

Abstract

The antenatal period presents important opportunities for reaching pregnant women with interventions that may be vital for their health and well-being and that of their infants. To achieve the best outcome of the pregnancy, adequate, timely and hygienic intranatal care is considered crucial. Antenatal care and intranatal care are vital areas where quality of care can play a major role in ensuring the wellbeing of the mother and the child.

Assessment of client perceptions of the services is widely recognized as a useful tool in maternity services in developed countries and such perceptions has been considered as one of the best measures of quality of care. Client perception of quality of care is critical to understand the relationship between quality of care and utilization of health services. It is also crucial for healthcare providers to identify the activities that require improvement.

In Sri Lanka, where there is a widespread network of health care facilities for antenatal and natal care services with no geographical restriction on the use of the facilities for a given individual, it is not unusual for a pregnant woman to use antenatal services from different sources and make her own choice for intranatal services. These decisions are not necessarily linked to geographical access.

This study developed and validated two study instruments, one each for assessing the client-perceived quality of antenatal care and intranatal care. These instruments were developed using multiple qualitative methods. They had satisfactory levels of validity and reliability. The four factor model proposed by the current study for antenatal care was able to explain 73% of the variance, while the four factor model proposed for the intranatal care was able to explain 78% of the variance. The Cronbach's alpha for the antenatal care instrument was 0.965. The Cronbach's alpha for the intranatal care instrument was 0.972.

A cross-sectional study of antenatal mothers, who were followed up until after delivery was carried out in the Ratnapura district to assess the client-perceived quality of care. Logistic regression model was selected to study the association between client-perceived

quality of care and service utilization. A geospatial analysis including collection of data on the location of the residences of the participants, health institutions and other relevant attributes and analysis of data based on the locations was conducted.

The client-perceived quality of antenatal care was assessed in a sample of mothers using the developed instrument which included four domains. The lowest total mean score for a domain was reported from 'resources and accessibility' domain. There was a wide variation in the scores of client-perceived quality of antenatal care between MOH areas in Ratnapura district.

The lowest mean scores for the items for client-perceived quality of intranatal care were reported from items within the domains 'communication and information' and, 'accessibility, resources and ward care'. The findings showed a wide variation between items within domains of client-perceived quality of intranatal care between institutions where the delivery had taken place.

The findings also demonstrate the use of multiple sources of antenatal care by mothers. The three main sources of antenatal care services included MOH clinics, hospital antenatal clinics and private sector antenatal clinics. There were nearly 46% of the mothers who had used all three services concurrently. The MOH clinics were the most frequently used, with nearly 65% of the mothers visiting the clinic 8 - 10 times. The private sector clinics and the hospital based clinics were much less frequently utilized. The findings also indicated comparatively higher percentage of mothers utilizing larger hospitals for delivery care.

The mothers who reported low client-perceived quality of antenatal care were nearly one and half times more likely to use private sector services in combination with government sector antenatal care services (OR=1.40, 95% CI 1.01 – 1.95). The mothers who have reported high client-perceived quality of intranatal care were nearly two and half times

more likely to utilize delivery care in a District General Hospital or above (OR=2.47, 95% CI 1.84 – 3.31).

The best geographical accessibility was found in the field clinic centres. The accessibility to hospital and private sector clinics were almost equal and generally less than that of MOH antenatal clinics.

The contents of the study instruments provide useful information that could be the basis for the improvement of quality of care from a client's perspective. The regional programme managers should evaluate the facilities and human resources at the antenatal clinics and in the hospitals on a regular basis to identify the areas for improvement. They should also organize in-service training programmes regularly for labour room staff to inculcate favourable attitudes towards mothers, emphasizing more on client perspectives.

To prevent by-passing of health institutions it is necessary to improve the available facilities for natal care and early post natal care at the primary level institutions. Further qualitative research studies should be undertaken to find the underlying factors for the use of multiple sources of antenatal care. To improve client-perceived quality of care, the facilities at the antenatal clinics in the state sector should be strengthened. Ensuring quality of care should be identified as an important aspect in the provision of services that should be harboured among the health staff. Similar approach should be adapted in all primary level institutions and for labour room staff. Use of geo-spatial methods for planning and development at the regional level should be promoted.