

HEALTH SECTOR REFORMS AND MATERNAL HEALTH

**Proceedings of the 39th Annual General Conference
of the Society of Gynaecology and Obstetrics
of Nigeria (SOGON) – “OLUYOLE 2005”**



Editors:

**A.O. Omigbodun, O. Olayemi,
A. Oladokun, O.A. Ladipo**

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Theme: ‘Health Sector Reforms and Maternal Health’

Sub-Theme: ‘Financing Maternal and Child Health Services in Nigeria’

Venue: Premier Hotel, Ibadan, Oyo State, Nigeria.

Date: 22nd – 25th November, 2005

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PATIENTS ASSESSMENT OF QUALITY OF OBSTETRIC CARE IN A NIGERIAN TERTIARY HOSPITAL

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INTRODUCTION

- The provision of quality care to pregnant women.
- This quality care should be provided with compassion, dignity, confidentiality, continuity and informed choice.
- Quality assessment in reproductive health services examines service delivery in a comprehensive manner, taking into account the point of view of health facility users and quality of services at different levels.
- Qualitative methods have been found to be useful or essential in sensitizing researchers to women's concerns, priorities and preferred expression.
- Quality of care is also one of the indices of process indicators which are used to describe the major pathway to reducing maternal mortality
- Women may have expectations which need to be assessed to improve services, increase utilization and hopefully prevent a lot of avoidable deaths.

AIMS AND OBJECTIVES.

- To describe the patients views on antenatal and delivery care practices offered.
- To determine deficiency areas in the service system from the patients perspective.
- To propose changes that would improve the quality of services offered to the obstetric patient.

MATERIALS AND METHODS

- A descriptive cross sectional study carried out at the University College Hospital, Ibadan.
- Inclusion criteria:
 - women who had antenatal care and delivery in this hospital.
 - Women who had a minimum of 3 ANC visits.
 - Those who gave their consent to partake in the study.
- Exclusion criteria:

- Members of staff
- Unbooked patients
- 137 women were randomly selected by convenience sampling.
- Interviews were conducted through pre-tested structured questionnaires, which were administered by trained interviewers.

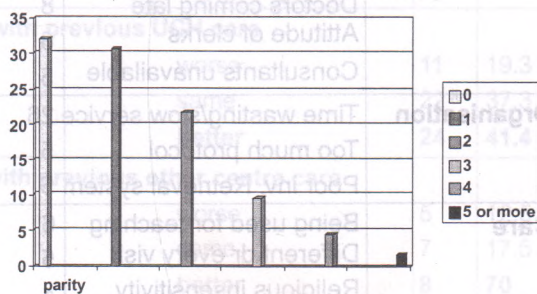
SOCIO DEMOGRAPHIC FEATURES

		No.	%
Marital status	Single	4	2.9
	Married	133	97.1
Tribe	Yoruba	115	83.9
	Ibo	15	10.9
	Hausa	1	0.7
	others	6	4.4
Religion	Christian	113	82.5
	Moslem	24	17.5
Educational status	None	3	2.2
	Primary	4	2.9
	Secondary	56	40.9
	Post secondary	74	50.0

RESULTS

- The mean age of the respondents was 30.5 years (range 18-43).
- Most of the patients (82/59.8%) booked in the 2nd trimester.
- Almost one fifth (26/18.9%) of the women had concurrently booked elsewhere in the index pregnancy.
- Majority (128/93.4) were satisfied with the number of antenatal care visits.

PARITY DISTRIBUTION



RESULTS/2

- Most (130/94%) rated the health talk as good.
- Two-thirds (93/67.9%) did not feel there were too many tests.
- One quarter (104/75.9%) were aware of the nature of the tests.
- Less than half of the women (60/43.8%) voiced dislikes about the clinic.
- About half (77/56.2%) proffered recommendations on how to improve the clinic.

REASON FOR BOOKING IN UCH

	No.	%
Referred from elsewhere	7	5.1
Recommended	24	17.5
Relatively cheaper than others	2	1.4
Relatively better than others	24	17.5
Convenient	18	13.1
Efficient service	38	22.1
Good facilities	40	29.1
Access to qualified staff	80	58.3
Previous complicated pregnancy	14	10.2
No particular reason	12	8.7
Others	5	3.6

PATIENTS' DISLIKES ABOUT ANC

		No.	%
	No of respondents	60	43.8
Staff	Attitude of nurses	10	7.2
	Doctors coming late	8	5.8
	Attitude of clerks	6	4.3
	Consultants unavailable	5	3.6
Organisation	Time wasting/slow service	26	19
	Too much protocol	5	3.6
	Poor inv. Retrieval system	5	3.6
Care	Being used for teaching	6	4.3
	Different dr every visit	5	3.6
	Religious insensitivity	1	0.7
Structure	Poor toilet facilities	3	2.2
	Bad couches	3	2.2

Patient's recommendation for improvement of antenatal clinic

	No.	%
General improvement in attitude of staff	25	18.2
Doctors to come on time	16	11.2
Increase number of staff	5	3.6
Better communication between staff and patients	4	2.9
Better organization generally	10	7.2

DELIVERY CARE

	No.	%
Not enough privacy	47	34.3
Preferred to have relative at bedside	111	81
Not informed on progress in labour	18	14
Would have liked analgesia in labour	97	78.7

ASSESSMENT OF CARE

Comparisons	No.	%
with previous UCH care		
worse	11	19.3
same	22	37.3
better	24	41.4
with previous other centre care		
worse	5	12.5
same	7	17.5
better	8	70

CONCLUSION

- Women have expectations from their care providers when pregnant.
- Dissatisfaction with service provision could lead to discontinuation of care.
- The desires of these women can easily be achieved with better information, education, counseling and a stronger commitment by health care policy makers and providers.

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