



Factors Influencing the Implementation of Focused Antenatal Care Services in Selected Hospitals in Rivers State, Nigeria

Ezeokoye Joy Elochukwu^{1*}, Emeagha Tina Oluchi¹

¹RN, RM, BNsc, Msc, RNE, PGDE

²RN, RM, BNsc, PGDE, RNE, MPH

*Corresponding Author

Ezeokoye Joy Elochukwu
RN, RM, BNsc, Msc, RNE, PGDE

Article History

Received: 14.01.2023

Accepted: 23.02.2023

Published: 28.02.2023

Abstract: The purpose of this study is to identify the factors that influence the implementation of focused antenatal care in selected hospitals in Rivers State, Nigeria. In Nigeria, one woman dies every ten minutes as a result of complications during pregnancy or childbirth. Focused Antenatal Care is the most effective public health intervention in saving countless women from preventable pregnancy-related death (FANC). The study employed a cross-sectional descriptive survey design, with a simple random sampling technique used to select the study's population, which included community health officers/ doctors and midwives/ nurses from the three selected health care facilities in Rivers State. A total of 120 people were chosen at random. A questionnaire was used to collect data, which was then analysed statistically using the t-test. Data was analysed using descriptive statistics such as frequency, percentage, mean, and standard deviation. Poor financing, physical infrastructure, insufficient information, supervision, and management were among the factors that influenced the implementation of Focused Antenatal Care in Rivers State, according to the findings. The study recommends that the government, communities, and other development partners increase infrastructure for health care services in order to reduce problems at health facilities.

Keywords: Implementation, Focused Antenatal, Care and Services.

Copyright © 2023 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

INTRODUCTION

Maternal mortality has remained a major public health issue in Africa. Nigeria, as a developing country, has one of the world's highest maternal mortality rates (Carroli, 2014). The health status of women, particularly those of childbearing age, determines a country's health index (Wood, 2011). More specifically, in any society, the health of the population is inextricably linked with the survival and proper care of children. The death of a pregnant woman and its consequences has ramifications for

the entire population's health (Wood, 2011). This emphasises the importance of prenatal care.

Focused Antenatal Care Service is the most effective public health intervention in saving countless women from preventable pregnancy-related causes of death and promoting pregnancy health (WHO, 2011). Focused antenatal care (FANC) is evidence-based, individualised quality care provided to pregnant mothers that focuses on the women's overall health, early detection of problems, preparation for childbirth, and readiness for

Citation: Ezeokoye Joy Elochukwu, Emeagha Tina Oluchi (2023). Factors Influencing the Implementation of Focused Antenatal Care Services in Selected Hospitals in Rivers State, Nigeria. *Glob Acad J Med Sci*; Vol-5, Iss-1 pp- 60-67.

complications during her pregnancy (WHO, 2016). Focused Antenatal Care (FANC) is a strategy developed by the World Health Organization (WHO), the International Council of Nurses (ICN), the United States Agency for International Development (USAID), and other organisations to replace traditional antenatal care (Bloom, 2012). In Nigeria, the FANC package was introduced and adopted in 2009. Its goal is to achieve Millennium Development Goals 5, 6, and 7, which call for a 75% reduction in maternal mortality between 2002 and 2015 (Royston, 2015). According to Villar (2011), the World Health Organization has issued guidelines for this new model of antenatal care known as Focused Antenatal Care. They must be implemented in all developing countries, including Nigeria, in order to improve the quality of care (Bergsjö, 2013).

Focused antenatal care entails focusing on assessment in order to make decisions, take appropriate actions, and provide care for each woman's unique situation. The FANC approach to antenatal care emphasised evidence-based, goal-directed characteristics, family-centered care, quality rather than quantity of visits, and care provided by skilled providers, which is said to be cost effective (USAID, 2013). WHO now recommends eight "contacts" with a health care provider, as opposed to the four visits proposed in 2006. It has also been noticed that the appointment or booking is no longer referred to as 'Visits' but rather 'Contacts'. Is concerned with assisting pregnant mothers in maintaining normal pregnancies by identifying existing health conditions, detecting emerging complications, screening, promoting health, preparing for a healthy birth, and educating clients on post-partum care, including nutrition, breastfeeding, family planning, and the use of insecticide treated nets (ITN) (Royston, 2015).

