Delivery in a Health Facility

Pregnant women attend facilities for delivery.

KEY FACT:

If all deliveries occurred in health facilities, as many as 65% of maternal deaths could be averted.[1]

WHAT IS ATTENDING HEALTH FACILITIES FOR DELIVERY?

Attending a health facility for delivery is a behavior of limited duration that requires planning.

The key steps to the practice of this behavior are:

1. Accept the importance of delivering in a health facility.
2. Identify an appropriate health facility for delivery.
3. Plan transport and other resources and logistics that are required for a facility delivery.
4. Have access to a health facility with skilled providers who offer quality, respectful maternity care.

WHY DO WE CARE ABOUT WOMEN ATTENDING HEALTH FACILITIES FOR DELIVERY?

Almost two-thirds of maternal deaths occur during the 48-hour period beginning immediately before delivery. Managing the major causes of maternal death (i.e., post-partum hemorrhage, obstetric complications, sepsis, and hypertensive disorders) requires medical intervention by a skilled provider. Ensuring that women plan for and deliver their babies in well-equipped, well-stocked health facilities with well-trained providers is critical to saving both maternal and newborn lives.[2,3,4] Healthy birth outcomes bestow long-term benefits not only on the mother and baby, but also on the rest of the family. Additionally, families and communities experience economic and social benefits beyond health.

	Maternal mortality ⬇	Neonatal mortality ⬇	Child immunizations ⬆	Early and exclusive breastfeeding ⬆	Healthy timing and spacing of pregnancy ⬆
DIRECT Health Benefits	Decreases the risk of mortality and morbidity linked to pregnancy and childbirth[5]	Reduces the risk of newborn death due to birth complications and infection[6]	Increases the likelihood that children will receive recommended vaccinations[7]	Increases the likelihood a mother will successfully initiate breastfeeding and do so exclusively	Increases the opportunity for accessing family planning, including post-partum IUD

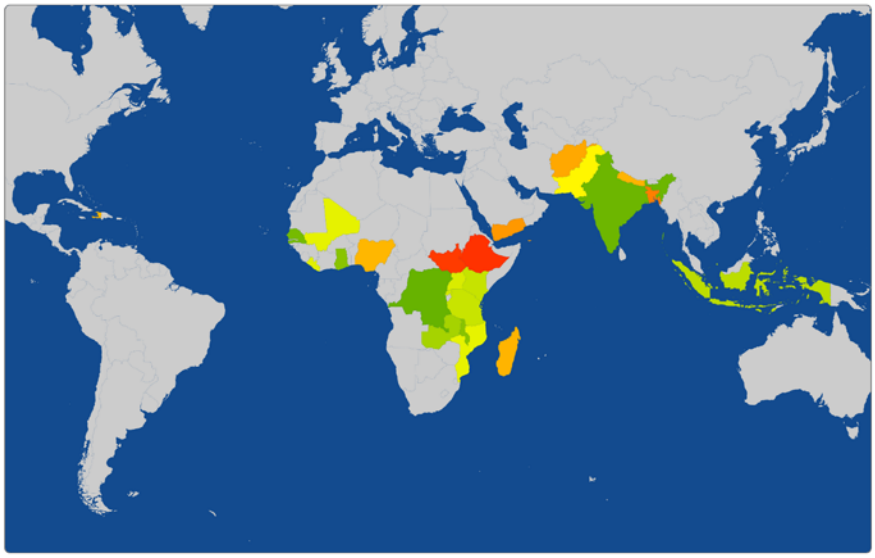
	Productivity ⬆	Cost savings ⬆	Well-being ⬆
OTHER BENEFITS	Reduces the risk of maternal injury due to birth trauma that might affect productivity	Reduces family spending on potential complications from a poor birth experience	Increases the likelihood of the woman recovering from child birth without serious complications and being better able to care for the children; reduces stress on the family

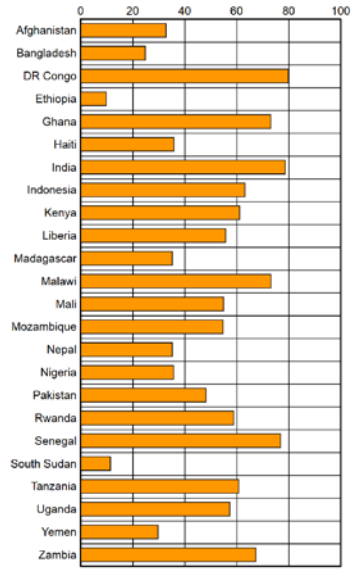
WHAT DO THE DATA TELL US?

