

## **Abstract**

Reducing health inequities associated with poverty is an important public health concern. Most countries in expressing their commitment to primary health care and the reduction in inequity have embarked on a health reform process. This process involves the re-orientation of the health services to fit the primary health care model and bringing decision-making, planning of health policies and delivery systems closer to the people who are served by it.

However developing the capability to establish reliable information systems and to analyze health status measures is a necessary adjunct to facilitate a more precise definition of sectoral priorities, improved programming, monitoring, and evaluation of health programs in order to ensure a smooth transition and minimal displacement of those being served by the system.

Community hospitals were born out of this government's health reform programme and are intended for the delivery of uncomplicated pregnancies among other primary care functions.

A retrospective study was carried out examining the records of women delivered at the community hospitals of the Northeast region during the period January to December 1999. A cross sectional survey of the women attending antenatal clinic at the facilities was also carried out using the hospital records and a questionnaire designed for the purpose.

One third of the deliveries occurring in these facilities were found to be high risk and one of the two facilities was found to be having complication rate that is significantly higher than that of the general population.

A fifth of the women are teenagers and the majority generally of low socio economic status with very little earning potential. The majority however lived within ten miles of the facility and live more than twenty miles from the nearest hospital. Which may explain their preference for using these facilities in spite of their risk status.

Stricter attention therefore should be paid to the women being admitted for delivery at community hospitals and a more liberal referral policy be adopted' though it is noted that a significant number of high risk cases present to community hospital at a point in labour where time might not afford effective transfer.

The community hospitals should therefore be equipped with basic resuscitation equipment inclusive of even one incubator for use while the compromised baby awaits transfer, and the nursing staff and midwives under go frequent refresher courses re the management of common obstetric complications. A doctor should also be available on call on a twenty-four hour basis.