7.1.1 Antenatal Care

Antenatal care is a critical component of Safe Motherhood Initiative and it appears generally patronised by women in Sierra Leone on the basis of records of antenatal attendance. However, most women only report at the point of delivery or in labour instead of the four visits required in the focus antenatal standard during pregnancy. Four visits are generally adequate to monitor the progress of labour and detect and manage any complications at the appropriate stages of pregnancy. They are sufficient to provide tetanus toxoid immunizations, multivitamins, prevent malaria with intermittent preventive treatment of malaria and insecticide treated bed nets, and prevent anaemia with iron, folic acid and Antihelminthic treatment.

Data from the recent Demographic and Health Survey (2008) indicate that 86.9 percent of women of Reproductive age (15-49) in Sierra Leone receive antenatal care from a medical personnel, either from doctors (6.2 percent) or nurses or midwives (52.9 percent) or MCH Aides (27.8 percent) or community health workers (2.0 percent). A small fraction (3.2 percent) receives antenatal care from Traditional Birth Attendants, while 6.7 percent do not receive any antenatal care. In comparison, the institutional delivery rate is still very low, especially in rural areas where there appears to be a high attendance rate of women at antenatal care, at least from communities that have easy access to health facilities.

It is also indicated that 74.5 percent of mothers received two or more doses of tetanus toxoid during pregnancy. During these visits, health talks on diet, birth preparedness, care of the newborn, danger signs and staying healthy are given to pregnant women. Information is also provided to the women to enable them make appropriate decisions regarding place of delivery and follow-up care for mother and the newborn.

Collaboration with all members of the health care delivery team and the community is crucial to achievement of the MDGs. Health providers and community based structures such as Village Development Committees and the traditional birth attendants can reinforce the importance of antenatal care and sometimes accompany women with complications to health facilities. They can also help identify women who are at high risk of complications and persuade the families of the importance of delivering in the appropriate facility.

Recognising the pivotal role of midwives in reducing maternal and newborn mortality and morbidity, there should be a long term plan by government to increase the number of skilled birth attendants (midwives) and redefine the scope of work of TBAs, thus gradually phasing out their use in deliveries. This could be done preferably by the year 2015 with focus on a human resources development plan that will include strategies for producing, deploying and retaining skilled birth attendants. The training of MCH aides for the provision of maternal and newborn care should be an interim step of a longer-term plan for training them to be skilled attendants.

Table 5: Maternal and Newborn Care

Interventions and Services Provided	Community (TBAs etc)	MCHP/CHP	CHC	District Hospital
Routine Care				
Diagnose pregnancy (Clinic diagnosis)	Yes	Yes	Yes	Yes
Identify/ Screen for danger signs, including swollen feet, bleeding, short height etc	Yes	Yes	Yes	Yes
Monitor growth of foetus (Height of fundus)	No	Yes	Yes	Yes
Monitor mother's weight-gain	No	Yes	Yes	Yes
Give tetanus toxoid	No	Yes	Yes	Yes
Give prophylactic iron, folic acid, and multivitamins,	Yes	Yes	Yes	Yes
Give intermittent preventive treatment for falciparum malaria	No	Yes	Yes	Yes
Give Mebendazole for deworming	No*	Yes	Yes	Yes
Screen for pre-eclampsia or hypertension	No	Yes. Refer for delivery	Yes Refer for delivery	Yes
Manage PIH/Eclampsia/ hypertension	No	No	Initiate treatment and Refer immedi-	Yes
Screen for anaemia	No/yes	Yes	Yes (lab)	Yes (lab)
Treat for anaemia	no	yes	Yes (Lab)	Yes (Lab)
Manage severe anaemia (< 7 gm/dl) with symptoms or in last trimester	Refer	Refer	Refer	Yes
Screen (RPR/HIV) and manage STIs	No	Yes	Yes	Yes
Counselling for HIV	No	(Yes)	Yes	Yes
Feel for mal-presentation or twins	No	Yes and re-	Yes and refer	Yes
IEC/BCC on the importance of antenatal care, especially for teenage mothers and high parity	Yes	Yes	Yes	Yes
IEC/BCC on diet and rest during pregnancy, postpartum Promote early exclusive breast-	Yes	Yes	Yes	Yes
IEC/BCC: birth preparedness and danger signs, institutional delivery, family planning and immuni-	Yes	Yes	Yes	Yes
Promote/Provide ITNs for pregnant women	Yes	Yes	Yes	Yes

Interventions and Services Provided	Community (TBAs etc)	MCHP/CHP	CHC	District Hospital
Manage Complications of Pregnancy				
Manage threatened or complete abortion	Refer	Refer	Yes	Yes
Manage incomplete abortion (Manual Vacuum Aspiration)	Refer	Refer	Yes	Yes
Manage Complicated abortion	Refer Immedi-ately	Refer Imme-diately	Refer	Yes
Manage ectopic Pregnancy	Refer Immedi-ately	Refer Imme-diately	Refer Imme-diately	Yes
Manage urinary tract infection	Refer	Refer	Yes	Yes
Manage fever / malaria (Rapid diagnostic test)	Refer	Initiate treat-ment and	Yes	Yes
No foetal movements	Refer	Refer	Refer	Yes
Ruptured membranes, not in labour	Refer	Refer	Refer	Yes
Bleeding per vagina	Refer immedi-ately	Refer imme-diately	Assess and Refer	Yes

7.1.2. Supervision of Labour and Childbirth

The MDGs call for an increase in the proportion of deliveries assisted by a skilled attendant to 90% by 2015. In order to meet these targets, all deliveries should be supervised and conducted by midwives, who play a key role in the supervision of labour and childbirth. They are the most cost effective health providers in reducing maternal and neonatal deaths. The current shortage of qualified midwives compromises the attainment of the MDGs. Therefore, until sufficient support is provided to midwifery training to increase the number of midwives in the country, it will be difficult to increase the proportion of deliveries supervised by a skilled attendant.

Health facilities, especially hospitals, should be strengthened to provide 24 hour services. However, midwives working in district hospitals should concentrate on supporting and supervising the Maternal and Child health aides in their catchment area to promote clean deliveries, improve newborn care and recognize both maternal and newborn danger signs, including the use of the Partograph and early referral