Because every pregnant woman is at risk for complications, focused antenatal care recognises that all women should receive the same basic care and monitoring for complications (Amosu, Degue, Thomas, Olanrewaju, 2011). This makes it superior to traditional antenatal care, in which pregnant women are risk-categorized (King, 2011). FANC has a low number of visits, which encourages pregnant women to register early (at 12 weeks), keep their appointments, save time, and receive quality care. The standard appointment time for each patient is 40 minutes (Dairo, 2014). According to World Health Statistics (2010-2014), despite all of the advantages of FANC over traditional ANC, many Federal and State facilities have not implemented it in their health facilities. This has harmed the Millennium Development Goal of reducing maternal mortality rates by two-thirds between 2002 and

2015 (WHO, 2016). Though the number of maternal deaths has decreased globally, it remains below the 90% target. However, the current rate of success is 42% (Backe, 2016).

Nigeria alone accounts for 323,000 of Africa's 530,000 annual deaths (Nyarko, 2016). The World Health Organization has recently issued a new Sustainable Development Goal 7 and 8, which aim to reduce maternal and neonatal mortality rates to one-third of previous levels between 2015 and 2030 (WHO, 2017). As a result, effective FANC implementation in our rural and urban health facilities is required. The new FANC guidelines include recommendations outlining the type of care pregnant women should receive at each point of contact with the health system. The FANC recommends that pregnant women make their first contact within the first 12 weeks of their pregnancy, with subsequent contacts occurring at 20, 26, 30, 34, 36, 38, and 40 weeks (WHO, 2017). In response to this evidence, several Sub-Saharan African countries, including Nigeria, moved to implement FANC as a method of improving maternal and child health (Stephenson, 2015). The WHO FANC package, which encourages four ANC visits and individualised care, was implemented in 2002 and was upgraded to eight "contacts" on February 16, 2016 (WHO, 2017).

Ajayi (2017) conducted research in two Nigerian states (Ekiti and Abia) and identified reasons why FANC are not effectively implemented. He concluded that some of the challenges to FANC implementation included a lack of knowledge about its implementation and a lack of financial support. FANC guidelines were frequently not respected or fully followed by midwives, according to George (2012). Maternal mortality rates are higher in rural areas than in urban areas where FANC is effectively implemented, most likely because many health facilities lack the physical infrastructure required for the implementation of FANC services (Carroli, 2014). Despite its benefits, some federal and state hospitals have not approved its implementation in their health facilities. However, many of the facilities that have approved it are still in their infancy. As a result, this study will delve deeper into the factors influencing the implementation of focused antenatal care in a selected hospital in Rivers State, Nigeria.

Statement of Problem

Pregnancy-related complications have been relatively high and recurring, with associated high maternal mortality ratios, in developing countries such as Nigeria, particularly because these countries have not fully implemented the WHO strategy on Focused Antenatal Care, so they continue to experience frequent increases in maternal mortality

(Baldo, 2011; Carroli, 2012). In Nigeria, one in every thirteen women dies as a result of pregnancy complications or childbirth, for a total of 53,000 deaths per year (Birungi, 2016). According to reports, the cause of this maternal mortality is preventable and treatable if quality care is provided using FANC guidelines by trained skilled health providers (WHO, 2016). When compared to traditional antenatal care, FANC has numerous advantages. On the other hand, the FANC programme is frequently poorly implemented in Nigeria because Nigerian midwives do not follow WHO guidelines and provide poor feedback to mothers (Ezugwu, 2014). Therefore this study is interested in identifying factors influencing the implementation of FANC in three selected hospitals in Rivers State, in particular. The researcher is also porsed to profer solutions to make the implementation of FANC work.

OBJECTIVES OF THE STUDY

The objective of this study is to examine the factors influencing the implementation of focused antenatal care service in selected hospitals in Rivers State, Nigeria.

