Ensuring Women Survive and Thrive
During and After Childbirth

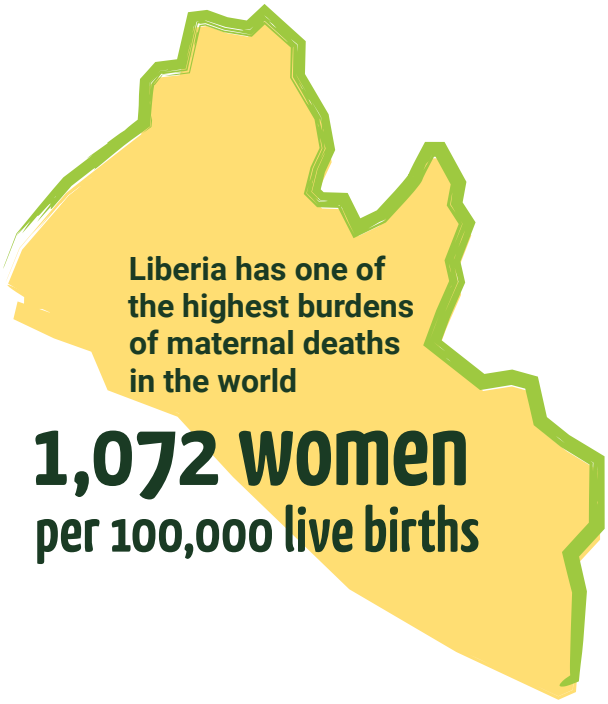
The Evidence in Support of Maternity Waiting Homes in Liberia

Between 2017 and 2018, a landscape analysis of maternity waiting homes (MWHs) was conducted in Liberia to examine the sustainability of five MWH constructed in 2010 and the scale-up across the country. Key facilitators and barriers to MWH use were examined. This brief explains how this low-cost, low-tech intervention is bringing mothers closer to well-staffed and well-equipped health centers at the right time and increasing safe facility delivery rates and discusses the success of MWHs in Liberia.

Context

Pregnancy and childbirth should be cause for celebration, but, unfortunately, they remain dangerous and life-threatening events for millions of women. **Of the 830 women who die every day due to complications of pregnancy and childbirth, more than half of deaths occur in sub-Saharan Africa.**[1] In addition to mothers, about one million newborns around the world die during their first day of life, and another one million die within the next six days.[2]

Liberia has one of the highest burdens of maternal deaths in the world, estimated at 1,072 per 100,000 live births.[3] The mortality rate of newborns, within the first 28 days of life, is also high—25 for every 1,000 live births.[4] These figures place Liberia far from the Sustainable Development Goal targets of reducing the global maternal mortality ratio to less than 70 per 100,000 live births by 2030 and of reducing neonatal mortality to at least as low as 12 per 1,000 live births.



Most maternal and newborn deaths are caused by preventable or treatable complications that take place during labor, delivery and the immediate 24 hours after giving birth. These complications frequently go untreated because women have poor access to high-quality health services.

Too often, women who live in rural Liberia give birth at home or on the road—alone—because health facilities are far away and traveling there is too difficult or expensive. In fact, an estimated 60% of the rural population lives more than 5 km from the nearest health facility,[5] and only 56% of all births take place in a health facility.

1 https://www.afro.who.int/health-topics/maternal-health

2 https://www.who.int/news-room/fact-sheets/detail/newborns-reducing-mortality

3 http://apps.who.int/iris/bitstream/10665/136911/1/ccsbrief_lbr_en.pdf

4 https://data.unicef.org/country/lbr/#

5 https://www.who.int/bulletin/volumes/95/2/16-175513/en/

Overview of the research

Between 2017 and 2018, University of Michigan and Africare, members of the Maternity Waiting Home Alliance mapped and visited all MWHs in Liberia that have been constructed or were under construction since a 2010 study by the research team resulted in building the first five MWHs in the country. The research team interviewed health care providers, community members, women of childbearing age who used the MWHs, government officials and non-government agencies that supported the construction of the MWHs in Liberia. Each MWH was geo-located for purposes of visualization and to document sequential expansion and funding source.

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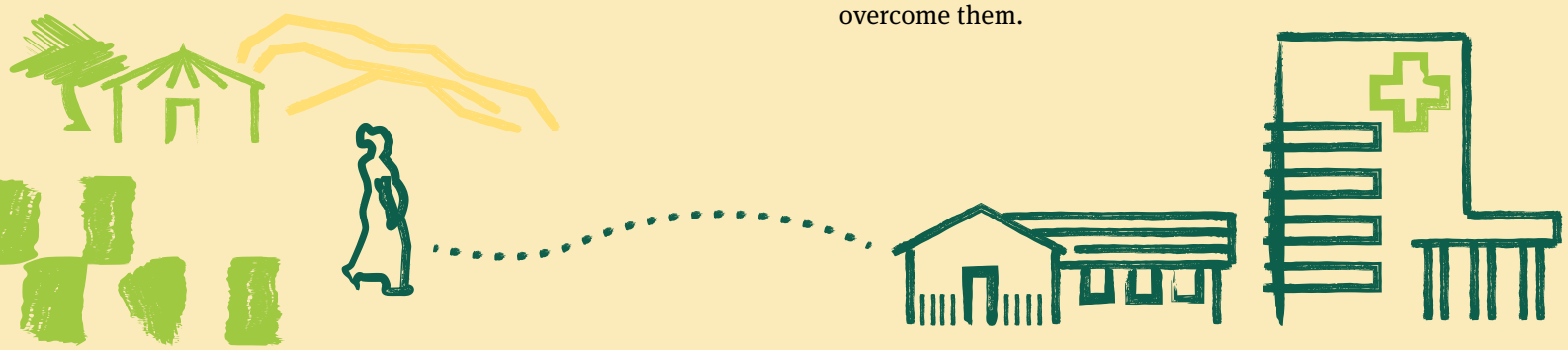
What is a maternity waiting home?

