

MATERNITY WAITING HOMES

Promoting Institutional Delivery and Pregnant Women's Access to Skilled Care



Quick facts

- Zimbabwe's maternal mortality ratio is extremely high at 960 deaths per 100 000 live births (Zimbabwe Demographic Health Survey 2010/11), translating to about 10 women dying every day of pregnancy related complications. This is three times as high as the global average of 287/100 000 and almost double the average for Sub Saharan Africa (500/100 000).
- Whilst globally there has been a 34% decline in the maternal mortality ratio (MMR) from 1990 to 2008, Zimbabwe has experienced an increase (283 deaths per 100 000 births in 1994 to 960 deaths in 2010/11 - ZDHS).
- The leading direct causes of maternal deaths are pregnancy induced hypertension/ eclampsia, postpartum haemorrhage, puerperal sepsis, malaria and obstructed labour. The successful prevention and treatment of these complications represents the potential to reduce maternal deaths by about 46% (Zimbabwe Maternal and Perinatal Mortality Study (ZMPMS), 2007).
- HIV and AIDS related conditions are the leading indirect cause of deaths and contribute to about 25% of all maternal deaths (ZMPMS, 2007).
- About two thirds (66%, ZDHS 2010/11) of births are assisted by a skilled provider (doctor, nurse-midwife, or nurse) which is a decrease of 2% from 68% (2005/6 ZDHS).

What is Maternal Mortality Ratio?

The MMR is the number of pregnancy – related deaths per 100,000 live births. That is, the number of women who die as a result of childbearing, during pregnancy or within 42 days of delivery or termination of pregnancy in one year, per 100,000 live births during that year.

13% of births are assisted by a traditional birth attendant and another 13% by untrained relatives or friends and 3% are unassisted (ZDHS 2010/11).

- About two thirds (65%) of Zimbabwean births occur in health facilities, primarily in public sector facilities. Home births are three times more common in rural areas (42%) than in urban areas (14%-ZDHS 2010/11)
- Only 28% (ZDHS 2010/11) of women received a postnatal check-up within two days of delivery, as recommended and nearly 6 in 10 (57%) do not have a postnatal check-up at all (ZDHS 2010/11). Postnatal care helps prevent complications after childbirth thereby reducing maternal mortality.
- Infant mortality is 57 deaths per 1 000 live births and under 5 mortality is 84 deaths per 1 000 live births, meaning that 1 in 12 children die before his or her fifth birthday.
- According to the ZMPMS (2007), the risk of a maternal and or a neonatal death is increased by delivering outside a health institution. It identified maternity waiting homes (MWHs) as a facilitating factor for delivering at health institutions and recommended that all rural women in Zimbabwe should be offered to stay at a MWH for 3 weeks before and three days after delivery.

The role of MWHs in reducing maternal and neonatal morbidity and mortality



Beauty is 26 years and gave birth on the 21st of March 2012 to her third baby. She stayed at the MWH for her first pregnancy and for the second pregnancy she delivered at the local clinic. She decided to utilise a MWH for the delivery of her third child because of transport challenges. There are very few buses that go to the clinic and she was afraid that she might not get transport when labour starts.

Beauty also exceeded the nine months period of pregnancy and had to be induced to initiate labour. This was not going to be possible at the local clinic had she decided to deliver there.

Many pregnancy complications are unpredictable and can be fatal within a short space of time. For example a serious post partum haemorrhage (bleeding within the first six after delivery) can lead to death of a woman in less than two hours and the unborn foetus may succumb much earlier. With many women living far away from health facilities where life saving care is available, MWHs provides a setting where high risk women can be accommodated during the final weeks of their pregnancy near a hospital with essential obstetric facilities. They facilitate the reduction in maternal and neonatal mortality and improved maternal and neonatal outcomes by fast tracking women to emergency care should complications arise. They also provide an opportunity for pregnant women to

receive health promotion on pregnancy including information on danger signs of pregnancy, labour and childbirth including new born care.

MWHs are a concept that has been in existence in Zimbabwe since the early '80s. Their effectiveness has already been demonstrated for instance in a study by Millard P. et al,

women who stayed at a MWH experience better pregnancy outcomes than women admitted directly from home.

In Zimbabwe all rural district hospitals have a MWH; however, since 2007 most are dilapidated resulting in underutilization or disuse.

