Quality of maternity care services before the implementation of prevention of HIV mother-to-child transmission in Côte d'Ivoire

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SUMMARY

Quality of maternity care services remains a concern in developing countries. In the context of an HIV/AIDS epidemic, the implementation of prevention of mother-to-child transmission (PMTCT) of HIV may be beneficial or detrimental to quality of antenatal and delivery care services. The aim of the study was to evaluate the quality of maternity care services before and after the implementation of PMTCT activities in Côte d'Ivoire. This report will only present the results of the baseline study carried out before the implementation of PMTCT.

The baseline study was conducted in 2002/3 in a total of five health facilities: three health facilities in San Pedro i.e. a secondary referral maternity (CHR), an urban maternity and an MCH clinic and two urban maternities in Abidjan. The study consisted of a standard description of each facility, observation and exit-interviews of antenatal care and deliveries, and interviews of health care workers.

We observed and interviewed about 120 ANC consultations/ patients in each of the five health facilities. Average quality scores were highest for the content of clinical examinations and lowest for issues around patient's autonomy. The attitude of the midwife was generally thought to be kind, and women were satisfied with the care received. Confidentiality was not always ensured, but women did not report this as a problem. The medical interview at the time of the first antenatal visit was not exhaustive, and was especially lacking in the assessment of pregnancy duration and obstetric history. The clinical examination was according to standards, except in one clinic where blood pressure was seldom taken because of lack of equipment and for the non systematic checking of foetal heart rates or foetal position. Little information or advice was given to women about their health during pregnancy, and information given tended to focus on why and where laboratory or ultrasound exams should be performed or drug prescriptions be bought. Gloves were almost always used but hands never washed before examination.
The facility which showed better observations' scores was also the one where the level of satisfaction was the highest among interviewed women, although differences in level of satisfaction (percentages) were not important. Costs reported by women were similar to total costs calculated from data gathered at health facilities.

Observation and exit interviews of about 60 deliveries/patients were conducted in four health facilities. Average quality scores were generally lower than those for antenatal care, and were lowest fort the quality of the clinical examination at admission and the monitoring of the progress of labour. Patients were welcomed in the labour room by a midwife or a '*fille de salle'* but the initial examination was generally conducted by a midwife. The interview about medical history or about the pregnancy was short and incomplete. The physical examination at admission was rather good, except in one facility where blood pressure was seldom checked. Vaginal exams were systematically performed, but foetal heart rate and contractions were not routinely checked. The monitoring of labour mostly consisted of repeated vaginal examinations without the use of the partograph. Oxytocin was administrated to up to one in four women, and most of the time by injection rather than infusion. Episiotomy rates were too high in all facilities. Active management of the third stage of labour was a common practice, but uterine revision rates were worryingly high. Given the risk of post-partum infection

associated with this procedure and the lack of availability of special gloves, this procedure can be harmful for providers and patients. Checking of uterine retraction before the woman left the delivery ward was rarely done, possibly leaving the woman at risk of postpartum haemorrhage. Toilets were not available to most women and in case they were, they were not clean.
From interviews of women, cost reported by women were two to 5 folds higher than the prices advertised by the facilities. One facility seemed to rank slightly higher in terms of satisfaction although differences (percentages) were not important and it is difficult to identify which variables catch best the client's satisfaction level. Further analysis on determinants of women's satisfaction will also be presented.

The study has generated important lessons for the successful implementation of PMTCT programmes in Cote d'Ivoire. The fact that confidentiality was not always preserved does not allow or facilitate talks on more personal issues i.e. sexuality or HIV/AIDS. Current IEC sessions did not contain HIV prevention messages and HIV testing was rarely proposed. A PMTCT programme needs to check that hygiene and universal precautions are in place and if not, include that in the implementation process. Most health workers were in favour of integrating PMTCT activities in regular maternity care services, but the content of such activities was poorly understood. In case of pregnancy, health workers were generally more in favour of recommending HIV test to a close friend then being tested themselves (or their partner), suggesting that they are afraid of knowing their status. Midwives mentioned the fact that they had worked for so many years without taking any precautions with injections and during delivery. The few times HIV was mentioned by the midwife in delivery ward, it was mostly related to the protection that health care workers should ensure for themselves in case of HIV (for example to justify the woman the fact they wore two pairs of gloves).

This study provides a cross-sectional assessment of the quality of antenatal and delivery care in Abidjan and San Pedro, but the reasons for the shortcomings are not known. The factors that drive poor quality of care are complex, and in-depth studies are required to understand why health providers act the way they do. Audits of various aspects of obstetric care have become routine practice in industrialised countries, and audits are increasingly gaining credence in poor countries.