

**DETECTION OF HIGH-RISK PREGNANCIES USING HOME-BASED
PRENATAL RECORD THROUGH THE TRADITIONAL BIRTH ATTENDANTS:
AN INTERVENTION TO INCREASE ANTENATAL COVERAGE IN NEPAL**

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for the Degree of Master of Public Health,
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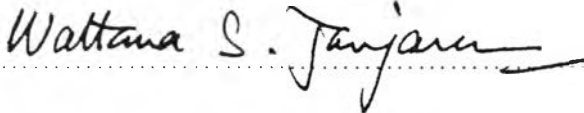
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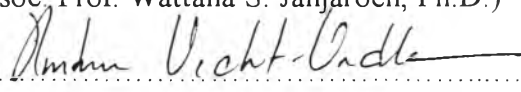
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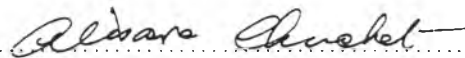
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ABSTRACT

It has been recognized that maternal mortality in Nepal is 539/100,000 live birth which is the highest in the developing countries. Most of the deaths are known to be from the complication of pregnancy and child birth and occur in “at risk” condition which can be prevented by means of antenatal care. Central Bureau of Statistics, National Planning Commission, Kathmandu, Nepal 1994 had shown that out of 370,890 of total pregnancy 40 percent are in at risk condition. Demographic Health Survey 1995 /1996 shows that National coverage of antenatal service is only 19 percent (Antenatal visits as a percentage of expected pregnancy). Thus more than 80 percent of the pregnant women do not receive any care during pregnancy. Therefore incidence of obstetrical complication and deaths are very high which is really a major Public Health problem in Nepal.

His Majesty’s Government of Nepal has set a target to reduce maternal mortality from the present rate to 400 /1000 live birth by the year 2000 AD with the provision to provide antenatal care services by strengthening community based maternity care services by mobilizing the community based health workers which is primarily through Primary Health Care Approach. Antenatal care is a major component of maternity service. Therefore, specific training is required to identify high risk pregnancy in the community level and refer those mothers to the health center who are in “at risk” for timely management so as to reduce the obstetrical complications and deaths.

This study proposed a seven days training program for Traditional Birth Attendant on Home-based Prenatal Records for the detection of high-risk pregnancies and to increase the antenatal coverage. Training will be carried out in the Kalyanpur Primary Health Center of Siraha District, Nepal in June, 1999 with the support of National Health Training Center which will be funded by Redd Barna /UNICEF. The target population of this study will be all the pregnant women of Siraha District. Impact evaluation will be made after 12 months of program implementation. Method of data collection will be official statistics, Observation, and survey questionnaire. The evaluation team include NHTC and NHECC and representative from funding agency, will take responsibility for data processing and disseminated for the final reports by April, 2000.

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ACRONYMS AND ABBREVIATION

ANC	=	Antenatal care
ANM	=	Auxiliary Nurse Midwife
DHS	=	Demographic and Health Survey
FCHV	=	Female Community Health Volunteer
FGD	=	Focus Group Discussion
HBPR	=	Home-Based Prenatal Record
HMG	=	His Majesty's Government
HMIS	=	Health Management Information System
IEC	=	Information Education Communication
JSI	=	John Snow Inc.
MCH	=	Maternal Child Health Worker
MIS	=	Management Information System
MOH	=	Ministry Of Health
NFHS	=	Nepal Family Health Survey
NGO	=	Non Governmental Organization
NPC	=	National Planning Commission
PHC	=	Primary Health Center
SHS	=	Strengthening Health Services
SMPN	=	Safe Motherhood Program in Nepal
TB	=	Tuberculosis
TBA	=	Traditional Birth Attendant