The specific objectives of this study are:

- 1 To identify factors influencing the implementation of focused antenatal care in selected Hospitals, Rivers State Nigeria.
- 2 To determine the extent to which these factors influence the implementation of focused antenatal care in selected hospitals in Rivers State Nigeria.

Research Question

1. What are the factors influencing the implementation of focused Antenatal care services in selected hospital in Rivers State, Nigeria.
2. To what extent do the identified factors influence the implementation of FANC in the selected hospitals in Rivers State, Nigeria?

Hypotheses

H01: There is no significant difference on the factors influencing the implementation of focused antenatal care services in selected hospital in Rivers State, Nigeria.

There is significant difference on the factors influencing the implementation of focused antenatal care services in selected hospital in Rivers State, Nigeria.

LITERATURE REVIEW

Goals and Objective of Focus Antenatal Care Service

The major goal of focused ante-natal care is to help women maintain normal pregnancy through the following objectives:

- **Time Management:** The FANC health provider is expected to spend only 40 – 42 minutes in attending to each pregnant woman, which encourages them to keep to their appointments.
- **Early Detection:** Through proper assessment, the health provider will be able to detect any impending ill-health condition as early as possible. High blood pressure, HIV/AIDS, syphilis, other sexually transmitted diseases, malnutrition, and tuberculosis are all conditions that, if not treated, could endanger the mother's and newborn's lives. Severe anaemia, vaginal bleeding, eclampsia, foetal distress, and abnormal foetal positioning after 36 weeks are also taken into account. Early treatment of these conditions can mean the difference between life and death of the pregnant woman and her newborn (Stephenson, 2015).
- **Counseling:** This is about the issues that affect a woman's health as well as the health of the newborn baby. The discussion focuses on how to recognise danger signs such as ruptured membranes, high fever, absence of foetal movement, excessive foetal movement, dizziness, and fainting attacks, as well as what to do when these signs appear and where to seek help.
- **Health promotion:** It also includes health education on a variety of topics, such as nutrition, which covers how to get enough calories and essential nutrients, as well as the significance of iron intake. It is critical for pregnant women to understand the risks of using tobacco, alcohol, medications, local drugs, and herbs. Rest and the avoidance of strenuous physical activity are emphasised. The pregnant woman is educated on the benefits of family planning. The importance of exclusive breastfeeding and immediate breastfeeding after birth are discussed (Carroli, 2012).
- **Birth Preparedness:** The pregnant mother's health care provider provides her with a plan for the place of birth, transportation, what items to prepare, how to save money for preparations, and support during and after birth (Stephenson, 2015).
- **Complication Readiness:** The health care provider teaches pregnant women how to recognise danger signs and gives them a specific address to go to. Phone numbers are given to her so that she can contact professionals in an emergency.

Factors Affecting Implementation of FANC

Focus antenatal care (FANC) was developed to replace traditional antenatal care, which assumed that multiple visits provided better care and that pregnant women were classified by risk category to determine their chances of complication and a better outcome for mother and baby (Bloom, 2012), whereas FANC is an individualised, client- centered, comprehensive antenatal care that focuses on disease detection rather than risk assessment (Ablordeppey, 2011). However, factors influencing the implementation of Focus Antenatal Care are discussed under the following factors:

- **Policy:** The Federal Ministry of Health adopted the goal-directed antenatal care package known as the Focus Antenatal Care Model to promote maternal and child health in Nigeria, but as evidenced by the report of Ajayi, the perception of many midwives and health providers remains at the primary level (2017). Some health services have not included FANC service implementation in their policy (Carolli, 2012).
- **Lack of Knowledge of FANC among Health Workers:** This is one of the factors influencing FANC implementation. Despite widespread recognition of its value, there is still a knowledge gap among staff, resulting in poor FANC implementation (Wood, 2011).
- **Adequacy of Staff:** The main reason attributed to the problem of poor FANC implementation in Nigeria has been an insufficient number of quality staff (Ana, 2014). Its service is individualised and requires quality care, necessitating more manpower to carry out. According to a study conducted by African researchers Mayhew and Inbber (2012), an insufficient number of staff has been a challenge in FANC practise.
- **Perception about Implementation of FANC by the Midwife:** According to Diaro (2014), providers' attitudes and perceptions play an important role in FANC services. Some midwives believe that practising FANC is time consuming and stressful, and thus contradicts the policy of implementing Focus Antenatal Care 2011 (Robertson). If a pregnant woman receives friendly care, she will want to keep her appointment; however, if the client receives unfriendly care, he will not keep his antenatal appointments. Midwives emphasise that the main reason women want to attend the clinic on time is for face-to-face contact and reassurance about their health status. Training and competent of staff improve the effective implementation of FANC (Nyarko, 2016).
- **Guidelines:** Focus Antenatal Care protocols and reference manuals serve as a standard manual

