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Findings on the Use of Antenatal Facilities in Ogun State

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Summary

An observational study of the use of antenatal facilities in Ogun State from January to December 2002 was conducted. The National Health Management Information System forms (NHMIS) were used to collect data from the Primary, Secondary and Tertiary health facilities within the state including Private hospitals. Even though not all the forms were retired, it was found out that only 9.8% of the women that attended antenatal clinic actually delivered in a health facility and that only 37.8% of these attended postnatal clinic. Also 22.7% attended antenatal clinic only once with no revisit, 20.9% had 1-3 revisits, 4-6 revisits in 24.9% and above 6 revisits in 31.5% of the antenatal cases. 9.5% of the live deliveries were low birth weight.

These figures indicate that various programmes in place to improve mother and child care in the state is still far from being effective. There is the need therefore to devise new approaches to reaching prospective mothers in Ogun State.

Introduction

Pregnancy is an important milestone in the life of a woman and if not properly managed, can be a cause of high morbidity and mortality in the mother and child. While it is estimated that between ten and thirty percent of death in women among the reproductive age can be accounted for by pregnancy related complications (1), a significant proportion of neonatal death and morbidity can also result from improperly managed pregnancy, delivery and puerperium.

This communication intends to examine the antenatal care practices and pregnancy outcome in Ogun State with a view to strengthening the observed lapses if any.

Materials and Methods

The National Health Management Information system form approved by the Federal Ministry of Health and used nationally was used for data collection in this study. Monitoring and Evaluation Officers from all the Local Government Areas collect the data from all the Health Institution in their location (Tertiary, Secondary, Primary and private hospitals). The summary is then collated by each of these officials and sent to the department of Health Planning, Research and statistics, Ministry of Health for analysis.

Information extracted from the form over a one year period from January to December, 2002 included:

- Number of Pregnant women attending Antenatal Clinic
- Total number of deliveries
- Number of postnatal attendance.
- Total number of live birth by weight and sex.
- Total number of still birth.

Data Analysis

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Ogun State, Nigeria., Nigeria.*

Percentages, rates, ratios and proportions were used for data analysis.

Results

In table 1 of the 120,858 pregnant women that came for the Antenatal Clinic, 27,450 (22.7%) attended only once with no revisits while 25,268 (20.9%), 30,090 (24.9%) and 38,050 (31.5%) subsequently had 1-3, 4-6 and above 6 revisits respectively. The lowest antenatal attendance of 2,008 was recorded in Ogun Waterside Local Government area (49% of the projected figure) while the highest of 19,355 was at Obafemi Owode Government area (213% of the projected figure). Six Local Governments (Owode, Yewa South, Ado Odo/Ota, Ifo, Abeokuta South and Yewa North) accounted for more than half (51.8%) of the total antenatal clinic attendance in the State for the year under study. None of the pregnant women had more than 3 revisits in Abeokuta South Local Government Area.

During the study period, there were 11,714 live deliveries and 111 still births giving a total of 11,825 deliveries. Yewa South had the highest number of live births of 1,126 (9.6% of the live birth) while the lowest of 184 (1.6% of total live birth) was from Ogun Waterside. Out of the total deliveries of 246 in Ijebu-Ode Local Government, 36 (14.7%) were still birth. Also of the total still birth of 111, Ijebu-Ode Local Government area contributed 32.4%. Also during this study period only 4,467 (37.8%) of the patients attended postnatal clinic. The post natal attendance rate was poorest in Odeda Local Government area (1.1%) and highest in Sagamu Local Government area (122.5%).

Of the total antenatal attendance of 120,858, only a very small percentage (9.8%) delivered in the health facility. The highest rate of 17.9% was in Remo North Local Government and lowest in Owode Local Government 5.7%)

Table 2 shows the total live birth was 11,714. Of these 66 (0.6%) were premature and 1,117 (9.54%) were low birth weight. Low birth weight was highest (43.35%) in Ijebu

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Table I

USE OF ANTENATAL FACILITIES IN OGUN STATE

LGA	ANTENATAL ATTENDANCE										Post natal attendance C	% Post natal attendance after delivery (C/B x 100)	% of pregnant women that delivered (B/A x 100)
	1 st Antenatal attendance			RE-VISITS			DELIVERIES			TOTAL A			
	1 - 3	4 - 6	ABOVE 6	Live	Still	Total	B	Total					
Ewekoro	670	272	907	1,180	3,029	3	242	53	21.9	8			
Yewa South	2557	3,011	4,157	3,435	13,160	5	1131	660	58.4	8.6			
Ijebu N/East	764	486	1,093	1,581	3,924	1	359	384	107	9.1			
Ijebu Ode	565	143	783	1,008	2,499	36	246	97	39.4	9.8			
Ijebu East	516	307	915	1,353	3,091	1	480	105	21.9	15.5			
Ipokia	1403	745	1,386	1,503	5,037	6	783	332	42.4	15.5			
Sagamu	921	172	586	1,773	3,452	5	289	354	122.5	8.4			
Odeda	2,487	977	1,398	1,800	6,662	12	831	9	1.1	12.5			
Abeokuta North	1822	302	1,819	2,204	6,147	-	474	53	11.2	7.7			
Yewa North	389	1,226	791	4,659	7,065	-	958	234	24.4	13.6			
Odogbolu	1,169	443	1,901	2,532	6,045	7	466	56	12.0	7.7			
Owode	3,626	5,471	4,926	5,332	19,355	18	1103	805	73.0	5.7			
Ado/O/Ota	1,933	837	2,657	2,810	8,237	2	773	297	38.4	9.4			
Ikenne	875	678	1,533	2,029	5,115	4	639	49	7.7	12.5			
Abeokuta South	1,796	5,496	-	-	7,292	6	1114	215	19.3	15.3			
Ifo	1,602	3,276	2,286	328	7,492	3	458	118	25.8	6.1			
W/side	754	410	264	580	2,008	-	184	120	65.2	9.2			
Remo North	1,610	658	583	614	3,465	-	620	262	42.3	17.9			
Imeko Afon	1,224	32	1,244	2,470	4,970	1	441	232	56.2	8.9			
Ijebu North	757	326	861	859	2,813	1	234	36	15.4	8.3			
State (Total)	27,450	25,268	30,090	38,050	120,858	111	11,825	4,467	37.8	9.8			

