

Health Care Workers' Attitudes towards Antenatal Care Services in Babylon City

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ABSTRACT

Introduction: Antenatal care" (ANC) is a mix of pregnant women's support, health education, preventative care and treatments, and monitoring for any issues affecting the mother and fetus. In primary care facilities, prenatal services are offered. In addition to hospitals, uncomplicated obstetric services may be provided in inadequately furnished and designated facilities.

Objective: To Evaluate of, antenatal care services, in Babylon Governorate from the perspective of, health care workers.

Methodology: This was a cross-sectional analytic study conducted at 22 randomly selected (simple random sampling) primary health care centers in al-Hilla city. The data collection started from the 27 Of October 2024 till the 27 of January 2025. The time allocated for data collection was an average 5 days per week. This study was conducted in AL-Hilla city. which included 22 primary health care centers in the first Hilla sector and the second Hilla sector.

Results: The results of the study showed that, the quality evaluation of (ANC) is usually seen positively by healthcare workers (HCWs) in primary healthcare centers (PHCs), as evidenced by the statistically significant services means in both the administration and performance dimensions. The mean scores for quality of performance ($M = 3.34$, $SD = 0.540$, $p \leq 0.05$) and quality of administration ($M = 3.65$, $SD = 0.668$, $p \leq 0.05$) show an overall good evaluation of ANC services, according to the one-sample t-test findings.

Recommendations: The Ministry of Health should focus more on the services offered to expectant mothers, according to the report. The study also highlights the importance of increasing knowledge in order to improve women's health status by encouraging frequent visits to care facilities during the three phases of pregnancy.

Keywords: Pregnant Women, Antenatal Care, Level of evaluation

1. INTRODUCTION

Antenatal care is a vital service for pregnant women worldwide, whether received at hospitals or local clinics (Khatri et al., 2022). Care begins as soon as a pregnancy is verified and continues until birth. Though visits vary between regions, the World Health Organization and international standards generally recommend a minimum of four checkups over the nine months (Ssetaala et al., 2020). These appointments allow doctors to monitor the health of both mother and developing baby, addressing any issues that could impact the pregnancy outcome. For high-risk cases or locations with limited resources, more frequent visits may be prescribed (Massenga et al., 2023). Overall, regular antenatal exams are important for providing ongoing support and catching potential problems in their early stages, thus helping to ensure a safe delivery for both mother and child (Swift et al., 2021). Risk assessment, prevention and treatment of pregnancy-related or coexisting conditions, and health promotion and education are the elements of ANC (Lusambili et al., 2020). By avoiding, identifying, and treating pregnancy issues or preexisting conditions, high-quality prenatal care (ANC) can reduce mother and infant morbidity and mortality as well as stillbirths (Flaherty et al., 2022). A woman should see her doctor at least eight times during her pregnancy in order to detect and address any problems and reduce the risk of stillbirth or neonatal mortality, according to WHO guidelines for prenatal care for a healthy pregnancy (Obeagu, 2022). According to WHO guidelines, pregnant women should make their initial contact within the first, 12 weeks of their pregnancy, and then again at 20, 26, 30, 34, 36, 38, and 40 weeks (Gamberini et al., 2022). Additionally, WHO recommended that blood pressure, weight during pregnancy, blood and urine tests, and other procedures be included in ANC examinations (Wu et al., 2020).

Objectives

Evaluation of ANC services in Babylon Governorate from the perspective of, health care workers.

Subjects & methods:

This was a cross-sectional analytic study conducted at 22 randomly selected (simple random sampling) primary health care centers in al-Hilla city. The data collection started from the 27 of October 2024 till the 27 of January 2025. The time allocated for data collection was an average 5 days per week. This study was conducted in AL-Hilla city. which included 22 primary health care centers in the first Hilla sector and the second Hilla sector. The total number of the main primary health care centers in AL-Hilla city is 24 PHCCs distributed in 2 primary health care sectors. Twenty-two centers were chosen. Two health centers were excluded: the Babylon Central Prison health center, affiliated with the first Hilla sector, and the adult correctional health center (correctional prison), affiliated with the second Hilla sector.

Data collection technique:

A questionnaire on healthcare workers in the antenatal care unit were developed in the Arabic language to Evaluate of ANC services in Babylon Governorate from a perspective of care workers In PHCCs, after conducting a literature review and analyzing previous studies in the field by the researcher, supervisor, and expert council.

