



Focused Antenatal Care: A Better, Cheaper, Faster, Evidence-based Approach

- *Traditionally, antenatal care (ANC) programs have mirrored those in developed countries. Too often, programs are poorly implemented and do little to promote the health of mothers and newborns.*
- *Until recently, many of the components of antenatal care had not been rigorously evaluated. Now the World Health Organization (WHO) has developed a focused ANC package that includes only counseling, examinations, and tests that serve immediate purposes and have proven health benefit.*

Goals of Focused ANC: The new approach to ANC emphasizes the quality of care rather than the quantity. For normal pregnancies WHO recommends only four antenatal visits. The major goal of focused antenatal care is to help women maintain normal pregnancies through:

- Identification of pre-existing health conditions
- Early detection of complications arising during the pregnancy
- Health promotion and disease prevention
- Birth preparedness and complication readiness planning.

Identification of Pre-existing Health Conditions: As part of the initial assessment, the provider talks with the woman and examines her for signs of chronic conditions and infectious diseases. Pre-existing health conditions such as HIV, malaria, syphilis and other sexually transmitted diseases, anemia, heart disease, diabetes, malnutrition, and tuberculosis may affect the outcome of pregnancy, require immediate treatment, and usually require a more intensive level of monitoring and follow-up care over the course of pregnancy.

Note: The new focused antenatal care model does away with screening for risk factors. Research has discredited the "risk approach," although it is still in widespread use. The risk approach fails to predict who will go on to develop complications of pregnancy and delivery. Instead, the WHO package includes a classifying form to help providers identify women who have conditions requiring treatment and more frequent monitoring.

Early Detection of Complications: The provider talks with and examines the woman to detect problems of pregnancy that might need treatment and closer monitoring. Conditions such as anemia, infection, vaginal bleeding, hypertensive disorders of pregnancy, and abnormal fetal growth or abnormal fetal position after 36 weeks may be or become life-threatening if left untreated.

Health Promotion and Disease Prevention: Counseling about important issues affecting a woman's health and the health of the newborn is a critical component of focused ANC. Discussions should include:

- How to recognize danger signs, what to do, and where to get help
- Good nutrition and the importance of rest
- Hygiene and infection prevention practices
- Risks of using tobacco, alcohol, local drugs, and traditional remedies
- Breastfeeding
- Postpartum family planning and birth spacing.

All pregnant women should receive the following preventive interventions:

- Immunization against tetanus
- Iron and folate supplementation.

In areas of high prevalence women should also receive:

- Presumptive treatment of hookworm
- Voluntary counseling and testing for HIV
- Protection against malaria through intermittent preventive treatment and insecticide-treated bed nets
- Protection against vitamin A and iodine deficiencies.

Birth Preparedness and Complication Readiness: Approximately 15 percent of women develop a life-threatening complication, so every woman and her family should have a plan for the following:

- A skilled attendant at birth
- The place of birth and how to get there including how to obtain emergency transportation if needed
- Items needed for the birth
- Money saved to pay the skilled provider and for any needed medications and supplies
- Support during and after the birth (e.g., family, friends)
- Potential blood donors in case of emergency.

Implementation of Focused ANC: The WHO ANC package is designed as a job aid for ANC providers. It includes the forms and checklists needed to implement the package and instructions for use. To introduce the package into practice may require, depending on the country, updating national clinical standards and guidelines for ANC, modification of pre-service training curricula in ANC, in-service training for ANC providers and their supervisors, and a thorough assessment and plan for making changes in drugs, equipment, and supplies needed to implement the package. USAID-funded programs have developed model standards and guidelines that can be adapted to local conditions. Likewise, training modules and curricula exist to help providers update their knowledge and skills.

Where to get more information: www.maqweb.org

Reference:

WHO Antenatal Care Randomized Trial: Manual for Implementation of the New Model. Ref. WHO/RHR/01.30-45 pages.
http://www.who.int/reproductive-health/publications/RHR_01_30/

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Last Revised: 5/16/05

Produced in association with The Maximizing Access and Quality Initiative

Designed and produced by: The INFO Project at the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs



U.S. Agency for
International Development