Table II

LIVE BIRTHS

L.G.A.	TOTAL LIVE BIRTH	BELOW 2.5 KG			ABOVE 2.5 KG.			% AGE OF LOW BIRTH WEIGHT
		PRE-MATURE			MATURE			
		M	F	TOTAL	M	F	TOTAL	
ABEOKUTA NORTH	474	57	54	111	155	208	363	23.42
ABEOKUTA SOUTH	1,108	36	62	98	514	480	994	10.29
ADO ODO/OTA	771	18	17	35	322	413	735	4.67
EWEKORO	239	10	22	32	117	87	204	14.64
IFO	455	6	5	11	208	225	433	4.84
IJEBU EAST	479	96	30	126	198	154	352	26.51
IJEBU NORTH	233	58	43	101	75	57	132	43.35
IJEBU NORTH EAST	358	29	30	59	157	141	298	16.76
IJEBU-ODE	210	4	3	7	96	106	202	3.81
IKENNE	635	5	8	13	328	292	620	2.36
IMEKO AFON	440	20	12	32	210	186	396	10.00
IPOKIA	777	26	24	50	332	394	726	6.56
OBAFEMI OWODE	1,085	12	28	40	513	532	1,045	3.69
ODEDA	819	17	21	38	380	392	772	5.74
ODOGBOLU	459	17	27	44	204	211	415	9.59
OGUN WATER-SIDE	184	26	14	40	80	64	144	21.74
REMO NORTH	620	2	-	2	283	333	616	0.65
SAGAMU	284	3	1	4	149	131	280	1.41
YEWA NORTH	958	43	49	92	434	431	865	9.71
YEWA SOUTH	1,126	73	43	116	550	455	1,005	10.71
TOTAL FOR THE STATE	11,714	558	493	1,051	5,305	5,292	10,597	9.54

North Local government area and lowest in Sagamu Local Government area (1.41%).

The male to female ratio was 1:1 for those above 2.5kg and 1.1:1 for low birth weight infants.

Discussions

Although not all the health facilities sent in their returns to the Ministry for analysis for various reasons, it can be inferred from this study that the routine tasks and duties expected from the attending expectant mothers during pregnancy and peuperium are not adhered to. This has the possible effect of causing unnecessary death in the mother and child. For instance, it is expected that the pregnant woman should have Antenatal Care (ANC) attendance once a month till the 3rd trimester, then every two weeks. In this survey 22.7% attended ANC once. This group of women are likely to have received 1 dose of tetanus toxoid (TT) or none at all. It is a known fact that 1 dose of TT in pregnancy offers the child no immunity (2). The child therefore runs the risk of developing neonatal tetanus with its attendant fatality (3). Also in these defaulting women some complications that may likely occur may go undetected and may lead to fatality.

It is clearly shown here that the majority (90.2%) of the women who reported for ANC never delivered in the health facility of registration. Although many reasons have been adduced for this including inaccessibility of health facility when labour suddenly starts at unholy or unexpected hours, proliferation of delivery services in churches and traditional birth attendances homes, finance, herbalists homes among others, it is essential that an operational research is conducted to address this issue as these mothers may be having their babies in unhygienic environment with the attendant morbidity and mortality.

This study also showed that the majority of the women (62.2%) failed to attend postnatal clinic after delivery. Postnatal care is six weeks after delivery. The aim is to make sure that the mother had returned to pre-pregnancy state. During the visit issues of Family Planning and different methods available are also discussed. Also at the visit the mother is educated on the care of the child especially with regard to breastfeeding. Minor ailments are also treated and referrals made to a paediatrician if needed. The concerns of the mother are also addressed at the visit.

Although people have tried to explain the high incidence of low birth weight in many local government areas in the state especially Ijebu North, it still needs some elucidation. Amongst the reasons adduced for this had to do with the local practice in some communities in Ogun State where in a bid to prevent obstructed labour, some concoctions are given to the women in pregnancy to reduce the weight of the baby for easy passage of the baby during delivery. This concoction probably works through reduction in placental blood flow. This concoction needs to be analysed to know if it is beneficial or otherwise.

There is the dire need for intensification of health education for pregnant women and studies of knowledge, atti-

tude and practices during pregnancy and peuperium. Operational research into the lapses observed in this study and the analysis of the concoction purportedly used to reduce weight in pregnant women in many localities in Ogun State also need to be considered. It is hoped that these interventions will help make pregnancy, delivery and peuperium a pleasant experience and reduce maternal and perinatal mortality in the state.

Conclusion

Nigeria has one of the highest maternal mortality rates in the world (4,5). The results of this survey indicates the lapses that cause this kind of dire statistics. In Ogun State both Antenatal and postnatal Attendance is low compared to public health standards that will assure proper in-utero, delivery and infant health. General hospital attendance in Nigeria is low and has been put at about once in 70 years per person (6). This means that majority of people never see a doctor in their lifetime given that the life expectancy is about 56 years. It was previously thought that in South-western Nigeria, the maternity hospital use will be high and that public health campaigns aimed at mothers at hospitals could be easily successful. This survey analysis indicates that new approaches to reaching mothers in Ogun State will need to be devised.

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