ENGAGING COMMUNITY WOMEN’S GROUPS FOR IMPROVED ANTENATAL AND POSTNATAL CARE SERVICES

In Nigeria in 2013, pre-eclampsia and eclampsia (PE/E) accounted for one-fifth of all maternal deaths - twice as many deaths than those that resulted from postpartum hemorrhage. Several reports show access to quality maternal health services, including antenatal care (ANC), delivery, and postnatal care (PNC) is low, and there are limited recorded interventions that target bridging the gap between the community and health providers to improve ANC uptake to reduce PE/E.

Some studies report clients can ask for specific services from their provider when they know services exist. Therefore, empowering women with the right information about PE/E and other hypertensive disorders is likely to improve access to ANC services and maternal and neonatal health (MNH) outcomes. Preparing women’s group leaders to provide important health information to their peers during women’s community/village group meetings may encourage women to explore services at primary health care (PHC) facilities throughout the pregnancy continuum.

RESEARCH AIM

The Ending Eclampsia project seeks to understand the potential of underutilized and promising interventions to improve access to services, particularly improving community referral system. In Cross River State, this study aims to test the feasibility of women leaders to deliver health education on PE/E, referral, and other ANC/PNC services to their peers; to increase access to ANC/PNC services; to improve the ability of women to request specific services during ANC/PNC consultations and ask for results/feedback about their health examinations; and to test the effectiveness of women’s group interventions on ANC/PNC service uptake.

Highlights

- Pre-eclampsia (PE) is a condition of pregnancy marked by increased blood pressure and protein in urine after 20 weeks gestation.
- High-quality antenatal care improves prevention and early detection of pre-eclampsia and can prevent progression to eclampsia.
- Eclampsia is a life-threatening condition characterized by convulsions in women with PE.
- Women in developing countries are 300 times more likely to die from eclampsia than women in developed countries.
- It can be managed by administering antihypertensive drugs and magnesium sulphate (MgSO₄).
- MgSO₄ is the safest and most effective treatment for severe pre-eclampsia and eclampsia, and is one of the 13 UN Life-Saving Commodities for Women and Children.
- Pre-eclampsia and eclampsia and other hypertensive disorders in pregnancy increase the risk of pre-term births, which can lead to low birth weight, anemia, and stunting.
- Women’s antenatal care groups could provide an opportunity for increasing community awareness of PE/E.
Recruitment

Prior to selecting the participating women’s groups, the research team, in collaboration with the health providers and/or community leaders at PHCs, developed a list of women’s platforms and their membership density in selected communities in Cross River State. Where there were more than one women’s group in a community, the platform with the largest membership was selected and included in the study, ensuring the intervention reaches many women.

Intervention

From each selected community women’s group, two women leaders (the president and one other representative authorized by the group) receive training including meaning and causes of PE/E, its implications to mother and baby, hypertension in pregnancy, danger signs in pregnancy, services to expect or ask for during ANC/PNC, measurement of blood pressure, urinalysis, gestational age, malaria and HIV tests, implications of the danger signs experienced and importance of referrals adherence. They will also be trained on how to provide group awareness/health education and information on the importance of attending ANC, emergency obstetric care, PE/E and hypertension in pregnancy, the importance of urinalysis, and services to expect during ANC, including measurement of blood pressure, feedback on test results, referral, and follow up. The trained women’s group leaders receive simplified pictorial job aids and a log book to record activities, including the number of women present at each group meeting.

The research team conducts in-depth interviews with women leaders to determine their knowledge of the meaning of PE/E, hypertension in pregnancy, importance of ANC/PNC visits, views on what messages to deliver to the women’s groups, their expectations at the health facilities, and what influences them to use or not use the PHCs. An evaluation (before and after) at the facilities (facility record review) will determine effects of the women’s group interventions in terms of improvements in service delivery and utilization, including PE/E case detection and management. Client exit interviews were conducted before the intervention and will be conducted with women attending ANC/PNC after the intervention to determine effects on knowledge of PE and ANC/PNC services.

Women’s group leaders receive training to provide health education and information on ANC/PNC services, specifically those related to PE/E. After the trainings, they provide health education and information to their peers during regular meetings.

Evaluation

The intervention will be evaluated on the proportion of trained women’s group leaders who consistently delivered health education and information throughout the research duration, the proportion of pregnant women visiting the community platforms and attending ANC/PNC in the participating facilities during the period of intervention, and the percentage of women who asked for blood pressure measurement and urine examination.

Researchers will interview pregnant women during ANC to examine:

- How many pregnant women know about PE/E and other hypertensive disorders;
- How many women receive referral for PE/E management during the study;
- The proportion of ANC women who ask for specific services and request feedback about their examinations;
- Pregnant women whose BP and urinalysis are measured and recorded by health providers;
- Pregnant women who are satisfied with the services they received at the participating PHCs;
- Women with positive examination/laboratory results who were informed of the results;
- Pregnant women who were exposed to health education and information within different community women’s groups during the study period; and
- Women accessing ANC due to women’s groups.

EXPECTED OUTCOMES

In June 2018, researchers will aim to understand changes in knowledge and identify gaps to emphasize during monitoring visits, and assess if women feel empowered to use health facilities or to encourage their relatives to access ANC/PNC services, and if ANC attendance, PE/E case detection and management, quality of care improved.

CONTACT

Salisu Ishaku
sishaku@popcouncil.org
Lead Researcher, Ending Eclampsia Nigeria
Population Council, Abuja, Nigeria

Emmanuel Nwala
nwala@popcouncil.org
Senior Research Analyst, Ending Eclampsia Nigeria
Population Council, Abuja, Nigeria