
Quality of Reception During Prenatal Consultation (CPN) in 2017. Case of the Maternity Ward of the Community Health Center

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Abstract

Summary: Good reception is an indicator of quality of care.

Objective: To improve the quality of the reception of pregnant women during prenatal consultations (ANC).

Methods and Materials: The procedure consisted of sending questionnaires to 100 pregnant women who had used the antenatal consultation service for arrival sequence. This was an action research type study.

Results: All the pregnant women stated that the providers had not explained their specific roles to them. Also, 37% of the pregnant women said they were seen by enthusiastic providers.

Conclusion: Before the staff upgrade, 57% of pregnant women were satisfied with the reception and after the upgrade 60% were satisfied.

Keywords: Intake/Pregnant woman/Ante-natal consultation (ANC).

Introduction

Reception is a care practice designed to promote a symmetrical encounter between two people, one a caregiver and the other a cared-for person, to accompany the cared-for person and his/her family in the deployment of health [1]. The successive stages of reception are: to secure the person received in order to establish a relationship of trust, to get to know the person and to encourage the adaptation of the person to his or her situation and environment by accompanying him or her on his or her own path (Formarier 2003) [1].

According to Laurens (1981), welcoming corresponds to a need for integration and adaptation of an individual in the structure. Reception requires the awareness of this need by the individual, a group or a structure. Indeed, in order to exist as a welcome, this awareness must be concretized by a group approach, from the individual, from the structure towards the individual who manifests this need] [1]. Health is not only a subjective state, a physical or psychological sensation, it is also a social fact, a constructed state and a fact of culture. It is the social group, according to its culture and therefore its representation of the world, that defines the normal and the pathological. Thus, a patient is ill according to the representations he or she has of health and illness. These representations are largely cultural. Therefore, a behavior may be considered pathological in one society (e.g., ritual trances in some modern Western societies) and normal in another (e.g., ritual trances in some African societies), such as those who practice voodoo in Benin, Togo and Ghana. Although exceptional, this state is culturally shaped and has a social and religious function [2]. Good reception is one of the indicators of quality of care.

Quality is an approach that must guarantee each patient the right mix of diagnostic and therapeutic procedures. It will ensure him the best result in terms of health, in accordance with the current state of medical science, at the best cost for the same result with the least iatrogenic risk and for his greatest satisfaction in terms of procedures, results and human contacts within the care system. According to Donabedian (1980), satisfaction can be seen as an outcome of service delivery, more satisfied users are more loyal to treatment. Users can help define quality in this area. They generally have a broader view than practitioners, particularly with regard to interpersonal aspects. Moreover, quality cannot be considered outside of its context. It is a relative rather than an absolute property, and its optimum is constrained by the socio-economic context, the level of resources, the technological inputs and of course the cultural values of the environment. For Donabedian in 1992, quality encompasses all these aspects. He classifies its attributes into six main categories: effectiveness, efficiency, optimality, acceptability, legitimacy and equity [4]. A patient would expect personalized care and would like his or her own needs, expectations and requirements to be met. Moreover, if there is a gap between what the patient expects and what he/she perceives, then he/she will be more or less satisfied with the result obtained. The concept of satisfaction also includes cultural, socio-demographic and cognitive aspects [5]. Indeed, although care is an important factor in improving the health status of a population, the presence of an appropriate physical, economic and cultural environment remains the key without which it is futile to hope for an improvement in the main health indicators. It is well known that the health center is a favorable environment to intensify the stress and anxiety of clients and families, and that it is imperative to reduce this stress and anxiety through a quality reception. The reception of patients is not only politeness or kindness, but to a great extent, listening and organizing the waiting, the comfort of those who wait and the discretion of the consultations [6]. A pleasant reception will do much for the quality and reputation of the medical center. Nowadays, user satisfaction is often evaluated in the improvement of the management of health care institutions. It is an indicator of the quality approach of the health system [5].

One of the concerns of the health services is to offer, in addition to irreproachable care, a perfect concordance between the volume of consultations, the reception structures and the medical team

allowing a quality reception and a fast care. This objective seems difficult to achieve given the influx of patients in our structures and the delay in consulting a doctor. Thus, the services are very often the object of complaints from the patients [8]. In light of these, we thought it would be interesting to conduct a survey on the satisfaction of pregnant women with the reception during prenatal consultations at the Yirimadio community health center.

Objective: To improve the quality of the reception given to pregnant women during prenatal consultations (ANC).

Material and Method

Our study was based on the work of Mulamba Patient E. (2011) entitled: Problematic of the reception of the patient in a hospital environment and its impact on the quality of care. Case of the general hospital of Uvira in the Democratic Republic of Congo. This is a prospective action research type study conducted in May 2017 to assess the quality of reception of pregnant women at the Yirimadio community health center during prenatal consultations. The procedure consisted of interviewing one hundred women who benefited from the prenatal consultation service using a survey form. The survey forms were then analyzed to measure certain indicators of good reception. The results of the measured indicators were presented to the maternity staff and then an upgrade was made to improve the quality of the reception. The data is analyzed by version 7.2.6 Epi Info.

Finally, the impact of this upgrade was evaluated.

Results

Table 1: Findings before and after provider upgrading

Item	pregnant women received with enthusiasm	pregnant women greeted by the officer	pregnant women having a place to sit	introduce yourself to the client	tell her rank to the client	explanation of the prenatal consultation to the client	client satisfaction
Percentage before upgrade	37	100	100	5	0	0	57
Percentage after upgrade	52	100	100	8	3	7	60

Discussion

Limitations of the study: Maternity ward staff were not observed on the job, so the answers obtained from the women's survey are subjective.