Maternity Waiting Homes Programme

Recognising the significant role MWHs play in increasing access to skilled care at delivery and utilisation of maternal health services, the Ministry of Health and Child Welfare in partnership with the United Nations Population Fund (UNFPA) and other partners embarked on revitalising MWHs. To date a total of 66 MWHs have benefitted from the programme and these were revitalised with support from the Government of Japan and the Central Emergency Response Fund. The support included the development of MWH guidelines aimed at providing all service providers with key information on operational procedures for MWHs.

For MWHs to have a greater impact in contributing to the reduction of maternal mortality there is the need to ensure that all district hospitals, mission hospitals and rural hospitals offering or needing minimal support or capacity building to offer comprehensive emergency obstetric and neonatal care have functional MWHs. Also a comprehensive package that includes EmNOC supplies and services and strengthening the referral system and links with the community must be provided. An analysis of health facility data on the utilization of MWHs showed a 200% increase in utilization of MWHs in 22 of the hospitals supported with a comprehensive package for the period November 2009 and April 2010. However, due to limited funding not all facilities supported provided a comprehensive package.

Millennium Development Goal 5 Initiative

Revitalizing MWHs and Related Services in Zimbabwe

In 2010 the European Union (EU) launched the 1 billion Euro Millennium Development Goals (MDG) Initiative to support maternal health, contribute to the fight against child mortality and hunger and improve the supply of water and sanitation. Under this initiative the EU is supporting the Ministry of Health and Child Welfare (MOHCW) and the United Nations Population Fund (UNFPA) to foster progress towards achieving MDG 5 on improving maternal health with a focus on promoting institutional deliveries. The programme which is covering the period 2012 – 2015 has a total budget of EUR 9.9 million (USD 12.4 million).

Goal of the programme

To contribute to the national target of reducing the MMR to 174 deaths per 100,000 live births by 2015 through improving access to skilled attendance at delivery by women with high risk pregnancies. A total of 150 000 women in 105 health facility based MWHs are expected to benefit from the programme during the 3 year period.

The support from the EU will both increase the number of functional MWHs in the country as well as offer a comprehensive package. It will also contribute in addressing the three delays that influence timely arrival to appropriate care in obstetric emergencies. These are (i) delay in recognising the problem and the decision to seek care in the household; (ii) delay in reaching the appropriate facility after the decision to seek care has been reached; and (iii) delay in receiving adequate care once the woman reaches a health facility.

Target group

All pregnant women with a high risk pregnancy are encouraged to utilise MWHs. High risk pregnancy may consist:

- Young (teenage pregnancy), first pregnancy or old maternal age;
- History of complications in previous pregnancies;
- Pre-existing health conditions, such as high blood pressure, diabetes, and/or HIV;
- Multiples (Twins or higher).

It is important to note that all women who stay far away from health facilities that offer comprehensive care (District, Provincial and Central Hospitals) are encouraged to stay at a MWH.

Key activities

- *Renovation and refurbishment of 105 MWHs* according to specific needs of each MWH. This is aimed at increasing the utilization of MWHs thereby contributing to addressing the 2nd delay as it is expected to promote institutional deliveries through bringing pregnant women closer to the health facility.
- *Procurement and distribution of 62 ambulances* suited for rough terrain to strengthen referral services at district level (one ambulance for each district hospital). This will help reduce maternal deaths caused by delays in referrals.
- *Procurement and distribution of commodities* including food items for nutritional support to women staying at the MWHs.
- *Training of 800 service providers in EmONC* to strengthen their capacity to manage obstetric complications that are responsible for most maternal deaths. This contributes to addressing the 3rd delay. Health workers will also be trained on how to run MWHs to ensure standardization and compliance with the MWH operational guidelines.



- *Community mobilization and awareness raising* activities to create demand for maternal health services including MWHs. This includes information and services on HIV testing and counseling, HIV prevention care and services and health promotion and nutrition in pregnancy;
- *Revision and development of Information, Education and Communication (IEC) and Behaviour Change and Communication (BCC) materials.* Community mobilization activities and IEC materials will contribute to addressing the 1st delay as these will provide the pregnant women with information about pregnancy, labour, child birth, neonatal care and family planning.
- *Monitoring and Evaluation* of the programme to facilitate reporting and demonstration of results.