

# Editorial Note on Alternative & Integrative Medicine – Antenatal Care

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## Introduction

Antenatal care is essential for protecting the health of women and their unborn children. Through this form of preventive health care, women can learn from skilled health personnel about healthy behaviors during pregnancy, better understand warning signs during pregnancy and childbirth, and receive social, emotional and psychological support at this critical time in their lives. Through antenatal care, pregnant women can also access micronutrient supplementation, treatment for hypertension to prevent eclampsia, as well as immunization against tetanus. Antenatal care can also provide HIV testing and medications to prevent mother-to-child transmission of HIV. In areas where malaria is endemic, health personnel can provide pregnant women with medications and insecticide-treated mosquito nets to help prevent this debilitating and sometimes deadly disease.

Regular contact with a doctor, nurse or midwife during pregnancy allows women to receive services vital to their health and that of their future children. The World Health Organization (WHO) has updated its recommendations from a minimum of four antenatal care contacts to a minimum of eight contacts to reduce perinatal mortality and to improve women's experience of care. However, data reporting at the global, regional and country levels are currently only available for a minimum of four visits, aligned with the previous recommendation. These data indicate that the proportion of women receiving at least 4 antenatal care visits varies greatly between countries, ranging from 13 per cent in countries in sub-Saharan Africa to over 90 per cent in countries across regions including Latin America and the Caribbean and European regions.

Globally, while 87 per cent of pregnant women access antenatal care with

a skilled health personnel at least once, less than three in five (59 per cent) receive at least four antenatal care visits. In regions with the highest rates of maternal mortality, such as Western and Central Africa and South Asia, even fewer women received at least four antenatal care visits (53 per cent and 49 per cent, respectively). In viewing these data, it is important to remember that the percentages bear do not take into consideration the skill level of the health-care provider or the quality of care, both of which can influence whether such care actually succeeds in bringing about improved maternal and newborn health.

Historical data show that the proportion of women receiving at least four antenatal care visits has increased globally over the last decade. The scale and pace of this progress, however, differs greatly by region. In Western and Central Africa, for example, only about half of pregnant women received four or more antenatal care visits between 2014 and 2020 (53 per cent). Stronger and faster progress is needed across all higher burden regions to drastically improve maternal and new born outcomes.

## Disparities in Antenatal Care Coverage

There are large regional and global disparities in women receiving at least four antenatal visits by residence and wealth. Despite progress being made, large regional and global disparities in women receiving at least four antenatal care visits are observed by residence and wealth. Women living in urban areas are more likely to receive at least four antenatal care visits than those living in rural areas, with an urban-rural gap of 24 percentage points (73 per cent and 49 per cent, respectively). In addition, antenatal care coverage increases with wealth, with those in the richest quintile being twice as likely to receive at least four antenatal care visits as those in the poorest quintile, with a wealth gap of 40 percentage points (78 per cent and 38 per cent, respectively).

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