

## Evaluation of the quality of prenatal consultation at the Community Health Center of Ber in the Health District of Tombouctou

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### Abstract

### Original Research Article

The aim was to evaluate the quality of the prenatal consultation at the Community Health Center of Ber, in the Health District of Tombouctou. **Patients and Methods:** Descriptive cross-sectional study with analytical aim including an observational flight, a quantitative component with exhaustive sampling and a qualitative component following a reasoned non-probabilistic sampling involving 347 pregnant women and which took place over 45 days from November 15 to December 31, 2019 at the Ber CSCoM in the Tombouctou Health District. **Results:** The age group was between 24 and 33 years old with 48.4%. The majority of users of SR services and care consulted for a CPN1 with 70%. 58.8% had a history of multiparity. Only 12.4% of the pregnancies monitored were identified as at risk. 0.6% of the users presented danger signs. The majority of users received a MILD with a rate of 65.4%. The qualitative study allowed us to know the knowledge, attitudes and practices of mothers, grandmothers, women leaders, ATR and men on CPN. The observational study allowed us to evaluate the reception, the quality of the care, the profile of the staff and the availability of medicines, the caregiver-caregiver relationship. **Conclusion:** The performance of the CPN services at the Ber CSCoM was judged satisfactory according to the rating parameters used in the present study. It should be optimal to allow all pregnant women and users to benefit from it.

**Keywords:** Prenatal consultation, pregnant women, District health: Ber.

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## INTRODUCTION

Pregnancy is a physiological state in women, during the period that extends from fertilization to childbirth. It is experienced in Africa as an event that allows women to value themselves, to assert themselves, to keep or strengthen their place within the family by giving birth to a newborn who is welcomed with joy and joy in society. But during pregnancy or childbirth many women lose their lives or are victims of complications such as: anemia, vesicovaginal fistulas, eclampsia or uterine prolapse.

The prenatal consultation (CPN) is a preventive medical procedure to detect and treat possible complications occurring during pregnancy. It also makes it possible to dictate the delivery route. In developed countries, 99% of women receive quality

prenatal care while in countries in the developing world, this proportion is 74% (2)

According to the EDMS V 2013, 74% of women consulted a health professional during pregnancy and childbirth; this proportion has increased slightly since the EDMS-IV of 2006 (70%). In many countries of the world, having a child remains a perilous adventure: According to UNICEF's 2014 annual report, more than half a million women die every year, worldwide, as a result of pregnancy or difficult childbirth. "While the number of deaths of children under the age of 5 has declined since 1990, maternal mortality remains a stubbornly insoluble problem," regrets the document made public by the United Nations Children's Fund, Thursday, January 15, 2009.

In developed countries, 99% of women receive quality prenatal care, while in developing countries, this proportion is 74%. 74% of women consulted a health professional during pregnancy and childbirth.

## MATERIALS AND METHODS

Our study has two components: A quantitative component and a qualitative component.

### 1. Quantitative component:

This is a quantitative descriptive cross-sectional study with an analytical aim that took place over 45 days from November 15 to December 31, 2019 at the CSCom of Ber Health District of Timbuktu.

### 2. Qualitative component:

The tools used are the following:

An interview guide on the opinion of pregnant women. An interview with the users, grandmothers,

traditional birth attendants and women leaders (15 people) of women during previous pregnancies, access to the structure, their opinions on the CPN (advantages), rumors, the opinion of the community, the use of the CPN service for women.

A questionnaire for the health worker on the benefits related to the service, satisfaction with the work environment, the availability of work equipment, his relations with the population, with these colleagues, the availability of supports. The opinion of pregnant women about the reception, the waiting time, the prescribed care.

## RESULTS

### 1. Quantitative component:

**A total of 347 women were included in our study**

**Table 1: Distribution of women by age group**

Age group	Effectif	Percentage
14-24 years	136	39,2
25-34 years	<b>172</b>	<b>49,6</b>
35-44 years	35	10,1
45-54 years	4	1,2
TOTAL	<b>347</b>	<b>100,0</b>

The majority of SR services and care users are between 25 and 34 years old with 49.6%.

**Table II: Distribution of women by type of CPN**

Types of CPN	Effective	Percentage
CPN 1	<b>243</b>	<b>70,0</b>
CPN3	76	21,9
CPN4 and more	28	8,1
TOTAL	<b>347</b>	<b>100,0</b>

The majority of SR services and care users to be consulted an CPN1 with 70.0%.

