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Factors associated with late antenatal care booking among pregnant women in Ndola district, Copperbelt Province, Zambia in July 2015

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Statement of the Problem: The World Health Organization Focused ANC model states that every pregnant woman is at risk of complications and recommends early an ANC visit, of which the first should be during the first 12 weeks of pregnancy. The Ndola health management information system (HMIS) report (2013) indicated that 87% of pregnant women accessed ANC services during their pregnancy. However, this was usually after 12 weeks of pregnancy (late gestation). The existing HMIS data shows that late initiation of ANC among pregnant women has been persistent from 2011 to 2013. This indicates that high proportions of pregnant women book for ANC late and are at risk of poor pregnancy outcomes.

Aim: The aim of this study was to determine the factors associated with late antenatal care booking among pregnant women in Ndola district.

Methods: A quantitative paradigm using cross-sectional design was carried out. A simple random sample of 305 pregnant women attending antenatal clinic at seven (7) systematically selected clinics between May and July 2015 was selected. Pretested and structured interview schedule was used to capture information from pregnant women on demographic profile, obstetric characteristics and utilization of antenatal care services. Data from the completed questionnaires were entered into Epidata (2008) and finally analyzed with Stata 10.1. Multivariate logistic regression analysis was carried out to examine factors associated with late antenatal care booking among pregnant women in Ndola Zambia.

Results: Overall (n=305), mean (SD) age was 26.4 (CI, 25.7-27.1). Majority (86.56) of the participants booked for antenatal care after 12 weeks and 13.44% booked for antenatal care before 12 weeks gestation. Maternal age, marital status and parity were associated with late ANC booking. Pregnant women aged 25-29 were 79% (OR=0.21, p=0.039) and 40-44 were 99% (OR=0.01, p=0.010) less likely to book late compared to teenage mothers. Single mothers were 73% (OR=0.27, p=0.034), less likely to book late compared to the reference category married mothers. Pregnant women with 1-2 children, were 3.8 times (OR=3.76, p=0.023) and 3-4 children were 8.2 times (OR=8.19, p=0.48) more likely to book late for ANC compared to the reference group of pregnant mothers without children.

Conclusions: The results from this study suggest that late booking remains significantly high despite availability and free antenatal care services to all pregnant women.

Recommendation: There is need to increase public awareness and enhance the value of early ANC booking.

Biography

Mable Musonda Chewe is an experienced Nurse Midwife and Tutor. She is currently working as Copperbelt Provincial Nursing Officer of Care and Standards and contributes to quality nursing practice. Her role is to integrate research findings into practice to improve the health and wellbeing of women and children.

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