for staff to document procedures and help improve FANC implementation. George (2012) observed that guidelines were frequently disregarded or ignored, and diagnostic examinations were not performed by midwives. Other challenges to FANC implementation, according to his research, are poor counselling, inadequate health education for pregnant women, and a negative attitude among health workers.

- **Logistics:** A study conducted in Tanzania revealed that the availability of logistics such as infrastructure and essential drugs aids in the implementation of Focus Antenatal Care, bringing satisfaction not only to users but also to providers (Fraser & Cooper, 2011). However, various studies conducted in developing countries such as Nigeria found that these logistics are lacking in many of our health facilities, contributing to poor FANC implementation and a high rate of Maternal Mortality (Cherry and Jacob, 2014).
- **Cost-Effectiveness:** The cost of Focus Antenatal Care Services in some facilities is very high, which includes purchasing an antenatal care card, paying a laboratory bill, registering (booking), transportation, and so on. All of these factors have a negative impact on FANC Services (Dairo, 2014).
- **Physical Factors:** Furthermore, physical factors such as Antenatal Care Clinic locations, access to FANC Services Centre, availability of few FANC Service Centre, provision of guidelines and checklists for FANC implementation, and adequate rooms and spaces for FANC practise all play a role in the success of FANC implementation (Amos et al, 2011).
- **Poor Financial Support by the Government:** Many facilities lack drugs and equipment due to a lack of government funding. The government is expected to provide the necessary drugs and equipment for the practise of Focus Antenatal Care (Ouma, 2010).
- **Lack of Necessary Information to Pregnant Mothers:** Some pregnant women are not well informed or oriented about the benefits of assessing FANC, and as a result, they do not evaluate the programme as expected. Other women have been informed and educated, but they find it difficult to come to facilities for FANC implementation due to cultural or political reasons (Starrs, 2006). Some pregnant women were not taught how to recognise danger signs (King, 2010).

Roles of Midwives in Implementation of FANC

The roles of midwives in the implementation of FANC include:-

- Midwives must be trained in FANC services.
- Professional care and services required during normal pregnancy and childbirth.
- Midwives must adhere to standard guidelines when implementing FANC.
- Midwives also provide professional care and services during the first six weeks following childbirth.
- Providing individualized full antenatal counseling, screening test in the hospital, community and at home.
- Midwives are members of a professional and medical team that also includes doctors, social workers, and health visitors.
- Evaluating care needs and developing care plans.
- Collecting patient samples, such as pulses, temperature, and blood pressure
- During labour, monitoring and administering medication, injections, and intravenous infusions.
- Inform pregnant women about birth preparation, including the necessary equipment.
- Assisting parents in dealing with miscarriages, abortions, stillbirths, and neonatal deaths.
- Summarize the most important aspects of complications readiness and emergency planning, such as recommending blood donors and writing a referral note.

- Record keeping and tutoring of student midwives (Carroli, 2014).

METHODOLOGY

The research design for this study is a cross sectional descriptive survey using a questionnaire.

The population consists of 172 doctors, midwives and Community Health Officers (CHO) working in the gynaecology ward, antenatal clinic, antenatal ward and postnatal wards which comprises eighty five (85) midwives, 70 doctors and 17 community health officers that provide antenatal care services in the three (3) selected hospitals in Rivers State, Nigeria. These respondents were selected using proportionate random sampling from different units of the sampled health facilities. The researcher adopted multistage random sampling to select the centres used in the study through the process of simple random technique. Quoter sampling technique was used in selection of research participants in each of the different categories of professionals. The mean, standard deviation (SD) and rank order were used in answering the research questions, while z-test was employed in testing the hypotheses formulated for the study, at 0.05 level of significance.