**Table III: Distribution of women by danger signs**

Danger signs	Effective	Percentage
Yes	<b>2</b>	<b>0,6</b>
No	345	99,4
TOTAL	347	100,0

Only 0.6% of women showed danger signs

**Table IV : Distribution by pregnancies at risk**

Number of pregnancies at risk	Effective	Percentage
Yes	43	12,4
No	304	87,6
TOTAL	<b>347</b>	<b>100,0</b>

Only 12,4% of pregnancies were identified as being at risk

**Table V : Distributon of women by SP dose received**

SP dose received	Effective	Percentage validated	Cumulative percentage
SP 1	191	55,0	55,0
SP 2	38	11,0	66,0
Don't receive	118	34,0	100,0
TOTAL	<b>347</b>	<b>100,0</b>	<b>100,0</b>

The majority of SR services and care users received SP1 dose with 55.0%.

**Table VI: Distribution of women by VAT dose received**

VAT dose received	Effective	Percentage validated	Cumulative percentage
VAT 1	245	70,6	70,6
VAT 2 and more	18	5,2	75,8
Don't vaccine	84	24,2	100,0
<b>TOTAL</b>	<b>347</b>	<b>100,0</b>	<b>100,0</b>

The majority of SR services and care users received VAT1 dose with 70.6%.

**Table VII: Distribution of women by Blood pressure measurement**

Blood pressure measurement	Effective	Percentage
Yes	342	98,6
No	5	1,4
<b>TOTAL</b>	<b>347</b>	<b>100,0</b>

Blood pressure was taken in the majority of women with 98.6%.

**Table VIII: Distribution according to women who received MILD**

Women who received MILD	Effective	Percentage validated	Cumulative percentage
Yes	228	65,5	65,7
No	119	34,3	100,0
<b>TOTAL</b>	<b>347</b>	<b>100,0</b>	<b>100,0</b>

The majority of SR services and care users received MILD with 65.5%.

## 2. Qualitative component:

The analysis of the Focus groups focused on the following points:

- The perception of the CPN,
- The level of women's knowledge about CPN,
- The preferences and expectations of the users,
- The sources of information.
- The accessibility of health facilities

### *Perception of the CPN:*

-All participants agree that it is "imperative" to regularly monitor pregnancy by CPN.

-For almost all women, the baby represents their first concern: When we talk about the usefulness of CPN, the spontaneous answer is "it makes it possible to ensure the state of health of the baby; its growth..."; The health of the mother comes second except when the woman has a negative previous experience.

-They think that: "If there is no follow-up file at the health center, the woman risks being reprimanded by the nursing staff".

### *Level of knowledge about CPN:*

For the women's group, the services provided are listed, in order of importance, as follows: Ultrasound: Biological analyzes, the administration of vaccines, nutritional advice, lifestyle and clinical examination.

### *Preferences and expectations of NPCs:*

-For both groups, optimal prenatal follow-up would consist of at least one medical visit per month, regardless of whether the pregnancy is at risk or not.

-Some participants want the visits to be more frequent and closer at the beginning and end of pregnancy;

-They insist on the importance of the availability of complementary examinations (ultrasound and analyzes) at the level of the health center. The IEC is mentioned by both groups.

### *Sources of information:*

In general, the first information is obtained from the family (especially the mother) and the entourage. They remain insufficient. The health center is described as the most important source of information. Television and radio are not an important, although accessible, source of information.

The most mentioned themes in the information and awareness messages are:

The importance of CPN, hygiene, nutrition, danger signs, preparation for childbirth. However, this information is, most often, quoted in a vague and superficial way.

### *Accessibility of health facilities*

It is good for women who live in Ber ville because we don't need a way to get to the center.

On the other hand, for those who are outside Ber, there is an accessibility problem in some areas of the sites more than 70 km from the city center and there is no vehicle to get there.

## COMMENT AND DISCUSSION

The present study on the quality of the prenatal consultation at the CSCom of Ber was based essentially on the consultation of the registers, the verification of the procedures and the direct observation of the acts and technical gestures of the health personnel. The repeated measurements over time of the parameters observed

directly made it possible to strengthen the validity of the results obtained.

