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Uptake of skilled attendance along the continuum of care in rural Western Kenya: Selected analysis from Global Health Initiative Survey-2012

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Background: Examining skilled attendance throughout pregnancy, delivery and immediate postnatal period is proxy indicator on the progress towards reduction of maternal and neonatal mortality in developing countries.

Methods: We conducted a cross-sectional baseline survey of households of mothers with at least 1 child under- 5 years in 2012 within the KEMRI/CDC health and demographic surveillance system (HDSS) area in rural western Kenya.

Results: Out of 8260 mother-child pairs, data on antenatal care (ANC) in the most recent pregnancy was obtained for 89% (n = 8260); 97% (n = 7387) reported attendance. Data on number of ANC visits was available for 89% (n = 7140); 52% (n = 6335) of mothers reported \geq 4 ANC visits. Data on gestation month at first ANC was available for 94% (n = 7140) of mothers; 14% (n = 6690) reported first visit was in 1st trimester (0-12 weeks), 73% in 2nd trimester (14-28 weeks) and remaining 13% in third trimester. Forty nine percent (n = 8259) of mothers delivered in a Health Facility (HF), 48% at home and 3% end route to HF. Forty percent (n = 7140) and 63% (n = 4028) of mothers reported new born assessment (NBA). Sixty eight percent (n = 3966) of mothers that delivered at home reported taking new born for HF check-up, with only 5% (n = 2693) doing so within 48 h of delivery. Being \leq 34 years (OR 1.7;95% CI 1.5-2.0), post-secondary vs primary education (OR 10; 95% CI 4.4-23.4), ANC attendance (OR 4.5; 95% CI 3.2-6.1), completing \geq 4 ANC visits (OR 2.0; 95% CI 1.8-2.2), were strongly associated with HF delivery. The continuum of care was such that 97% (n = 7387) mothers reported ANC attendance, 49% reported both ANC and HF delivery attendance, 34% reported ANC, HF delivery and PNC attendance and only 18% reported ANC, HF delivery, PNC and NBA attendance.

Conclusion: Uptake of services drastically declined from antenatal to postnatal period, along the continuum of care. Age and education were key determinants of uptake.

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