

Maternity Waiting Homes



THE ISSUE

In low resource countries, distance to healthcare facilities and limited means of transportation can create critical delays in accessing medical care during labour and delivery, particularly for women residing in rural areas.

THE PARTICIPANTS

Participants include pregnant or postpartum women and their newborns, and in some instances a companion.



www.maternalhealthmozcan.ca

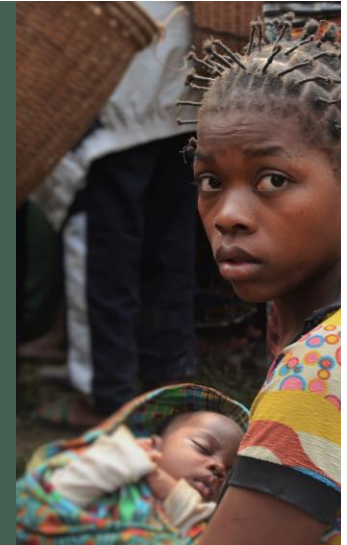
THE INTERVENTION

Maternity waiting homes (MWHs) provide accommodation for women nearing the end of pregnancy or post-delivery, near health facilities with obstetric services.

Evidence of Impact

We conducted a systematic search for MWH effectiveness studies, with no language or date restrictions, in six electronic databases (AMED, EMBASE, Global Health, OVID Healthstar, OVID Medline and Pubmed).

Seventeen peer reviewed cohort or before and after studies were published between 1991 and 2019. There are no randomized controlled trials published.



STUDY LOCATIONS



Aside from primary studies we found

- 1 Cochrane review
- 3 systematic reviews
- 1 unpublished systematic review commissioned by the World Health Organization (WHO)
- 1 scoping review

CONCLUSION

In agreement with a Cochrane review, WHO recommendations, one systematic review and a scoping review, we have concluded that results show insufficient evidence of an association between MWHs and improved maternal or infant birth outcomes. However, studies need to take into account the quality of MWHs and their use—two factors yet to be considered fully in these studies.

Implementation Recommendations

MWH Structure

- Provide basic infrastructure (i.e. electricity, kitchen, bathing, laundry facilities, toilets, access to clean water)³⁻⁷ to adequately accommodate the projected number of users
- Involve community members in construction and repair¹⁴
- Locate within a short walking distance of the health facility to minimize travel time during labour¹⁸

Relatives & Companions

- Supply family decision-makers (i.e. partners and mothers-in-law) with information about MWH use^{14, 19, 20}
- Provide space for a companion and for postpartum mothers with newborns^{4, 14, 17, 21}
- Ensure exclusive use by pregnant women³ and their companion or postpartum women and infants

Implementation Recommendations

Material Provisions

- Provide basic furnishings (i.e. mattresses, blankets, mosquito nets, cooking utensils)¹⁻³
- Provide free, nutritious food for all mothers⁹ to ensure adequate and equitable quantity and quality¹⁴
- Ensure privacy and safety (i.e. provision of night time security personnel, perimeter fencing, secured windows and doors, window coverings, locked storage space, adequate lighting)^{1, 3, 17}

Transportation

- Provide transportation to and from MWHs¹ or reimburse women for transportation expenses^{12, 23}
- Reduce hospital costs for women staying in MWHs,^{4, 21} to defray transportation costs
- Create strong referral, communication, and emergency transportation systems,^{14, 19} involving MWHs



Community Involvement

- Create an Advisory Group^{3, 14} in each community with broad representation to facilitate evaluation of MWH use, satisfaction in care,⁸ and facility needs, and to oversee audits to ensure accountability¹
- Involve community members in voluntary maintenance of MWHs^{1, 3, 14}
- Involve influential community members in promoting use and advocating for community involvement¹

Management

- Implement a plan to address facility hygiene/maintenance, accounting and user registration/records³
- Define responsibilities of key stakeholders (i.e. staff, Advisory Committee, clinicians, and government)³

Implementation Recommendations

Medical Care

- Integrate MWHs into the healthcare system,^{1, 14, 20} providing seamless, continuing care¹⁴
- Introduce a standardized, medical monitoring protocol for MWH users^{3, 16}
- Ensure high quality maternity care is available at affiliated healthcare facilities^{19, 20}
- Train and integrate traditional birth attendants to support prenatal and birth services^{5, 16, 25, 26}

Respectful Care

- Train healthcare workers to provide clients with clear information to make informed choices⁸
- Train staff and providers in respectful communication, promoting a supportive environment^{10, 11}

Counselling & Education (within MWHs)

