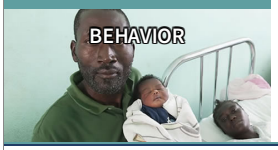
BEHAVIOR PROFILE: DELIVERY IN HEALTH FACILITY

HEALTH GOAL

Improve maternal and child survival



Pregnant women deliver in a health facility with an equipped, qualified provider

Percentage of live births in the three years preceding the survey delivered at a health facility

BEHAVIOR ANALYSIS

BEHAVIOR AND STEPS

What steps are needed to practice this behavior?

Behavior

Pregnant women deliver in a health facility with an equipped, qualified provider

Steps

1. Identify appropriate health facility for delivery
2. Plan transport, resources, and logistics required for delivery in health facility
3. Obtain all required services before, during and after delivery from qualified provider
4. Adhere to provider instructions during and following birth of infant

FACTORS

What factors may prevent or support practice of this behavior?

STRUCTURAL

Accessibility: Pregnant women do not deliver in a health facility, especially in an emergency, because facilities are often far from households and transportation is difficult to find.

Accessibility: Pregnant women are unable to deliver in a health facility because maternity care is not always free.

Service Provider Competencies: Pregnant women do not receive all required services from a health facility because they want to avoid negative provider attitudes and treatment.

Service Experience: Pregnant women cannot deliver in a health facility because not all clinics are open or staffed 24 hours.

SOCIAL

Gender: Pregnant women do not have support from their partners to pursue and mobilize resources for delivery in a health facility because due to tradition, lack of information, lack of accommodation, and the exclusion of men in the maternal health system.

Norms: Pregnant women do not deliver in a facility because traditional birthing practices and preferences differ from experiences in clinics.

INTERNAL

Attitudes and Beliefs: Pregnant women choose to deliver at a health facility because they want a healthy baby.

Attitudes and Beliefs: Pregnant women do not deliver in a facility because many women perceive the quality of care from a clinic as no better than care from a traditional birth attendant at home.

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior, and what actions must they take?

INSTITUTIONAL

Policymakers: Ensure affordability of care for most vulnerable via insurance schemes, CCTs, or other financing.

Policymakers: Review staffing policy to ensure maternity care is accessible 24 hours.

Managers: Explore ways to offer more of what women want for their delivery in clinic setting.

Providers: Offer respectful care to clients.

Providers: Actively engage men in pregnancy and delivery decisions.

COMMUNITY

Community Leaders: Support women with transport costs and logistics, including facilitation of community solutions like building maternity waiting shelters.

HOUSEHOLD

Male Partners: Actively participate in childbirth related decisions and encourage partners to deliver in a facility.

STRATEGY

POSSIBLE PROGRAM STRATEGIES

What strategies will best focus our efforts based on this analysis?

Strategy requires Communication Support

ENABLING ENVIRONMENT

Financing: Create national insurance schemes, use conditional cash transfers (CCTs) or establish community savings schemes to ensure all are able to access maternity services.

Partnerships and Networks: Expand delivery of labor and delivery as well as EMONC services beyond formal system via avenues like social franchising.

Policies and Governance: Strengthen human resources allocation to ensure 24 hour coverage at all EmONC sites and referral systems.

Policies and Governance: Allow non-harmful traditional birthing practices at clinics.

SYSTEMS, PRODUCTS AND SERVICES

Infrastructure: Explore creation of waiting shelters for mothers.

Quality Improvement: Ensure providers are well-trained in and offer respectful maternity care.

DEMAND AND USE

Communication: Use targeted media, including SMS where possible, to promote the improved quality of care and tailor reminders and tips for pregnant women and their families, self-created locally appropriate or picture-based birth plans.

Communication: Leverage traditional birth attendants for counseling, referrals and support to women and families in planning for and delivering in a facility, including distribution of birthing kits.

Collective Engagement: Engage community leaders and men to diffuse responsibility for women's health care.