DATA ANALYSIS AND RESULTS

Research Question One: What are the factors influencing the implementation of focus antenatal care in selected hospital in Rivers State?

Mean and Standard deviation on factors influencing FANC in selected hospitals, Rivers state Nigeria.

Table 1: Factors Influencing FANC among Doctors in UPTH (N = 120)

S/N	Items	SA	A	D	SD	TOTAL	Mean/SD
1	Inadequate knowledge and skills among the health care providers	5	1	18	4	28	2.25±0.23
2	Poor financing	25	3	-	-	28	3.9±0.32
3	Physical infrastructure	5	3	10	10	28	2.11±1.29
4	Lack of information affect implementation of focus antenatal care	18	6	4	-	28	3.5±2.35
5	Lack of supervision and management	24	-	4	-	28	3.71±0.7
6	Inadequate staff affect FANC services	26	4	-	-	28	3.93±0.3

Data in Table 1 shows the mean scores of doctors in University of Port Harcourt Teaching Hospital on factors influencing FANC in selected hospitals, Rivers state Nigeria. Item 2, 4, 5 and showed that the respondents agreed on the opinion in the table with mean scores 3.90, 3.50, 3.71 and 3.93 respectively which are greater than the criterion mean of 2.5 while only item 1 and 3 with mean scores 2.25 and 2.11 rejected the opinion. This

means that Poor financing affect the implementation of focus antenatal care. Lack of information affects implementation of focus antenatal care services. Lack of supervision and management and inadequate staff also affect FANC services in the sampled hospitals in the state.

Research Question Two: To what extent does the identified factors influences the Implementation of

Table 2: Mean and standard deviation among the respondents on the extent to which poor finance influences the implementation of focus antenatal care in selected hospital in Rivers State

S/N	Items	Respondents	SA	A	D	SD	TOTAL	Mean/SD
1	Scarcity of public finance	Doctors in UPTH	18	5	4	1	28	225±2.93
		Doctors in RSUTH	10	5	3	0	18	1.89±2.13
		Doctors in OCPHC	3	0	0	0	3	4.0±0
		Midwives in UPTH	15	2	4	0	21	3.52±0.44
		Midwives in RSUTH	10	5	1	1	17	3.41±8.66
		Midwives in OCPHC	20	0	1	0	21	3.90±4.24
		CHO in OCPHC	7	5	0	0	12	3.58±1.64
2	Government inability to allocate adequate finance to its health system	Doctors in UPTH	26	2	0	0	28	3.93±0.31
		Doctors in RSUTH	15	2	1	0	18	3.77±0.3
		Doctors in OCPHC	3	0	0	0	3	4.0±0
		Midwives in UPTH	20	0	1	0	21	3.81±4.47
		Midwives in RSUTH	15	0	2	0	17	3.76±6.63
		Midwives in OCPHC	20	1	0	0	21	3.90±4.24
		CHO in OCPHC	8	1	3	0	12	3.58±0.6
3	Lack of key medicals to carry our FANC services	Doctors in UPTH	24	4	0	0	28	3.71±07
		Doctors in RSUTH	16	3	1	0	18	3.56±5.83
		Doctors in OCPHC	3	0	0	0	3	4.0±0
		Midwives in UPTH	21	0	0	0	21	4.0±0
		Midwives in RSUTH	16	1	0	0	17	4.12±0.3
		Midwives in OCPHC	17	4	0	0	21	3.81±4.02
		CHO in OCPHC	10	0	2	0	12	3.82±1.23
4	Lack of individual willingness or inability to pay for health care services	Doctors in UPTH	18	6	4	0	28	3.5±2.35
		Doctors in RSUTH	5	2	1	0	18	2.27±2.38
		Doctors in OCPHC	2	1	0	0	3	3.67±5.83
		Midwives in UPTH	19	1	1	0	21	3.81±3.04
		Midwives in RSUTH	8	5	2	2	17	2.56±1.01
		Midwives in OCPHC	10	2	9	0	21	3.05±9.75
		CHO in OCPHC	6	2	3	1	12	3.0±1.12
5	The low level of income of the people	Doctors in UPTH	25	3	0	0	28	3.9±0.32
		Doctors in RSUTH	16	2	0	0	18	4.0±1.02
		Doctors in OCPHC	3	0	0	0	3	4.0±0
		Midwives in UPTH	14	6	1	0	21	2.38±9.91
		Midwives in RSUTH	13	4	0	0	17	3.76±4.47
		Midwives in OCPHC	17	4	0	0	21	3.81±4.02
		CHO in OCPHC	6	5	1	0	12	3.42±12