- Provide nutrition, self- and baby-care, breastfeeding, family planning and postpartum information^{3, 12, 13}
- Train traditional birth attendants to provide counselling and perinatal education¹⁶
- Invite community members to share expertise on pregnancy and parenting topics¹⁴

Income Generating Activity (within MWHs)

- Provide opportunities for income training and activity,^{1, 12, 13} including micro-credit initiatives¹²
- Involve community members in providing skills training¹⁴

Data Collection and Evaluation

- Develop a standardized data collection system³ and train staff on proper methods of data collection
- Implement regular evaluation by clients (i.e. upon discharge)³
- Include data in the monthly statistics reported by the affiliated health facility⁸
- Create a strategy for data analysis and feedback for continuous quality improvement⁸

Sustainability

- Coordinate with other maternal health initiatives (i.e. birth planning or prevention of early marriage)³
- Plan to secure internal revenue (i.e. from health facility budgets) and external revenue (i.e. from a community social enterprise such as a mill for grinding maize)³ to support daily operations



Relevance to Mozambique Maternal Health Policy and Strategies

Mozambique's current maternal health policy and national strategies are described in the following documents, the *Health Sector Strategic Plan, 2013-2019* (Plano Estratégico do Sector Saúde - PESS), the *Five-Year Government Programme, 2015-2019* (Programa Quinquenal do Governo), and the *Poverty Reduction Action Plan, 2011-2014* (Plano de Acção para a Redução da Pobreza Absoluta).

The *Health Sector Strategic Plan* specifically endorses construction and use of MWHs as a strategy for increasing maternal health service utilization. Well-functioning MWHs have the potential to fulfill policy mandates by strengthening access to facility delivery, promoting ownership of maternal infant health among community members, increasing opportunities for health education, and creating respectful, supportive care environments. The table below outlines how MWHs can complement specific government policies and/or strategies.

Government Policy/Strategies	How MWHs Complement Policy/Strategies
Strengthen community involvement to encourage women to receive at least 4 antenatal care visits; ¹⁵ promote institutional deliveries ^{15, 22} by raising community awareness and by mobilization ¹⁵	Involves the community in planning, management, and provision of voluntary services supporting antenatal health service uptake and facility delivery, particularly for women from underserved, rural areas
Develop advocacy-based interventions to promote maternal, sexual, and reproductive health; integrate family planning with other services ¹⁵	Promotes contact between women and healthcare workers, and provides a physical space for sexual and reproductive health education
Reduce mother-to-child HIV transmission ¹⁵	Provides opportunities for women to access antenatal HIV screening and information on best-practices for reducing transmission, and increasing prevention and treatment uptake
Train healthcare professionals to provide "humanized" maternal and neonatal care including support for exclusive breast-feeding and infant feeding in the context of HIV/AIDS ²⁴	Provides a supportive environment for maternal and neonatal care; promotes education and uptake of exclusive breast-feeding and best-practices for infant feeding

This report was prepared by Daphne McRae and Nazeem Muhajarine for the Mozambique Canada Maternal Health Project www.maternalhealthmozcan.ca/. Funding for this project is provided by Global Affairs Canada. Project partners include:



