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ROLE OF COMMUNITY HEALTH NURSE IN ANTENATAL CARE

Dr. Bency Mony
Associate Professor, PRS College of Nursing, Paliyode, Dalumugham P.O. Thiruvananthapuram, Kerala, India.
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ABSTRACT
Antenatal care (ANC) is an important component of maternal healthcare that aims to ensure the health and well-being of both the mother and foetus throughout pregnancy. Effective antenatal care facilitates early detection and management of pregnancy-related complications, promotes healthy behaviours, and improves maternal and neonatal outcomes. Objective of the present study is to highlight the role of community health nurses in providing comprehensive antenatal care and improving maternal and child health outcomes at the community level.
Community health nurses play a pivotal role in antenatal care through health assessment and screening, health education and counselling, promotion of ANC service utilization, preventive care, psychosocial support, community mobilization, and coordination of referrals. They identify high-risk pregnancies, provide essential health education, administer preventive interventions, support emotional well-being, and facilitate continuity of care from pregnancy to the postnatal period. Through community-based interventions and collaboration with families and healthcare providers, community health nurses enhance access to quality maternal healthcare services. Community health nurses are indispensable in ensuring safe motherhood and positive pregnancy experiences. Their contributions must strengthen antenatal care delivery, promote early identification of complications, improve healthcare utilization, and contribute significantly to reducing maternal and neonatal morbidity and mortality.

Keywords: *Antenatal Care, Community Health Nursing, Maternal Health, Pregnancy, Health Education.*

INTRODUCTION

Antenatal care is the health care and care provided to a pregnant woman from the period of conception to labour. Its main goal is to promote the health of the mother and foetus, find out and manage complications before complication progress, and prepare the woman and family for a safe birth.

Care is provided through skilled health provider — WHO recommends at least 8 contacts. At each visit, the provider monitors maternal and foetus well-being by checking weight, blood pressure, foetus growth and heartbeat, urine, and blood. Routine check-ups cover anaemia, hypertension, gestational diabetes, infections like HIV, syphilis, and urinary tract infections.

Preventive services include tetanus toxoid immunization, iron-folic acid and calcium supplementation, deworming, and malaria prophylaxis if needed. Health education is central: nutrition, danger signs, birth preparedness, breastfeeding, family planning, hygiene, and avoiding harmful substances. Antenatal care also offers emotional support, screens for depression or domestic violence, and involves partners and families in decision-making. High-risk pregnancies are identified early and referred for specialized care. When delivered consistently and respectfully, antenatal care reduces maternal and newborn illness and death, empowers women with knowledge, and lays the foundation for healthy infancy and postpartum recovery. India accounts for a fifth of maternal deaths and a quarter of child deaths globally (UNICEF, 2007; UNICEF, 2009). Antenatal care (ANC) can help address this burden, as it has been associated with decreased maternal and neonatal mortality (Bauserman et al., 2015; Roy & Haque, 2018).

According to India's Ministry of Health and Family Welfare, routine ANC in India includes at least 4 ANC visits, Tetanus Toxoid injections and Iron-Folic Acid supplementation, as well as measurements of blood hemoglobin, urine sugar and protein, blood pressure, and weight (Maternal Health Division - Ministry of Health and Family Welfare - Government of India, 2010). However, as of 2014, only 51% of Indian women had four or more ANC visits during their pregnancy (Antenatal Care.Gl). While earlier guidelines recommended a minimum of four antenatal visits, current WHO recommendations advocate eight contacts to improve maternal and fetal outcomes and ensure a positive pregnancy experience.

Maternal and neonatal mortality has remained high in low resource settings despite progress in recent years. In 2015, about 303,000 women died from pregnancy-related causes and 2.7 million babies died during the first 28 days of life globally [Alkema L et al 2016].

