



Ensuring Women Survive and Thrive
During and After Childbirth

The Evidence in Support of Maternity Waiting Homes in Zambia

Between 2015 and 2018, the Maternity Waiting Homes Alliance (the Alliance) built 24 well-constructed and well-resourced maternity waiting homes (MWH) adjacent to high-quality health facilities and evaluated whether they led to increased access to care and improved pregnancy outcomes. This brief explains how this low-cost, low-tech intervention is bringing mothers closer to a well-staffed and well-equipped health centers at the right time and increasing safe facility delivery rates.



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

Zambia is no exception, and, in fact, maternal deaths in the country remain unacceptably high, with 213 deaths per 100,000 live births in 2017³—still far from the Sustainable Development Goal target of reducing the global maternal mortality ratio to less than 70 per 100,000 live births by 2030.

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 Zambia give birth at home or on the road—alone—because health facilities are far away and traveling there is too difficult or expensive, especially while



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in labor. Although 50% of the rural population lives within 5 km of a health facility, the average distance to a health facility that is equipped for safe deliveries and offers emergency obstetric and neonatal care is more than 15 km.⁴ Therefore, it should come as no surprise that in rural Zambia, 42% of women deliver at home, in the absence of quality maternity care.⁵ Distance and poor road conditions; transportation availability and cost; indirect costs of delivering at a facility, such as the need for baby clothes; women's autonomy to make decisions about their maternal care; and the low perceived quality of healthcare services are all barriers to women seeking and accessing care.

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

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

3 <https://data.unicef.org/topic/maternal-health/maternal-mortality/>

4 <https://www.who.int/bulletin/volumes/92/1/13-122721/en/>

5 <https://www.dhsprogram.com/pubs/pdf/fr304/fr304.pdf>



Overview of the research

Between 2015 and 2018, the Maternity Waiting Homes Alliance (the Alliance) built 24 well-constructed and well-resourced maternity waiting homes (MWH)—often called Mothers’ Shelters’—adjacent to high-quality health facilities. It conducted a robust evaluation to answer the question: “Is a minimum core model for maternity waiting homes associated with increased access to improved basic emergency obstetric and neonatal care providers and improved pregnancy outcomes among women living greater than 10 km from the health facility?” The operational research also aimed to test innovative and entrepreneurial strategies to improve the operational and financial sustainability of MWHs.

Before deciding on a MWH model to implement, a formative evaluation was conducted to gather community input to inform a design that would be comfortable, safe and acceptable to communities. The results were used to develop a maternity waiting home core model that included three main components:

- infrastructure, equipment and supplies
- policies, management and finances
- linkages and services

A total of four peer-reviewed papers have been published describing the formative work.

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 health centers 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.

“If you are in labor, it is difficult to walk long distances on foot. You can start off on time, but because of the long distance you can end up delivering on the way.”

Community health worker

Zambia





Key research findings

The Alliance is finalizing a joint impact evaluation, which seeks to determine whether MWHs are an effective and sustainable solution to overcoming the distance barrier to accessing timely and quality maternal health care. It will assess whether the MWHs are utilized by pregnant women living a distance away from a health facility, and if awaiting delivery at a MWH is associated with improved delivery outcomes. Data collection instruments include a household survey with a sample of 2,400 households and in-depth interviews with 10% of the total sample.



Key findings from the formative and interim analysis include:

- A community-driven, entrepreneurial core maternity waiting home model is effective at increasing facility delivery for women living farthest from the health facility (>10 km).
- As implemented and evaluated, the core maternity waiting home model is responsive to women's needs.
- There is potential to leverage MWHs to improve antenatal care, family planning and postnatal services and utilization.
- Health facility staff are supportive of the homes and often see them as an extension of the health facility. In-depth interviews with staff in Zambia found that MWHs help them do their jobs and plan their workload better by being able to monitor the women, detect complications early and either manage those complications or send a woman to a higher-level facility—the key being timeliness of care.

Overall, the homes lead to improvements in the pathway to important maternal health outcomes, including attendance at postnatal care in the first six days and exposure to counseling for kangaroo care, breastfeeding and postnatal care.



How to build and sustain maternity waiting homes

By investing in MWHs, you get maximum benefit for health system strengthening and provide safe deliveries for the most vulnerable women living the farthest from health care facilities.

The success of MWHs depends on a few critical factors:

- 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.
- To ensure that women and communities continue to use MWHs, communities must be involved in their design and development, as well as their governance. For example, the design of the homes must take community perceptions and needs into account, including providing proper bedding, private spaces for bathing and areas for cooking.
- 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.
- MWHs are a critical component of broader efforts to improve maternal and child health, but they are only part of the equation. The homes need to be attached to adequately resourced facilities that provide emergency obstetric and newborn care.



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.