Global Affairs
Canada

Affaires mondiales
Canada

References

1. Chibuye PS, Bazant ES, Wallon M, Rao N, Fruhauf T. Experiences with and expectations of maternity waiting homes in Luapula Province, Zambia: A mixed-methods, cross-sectional study with women, community groups and stakeholders. *BMC Pregnancy Childbirth*. 2018;18(42).
2. Henry EG, Semrau K, Hamer DH, Vian T, Nambao M, Mataka K, et al. The influence of quality maternity waiting homes on utilization of facilities for delivery in rural Zambia. *Reprod Health*. 2017;14(1):68.
3. Scott NA, Vian T, Kaiser JL, Ngoma T, Mataka K, Henry EG, et al. Listening to the community: Using formative research to strengthen maternity waiting homes in Zambia. *PLoS ONE*. 2018;13(3).
4. Ruiz MJ, van Dijk MG, Berdichevsky K, Munguía A, Burks C, García SG. Barriers to the use of maternity waiting homes in indigenous regions of Guatemala: a study of users' and community members' perceptions. *Cult Health Sex*. 2013;15(2):205-18.
5. Lori JR, Munro ML, Rominski S, Williams G, Dahn BT, Boyd CJ, et al. Maternity waiting homes and traditional midwives in rural Liberia. *Int J Gynaecol Obstet*. 2013;123(2):114-8.
6. Mramba L, Nassir FA, Ondieki C, Kimanga D. Reasons for low utilization of a maternity waiting home in rural Kenya. *Int J Gynaecol Obstet*. 2010;108(2):152-3.
7. Nhindiri P, Munjanja S, Zhanda I, Lindmark G, Nystrom L. A community-based study on utilisation of maternity services in rural Zimbabwe. *Afr J Health Sci*. 1996;3(4):120-5.
8. Sitefane GG, Craha B, Chirime X, Uqueio S. Analysis of determinants for accessing and using waiting homes in the province of Inhambane, Mozambique: Republic of Mozambique, Ministry of Health; 2013.
9. Gorry C. Cuban maternity homes: a model to address at-risk pregnancy. *MEDICC Rev*. 2011;13(3):12-5.
10. Srivastava A, Avan B, Rajbangshi P, Bhattacharyya S. Determinants of women's satisfaction with maternal health care: a review of literature from developing countries. *BMC Pregnancy Childbirth*. 2015;15.
11. Lori JR, Munro-Kramer ML, Shifman J, Amarah PNM, Williams G. Patient satisfaction with maternity waiting homes in Liberia: a case study during the ebola outbreak. *J Midwifery Womens Health*. 2017;62(2):163-71.
12. Eckermann E, Deodato G. Maternity waiting homes in Southern Lao PDR: the unique 'silk home' *J Obstet Gynaecol Res*. 2008;34(5):767-75.
13. García Prado A, Cortez R. Maternity waiting homes and institutional birth in Nicaragua: policy options and strategic implications. *Int J Health Plann Manage*. 2012;27(2):150-66.
14. Penn-Kekana L, Pereira S, Hussein J, Bontogon H, Chersich M, Munjanja S, et al. Understanding the implementation of maternity waiting homes in low-and middle-income countries: a qualitative thematic synthesis. *BMC Pregnancy Childbirth*. 2017;17.
15. Republic of Mozambique, Ministry of Health. Health Sector Strategic Plan 2014-2019: Republic of Mozambique; n.d. Available from: [mozambique - health sector strategic plan - 2014-2019.pdf](#).
16. Poovan P, Kifle F, Kwast BE. A maternity waiting home reduces obstetric catastrophes. *World Health Forum*. 1990;11(4):440-5.
17. McIntosh N, Gruits P, Opper E, Shao A. Built spaces and features associated with user satisfaction in maternity waiting homes in Malawi. *Midwifery*. 2018;62:96-103.
18. Wilson JB, Collison AH, Richardson D, Kwofie G, Senah KA, Tinkorang EK. The maternity waiting home concept: the Nsawam, Ghana experience. The Accra PMM Team. *Int J Gynaecol Obstet*. 1997;59(Suppl 2):S165-72.
19. Vermeiden T, Schiffer R, Langhorst J, Klappe N, Asera W, Getnet G, et al. Facilitators for maternity waiting home utilisation at Attat Hospital: a mixed-methods study based on 45 years of experience. *Trop Med Int Health*. 2018;23(12):1332-41.
20. Sialubanje C, Massar K, Hamer DH, Ruiters RAC. Personal and environmental factors associated with the utilisation of maternity waiting homes in rural Zambia. *BMC Pregnancy Childbirth*. 2017;17(1).
21. Kelly J, Kohls E, Poovan P, Schiffer R, Redito A, Winter H, et al. The role of a maternity waiting area (MWA) in reducing maternal mortality and stillbirths in high-risk women in rural Ethiopia. *BJOG*. 2010;117(11):1377-83.
22. República de Moçambique. Boletim da República : publicação oficial da República de Moçambique. 2º Suplemento, I Série - Número 29: República de Moçambique; 2015. Available from: <http://extwprlegs1.fao.org/docs/pdf/moz151718.pdf>.
23. Yadamsuren B, Merialdi M, Davaadorj I, Requejo JH, Betrán AP, Ahmad A, et al. Tracking maternal mortality declines in Mongolia between 1992 and 2007: the importance of collaboration. *Bull World Health Organ*. 2010;88:192-8.
24. Republic of Mozambique. Poverty Reduction Action Plan 2011-2014. Maputo: Republic of Mozambique; 2011. Available from: <https://extranet.who.int/nutrition/gina/sites/default/files/MZB%202011%20PRSP.pdf>.
25. Schooley J, Mundt C, Wagner P, Fullerton J, O'Donnell M. Factors influencing health care-seeking behaviours among Mayan women in Guatemala. *Midwifery*. 2009;25(4):411-21.
26. Lori JR, Wadsworth AC, Munro ML, Rominski S. Promoting access: the use of maternity waiting homes to achieve safe motherhood. *Midwifery*. 2013;29(10):1095-102.