

studies showing an increased risk [1,2] and others demonstrating a protective effect of obesity against preterm birth [5].

The present study showed a strong relationship between obesity and poor pregnancy outcome, with a greater risk of cesarean delivery and macrosomia associated with higher maternal BMI.

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Conflict of interest

The authors have no conflicts of interest.

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Intention to deliver in a healthcare facility and healthcare facility-based delivery rates among women in Akwatia, Ghana

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Skilled birth attendance (SBA) is widely accepted as being crucial for reducing childbirth-related deaths [1]. Although 95% of women in Ghana report receiving prenatal care, only 57% of all deliveries occur in healthcare facilities with SBA [2]. Among Ghanaian women reporting more than 4 prenatal care visits, the facility delivery rate

is 68%—far short of the United Nations goal of 90% SBA by 2015 [2,3]. The present study investigated the beliefs, delivery intentions, and subsequent delivery locations among women receiving prenatal care in the Eastern Region of Ghana, where the reported rate of deliveries in healthcare facilities with SBA is 59% [2].

Qualitative interviews were conducted between May 31 and June 17, 2010, at St Dominic's Hospital Antenatal Clinic, Akwatia, Ghana. This 356-bed mission hospital is one of the largest healthcare facilities in the region and has a strong pregnancy education program. In 2009, there were 2904 deliveries at St Dominic's. A convenience sample of sequentially selected women (who were ≥ 18 years of age and ≥ 27 weeks pregnant, as reported in the participants' prenatal care records) were invited to complete audio-recorded semi-structured interviews regarding prenatal care, previous delivery experiences, and delivery intentions. Interviews were conducted in English, Twi, and Ga, and transcribed verbatim into English. Sampling continued until thematic saturation was reached ($n=85$; Table 1). Participants who delivered before July 5, 2010, completed post-delivery interviews. Incomplete post-delivery data were the result of limited on-site researcher availability. The study protocol and instruments were approved by the Institutional Review Boards at the University of Ghana, Korle Bu Hospital, Accra, Ghana, and the University of Michigan, Ann Arbor, USA.

All of the women interviewed stated that they intended to give birth in a healthcare facility. Qualitative analysis of the transcripts is underway to understand these intentions more clearly.

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Table 1
Demographic and pregnancy characteristics of third-trimester pregnancies, St Dominic's Hospital Antenatal Clinic, Akwatia, Ghana.^a

Characteristic	Value
<i>Participants interviewed (n = 85)</i>	
Age, y	29 ± 6 (18–41)
Weeks pregnant at interview	33 ± 4 (27–40)
Number of prenatal care visits	5 ± 2 (1–14)
Number of previous deliveries	1 ± 1 (0–5)
Education, y	
0	7 (8.2)
>0–6 (primary school)	17 (20.0)
>6–9 (junior secondary school)	32 (37.6)
>9–12 (senior secondary school)	15 (17.6)
≥12 (university)	14 (16.5)
Ethnicity	
Akan	48 (56.5)
Ewe	19 (22.4)
Other	18 (21.2)
Work outside the home	67 (78.8)
Religion	
Christian	75 (88.2)
Muslim	10 (11.8)
Married	75 (88.2)
Preparing for first delivery	27 (31.8)
Intended delivery location	
Healthcare facility	85 (100.0)
Other	0 (0.0)
Participants with previous delivery (n = 58) ^b	
≥1 previous home delivery	9 (15.5)
≥1 previous facility delivery	52 (89.7)
<i>Participants who had confirmed or potential deliveries during the study period (n = 36)</i>	
In-study delivery locations	
Hospital	31 (86.1)
Unconfirmed	5 (13.9)

^a Values are given as mean ± SD (range) or number (percentage).

^b Participants could select both options.

further research. Given the higher-than-expected intention to deliver in a healthcare facility and the actual healthcare facility-based delivery rate observed, it must be asked whether the present sample of women was different from those previously observed, whether the observations are attributable to particular characteristics of St Dominic's Hospital, and/or whether the study design was such that women intent on a facility-based delivery were selectively observed. Further research is required to determine whether these findings are replicable with larger samples.

Conflict of interest

The authors have no conflicts of interest.

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Of the 45 women expected to deliver during the study period, 9 had not delivered at the conclusion of the study. Of the remaining 36, 5 (13.9%) were lost to follow-up and 31 (86.1%) had confirmed deliveries in a healthcare facility.

Although it was preliminary and subject to limitations (owing to a small sample size, single site, potential for selection bias, and short follow-up period), the present study raises interesting questions for