About 2.6 million babies were also stillborn. High quality antenatal care (ANC) can reduce maternal and neonatal morbidity and mortality and stillbirths through prevention, as well as early identification and management of pregnancy complications or pre-existing conditions [WHO | WHO statement on antenatal care. WHO. 2013].
High quality ANC can also influence women's health seeking behaviour towards choosing skilled care at birth and helping them prepare to be able to access it. A positive experience during both pregnancy and childbirth are key to person-centered care and the right of every childbearing woman, as highlighted in recent World Health Organization (WHO) recommendations [World Health Organisation. WHO recommendations on antenatal care for a positive pregnancy experience. 2016].
While the specific recommendations for frequency of ANC has varied, WHO has consistently recommended that all pregnant women receive some ANC during their pregnancy
Community health nurses, or CHNs, are key to maternal health because they bring antenatal care directly to women, families, and communities, especially in areas with limited access to hospitals. Their role covers health promotion, disease prevention, early detection, and referral.

1. Health assessment and screening: CHNs identify pregnant women in the community and conduct initial assessments: checking weight, blood pressure, hemoglobin, urine, and fundal height. They screen for high-risk factors like anemia, hypertension, gestational diabetes, HIV, or previous pregnancy complications. Early detection means faster referral to a health facility. Health assessment and screening are core roles of community health nurses in antenatal care, enabling early detection of risks and timely referral. CHNs conduct physical examinations, including blood pressure, weight, height, and mid-upper arm circumference, and perform diagnostic tests such as blood and urine screening to identify anemia, hypertension, infections, and gestational diabetes. They also take detailed obstetric histories, assess danger signs, screen for depression, and evaluate nutritional status. By integrating one-to-one medical check-ups with self-assessments during group care or home visits, CHNs ensure comprehensive risk detection even in resource-limited settings. This systematic screening improves antenatal care completeness and links women to appropriate interventions, reducing maternal and perinatal complications (Boesveld et al., 2025).

2. Health education and counselling: They provide education on nutrition, iron and folic acid supplementation, danger signs in pregnancy, birth preparedness, breastfeeding, hygiene, and avoiding alcohol, tobacco, and harmful traditional practices. Counselling also covers family planning, mental health, and reducing anxiety around childbirth. Health education and counselling are essential roles of community health nurses in antenatal care, aimed at improving maternal knowledge, attitudes, and health behaviours. CHNs deliver contextually tailored education during home visits and group sessions on obstetric danger signs, birth preparedness, nutrition, iron-folic acid supplementation, danger signs, and newborn care. Through counselling, they address fears about childbirth, correct myths, promote facility-based delivery, and encourage timely antenatal visits. This individualized guidance builds trust, empowers women to make informed decisions, and strengthens social support. Evidence shows that community health worker-led education significantly increases maternal health knowledge, positive attitudes toward ANC, and the average number of ANC contacts, thereby reducing risks of maternal and neonatal complications (Lee et al., 2024).

3. Promoting utilization of services: CHNs mobilize women for at least 4-8 antenatal visits as recommended by WHO, encourage institutional delivery, and explain the importance of tetanus vaccination and routine investigations. They help overcome barriers like cost, distance, or cultural beliefs through home visits and community meetings. Promoting utilization of antenatal care services is a key role of community health nurses, who bridge access gaps by raising awareness, reducing barriers, and mobilizing community support. CHNs conduct home visits, counsel on the importance of early registration and at least 8 ANC contacts, and explain benefits such as screening, immunizations, and birth preparedness. They address financial, cultural, and logistical obstacles through education, referral linkages, and engagement of family members, especially spouses, to support consistent attendance. By strengthening community outreach and ensuring services align with WHO recommendations, CHNs improve uptake and continuity of care. Enhanced community and spousal support, along with targeted education, are essential to increase ANC utilization and improve maternal-child outcomes (Jha et al., 2023).

