

## **IMPLEMENTATION PLAN FOR NEW ANTENATAL MODEL**

**PRINCIPAL INITIATOR:** DR.TSIMBIRI FEDHA

### **LONG TERM OBJECTIVE:**

Integration of the new model antenatal plans at the provincial hospital Nakuru, Egerton University and later in Nakuru district.

### **SHORT TERM OBJECTIVES**

- 1) Introduce and train the service providers at PGH Nakuru and Egerton staff to the new ANC model.
- 2) Introduce the method to the pioneer clinics.
- 3) Evaluate success of the method.

### **PIONEERCENTRES.**

#### **PROVINCIAL GENERAL HOSPITAL (PGH) NAKURU.**

This is a provincial hospital that serves Rift valley province. It is 2KM on the Northern side of town. To its North is the Menengai crater one of the largest natural volcanic crater in Kenya. To the South 15 KM away is the magnificent Lake Nakuru with its beautiful flamingoes and which lies within Nakuru national park that hosts different species of wild animals.

The clients attending ANC and delivery are those attended to at the hospitals and those referred from other centers within the province. The ANC clients are grouped into two groups the High risk clients and those with normal pregnancies. Normal pregnancy women are seen on a daily basis by the midwives with a turn over of 20 to 30 clients a day. The high risk clinic is run once a week with turn over of 30 to 40 clients per week. The maternity unit is usually busy with 260 to 320 deliveries a month.

#### **EGERTON UNIVERSITY.**

Egerton University is 25KM west of Nakuru town. Clients seen are mainly students and staff or their relatives. People from the environs are also attended to. The clinic is run by midwives on a daily basis with a turn over of 10 clients per day. The maternity unit caters for 13 to 15 deliveries per month. Patients with problems are mainly referred to PGH Nakuru.

### **RESOURCES**

- 1) PERSONNEL; Staff who run the ANC clinics at the centers identified. These will include the nurses and the doctors.
- 2) Administrators at the centers

- 3) EQUIPMENT-; Blood pressure machines, fetoscope, weighing machines gloves pregnancy test kits.
- 4) DRUGS: Malarial prophylaxis, Iron supplements, Anti retroviral, Tetanus toxoid injections.
- 5) STATIONERY–Antenatal cards, classification forms, appointment cards.

### **AVAILABLE RESOURCES**

The drugs and assessment equipments are available at the various centers.

### **CONSTRAINTS**

Motivation of the service providers,

### **TARGET DATES**

Training of staff: 1<sup>st</sup> August to 30<sup>th</sup>September 2005.

Implementation: September to 30<sup>th</sup> October 2006.

Completion date: 30<sup>th</sup> November 2006.

### **METHODOLOGY**

Permission to carry out the programmed and use of the hospital facilities and staff will be sort from the administration in writing. Doctors and nurses running the antenatal clinics at PGH Nakuru and Egerton university will be recruited for training. The training will take three days at the nearest hotel. At the end of the training each participants should be able to state the objective of the new model, how to recruit and classify the clients, the various factors to assess and activities to perform during each visit. Their views and will be assessed through discussion groups.

To avoid work interruption at the respective centers only 5 to 10 participants will be recruited at every session.

After training the participants will recruit clients on a willing basis and follow them up as per the new ANC model recommendations. The principal initiator will make weekly visits at the centers to assess the progress of the program.

### **BUDGET**

Training of the personnel

	35 participants @ 1000/= per day for three days	105,000/=
Materials	stationery -----	50,000/=
	Hand held Doppler -----	20,000/=
Transport		60,000/=

### **EVALUATION.**

This will be done by assessing the views of the service providers and clients on the following variables;

Time taken per client and between visitations was sufficient long or short.

The questions and needs of clients were adequately addressed.

The pregnancy outcome in terms of complications and fetal outcome will also be evaluated during postnatal visitation.