#### **Age range:**

In our survey, the majority of users of SR services and care had an age between 25 and 34 years with 49.6%. This result agrees with that of Tano-Aké SO (15) but differs from that of Diallo A.S. MAIGA (3) in whom the age group 19 to 24 years was the most represented with a rate of 32.5%.

#### **Type of CPN:**

70% of pregnant women were at their first CPN. This rate can be superimposed on that of Siaka M KEITA (2) who had found 67.5% but much higher than that of SAGARA J.A (22) who had found 21.5%.

#### **Number of pregnancies at risk:**

Only 12.4% of the pregnancies monitored during the survey period were identified as at risk. This result is in accordance with that of Tano-Aké SO (15) with 15.08% but different from that of Siaka M KEITA (2) with 59.12% of cases.

#### **Danger signs:**

Only two users of SR services and care (0.6%) followed during the survey period showed signs of danger. This result is compatible with most of the references that we consulted during our investigation.

#### **Women who have received MILD:**

The majority of users of SR services and care during the survey period received a MILD with 65.4% contrary to the results obtained by SAGARA J.A et Al (22) with 23.57% of women having received a MILD.

## **CONCLUSION**

Our objective was to study the quality of CPNS in the Ber CSCom. Prenatal visits are an opportunity for providers to allow the pregnant woman to carry out a health check, to provide preventive care and possibly treatment and to teach her measures to observe at home to better monitor her pregnancy and improve the chances of survival of her newborn.

## **REFERENCES**

1. Afnor (2005), The tools of the customer satisfaction survey.
2. Siaka M. Keita Evaluation of the quality of prenatal consultations in the Faladié Community Health Center (ASACOFA) 2008 Mali
3. Diallo A.S. Maiga, Evaluation of the quality of prenatal consultations at the reference health center of the Municipality I Thesis 2008 Mali
4. Eds Iv Mali "Demographic and health survey" Mali – 2006.
5. Eds V (Demographic Health Survey) Mali- 2012
6. Eds Vi (Demographic Health Survey) Mali-2018
7. Anaes: The satisfaction of patients during their care in health facilities. Review of the medical literature. September 1996. (France).
8. Donabedian Adevis Exploration in assessment and monitoring, Vol I The definition of quality and approaches to his assessment health administration press an Arbor?
9. Essential newborn care: Report of a technical working group, Trieste, April 25-29, 1994
10. Heraud Marion: "Words of women, Disability and Reproductive Health": Study report. Timbuktu region. International Handicap. June 2004. (Mali).
11. Jaffre Y "Health services "for real". Health policies and daily interactions in some health centers (Bamako, Dakar, Niamey) " 1999.
12. Jaffre Y. Review Other part n ° 28: "The concern for the other: ethical, professional and reflexivity audit of caregivers in Guinea" 2003.
13. Gobbers D, Equity in access to care in West Africa, N°38, March 2002.
14. Martinez Caroline: "Quality of care and support relationship in Togo: The example of the management of Buruli ulcer at the Tsevié hospital" Handicap International, Study report- October 2009 (Togo).
15. Tano-Ake So Evaluation of the quality of prenatal consultations in the Grand Bassam health district (Ivory Coast) 2002
16. Doctors Of The World- Dr. Dicko. B " Study of practices and perceptions of the reception of users at the reference health center of Goundam. Timbuktu Region, Republic of Mali. 2001.
17. ORS (Regional Health Observatory): "Satisfaction survey of nursing centers members of the Regional Committee of nursing centers of Franche-Comté (Corecsi). December 2009 (France).
18. Peteytremann, I., Brideaux, Cathieni, F, Burnand, B. (2006). "Satisfaction with the quality of maternity hospital activities with regard to pregnancy monitoring and the course of childbirth" Report Studies & Results. (Switzerland).
19. PNP "Reproductive Health Policy, Standards and Procedures" - Ministry of Health. Division of Reproductive Health- Mali - June 2005.
20. SLIS "Health Information System" Timbuktu Region- Regional Health Directorate- Mali- 2009.
21. Ndiaye, P. & Al "Socio-cultural determinants of the delay of the 1st prenatal consultation in a health district in Senegal" Scientific article (Public Health 2005/4 Vol. 17), pages 531 to 538) Senegal 2005
22. Sagara, J. A. (2010). "Refocused prenatal consultation: Attitudes, knowledge and practices of the Dio-Station community" Medical thesis Mali.