Data in Table 2 Shows the mean scores of doctors, midwives and Community Health Officers (CHO) in University of Port Harcourt Teaching Hospital (UPTH), Rivers State University Teaching Hospital (RSUTH) and Obio- Cottage Primary Health Care Centre (OCPHC) on the extent to which poor finance influences the implementation of focus antenatal care in selected hospital in Rivers State. Almost all the respondents agreed on the items as they influence the implementation of focus antenatal care in the selected hospital in Rivers State. Doctors in University of Port Harcourt Teaching Hospital (UPTH) and Rivers State University Teaching Hospital (RSUTH) rejected the opinion that scarcity

of public finance influences the implementation of FANC service in the state with mean score 2.25 and 1.89 respectively. Doctors in University of Port Harcourt Teaching Hospital also rejected that opinion that lack of individual willingness or inability to pay for health care services affected FANC service in their hospital while midwives in Rivers State University Teaching Hospital (RSUTH) rejected the opinion that the low level of income of the people influences the implementation of the FANC services.

Test of Hypotheses

H01: There is no significant difference between poor finance and the implementation of focused antenatal care services in selected hospital in Rivers State, Nigeria.

There is significant difference between poor finance and the implementation of focused antenatal care services in selected hospital in Rivers State, Nigeria.

Table 3: T-test analysis on poor finance and the implementation of focused antenatal care services in selected hospital in Rivers State, Nigeria

Responses	Sample Size	Mean	SD	df	t-cal	t-crit	Level of significant	Decision
Yes	30	2.11	0.32					Rejected
No	90	3.5	2.35	196	1.979	1.96	0.05	

Table 3 shows that the t-calculated value of 1.979 is greater than the t-table value 1.96 at 0.05 levels of degree of freedom and significance (1.96). Hence the alternate hypothesis is accepted while the null hypothesis is rejected. This means that there is high significant difference between poor finance and the implementation of focused antenatal care services in selected hospital in Rivers State, Nigeria. Poor finance hampered the implementation of focused antenatal care services in selected hospital in the sampled hospitals.

H02: There is no significant difference between lack of information among the health care providers and the implementation of focused antenatal care services in selected hospital in Rivers State, Nigeria.

There is significant difference between lack of information among the health care providers and the implementation of focused antenatal care services in selected hospital in Rivers State, Nigeria.

Table 4: T-test analysis of lack of information among the health care providers on the implementation of focused antenatal care services in selected hospital in Rivers State, Nigeria

Responses	Sample Size	Mean	SD	df	t-cal	t-crit	Level of significant	Decision
Yes	40	2.16	1.39					
No	80	3.15	1.41	198	1.798	1.96	0.05	Rejected

Table 4 shows that the t-calculated rate of 1.798 is greater than the table value of 1.96 at 0.05 levels of significance and 198 degree of freedom; hence, the alternate hypothesis is accepted while the null hypothesis is rejected. This show that there is high significant difference between lack of information among the health care providers on the implementation of focused antennal care (FANC) services in the selected hospital used in the study.

information on pregnancy related issues with their clients. And also the attempt by the government to address the comparatively high maternal and neonatal morbidity and mortality through improved access to quality and evidence based ANC services which will not be realized.

