

SANCHAR briefs

Science And News: Communicating Health And Research

Brief #4: Antenatal Care

The months between conception and childbirth—the antenatal period—are a critical time for intervention to support the health and well-being of mothers and newborns. Antenatal care by a skilled health care provider serves multiple functions: identifying health risks, preventing and managing disease, and teaching expectant mothers important health information. Some examples of antenatal care include counseling the mother about a healthy diet and necessary supplements; screening for illness in the mother and anomalies in the fetus; planning for possible complications in labor and delivery; and managing uncomfortable symptoms of pregnancy. Providing such health care reduces maternal and perinatal morbidity and mortality. This relates to Sustainable Development Goals (SDGs) 3.1 and 3.2, which focus on mortality among mothers and newborns, respectively.

The World Health Organization (WHO) has long recommended that pregnant women receive regular antenatal care. Beginning in 2002, WHO recommended that antenatal care be delivered at four times throughout a pregnancy. This model is called *focused* or *basic* antenatal care and has served as a benchmark for improving maternal and child health worldwide. It is included as an indicator in the NFHS-4 from 2015-16. WHO updated their recommendations in 2016, now stating that antenatal care should be delivered at least eight times throughout a pregnancy. However, because this brief summarizes NFHS-4 data, it will focus on the four-visit indicator.

In India, one intervention that begins as part of antenatal care is the Mother and Child Protection Card (MCP Card). This initiative is a collaboration of the Ministry of Women and Child Development and the Ministry of Health and Family Welfare. The card serves as a health educational tool, a connection to key health services, and a health care record for the pregnant mother and her child. It is used in the antenatal, delivery, postnatal, and early childhood periods up to three years of age. Families receive the card from a health worker during pregnancy and are instructed to bring it to each health visit. It includes space to write important health data. It also includes information that health workers explain to families and instructions that families should follow. Receipt of an MCP Card is a NFHS-4 indicator.

Quick Facts from NFHS-4 (2015-16)

Of women age 15-49 who had a live birth in the 5 years before the survey:

1. 51% had at least four antenatal care visits, up from 37% in 2005-06, for their last pregnancy.
2. 17% had no antenatal care visits for their last pregnancy.

Of women age 15-49 who had a live birth in the 5 years before the survey AND registered the last pregnancy:

3. 89% received an MCP Card for that birth.

In the NFHS-4 Survey, women ages 15-49 were asked about their most recent pregnancy in the five years prior to the survey. Of those who had been pregnant, about half (51%) had at least four antenatal care visits. About one in six (17%) had no antenatal care visits at all. The proportion of women who had at least four antenatal care visits varied by where the women lived. Those who lived in urban settings were more likely than those who lived in rural settings to have had at least four antenatal care visits (66% and 45%, respectively). The proportion of women meeting this benchmark was lowest in Bihar (14%) and highest in Andaman and Nicobar Islands (92%).

Trends in Antenatal Care

Percentage of women age 15-49¹

	Had 4+ antenatal care visits for their last pregnancy
NFHS-3 (2005-06)	37
NFHS-4 (2015-16)	51

¹Who had a live birth in the 5 years before the survey

Of the women who had been pregnant and registered their last pregnancy (85% of all women who had been pregnant), most (89%) received an MCP Card for that birth. This did not vary much by background characteristics. In general, younger mothers were more likely to receive an MCP Card relative to older mothers (younger than 20 years: 92%; 20-34 years: 89%; 35-49 years: 84%). Those having their first child were more likely to receive an MCP Card than those having their second or later child (child 1: 91%; child 2-3: 90%; child 4+: 83%).

Key antenatal care indicators by urban versus rural residence

Residence	Had 4+ antenatal care visits for their last pregnancy	Received an MCP Card for their last pregnancy, if pregnancy was registered
Urban	66	88
Rural	45	90
Overall	51	89

Reference:

International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), 2015-16: India. Mumbai: IIPS.

Project SANCHAR is aimed at building capacity and facilitating the adoption of practices to use or draw on evidence in public health communication and practice. To facilitate this, SANCHAR collates and provides data from scientifically validated sources, from national datasets in easily interpretable formats, and accessible visuals that can be downloaded easily.

How can this inform your work?

Antenatal care is important for improving rates of morbidity and mortality among mothers and their children. Reducing maternal and newborn deaths are components of the SDGs. Journalists can communicate the importance of antenatal care, document the experiences of women and health care providers in relation to antenatal care, and monitor India's progress on meeting antenatal care and SDG benchmarks.

Journalists can also cover the MCP Card program. While the NFHS-4 indicates relative success in delivering these cards to mothers, it does not measure whether and how the cards are used. This may be one area to investigate.



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