4. Preventive care: They administer tetanus toxoid immunization, distribute iron-folic acid tablets, deworming medication, and insecticide-treated nets in malaria-endemic areas. They also counsel on prevention of infections including STIs and HIV. Preventive care is a core role of community health nurses in antenatal care, focusing on reducing risks of maternal and neonatal morbidity through early screening, immunization, and prophylaxis. CHNs provide tetanus toxoid vaccination, iron-folic acid and calcium supplementation, deworming, and insecticide-treated nets in malaria-endemic areas. They conduct routine tests for HIV, syphilis, anemia, and hypertension, and initiate intermittent preventive treatment for malaria as per WHO guidelines. By promoting early ANC initiation and at least four visits, CHNs enable timely identification and management of conditions like pre-eclampsia, infections, and low birth weight. This community-level prevention improves maternal health-seeking behaviour and reduces adverse perinatal outcomes (Jiao et al., 2022).

5. Psychosocial support: Pregnancy can bring stress, especially for adolescents or women facing domestic violence or poverty. CHNs provide emotional support, identify signs of depression or anxiety, and link women to social services when needed. Psychosocial support is a vital role of community health nurses in antenatal care, addressing emotional, social, and mental health needs during pregnancy. CHNs provide empathetic listening, counselling, and education to reduce stress, anxiety, and depression, while strengthening coping skills and maternal confidence. They screen for antenatal depressive symptoms, assess family dynamics, and mobilize social support networks, including partners and community health workers, to buffer stress. By integrating psychosocial interventions into routine home visits and clinic contacts, CHNs foster emotional well-being, improve maternal functioning, and enhance engagement with care. Community-based psychosocial support delivered by trained health workers significantly reduces antenatal depression and stress, promoting smoother transitions to motherhood (Nair et al., 2021).

6. Community mobilization and coordination: They work with ASHAs, Anganwadi workers, TBAs, and local leaders to track pregnant women, organize village health days, and ensure follow-up. They also maintain records, report data, and coordinate referrals between community and higher-level facilities. Community mobilization and coordination are key roles of community health nurses in antenatal care, involving engagement of local leaders, women's groups, and families to strengthen demand for and access to services. CHNs organize community dialogues, identify pregnant women through home visits, and coordinate with health facilities to ensure timely referral and follow-up. They empower community health workers to track missed appointments, educate households on ANC benefits, and address social barriers such as stigma or spousal opposition. By building trust and linking formal and informal structures, CHNs increase service uptake and continuity. Community-level interventions, including dialogues and CHW home visits, significantly improve attendance of four or more ANC visits in rural settings (Kayentao et al., 2023).

7. Postnatal link: CHN antenatal work sets up continuity for postnatal care. By building trust during pregnancy, they improve uptake of postnatal checkups, newborn care, and immunization. Community mobilization and coordination are central roles of community health nurses in antenatal care, fostering partnerships with women, families, leaders, and local organizations to improve service access and acceptance. CHNs organize community dialogues, women's groups, and health development committees to identify pregnant women, address sociocultural barriers, and promote timely ANC uptake. They coordinate with community health workers to conduct home visits, track missed appointments, and facilitate referrals, while linking health facilities with informal support networks. This mobilization builds trust, strengthens accountability, and empowers communities to create solutions such as transport funds or male involvement strategies. Evidence shows community mobilization strategies significantly increase ANC visits, facility delivery, and safer newborn care practices (Dada et al., 2021).

CONCLUSION

Community health nurses play an important role in ensuring safe motherhood through comprehensive antenatal care services. Their responsibilities include assessment, screening, health education, preventive care, psychosocial support, community mobilization, and continuity of care. By promoting early detection of complications and facilitating access to quality maternal health services, community health nurses contribute significantly to improved maternal and neonatal outcomes and support positive pregnancy experiences.

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ABOUT AUTHOR:

Author, Dr. Bency Mony is an Associate Professor at PRS College of Nursing, Thiruvananthapuram, Kerala. Her academic work focuses on improving health outcomes and quality of life among vulnerable populations through evidence-based nursing practices.