General description: In our study we found that 37% of pregnant women were received by enthusiastic staff. This rate is lower than that of Mulamba Patient who found that 65% of the patients considered the reception as bad [6]. In contrast, we found that 57% of pregnant women were satisfied with the reception. Diakité A. L. found that 72.7% of users were satisfied with the reception. In the study by Kanta K., 73.7% of the users of the Segué health area were satisfied with their reception [9]. Charline Ladouce found that 75% of the midwives introduced themselves to their patients upon their arrival [7]. On the other hand, we found that 5% of the pregnant women said that the maternity staff introduced themselves to them, and Mulamba found that 55% of the health personnel introduced themselves to the pregnant women. This result can be explained by the insufficient training of the staff in relation to reception.

We found that 100% of the pregnant women said that the maternity staff did not explain the activity to them.

We found that 100% of the pregnant women said that the maternity staff did not explain their specific role to them, unlike Charline Ladouce who found that 72% of the patients did not know by whom they had been welcomed, i.e., that the health professional had not introduced himself to them at the reception. Charline Ladouce found that 62% of the patients did not make any suggestions for improving the reception of patients [7], but we found that 65% of the pregnant women made suggestions for improving the reception.

Before the upgrading of the staff, we found that 57% of the pregnant women were satisfied with the reception and 35% of the women did not make any suggestions for improvement and after the upgrading 60% of the women were satisfied with the reception and 33% did not make any suggestions for improvement.

Conclusion

This study allowed health personnel to improve the quality of the reception of pregnant women during prenatal consultations at the Yirimadio community health center.

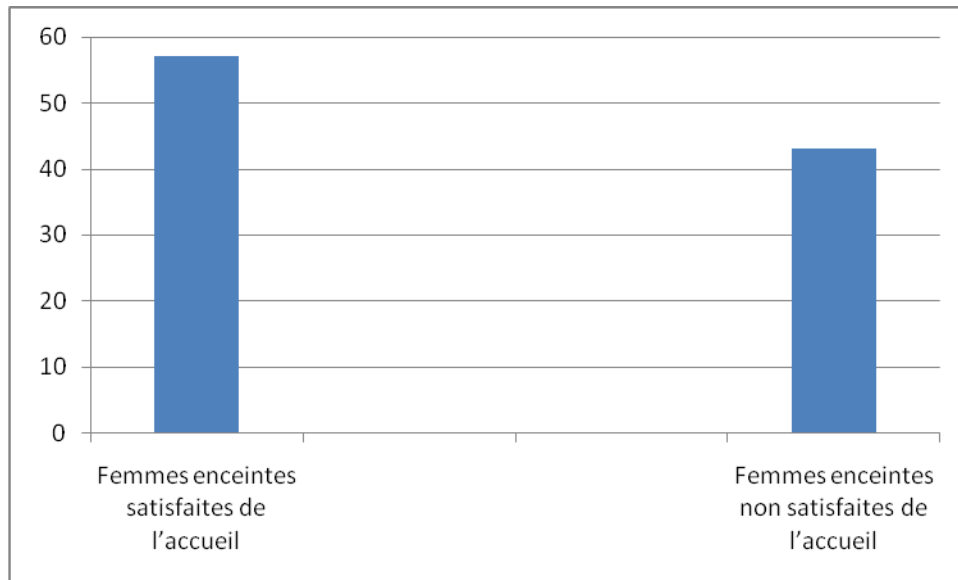
Conflict of interest declaration: No conflict of interest was involved in the development of the protocol for this action research study or during its execution.

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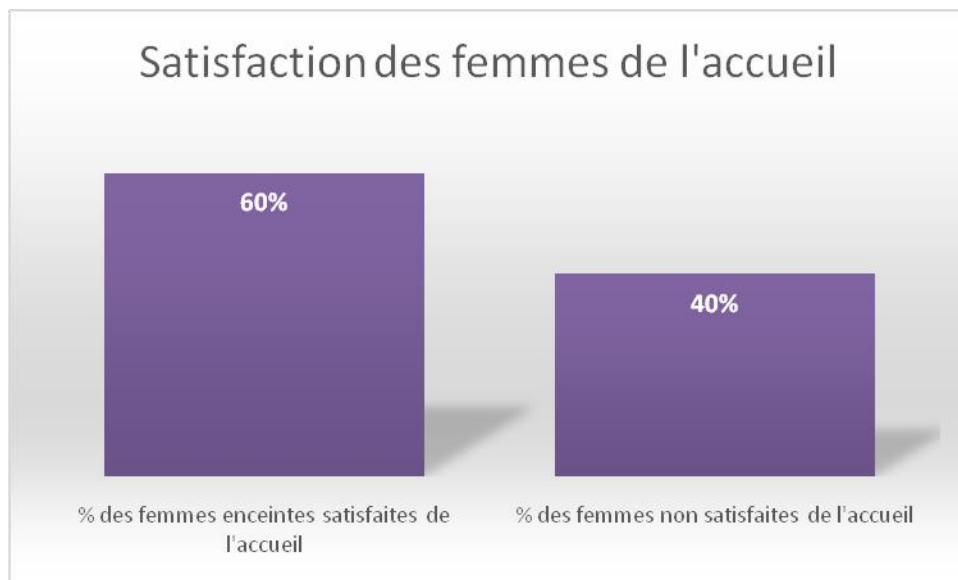
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Graph I: Distribution of pregnant women according to satisfaction with reception.



Pregnant women were satisfied with the reception before the upgrade in 57% of cases.

Graph II: Distribution of women according to satisfaction with reception.



More than half of the women (60%) were satisfied with the reception after the upgrade.