

ABSTRACT

Maternal care including family planning are important areas which need to be strengthened to achieve the "Goal of health for all by the year 2000". Antenatal care is an important component of maternal care.

As it was observed that there are deficiencies in the antenatal care service delivery in the Matara district a community based descriptive cross sectional study of pregnant women registered over a specified period in two MOH areas Matara and Akuressa was undertaken. A group of 380 pregnant women consisting of 16.3% urban, 34.7% semi urban and 49% rural whose expected date of delivery was between 15th of September 1994 to 30th of October 1994 was studied.

An interviewer administered structured questionnaire was used as the study instrument. During the study, the interviewers questioned the selected pregnant women and used their "mother's records" (H 512 and H 514) to complete the questionnaire.

A total of 39.9% had attended a local maternal and child health clinic more than 5 times. This proportion being significantly higher in MOH area Akuressa than in Matara.

Two thirds of the pregnant women were registered before 16 weeks showing that this proportion was seeking antenatal care services early.

It was revealed that 69.2% of pregnant women were visited by the Public Health Midwife at home more than 5 times. 85.5% of pregnant women were registered at home. Health education during home visits was found to be a

deficient area. Testing urine for sugar and albumin was not done during home visits and examination of mothers at home was found to be incomplete.

It was revealed that 23.7% of the pregnant women in the Akuressa area were seen only by the PHM in the clinics. Distribution of haematinics was found to be adequate only in 49.8% of mothers. Study area showed a good coverage of protection by tetanus toxoid (98%). Important examinations like testing urine for sugar and blood pressure were not done adequately in the clinics.

Identification of at risk mothers by the PHM was found to be only 85.2% and in 92.7% of the pregnant women identified as having risk factors a "red sticker" was fixed on the mother's record for easy identification. Only 60.45% of them were explained the reason for fixing the red sticker. 40% of at risk women attending specialist clinics have stated that they were given preferential treatment. Of the mothers referred to the specialist by the medical officers only 2.5% were given a back referral to the officer referring the pregnant women.

It was recommended that supervision of field and clinic activities including logistics supply have to be improved. Regular in-service training for the field staff to update knowledge and skills and organized training for volunteer health workers were recommended to improve quality of care in clinics. Provision of medical officers to attend all the clinics was also recommended.