

## Abstract

Annually, approximately 330,000 pregnant females in Sri Lanka receive antenatal care through a network of clinics at the field and institutional level and domiciliary visits by the Public Health Midwives. This study was conducted to assess the quality of care provided at antenatal field clinics in the Gampaha District and comprised 3 components: the first assessed the resource availability and quality of services provided, the second assessed the quality of information provided and client satisfaction and the third assessed the quality of record keeping.

A sample of 20 clinics, with a decision rule where upto 6 inadequate performances were permitted to classify the service in the district as standard, was selected using the Lot Quality Assurance Sampling Technique for the first component. The clinics were selected randomly with probability proportional to size such that at least 1 clinic was selected from each of the 14 MOH areas of the district. In addition, for the second component, 20 pregnant females attending the clinics were randomly chosen and administered a questionnaire by an interviewer to assess quality of information provided and client satisfaction. Client satisfaction was assessed with regard to access to the clinic, buildings and infrastructure, time spent to obtain services, time spent by the service provider on each client, provider behaviour, medications received from the clinic, information received with regard to medications and total service delivery.

Four hundred clinic records were randomly selected from these 20 clinics and the quality of record keeping was assessed by a group of experts comprising MOO/MCH after developing a tool by consensus using the Delphi technique. The facilities in clinics were assessed using structured observational checklists. For repetitive procedures, 10 procedures were observed. If more than 6 clinics were found to be deficient in a particular aspect, that aspect was considered substandard for the entire district.

Several resource components needed upgrading in the district. For most of the resources which were classified as substandard, only relatively small financial inputs are required to upgrade them. Healthcare managers at the local level can easily find solutions for them. Basic facilities such as a sanitary toilet, safe water and electricity were not available in some of the clinics. However, improvements in them need support from higher levels. Organisation of the antenatal clinics, health education activities, supervision, testing of urine and physical examination of the pregnant females were areas that needed further improvements in the district.

The majority of the 400 mothers recruited to assess client satisfaction was between 25 to 35 years (62.3%) and were in their first pregnancy (52.5%). Client satisfaction exceeded 95% in all components of satisfaction considered except building and infrastructure (17.8%) and time spent at the clinic (15.2%) probably because this survey was done only among current users. Client satisfaction was not associated with educational level of the pregnant female or family income. This may probably be due

to homogeneity of the sample which comprised mainly of females from the poorer socio-economic strata.

A large percentage of pregnant females did not receive information on some routine procedures carried out at antenatal clinics such as blood pressure monitoring (68.7%), weight gain in pregnancy (50.2%) and on the vaccine given or its side effects (55.3%). Therefore, it is recommended that health personnel be more aware of the right of women to have access to information and to participate in decisions affecting their health. Antenatal record keeping was considered satisfactory in the entire district.

In general, it is recommended that supervision of clinics and maintenance of proper supervision notes should be strengthened in order to overcome trivial problems and improve the quality of services rendered at field antenatal clinics.