

‘Danger Signs of Pregnancy’ as an ‘Obstetric Triage System’ in ANC at Alert General Hospital

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Background: Pregnant ladies require proper attention and care at health facilities. Danger signs of pregnancy are an alarm for both the mother and her fetus. In a crowded ANC (Antenatal Care Clinic) environment, where there is unmatched balance between care seeking pregnant mothers and care providers, mothers may lack a chance of reporting their danger signs as early as possible to their primary physician and may get complicated further while waiting for their order of arrival at causality. A delay in Obstetrics refers to the time taken for more than one hour to decide to seek care, or more than one hour to get to a health facility after making the decision, or the wait for more than one hour in the health facility to receive delivery care--Institutional delay

Statement of the Problem: While observing the ANC clinic at Alert General hospital, one of General hospitals found in Addis Ababa city, Ethiopia, it was seen to be overcrowded with many pregnant mothers waiting to be seen at ANC, but with limited human power resource.

Objective: The number of pregnant mothers who come with danger signs of pregnancy to ANC clinic & seen after institutional delay will decrease by 70% over one month period during December 1st -30th, 2021.

Method: Plan, Do, Study, Act (PDSA) method is used with a printed checklist of ‘Danger signs of Pregnancy’ as an ‘Obstetric Triage System’ filled at the triage.

Results: The number of mothers seen after institutional delay has decreased from 10.4% pre intervention to 2.5% post intervention. The goal of decreasing by 70% i.e. decreasing the 10.4% pre-intervention institutional delay data to 2.99% was achieved, likely due to the easiness of the project for use.

Conclusion: These findings suggest that implementation of ‘Danger signs of pregnancy checklist’ as an ‘Obstetric Triaging System’ can help decrease institutional delay for mothers with danger signs at ANC which in turn will decrease or prevent the fetomaternal complication that could contribute to maternal and fetal mortality.