

**Adherence to focused antenatal care guidelines among nurses and midwives
working in selected hospitals in Imenti South sub-county, Meru county, Kenya**

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DECLARATION AND RECOMMENDATION

Declaration

This thesis is my original work and has not been presented for the award of diploma or conferment of degree in this or any other institution

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Recommendation

This thesis has been examined, passed, and submitted with our approval as University supervisors

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DEDICATION

I dedicate this thesis to my lovely children; Joy Mwende, Lily Makena, Sylvia Gakii, and Ava Kanana, to my spouse Dr. Gilford Mutwiri, and my siblings Felister Gatwiri, Faith Mwendwa, and John Kimathi.

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ABSTRACT

Focused antenatal care is essential to improving neonatal and maternal health by preventing, identifying, and treating medical conditions that endanger a pregnant woman's health besides a fetus. Maternal mortality ratio and morbidity remain and one of the strategies to reduce maternal mortality ratio is the effective implementation of focused antenatal care. This study aimed to determine nurses' and midwives' adherence to focused antenatal care guidelines among nurses and midwives working in selected public health facilities in the Imenti-South Sub-County, Meru County. The study adopted an analytical cross-sectional research design. It involved all 55 nurses and midwives working at the antenatal clinic in the level 4 hospitals, level 3, and level 2. Ethical clearance was obtained from the Chuka University Institutional Ethics Committee. Permit to collect data was obtained from the NACOSTI, the County director of medical services, Meru County, Imenti South health coordinator, and an informed consent signed by the respondents. Data was collected using an observational checklist and a researcher-administered questionnaire. Data was cleaned, coded, and entered in the Statistical Package of Social Sciences (SPSS) (V.27) for analysis. Descriptive statistics like mean, frequencies, median, percentages, and range were used to summarize, data was presented in tables and graphs. A chi-square test was used to show the relationship between sociodemographic characteristics and adherence to focused antenatal care guidelines. Regression analysis was used to determine predictors of adherence. The mean age of the participants was 35.91 ± 10.92 SD with more than half being less than 36 years (56.4%). The majority were females (60%). About threequarters had a diploma in nursing. Average years of experience was 10.45 ± 10.05 SD while working in the ANC department was 3.89 ± 3.71 SD. The majority of the facilities were level II (60%). More than half of the nurse-midwives had no in-service training on FANC (72.7%). Most nurse-midwives had poor knowledge of FANC guidelines (67.3%). More than half of the facilities had adequate resources to offer ANC services (58.2%). There were slightly more participants with good adherence to FANC guidelines (50.9%) than those with poor adherence (49.1%). Adherence was significantly associated with the level of the facility. There was no significant association between adherence and knowledge level of FANC guidelines ($p > 0.05$). However, there was a significant association between adherence and availability of resources ($p = 0.012$, COR = 4.364; CI = 95% 1.383,13.772). Nurse-midwives have poor knowledge of FANC guidelines. The percentage of nurse-midwives with good and poor adherence to FANC guidelines was almost equal. Adherence to FANC guidelines is significantly associated with the availability of resources. There is a need to train the nurse-midwives on the current FANC guidelines as well as provide continuous monitoring and evaluation to enhance adherence. The county government in collaboration with the national government should ensure there are adequate ANC services resources in the facilities. An interventional study should be carried out to determine if the in-service training for the nurse-midwives will improve their knowledge of FANC guidelines.