Ghana’s maternal mortality rate rises at an unacceptable high level while maternal mortality figures differ widely by source and are highly controversial. The best estimates for Ghana suggest that roughly between 1,400 and 3,900 women and girls die each year due to pregnancy-related complications. (Maternal and Neonatal Programme Effort Index 2002). Additionally, another 28,000 to 117,000 women and girls will suffer from disabilities caused by complications during pregnancy and childbirth each year. The tragedy and opportunity is that most of these deaths can be prevented with cost-effective health care services.

Immediately pregnancy is confirmed by a health professional (1st trimester). The following laboratory investigations are been carried out. Blood group, Haemoglobin level, G6PD, HIV status, Suckling, protein and sugar in urine etc. for early detection and prompt treatment at Antenatal clinic. Scan too is also taken to confirm gestation and to detect any congenital abnormalities. SulphadoxinePyrimethamine is given after (16th) weeks of gestation or when they confirm fatal movement. Immunizations such as Tetanus Toxide are given. Head to toe examination are also carried out during each visit to Antenatal Clinic Health education are given at Antenatal clinic such as Anaemia, mother to child transmission of HIV, Importance of hospital delivery, preparation of birth preparedness and complication, Malaria readiness, Danger signs in pregnancy, Exercise, Rest and Sleep and so on. Home visit are also carried out to people In the rural communities who cannot have access to health care. Routine drugs are given to them at each visit to the clinic. (Folic acid, Ferrous). The contemporary strategy for delivery of antenatal care services is geared towards promoting Individualized client-centered and comprehensive services, disease detection and at risk assessment, and improving the skills and boosting the morale of service providers to deliver effective antenatal care services. In Ghana antenatal care services are provided by public, private, quasi and in some circumstance by Traditional Birth Attendants.

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