Study population

The population comprises all healthcare professionals, regardless of gender, who are employed in ANC units. The healthcare worker sample size consisted of 110.

Statistical analysis

Version 26 of the Statistical Package for Social Science (SPSS) was used to operationally describe, code, and enter the variables. To describe the research samples, a variety of statistical descriptive procedures were employed, such as cross-tabulation, percentages, and frequencies. Additionally, inferential statistics are employed to assess the study hypothesis and provide answers to the study questions.

2. RESULTS

The study displayed the results of a one-sample t-test for the dimensions of health worker quality assessment for ANC and the means of the overall score. demonstrated how PHC employees felt about the quality evaluation of ANC; the mean score on the performance and administration dimensions was statistically significant, and the HCWs' perceptions were positive.

Table (4:2) One sample t-test for health care worker quality evaluation.

Dimensions	Means	Std. Deviation	T- value	Sig.
Administration Quality	3.65	0.668	10.27	0.000*
Performance Quality	3.34	0.540	6.70	0.000*
Total Score	3.50	0.468	11.24	0.000*

*Significant at level (P≤0.05).

characteristics of Health Care workers (HCWs)

The results provide a summary of the study group's characteristics, indicating that 41.4% of the workers were aged between 20 to 29 years. The majority of healthcare workers are female, comprising 82.0% of the workforce.

Furthermore, healthcare workers, Education level 77.5%, obtained a diploma degree. Regarding the specializations of the healthcare workers in the healthcare centers we found that most of them were Community health., with a percentage of 66.7%. Regarding the years of experience, most healthcare workers have served from (5-9) years with percentage 36.9%.

Table (4:3) Characteristics of Health Care workers (HCWs).

Variables		Frequency	Percentage
Age group/years	20-29	46	41.4
	30-39	35	31.5
	40-49	19	17.1
	>50	11	9.9
Sex	male	20	18.0
	female	91	82.0
Education level	Preparatory	6	5.4
	diploma	86	77.5
	bachelor	13	11.7
	Master&Phd	6	5.4
Specialty	nurse	29	26.1
	Community health	74	66.7
	physician	8	7.2
years of experimental	<1-4	19	17.1
	5-9	41	36.9
	10-14	13	11.7
	15-19	14	12.6
	>20	24	21.6

*Significant at level ($P \leq 0.05$).

Health care workers views of quality evaluation of ANC according to gender

The findings indicate that there is no statistically significant correlation between the gender of PHC employees and their opinions on the caliber of ANC services. For both genders and at the same dimension, the number of females with positive assessments in the administration dimension was 89.1 greater than the number of males with favorable assessments (10.9). Males evaluated the quality of services on the quality of performance dimension more negatively (16.1 negative and 12.6 positive) than females (87.5 positive and 83.9 negative).

Dimensions	Assessment	Percentages		X ²	Sig.
		Male	Female		
Quality of Administration	Negative	26.3	73.7	3.215	0.73
	Positive	10.9	89.1		
Quality of Performance	Negative	16.1	83.9	0.252	0.61
	Positive	12.5	87.5		

Table (4:4) Health care workers perception of quality assessment of ANC using chi-square based on gender.

*Significant at level ($P \leq 0.05$)

Health care professionals' opinions about the ANC's quality evaluation by age group

The findings revealed no statistically significant correlation between the age of HWs and how well they thought the ANC services were assessed. In every measure, health workers with 20–29 years of experience or more had poor assessment perceptions.

Table (4:5) uses chi-square to examine health care workers' perceptions of the quality evaluation of ANC by age group.

Dimensions	Assessment	Percentages				X2	Sig.
		20-29	30-39	40-49	>50		
Quality of Administration	Negative	47.4%	47.4%	5.3%	0.0%	6.171	0.104
	Positive	40.2%	28.3%	19.6%	12.0%		
Quality of Performance	Negative	45.2%	35.5%	12.9%	6.5%	1.322	0.724
	Positive	40.0%	30.0%	18.8%	11.3%		

*Significant at level (P≤0.05)

Health care employees commented on the ANC's quality assessment based on their educational background

The findings show a significant association between health workers' views of quality evaluation on the quality of performance dimension and their educational attainment. On the same dimension, HW at the diploma level have more favorable assessments (81.3%) than negative ones (67.7%).

Table (4:6) uses chi-square to examine health care workers' thoughts about the quality evaluation of ANC by HW education level.

