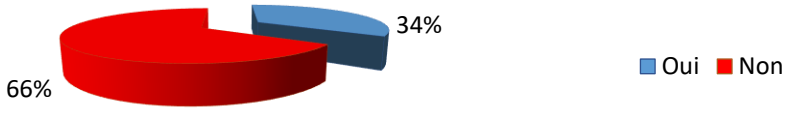


Graph n°2: The determinants which harm the continuity of CPN N= 3

Concerning these women subjects of the study, the predominant age group is that of (25-30), 74% are housewives, 46% have a secondary education level, 98% are married, almost half of the spouses have an unstable job since 47% of them are of day laborers, 68% have a secondary level of education.
76% of the women surveyed do not know the number of ANC to be done during pregnancy.

Graph n°3: Distribution of F.E according to knowledge of the number of CPN during pregnancy

76% do not know the gestational age at the first ANC; yet a majority of women are convinced of the benefits of CPN.
The current factor should not be neglected since 94% of women say they use practices traditional, 89% believe that pregnancy should not be declared.
Among the women surveyed, 30% say that the quality of reception is unsatisfactory, 77% do not tolerate the quality of the premises reserved for the CPN, 56% announce that they are not informed about the progress of the pregnancy, 53% are unaware of the days scheduled for the consultation prenatal, 87% declare that they have never benefited from awareness sessions, in indeed 66% do not know the danger signs.



Graph n° 4: Distribution of EF according to knowledge of danger signs

Discussion of study results:

The majority of women interested in the study are aged between 26 and 30. According to De Sousa (1995); 79% are housewives, 12% are civil servants, 6% are traders, and 3% are students.

Regarding the level of education, 46% of pregnant women have a level secondary education while a significant proportion have no level of education i.e. 20%, At the same time, it was revealed that most (76%) of the participants are unaware of the number of visits during the pregnancy, It is important to emphasize that the stage of the pregnancy in which the first consultation takes place determines the number of visits during the pregnancy. Late consultations cancel the possibility of multiplying visits as recommends WHO. As for the knowledge of W.PR regarding the advantages of CPN, the results are also satisfactory; 100% of women want to give birth in an environment monitored, this observation constitutes a strong point for improving the continuity of CPN.

Concerning traditional practices, most of the W.PR have overturned the use of these practices; Only 6% recognize it. In particular the use of customs and habits in the 7th month. Also, some respondents (11%) affirmed that pregnancy must be hidden. The present study reveals that 2/3 of P.S neglect some danger signs during of pregnancy, among other things, the knowledge of the health professional regarding the signs of danger during pregnancy are relatively deficient.

there is a correlation between the woman's age and continuity of prenatal care: 50% of women under 35 benefited from more than three CPN, compared to 20% for women older, these results consolidate the observation of Fatoumata (1990) who was able to observe high rates of obstetric complications among young women (under 20 years) and those older (over 35 years) in Mali because of the discontinuity in ANC.

In addition, studies show (Ronsmans et al., 2006) that the level of education highlights evidence of significant gaps in CPN. The higher the level of education, the higher the continuity of antenatal care.

In the same vein, according to the national population and health survey family (Morocco - Enquête sur la Population et la Santé Familiale 2003-2004, s. d.); The level of education seems to influence pregnancy monitoring.

Practically 98.9% of women who obtained the secondary school certificate and above have benefited from 4 CPN, compared to only 70.3% for women who have no certificate.

These results contrast with those of BAKI.M, in its study which reveals that illiterate pregnant women had low knowledge about the benefits of ANC and the risks involved.

The belief and practice factor is raised by (Ronsmans et al., 2006), who show that some of these beliefs around pregnancy play a very important role in the continuity of CPN. The decision-making power to follow the pregnancy is held in majority by the woman herself as well as her spouse, with respective rates of 68% and 12%, This situation is described by the results of the EDS (the Demographic and Health in Tunisia 2003), which states that there is a statistically significant link between decision-making power and continuity in CPN, which means that women having power decisions came to follow in CPN more than those who did not have it.

66% of pregnant women do not benefit from an explanation of danger signs either 2/3 of the sample. This could compromise their use of these services and harm to the quality of CPN. According to a study carried out by IMA.S and ILBOUDO.Z. when the interpersonal communication of providers on ANC is unsatisfactory, the level of women's knowledge about ANC is deficient, therefore there is a link statistically significant between the knowledge of pregnant women on the course of ANC and continuity of care for these women.

In return, the perception of the reception is not satisfactory for 1/3 of the investigated. These results corroborate with those found during the observation of the provider of prenatal care during this study which gives 50% level of satisfaction with regard to the usual greetings. A DSF study also showed that certain behaviors health workers, such as poor reception, constituted an obstacle to continuity of care generally speaking, Also, SAWADOGO showed in its study that more than 93% of women find that they are not well received and they are often victims verbal aggression.

With respect to organizational factors, the information required by the bias of the observation grid demonstrate inadequacies in terms of the quality of premises since the cell reserved for the CPN does not ensure auditory and visual discretion, this is an important cause allowing an increase in the dropout rate according to 77% of women questioned. This observation contrasts with that of Koita.M; hence the proportion of respondents

who think the consultations were confidential is high, another study conducted by BENINGUISSE, G., HADDAD, S. and NIKIEMA, B. (2003) indicates that training health subject of the study is more concerned than others by the problem of lack of confidentiality during prenatal consultations.

the waiting time for pregnant women was considered long and moderately long by 33% of respondents, compared to 55% found by SANOU.D. which has a negative impact on the continuity of the CPN.

In terms of temporal accessibility, the study showed that more than half are 53% ignore the day dedicated to ANC, these results are similar to those found by IMA.S, which showed that ANC services are not permanent for 95.20% of surveyed, this constitutes one of the determinants of the low continuity in CPN.

Conclusion

Quality of outpatient care consists of offering comprehensive health care, continuous, and integrated, thus strengthening the continuity of prenatal consultation (as a component of quality) constitutes the best prevention against morbidity and maternal and child mortality. (EMRO, 2008)

Analysis and discussion of the results in relation to the objective of the study of the continuity of CPN at the level of the My Driss health center, strong points emerge such as that the Power of the decision 68%, knowledge of the age of pregnancy during the 1st CPN 86%, non-recourse to traditional practices 94%.

However, this continuity remains confronted with certain dysfunctions which could explain the problem of the study, we have the low quality of the reception of the F.E, along waiting time for W.PR, inadequacies in interpersonal communication,

the insufficient organization of CPN services, the non-permanency of CPN services.

suggestions are made such as the establishment of a training plan aimed at informing and raising awareness among women on the importance of continuity of care prenatal, through the reinforcement of “mothers’ class” sessions; reorganize the structure to readapt it to the specificities of women, improve and humanize the reception and reduce waiting time; in particular by modifying the time slots of the consultation prenatal care in order to ensure the permanence of this service; provide a recovery system for pregnant women in order to respect the schedule of the 4 CPN; train general practitioners in terms of prenatal consultation and postnatal consultation, obstetric care and emergency neonatal care (SONU), obstetric ultrasound.

These would make it possible to increase the use of reproductive health services, by reducing, in the short, medium and long term, the phenomenon of CPN discontinuity which constitutes an obstacle to achieving the ultimate goal of this study which is the fight against mortality and maternal and neonatal morbidity.

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