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Improving antenatal care (ANC) utilization through a low cost community intervention among pregnant women in rural villages in Laos

Submission date
01/09/2011

Recruitment status
No longer recruiting

Registration date
20/09/2011

Overall study status
Completed

Last Edited
31/07/2014

Condition category
Pregnancy and Childbirth

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol

Background and study aims
Maternal mortality ratio (MMR) is the number of women who die during pregnancy and childbirth, per 100,000 live births. The MMR in Laos is one of the highest in the South East Asia region. Even though it has made substantial progress in the past 20 years, it is unlikely to achieve the target for the fifth Millennium Development Goal because antenatal care (ANC) utilization is quite low. Our previous study among rural villages in two provinces has shown that the women would be willing to attend the ANC services if they thought it was useful, and we have also found that quality of ANC services at health centres in rural Laos was restricted by lack of basic examination equipment and non-standardized ANC performance of healthcare providers. The aim of this study was to promote awareness among pregnant women about the usefulness of utilizing ANC services, such as consulting the healthcare providers in the first trimester of pregnancy or as soon as they believed they were pregnant, and attending ANC at least four times during a normal pregnancy.

Who can participate?
Pregnant women with gestational age more than 32 weeks and women who gave birth 6-12 months ago will be interviewed before and after the intervention.

What does the study involve?
The intervention has three components:
1. Community participation to promote ANC use: all people in the selected villages will be invited to meetings with the aim to raise awareness and promote utilization of ANC at the health centre level.
2. Provision of basic ANC equipment to intervention health centres.
3. Refresher courses on providing ANC services for healthcare providers at the health centres.

What are the possible benefits and risks of participating?
All participants would know where to seek for help when the pregnant women in their families

have problems. The pregnant women are expected to utilise the ANC services to a higher extent for routine controls and for assessment and treatment of any pregnancy-related problems, which would result in healthy mothers and babies. There are no known risks to participants.

Where is the study run from?
The study took place in two provinces in Laos.

When is the study starting and how long is it expected to run for?
The pre-intervention survey took place in June 2008, and the intervention started in June 2010. The study ended 9 months from the start of the intervention.

Who is funding the study?
The Swedish International Development Cooperation Agency (Sida) and the Swedish Institute (SI).

Who is the main contact?
Associate professor Rolf Wahlström
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Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
UTRN: U1111-1123-9693

Study information

Scientific Title

Improving antenatal care utilization through a low cost community intervention which includes community participation combined with the provision of basic ANC equipment to health centers and a refresher course for healthcare providers: a pragmatic randomized trial in two provinces in rural Laos People's Democratic Republic

Study objectives
1. The overall ANC use should increase by 15% in the intervention arm compared to the control arm
2. Similar increases would be seen in the proportion of pregnant women visiting ANC at health centres four times or more

Ethics approval required
Old ethics approval format

Ethics approval(s)
National Ethics Committee for Health Research, Ministry of Health, Vientiane, Laos People's Democratic Republic, 30/04/2008, ref: 174/NECHR

Primary study design
Interventional

Study design
Randomized non-blinded parallel-group controlled two-arm trial

Study type(s)
Quality of life

Health condition(s) or problem(s) studied
Promotion of maternal and neonatal health

Interventions
1. Community participation to promote ANC use:
1.1. Sequential village meetings organized by important village representatives, such as the head of the village, the head of the Lao Womens Union, and the village health volunteers
1.2. Target for the community participation where all people in the villages such as: men and women with different characteristics, such as married, unmarried, young and old.
1.3. Meetings to focus on the usefulness of antenatal care and the promotion of ANC utilisation at nearest health centre
2. Provision of basic ANC equipments to intervention health centres: each health centre in the intervention site was supplied with:
2.1. Sphygmomanometer
2.2. Stethoscope
2.3. Fetoscope
2.4. Urine test kits
2.5. Tape measure
2.6. Weighing scale
2.7. Cloth to cover the abdomen
2.8. ANC manual including a procedure checklist
2.9. Poster showing the usefulness of attending ANC and pregnancy record booklets for women
3. Refresher courses for healthcare providers at the health centres:

3.1. Review the importance of ANC provision
3.2. Focused ANC
3.3. Basic prevention and simple treatment for certain pregnancy complications (including the provision of iron tablets, tetanus vaccine, anti-parasite treatment and human immunodeficiency virus [HIV] information)
3.4. How to record the status at each visit
3.5. Using the ANC record booklet for pregnant women
3.6. Explanation of the ANC posters to carers

Intervention Type
Other

Phase
Not Applicable

Primary outcome(s)
Difference in overall ANC use as reported by the interviewed women and checked with the ANC record booklet

Key secondary outcome(s)
1. Difference in the proportions of women making at least the recommended four ANC visits, as reported by the women and checked with the ANC record booklet
2. Difference in the proportion of women making their visits at health centres, as reported by the women and checked with the ANC record booklet

Completion date
31/03/2011

Eligibility

Key inclusion criteria
Two provinces were selected and in each two districts were selected based on information from provincial health directors according to the study groups criteria:
1. Geographically separate and with different economic standards
2. Ten villages were then randomly selected from each district: five with health centers and five without health centers but within their respective catchment area
3. The respondents are the women aged 15-49 years who were currently pregnant at the time of the pre-intervention and post-intervention interviews, respectively, with a reported gestational length of 32 weeks or more, or who had recently given birth (during the last year for the pre-intervention survey, and during the last six months for the post-intervention survey)

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Sex
Female

Key exclusion criteria
Does not meet inclusion criteria

Date of first enrolment
01/06/2008

Date of final enrolment
31/03/2011

Locations

Countries of recruitment
Lao People's Democratic Republic

Sweden

Study participating centre
Karolinska Institutet
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Sponsor information

Organisation
Swedish Agency for International Development Cooperation (Sida) / Department for Research Cooperation (SAREC) (Sweden)

ROR
https://ror.org/01fn7me06

Funder(s)

Funder type
Government

Funder Name
Swedish International Development Cooperation Agency (SIDA) (Sweden)

Funder Name
Swedish Institute (SI) (Sweden)

Funder Name
Ministry of Health of Laos People's Democratic Republic (Laos)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration