



Research Summary

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Improving the quality of antenatal care at public health facilities in Lao PDR

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BACKGROUND

Antenatal care (ANC) is a core contributor to maternal and child health. It presents an excellent opportunity to promote a healthy lifestyle and helps to improve health outcomes for women, their unborn children and the family. Unfortunately, research conducted in Lao PDR continues to reveal the inadequacy of ANC quality in the public health facilities (Manithip, 2012; Phommachanh et al., submitted 2018). The poor quality is experienced from both the supply and the demand sides. Research supported by LEARN has identified a number of contributing issues: the standard of facilities, human resources, privacy and confidentiality, providers' behaviour, attitudes, and ineffective communication (Phommachanh et al., submitted 2018).

The findings of an observational study conducted in 2018 are presented here, and provide strong evidence that opportunities exist to improve health education and counselling at public ANC services in Laos. A WHO observation checklist served to collect data on ANC sessions, along with information from mothers. The time spent for each ANC session was recorded. Descriptive and inferential statistics were applied to analyse the data.

KEY FINDINGS

- Overall performance of ANC sessions by health care providers was inadequate in both urban and rural areas.
- Insufficient information was provided on danger signs during pregnancy, nutrition during pregnancy and breastfeeding, child nutrition, and iron supplementation.
- Generally the communication skills, behaviour and attitude of health providers were found to be very poor
- Only 4% of the observed ANC sessions took privacy into consideration
- Less than 1.4 of pregnant women were treated with kindness and respect

- Less than 10% of available IEC materials were used during each ANC session
- None of the health providers performed a specific counselling process in both urban and rural areas
- Overall mean (SD) time-spent for each ANC session was 16.21 (4.28) minutes
- A positive correlation was identified between the length of working experience of health providers and their physical performance scores.

POSSIBLE SOLUTIONS

Training is an obvious option to improve the competency of health staff in health education and counselling, and to increase their awareness of medical ethics. Medical ethics should be integrated into the health professional curricula. To improve privacy, confidentiality and unequal treatment, refresher training on medical ethics is needed at least annually for health providers at all levels.

STANDARD MATERIALS AND GUIDELINES

Standard guidelines and effective health education materials should be available to health providers at all levels. The materials must be clear and include attractive pictures. Development could involve clients as well as providers, from community level up. Materials for clients to bring home could increase knowledge and influence others in the community such as me.

ROLE MODELS, PEER FEEDBACK SYSTEM

Good role models would strongly influence health providers' behaviour and attitudes. Peer feedback and exchange could also help, perhaps during routine meetings but also by health facility managers.