
Preconception Care Service in Nigeria: An Exploration of its Knowledge, Perception, Experiences, Need and Feasibility

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Abstract

Background

Preconception care (PCC) is specialised care targeted at optimising the health status of potential parents to ensure a healthy pregnancy experience and outcome. The core components of these programmes for women and men include health assessment or screening, health promotion or counselling and risk reduction through interventions for the treatment and management of pre-existing conditions. PCC programmes have been deployed in many high-income countries to improve reproductive health outcomes. Conversely, low- and middle-income countries including Nigeria have poor reproductive health outcomes due to pre-existing health, environmental and social conditions that can be mitigated by PCC services; these services are however not readily available. This study therefore explored and documented the existing preconception practices, described the knowledge, perception, felt need for PCC, provision and uptake of PCC services among health workers, women and men of reproductive age and assessed the feasibility of incorporating PCC services within the existing models of reproductive health services.

Methods

Following a pragmatic approach, the study used an exploratory qualitative design involving focus group discussions (FGDs), key informant and in-depth interviews (KIIs and IDIs). The participants were purposively selected to meet the study objectives. There were FGDs with 45 women and men of reproductive age and 12 religious leaders, KIIs were conducted with two community leaders and IDIs were conducted on nine women who had pre-existing medical conditions, nine nurses, 16 specialist physicians and 13 policy makers (seven at regional and

six at national level). Thematic analysis using a hybrid of inductive and deductive coding was applied to the data generated.

Results

The findings revealed that while there are no structured PCC services in the country, some services are provided when health workers perceive a need or clients make a demand. Outside the health system, there are traditional and religious practices that also aim to optimise parental health and improve pregnancy outcomes. Participants in the study showed good understanding of the importance of PCC and demonstrated a positive attitude towards its use describing potential benefits and possible barriers. The importance of PCC services to men's health was also highlighted.

Women and men of reproductive age stated their willingness to use PCC services, while health workers described the relevance of the services to their specialties and stated their willingness to provide or refer patients for the services. However, among the women who had pre-existing medical conditions, there was a lack of awareness of PCC and its potential benefit in optimising their health and improving their reproductive outcomes. Despite regular contact with the health system, the opportunity to adequately prepare for pregnancy through pregnancy planning and treatment modification was missed.

The policy makers provided insight on the opportunity to integrate PCC into existing health policies like the adolescent health and reproductive health policies. This integration would enhance the process of providing guidelines for the provision of PCC services. In addition, the health workers emphasised the need to integrate the services into existing platforms for reproductive health within the health system and ensuring that costs are kept at a minimum to encourage uptake.

Conclusion

There is a need for guidelines for PCC service provision in Nigeria. Pre-existing social avenues such as traditional and religious practices for the improvement of reproductive health should be identified and incorporated into the structured PCC services. Furthermore, health workers need to be proactive in the identification of women with pre-existing conditions that can be mitigated by PCC services as such women may not be aware of the potential benefits.