Introduction

Antenatal care (ANC) or high-quality prenatal care is an important aspect of the reproductive maternal, newborn and child health continuum of care. Continuum of care is an expression that captures the perceived enduring nature of care for the pregnant mother and child, even after birth. It recognizes that safe childbirth is critical to the health of both the woman and the newborn child – and that a healthy start in life is an essential step to a sound childhood and a productive life [1]. The ANC provides the forum for women to be educated by health care providers about healthy pregnancy behaviours, danger signs of complications, breastfeeding and family planning; noticing and treating pregnancy-related pre-clampsia/eclampsia; prompt referral to specialized care when needed; encourage the use of skilled birth attendants; and minimize the danger of mother – to – child transmission of viral diseases.

As it were, ANC exists to ensure a veritable gateway to health services during and after maternity care moments. It ideally serves as an avenue of screening, identifying and treating other chronic conditions. It is a necessary opportunity to overall health of mother and child that, it is recommended for a positive pregnancy experience [2]. However, the still fluctuating increase maternal child mortality arising natal and neonatal cases; especially in sub-Saharan Africa, have become a pointer to the underuse or non-use of the opportunities ANC avails. Beyond the literatures about the reasons for its underutilizations, practical solutions that are people-concerned-oriented appear to be the leeway.

The burden of underutilization of the ANC

As a major interventional strategy to ensure that both the mother and child remain healthy especially in low resource areas, timely and prompt attendance to the clinic providing these services are essential. This is however, far from being the case. ANC attendance has regrettably been low. As such, across countries and territories, 1 in 4 pregnant women attends no ANC care, and more 43% have given births without institutional or skilled assistance [1]. The fact that this goes on amidst a reported decline of global maternal mortality ratios in recent years [3] makes it more worrisome. The global picture may be beclouding of what obtains in low income settings, and in rural areas; and so, may close serious inquiry into evaluating how the intervention model fares side by side contexts. A pointer to this is what obtains in sub-Saharan Africa.

The underuse of ANC has been steady in sub-Saharan African. In terms of ANC attendants and institutional delivery, Nigeria (51%) lags behind Ghana (78.2%), Benin Republic (58.2%), Lesotho (70.4%), Liberia (78.1%) and Zimbabwe (64.8%) [4-6]. The underutilization of ANC in Nigeria is noticeably 46.5% as regards maternal child health interventional services, with a greater percentage in the rural areas, where there is 61.1% of such non-atten-
Part of the problem of ANC utilization harped on the uncertainty among health workers and others too. It appears not to have taken the necessary survival defeated to some women and infants. It appears to have marginalized the underutilization of ANC, which is detrimental to health, especially women's health. The concern here is doing more. Strategically incorporating culturally appropriate understandings of maternal care tailored to individual communities is key. Participatory programmes where local women and community leaders are actively engaged in the planning of local antenatal services can improve outcomes.

**Initiate community mobilization:** This will involve the use of neighbourhood health committees, local radio programs in local languages, local cultural settings and information, education and communication (IEC) materials target to the community to educate families especially women on the need to attend antenatal at the onset of pregnancy. This is to be reinforced by providing ITNs, pediatric follow-up visit, and vaccinations through ANC clinics as a way of attracting pregnant women to the clinics.

**Community distribution of IPTp (Intermittent preventive treatment in pregnancy):** The uncertainty among health workers about SP (sulfadoxine-pyrimethamine) administration for IPTp has led to a decline in expanding IPTp-SP coverage to prevent and treat malaria in pregnancy [20]. Here, villagers are mobilized by staff at the local ANC clinics to select women volunteers on correct provision of IPTp. These volunteers go into the nooks and crannies of the villages, and report back to the health workers to turn in their records.

**Increasing availability of ITNs:** Part of the complaints of poor service at the ANC clinics was lack of materials [21]. There is need to strengthen procurement, storage and distribution systems to ensure a consistent supply of ITNs. This must be provided at every opportunity - through ANC clinics, during follow-up visits for under-fives, and during vaccination. Mobilized village volunteers can go from house to house for counseling and discussions with women and their families. They can equally help to check how the ITNs are properly been used.

**Advocacy:** Part of the problem of ANC utilization harped on charges at the ANC (folic acid, iron supplements, ANC records, cards and delivery preparation) [22,23]. Making them free will bring about a healthy behaviour as regards ANC utilization. Also, part of advocacy will be to ensure routine monitoring. The current ANC cards and registers need to be revised so as to include places to mark when a person receives her IPTp-Sp doses or is given ITNs. This is to ensure easier reporting on IPTp indicators and program progress.

**Conclusion**

Maternal mortality in the developed nations has been considerably reduced. But the story is not the same in the developing nations. Good quality evidence is scarce as regards how integrating
antenatal care strategy can fulfil its goal among the developing nations of the world. It is no gainsaying that as long we continue to jettison the incorporation of the understandings of maternal care tailored to individual communities and circumstances, the ANC intervention aims remains unachieved in developing countries; especially sub-Saharan Africa, Nigeria particularly. Practical solutions are the way to go let us make ANC community participatory.

References
4. (2019) USAID from the American People, STATcompiler the DHS Program.