Dimensions	Assessment	Percentages				X2	Sig.
		Secondary school	Diploma	Bachelor	Ma & PhD		
Quality of Administration	Negative	0.0%	73.7%	21.1%	5.3%	2.990	.393
	Positive	6.5%	78.3%	9.8%	5.4%		
Quality of Performance	Negative	0.0%	67.7%	22.6%	9.7%	8.642	.034*
	Positive	7.5%	81.3%	7.5%	3.8%		

*Significant at level (P<0.05).

Observation of ANC quality evaluation by health care workers based on their areas of expertise

The findings suggested that there was a statistically significant correlation between the specialty of HWs and their opinions on the caliber of ANC services. The evaluation of community health quality for the performance factor was (74.2% negative and 63.7% positive), that mean Community health assessment was more negative than other specialization.

Table (4:7). Uses chi-square analysis to determine how health care workers perceive the quality evaluation of ANC based on their areas of expertise.

Dimensions	Assessment	Percentages			X ²	Sig.
		Nursing	Community health	Medical		
Quality of Administration	Negative	10.5%	84.2%	5.3%	3.314	.191
	Positive	29.3%	63.0%	7.6%		
Quality of Performance	Negative	9.7%	74.2%	16.1%	9.570	.008*
	Positive	32.5%	63.7%	3.8%		

*Significant on level (P≤0.05).

Appraisal of PHC clinic quality by healthcare workers based on their experiences

The findings of this study suggested a statistically significant correlation between the number of years of experience of HWs and their opinions on the administration's evaluation of ANC services. Health workers with five to nine years of experience or more had poor assessment impressions in the administration dimensions.

Table (4:8). Shows how health care workers perceive the quality of PH clinics based on their experience using chi-square.

Dimensions	Assessment	Percentages					X ²	Sig.
		1-4	5-9	10-14	15-19	>20		
Quality of Administration	Negative	15.8	52.6	10.5	15.8	5.3	15.064	0.005*
	Positive	41.3	15.2	12.0	12.0	19.6		
Quality of Performance	Negative	41.9	25.8	12.9	6.5	12.9	2.432	0.657
	Positive	35.0	20.0	11.3	15.0	18.8		

*Significant at level (P≤0.05).

3. DISCUSSION

The results of the study showed that, the quality evaluation of (ANC) is usually seen positively by healthcare workers (HCWs) in primary healthcare centers (PHCs), as evidenced by the statistically significant services means in both the administration and performance dimensions. The mean scores for quality of performance ($M = 3.34$, $SD = 0.540$, $p \leq 0.05$) and quality of administration ($M = 3.65$, $SD = 0.668$, $p \leq 0.05$) showed an overall good evaluation of ANC services, according to the one-sample t-test findings. These results were closely with other study (Scharff et al., 2022). According to the study's demographic information, a majority of HCWs (41.4%) were in the 20–29 age group, 82.0 % were female, and 77.5% had a diploma. The high percentage of female employees were agreement with worldwide trends in staffing for maternity and child health care (Campbell et al., 2016). The study identified a statistically significant relationship between education level and perceptions of ANC service quality in the performance dimension ($p = 0.034$). HCWs with diploma degrees reported a more positive assessment than other degrees. This finding is partially supported by research conducted by (Nwaeze et al., 2013). Additionally, specialization was significantly associated with ANC performance assessment ($p = 0.008$). Community health workers exhibited more negative perceptions of ANC performance compared to nurses and physicians. This aligns with findings from (Scharff et al., 2022). Years of experience were found to have a statistically significant impact on perceptions of administration quality ($p = 0.005$). HCWs with 5–9 years of experience had more negative assessments in this dimension, which may indicate dissatisfaction with administrative support over time. This was in agreement with a study by (Jinga et al., 2019), who found that prolonged exposure to inadequate administrative support was associated with increased dissatisfaction and decreased employee morale.

4. CONCLUSION

From this study we concluded that the quality evaluation of (ANC) services is usually seen positively by healthcare workers (HCWs) in primary healthcare centers (PHCs). The majority of HCWs (41.4%) were in the 20–29 age group, 82.0 % were female, and 77.5% had a diploma. The HCWs with diploma degrees reported a more positive assessment than other degrees.

Recommendation

1. The Ministry of Health ought to give the antenatal care units more assistance and focus.
2. In order to keep an eye on the health condition, the health team, particularly the nurses who work in pregnancy care units, should pay attention to the educational and training programs.
3. More research on this topic should be conducted using a bigger sample size.

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