

Poster number (EP16.152.).

Impact of obstetric point-of-care ultrasound implementation in antenatal services at the primary health care facilities in Edo State, Nigeria

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Objective

To assess the impact of implementation of Obstetric point-of-care ultrasound scan (POCUS) in ANC services at the primary health centres (PHC) facilities in Edo State.

Method

A comparative maternal care utilization analysis conducted in 17 PHCs across the LGA of Edo State, Nigeria. This is a follow-up on the initial implementation study on the introduction of Obstetric POCUS at the PHC facilities in the state. Ethical approval was obtained from the Edo State Ministry of Health, (HA/737/25/B/08010849). Data from ANC records 6 months prior and post POCUS intervention (September 2024 to August 2025), were obtained from the data base of the ESPHCDA. Descriptive data were presented in tables and charts. Statistical analysis was done using independent sample t-tests with the IBM, SPSS Statistics version 25.0. P value was significant at ≤ 0.05 .

Results

There was a total of 12,168 and 17,803 women who presented for ANC care at least once in the respective PHCs for pre and post-POCUS period respectively giving 31.7% increase. Also, total deliveries in the facilities increased by 32.7% from 1174 to 1742 pre- and post-POCUS respectively. There was absolute increase in the total referrals from the PHCs during the period. However, when considered as a percentage of the antenatal clinic attendance, there was no significant difference in the relative referral rate with some centres recording lower relative referral rates.

Conclusion

Implementation of Obstetric POCUS at the PHCs assessed in this report significantly increased ANC utilization, increased delivery and absolute referral rates in the first 6 months following implementation compared to the prior 6 months. This increase in referrals was seen from additional ultrasound diagnosis and this may have been helpful in averting maternal and perinatal morbidities and mortalities. The inferences from this initial evaluation of impact could be limited by the short duration with outcome contamination by other concurrent programmes. A much longer assessment is ongoing and comparison with appropriately matched health facilities being undertaken.