

**ASSESSMENT OF THE QUALITY OF PERINATAL CARE**

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**MOTHERS ATTENDING GOVERNMENT HEALTH**

**FACILITIES IN HOIMA DISTRICT**

**BY**

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## **Abstract**

**Background:** Hoima district has a high MMR, and the proportion of mothers having institutionalized deliveries is lower than the national average. Poor quality perinatal care services are a major barrier to reducing MMR (WHO, 2004), and lead to low utilization of skilled health services. The quality of perinatal care in Hoima district is unknown.

**Objective:** This study aimed to assess the quality of perinatal care received by mothers attending government facilities in Hoima District, in order to generate information that could be used in improving the quality of perinatal care in Hoima district.

**Methods:** Mothers (n=389) in government health facilities were interviewed, and 4 FGDs were held. A record review of postnatal clinical notes (n=226) was conducted to supplement findings on health workers' immediate postpartum care practices. All government health facilities offering delivery services (n=20) were assessed for the availability of EmOC. Key Informant Interviews with midwives (n=12) regarding knowledge on partograph use were held. In-depth interviews on immediate postpartum care (n=23) were held with newly-delivered mothers on the postnatal ward at Hoima hospital.

**Results:** Regarding ANC, only 50.4% (95% CI: 49.4-55.3) were satisfied with waiting times, less than half (43.7%; 95% CI: 38.7- 48.6%) reported clean toilet facilities. About one in every ten mothers (12.4%; 95% CI 9.1-15.7%) was asked to pay illegal fees. Most mothers were satisfied or better with duration of consultation time (91.4%; 95% CI: 88.7-94.3) and nearly all (99.4%) were satisfied or better with health worker's clinical examination.

At childbirth, about one in five (21.5%) reported lack of water for personal use, while 64.8% described the delivery room as clean. Less than a quarter of the mothers, 21.5% (95% CI: 16.0 - 21 %), were satisfied with privacy provided during delivery. Two thirds (67.6%; 95% CI: 61.4-73.8%) of mothers were asked to buy supplies for use during labour. Less than half (48.9%; 95% CI: 42.2-55.4%) the mothers were satisfied with their overall child birth experience at the health facility.

Regarding immediate postpartum care, only about third (36.9%; 95% CI%: 30.6-43.4%) of the mothers were ever examined in the first 24 hours following delivery. Before discharge, only about a third 34.2% of mothers received family planning counseling.

Only 5.6% of facilities expected to offer BEmOC (1/18) fulfilled the requirements for BEmOC classification. Only a third (33.3%) of midwives had knowledge on partograph use that could be rated as ‘good’ or better. Overall, most women (84.2%) scored care received in the antenatal period as ‘good’ or better, while two thirds (67.1%) scored intrapartum care as ‘good’ or better. Post partum care had the lowest ratings, with only 26.5% scoring quality of care received as ‘good’ or better. Overall quality of perinatal care in Hoima district was scored ‘good’ or better by only 31.9% of women.

**Conclusions:** Mothers were dissatisfied with waiting times, and a lack of cleanliness of toilets and bathroom facilities. There was a lack of water for personal use during childbirth in health facilities. Privacy during labour was inadequate, and there was a lack of availability of medical supplies for use during delivery. Postpartum care was rated worst, most mothers were never examined following childbirth, and most were never counseled before discharge. Less than half the midwives demonstrated a good level of knowledge on partograph use. Most facilities did not meet requirements for provision of BEmOC.

**Recommendations:** There is a need to improve maintenance of sanitary facilities, provision of water in health facilities, provision of medical supplies and availability of privacy during labour. Postpartum mothers need to be examined as recommended by MOH, and counseled before discharge. Facilities need to be equipped to meet requirements for provision of BEmOC. Further research needs to be done to explore health workers and other stakeholders’ views on barriers to improving quality of perinatal care. Reasons for long waiting times need to be further explored and addressed.