Poor finance and its influence on the implementation of focus antenatal care has always been an important factor in any health care service delivery process. Poor financing influence the implementation of focus antenatal care, as it results to the government's inability to allocate adequate financing to its health system, lack of key medical supplies such as drugs, lack of individuals' willingness or inability to pay for health services and low level of income of the people seeking antenatal care influence the implementation of focus antenatal care.

DISCUSSION OF FINDINGS

Inadequate knowledge and skills among the health care providers adversely influenced the implementation of focus antenatal care services in most of the sampled hospitals in The State. Some healthcare providers demonstrated poor knowledge of concepts, component and timing of visits in FANC. The above findings is in line with the findings of Ekabua *et al.*, (2011) and Ademola (2011) which showed poor knowledge of the guidelines on knowledge of concepts and schedules of visits for FANC. The result was also supported by Rooney (2016) who opined that majority of health workers were still practicing the traditional ANC because of poor knowledge of the concept. The implications of poor knowledge and non-implementation of FANC guideline by the health care providers is that it will affect their time for direct contact to share

CONCLUSION

Focused Antenatal Care (FANC) is a new model of antenatal clinic attendance introduced by WHO that is goal- oriented which reduces the number of required antenatal visits to four, and provides focused services shown to improve maternal outcomes. While being a strategy it is also an important determinant of safe delivery which

provides an opportunity for women to be educated to recognize and act on symptoms associated with potentially serious conditions like pre-eclampsia or a malaria infection and obstructed labour as a strategy for reducing maternal mortality.

RECOMMENDATIONS

From the findings the study recommends that:

1. For adequate and quality FANC service provision in public health sectors all over the country the Government should pay attention to the management, resource allocation and construction of quality infrastructure to allow easy provision of quality health services without any difficulty.
2. Policies regulating the use of resources in the hospitals should also be implemented to avoid misuse of funds by those in authority and hence making it hard to access enough equipment for the provision of health services.
3. Enough staffing is also a major point to be undertaken so that the staff can handle a reasonable number of patients at a time and give quality service to each.

REFERENCES

- Ablordeppey, J. (2011). Quality Health Projects, Focus Antenatal Care. Unpublished work.
- Ajayi, I. O. (2017). Quality Assessment of the practice of Focused Antenatal care (FANC) in rural and urban primary health centres in Ekiti State. *Open J of Obst and Gynaecology*, 3, 319-326.
- Amosu, A. M., Degue, A. M., Thomas, A. M., & Olanrewaju, M. F. (2011). A study on Acceptance and Practice of Antenatal Care by Healthcare providers in South-West Zone of Nigeria. *Archives of Applied Science Research*, 3(1), 484-491.
- Ana, L. E. (2014). Focused Antenatal Care in Tanzania. Harvard School of Publication. Department of Global Health and Population.
- Backe, E. O. (2016). Women and Providers' Perception, Attitude and satisfaction with Focused Antenatal Care in Ondo State, Nigeria. *International Journal of Tropical Diseases and Health*, 19(3), 1-12.
- Baldo, M. H. (2011). The Ante natal care debate. *Eastern Mediterranean Health Journal*, 7(6), 1046-1055.
- Bergsjö, I. O. (2013). Quality assessment of the practice of focused antenatal care (FANC) in rural and urban primary health centres in Ekiti State. *Open Journal of Obstetrics and Gynecology*, 3, 319-326.
- Birungi, H. (2016). *Acceptability and sustainability of the WHO focused antenatal care package in Kenya*. Frontiers in Reproductive Health Programme, Population Council Institute of Africa Studies. Kenya: University of Nairobi.1-41.
- Bloom, S. E. (2012). The acceptability, knowledge and perceptions of pregnant women toward HIV testing in pregnancy at Ilembe District. *Curationis*, 31(3), 12-20.
- Carroli, G. (2012). *Issues and ethics in the helping professions*. 5th edition. USA. Library of Congress Cataloguing-in-Publication Data.
- Carroli, G. (2014). *Issues and ethics in the helping professions*. 6th edition. USA. Library of Congress Cataloguing-in-Publication Data.
- Chege, J. N. (2005). *Dilemmas and paradoxes in providing and changing antenatal care a study of nurses and midwives in rural Zimbabwe*. London: Oxford University Press.