A MWH is a facility built close to a hospital or health center that provides emergency obstetric care, and where women who live far away can stay during the last few weeks of pregnancy. A woman moves to the hospital or health facility once in labor so that her birth can be assessed by a skilled attendant, and she receives postnatal care once her child is born.

While at the homes, women are monitored by qualified health staff and participate in information sessions where they learn about general cleanliness, breastfeeding, infant and child nutrition, child care and more. The homes also provide a gathering space for women, and many homes offer mothers the opportunity to engage in income-generating activities while they wait to give birth.

By providing a space for women to stay beginning in the last weeks of pregnancy, MWHs help ensure that both mothers and newborns receive the care they need during the first hours and days after birth. In fact, the World Health Organization (WHO) recommends establishing MWHs close to a health center where essential childbirth care and/or care for obstetric and newborn complications are provided, to increase access to skilled care for populations living in remote areas or with limited access to services.

MWHs have been in existence since the beginning of the 20th century in more than 18 countries around the world, including the United States, Canada, Northern Europe, Cuba, India, Zimbabwe, Zambia, Liberia, Nigeria, Uganda, Ethiopia and Malawi, among others. While in the past they've faced various utilization and sustainability challenges, new evidence identifies ways to overcome them.



Key research findings

In the years since the original construction of five MWHs, an additional 114 MWHs were constructed in 14 of the 15 counties in Liberia, with support from diverse funding streams and implementers. Today, there are a total of 119 MWHs in the country. Scale-up started in the center of the country, in populated counties, before then expanding to neighboring counties and finally to areas with sparse populations.

Of the 119 MWHs:

- 54 (45.4%) are open and functional.
- 8 (6.7%) are currently under construction.
- 35 (29.4%) had started to be constructed, but construction ceased prior to opening.
- 15 (12.6%) have been repurposed, primarily to serve as staff quarters.
- 7 (5.9%) MWHs were opened and later abandoned for multiple reasons.

There were various funders and implementers involved in the scale-up of MWHs:

- 72 (60.5%) were supported by non-governmental organizations (NGOs).
- 35 (29.4%) were supported by the local community.
- 6 (5.0%) were supported by the United Nations H6 partnership.
- 4 (3.4%) were supported by local individuals.
- 2 (1.7%) were supported by the local Liberian government.

MWHs in Liberia are being used by pregnant women awaiting delivery as well as by postpartum women. Across the country, the average number of women using a MWH monthly ranged from 0-52, with a mean of 11. The average length of stay at MWHs is 15.9 days for antenatal care (range 1-40 days) and 2.8 days postpartum (range 1-21 days), addressing this most neglected period for the provision of quality care.

Monthly stays at facilities funded by communities were 2.5 times higher than those funded by NGOs. For facilities with a local advisory committee, by providing management and oversight of the MWH, monthly stays increased by 7%, compared to those without a local advisory committee.

Communities shared that the physical availability of food at the MWHs was one of the most common challenges to the sustainability of the MWHs. It was mentioned as one reason for low utilization rates in those facilities where women were not using the available services.

Results from the qualitative analysis found that MWHs reduce home delivery rates and improve relationships between health facility staff, traditional birth attendants and communities.

How to build and sustain maternity waiting homes

By investing in MWHs, you get maximum benefit for health system strengthening and provide safe delivery for the most vulnerable women living the farthest from health care facilities. The success of MWHs depends on a few critical factors:

- Maternity waiting homes are not an isolated intervention. Successful models become an integrated component of existing health system strengthening efforts.
- MWHs must include a strong community engagement component. Sustainable models mobilized communities to not only contribute raw materials or land to the process, but also worked with community groups to identify how to assimilate the MWH model to the primary health facility.
- In many of the successful MWH communities, the traditional birth attendants were the key stakeholders in supporting use of the model, increasing community awareness and working in a team with the health facility staff. Successful MWH models engaged all members of the community for ongoing sustainability.

- Success factors for scale-up in Liberia included strong local and county leadership and self-governance. The most successful homes have community-based governance and management systems, including income-generating activities, allowing the women and communities to run the homes, which allow them to take ownership and accountability for these shelters and the mothers visiting them, as well as provide a system for sustainability.
- To ensure effective scale-up and sustainability of MWHs, strong government support is key, including development of public policy and engagement of local-level leadership.

The Maternity Waiting Homes Alliance is a collaboration between Boston University, Right to Care Zambia, the University of Michigan and Africare. For more information, visit www.maternitywaitinghomes.org.