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Health workers' counselling practices on and women's awareness of pregnancy danger signs in selected rural health facilities in Burkina Faso, Ghana and Tanzania
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Background This study assessed health workers' counselling practices on danger signs during antenatal consultation and pregnant women's awareness of these signs and identified factors affecting counselling practices and women's awareness. The study is part of QUALMAT, an intervention research project funded by the European Commission aiming to improve maternal and newborn health. QUALMAT is conducted in Burkina Faso, Ghana and Tanzania.

Methods A cross-sectional study was performed in 12 selected primary healthcare facilities in each country. WHO guidelines were used as standard for good counselling. We assessed providers' counselling practice on seven danger signs through direct observation study (35 observations/facility). Exit interviews (63 interviews/facility) were used to assess women's awareness of the same seven signs. We used negative binomial regression to assess associations with health services' and sociodemographic characteristics.

Results About one in three women were not informed on any danger sign. For most single signs, less than half of the women were counselled. Vaginal bleeding and severe abdominal pain were the signs most counselled on (between 52 and 66%). At study facilities in Burkina Faso 58% of women were not able mentioning a danger sign, in Ghana this was 22% and in Tanzania 30%. Fever, vaginal bleeding and severe abdominal pain were signs most frequently mentioned. Kind of health worker (depending on training) was significantly associated with counselling practices. Depending on the study site, characteristics significantly associated with awareness of signs were women's age, gestational age, gravidity and women's educational level.

Conclusion Counselling practice is poor and not very efficient. A new approach of informing pregnant women on danger signs is needed. Adopting a more client-centred approach might be an option. However as effects of ANC education remain largely unknown it is very well possible that improved counselling will not have effect on maternal and newborn mortality and morbidity.