



RESULTS FOR
DEVELOPMENT



Lessons Learned from the Utilization of Maternal and Child Health Services in Ghana during COVID-19

The story of Ningo Prampram District in
Greater Accra Region of Ghana

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The Prampram Polyclinic in Prampram, Ghana.

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Introduction

Ghana recorded the first two cases of COVID-19 in March 2020, engendering substantial fear among healthcare workers and the public. Since then, various national and sub-national level efforts have been made to ensure that health service delivery is sustained as much as possible. Some of the steps taken included providing personal protective equipment (PPE) and incentive packages for frontline health workers, including tax reliefs and various insurance packages for infected health workers. However, demand for health services lagged behind.

During the early stages of the COVID-19 outbreak in Ghana, clients generally avoided visiting health facilities, partly due to restrictions imposed by the government as a control measure, and partly due to fears of contracting the virus from other sick people or even from health care workers. These facilities were perceived to be prone to COVID-19 and thus unsafe (Abotsi, 2020).

Objectives

One essential health service that could have been adversely affected was maternal and child health, but this surprisingly did not happen. To shed light on why, a team was assembled to assess the impact of COVID-19 on the utilization of maternal and child health services in the Ningo Prampram District of the Greater Accra Region. The district was selected because it was the hub of one of the community-designated COVID-19 Quarantine centres and also because it adjoins a metropolis with another isolation center. The study sites comprise a polyclinic located in the district capital, a health center and ten community-based health planning and services (CHPS) facilities.

The study was conducted specifically to determine whether pregnant women attended antenatal clinics (ANC) during the pandemic, whether expectant mothers delivered within health facilities, what their breastfeeding practices for newborns during the pandemic were, and why they chose the facilities they sought care from. Additionally, the survey was intended to determine if caregivers took children under five years to child welfare clinics and to assess the perception of pregnant women and caregivers of COVID-19.

Methodology

The team applied a descriptive cross-sectional design using a quantitative approach for data collection. A structured questionnaire was used to collect data from two groups of clients receiving maternal and child health services from seven health facilities in the Ningo Prampram District. The first group included 190 pregnant women receiving antenatal care from the study sites. The second comprised 104 mothers who delivered from February to July 2020 and either received postnatal care and/or brought their children for child welfare services. Additionally, secondary maternal and child health data were retrieved from the national health information management system (DHIMS 2) for February to April 2020 for analysis.

Results & Key Findings

The study showed that most pregnant women in the district visited antenatal clinics despite the high numbers of COVID-19 cases reported in the country and the central government's movement restrictions. All the pregnant women (190) admitted they had attended at least one session of antenatal clinic, and only 2% (4) declined to participate in antenatal care during the survey period. Most health facilities experienced increases in mothers' visits from March to April 2020, despite COVID-19 restrictions in place during this period. The mothers indicated their willingness to deliver with health facilities, citing preferences for skilled delivery, quality care provided by professionals, prompt care in the case of birth complications, availability of midwives, and NHIS, among others as reasons for attending health facilities.

Table 1: ANC attendance

Respondent attended ANC?	Number of ANC visits before delivery (n=109)			Total
	1-3	4-7	8+	
Yes	103 (54.2%)	80 (42.1%)	7 (3.7%)	190

Of the 104 respondents who delivered, almost all (98%) indicated they delivered with health facilities. In addition, each of these mothers reported breastfeeding their babies during the pandemic, indicating that breastfeeding was not an issue for rural women during the survey period. They also reported that their babies received vaccinations per the recommended schedule.

The data shows that despite the presence of COVID-19 in the country and despite related concerns about being infected and discomfort wearing masks, mothers in the Ningo Prampram district accessed health facilities for antenatal care, deliveries, and postnatal care. They also ensured that their babies received essential newborn services.

Lessons Learned

1. Disease outbreaks disrupt health services, including maternal and child health services. At the beginning of the COVID-19 outbreak in Ghana, there was some hesitancy from service providers in operating, and mothers were afraid to attend antenatal clinics.
2. During the pandemic lockdown period, women who had been accessing care from Tema (2+ km from Prampram) instead patronized services at closer locations like Dawhenya CHPS even though the facility itself wasn't in good condition. The argument could be made that upgrading the CHPS facility might draw even more patients from the Dawhenya community.

Implications of pandemics on use of maternal and child health services.

The COVID-19 pandemic is believed to impact the availability of essential health services related to pregnant women and newborns. These are essential services that need urgent attention, and the impact on clients is worse in lower-income countries. Restrictions on movement during the pandemic further impact health care utilization by pregnant women and newborns in deprived areas where health facilities and access to qualified care providers may be limited. The need to ensure that countries continue to provide care to pregnant women and newborns during the pandemic is paramount to the survival of pregnant women and newborns (Stein et al., 2020).

The desire of countries to limit the spread of the virus through the imposition of restrictions makes it imperative to critically analyze the use of health services by pregnant women and newborns, identify gaps, and address them efficiently to save the lives of pregnant women and newborns. This study demonstrates that this can be effectively

accomplished at the district level since remedial actions taken at that level will ultimately impact pregnancy outcomes for the nation. Such “remedial” measures will also help improve pregnant women’s mental health (Dickens & Pawluski, 2020).

Implications for policy and organization of services at the community level.

1. Maternal and child health services should be prioritized during emergencies.
2. There is a need to ensure the continuity of service provision during emergencies, since clients have been shown to be willing to accept care from skilled personnel.
3. There should be an improvement of facilities/structures/resources for service provision in rural areas to minimize self-referral to bigger health facilities during “normal” times.
4. The health sector should continue to promote the benefits of breastfeeding newborns.

References

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