

Missed opportunities to reduce pregnancy related morbidity and mortality from Tuberculosis in Kenya and Nigeria: A cross sectional study



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Background

About 200,000 tuberculosis (TB) cases occur among pregnant women yearly and TB is emerging as major non-obstetric cause of maternal deaths globally. We explored provision of TB services as part of integrated TB, HIV and Malaria services during ANC and PNC in Kenya and Nigeria.

Methods

Cross-sectional survey of purposively selected health facilities in Kenya (61) and Nigeria (120) using survey tools adapted to country contexts.

Data collected and descriptively analyzed on trained staff, infrastructure, drugs, diagnostics, and equipment for integrated TB, HIV and Malaria services in ANC and PNC.

Availability of Diagnostics

	Kenya (n=61)	Nigeria (n=120)
Urine dipstick for proteinuria	92%	74%
HB test for anaemia screening	70%	43%
Malaria rapid testing Kits	64%	88%
HIV testing kits	74%	87%
Syphilis rapid testing kits	87%	37%
Sputum collection bottle	93%	77%
GeneXpert testing	11%	13%

Though sputum collection bottles were readily available, access to GeneXpert testing kit was extremely low

Results

Proportion of healthcare providers trained in TB, HIV and Malaria was low overall but consistently lower for TB compared to HIV and Malaria (**36%** vs. 39% vs. 48% in Kenya; **29%** vs. 53% vs. 33% in Nigeria). Sputum collection bottles were available (93% vs. 77%), but GeneXpert testing kit was only available in 11% vs. 13% of facilities, compared to 74% vs. 87% for HIV, and 64% vs. 88% for Malaria in Kenya and Nigeria respectively. TB screening was not routinely done in health facilities

Conclusion

There is disproportionately low provision of integrated TB services compared to HIV and Malaria in ANC and PNC in Kenya and Nigeria. Sustainable interventions are needed to address the service capacity and delivery gaps and reduce associated adverse maternal outcomes.