Despite its lifesaving potential, the proportion of pregnant women attending health facilities for delivery varies widely, often reflecting demographic patterns.

INDICATOR

The proportion of women with a live birth in the last three years who gave birth in a facility for most recent birth.





WHY DON'T PREGNANT WOMEN ATTEND HEALTH FACILITIES FOR DELIVERY?

The decision to use a health facility for delivery and actually carrying out the decision is influenced by many factors such as the quality and convenience of health facilities, and family support related to planning for the event. Although the challenges to practicing this behavior differ by context, a few of the more common reasons preventing pregnant women from delivering in health facilities are:

Lack of planning

Pregnant women and their families are not used to planning ahead for delivery, including transport, financial resources, care of other children and other logistics.

Lack of partner support

Men are not involved in pregnancy and child birth decisions, so women often do not receive necessary financial, logistical or emotional support.[8]

Lack of access

Access to transportation or maternity waiting homes is not available when health facilities are far away.[9] Women are expected to pay for maternity care and supplies at facilities.[10]

Social norms

Many women prefer to deliver at home with traditional birth attendants.[11]

Poor quality of care

When women deliver in a health facility, they are not always treated with respect or given care they perceive to be of good quality, thus discouraging return visits or peer support for facility delivery.

HOW CAN WE ENABLE PREGNANT WOMEN TO ATTEND HEALTH FACILITIES FOR DELIVERY?

Enabling pregnant women to deliver at health facilities requires programming to overcome context-specific challenges like those above. The solutions to these challenges can come from actors at different levels. The key is to enact solutions that respond to the challenges efficiently and effectively for the most people. Below are examples of actions that might enable successful practice for this behavior:

Use pictorial birth plans and counseling during antenatal care to help women and their families plan and save for facility delivery.

Engage community leaders to call on men to engage in issues of emergency transport, planning for delivery and other health events.

Work with health facilities to make them more woman and family-friendly and then promote the "new" experience and its benefits.

Demonstrate impact through district score cards, public notices, and testimonials of lives saved through facility delivery, and recognize high performing clinics.

Establish policies and training that make delivery protocols more culturally sensitive and respectful of women and their families.

PROGRAM EXAMPLE:

Behaviors tied to the use of services often require that actions are taken to remove the barriers linked to demand and supply. In Zambia, USAID's *Saving Mothers, Giving Life* program took a comprehensive approach to addressing multiple barriers to women realizing safe, facility-based delivery. Research prior to program design found that clinical care was of poor quality, and facilities were not equipped to correctly manage severe complications and emergencies during childbirth. Women did not seek care because of this lack of quality and also because they did not plan ahead for logistics during delivery. The program took several actions to address the demand and supply factors. It supported Safe Motherhood Action Groups to conduct community outreach aimed at encouraging women and their families to use a birth plan to plan aspects of pregnancy and delivery. It also trained Community Health Workers to make home visits and worked with community leaders to promote the importance of facility-based delivery and male involvement. In conjunction with these client-focused interventions, *Saving Mothers, Giving Life* worked to improve the quality of emergency obstetric and newborn care at several health facility levels. By the program's midpoint, facility-based delivery had risen from 62.6% to 89.5% and the maternal mortality rate in facilities had dropped by over 50%.[12]

The Chikomeni Rural Health Centre in eastern Zambia offers Basic Emergency Obstetrics and Newborn Care services to its clients. Photo Credt: USAID/Anne Jennings, Rabin Martin

SELECTED RESOURCES

Ending Preventable Maternal Mortality: USAID Maternal Health Vision for Action, June 2014:
https://www.usaid.gov/sites/default/files/documents/1864/MCHVision.pdf

Saving Mothers Giving Life Mid-Initiative Report:
http://savingmothersgivinglife.org/docs/SMGL-mid-initiative-report.pdf

WHO Maternal Mortality Fact Sheet:
http://apps.who.int/iris/bitstream/10665/112318/1/WHO_RHR_14.06_eng.pdf

[1] Ending Preventable Maternal Mortality: USAID Maternal Health Vision for Action, June 2014:
https://www.usaid.gov/sites/default/files/documents/1864/MCHVision.pdf
[2] WHO Recommended Interventions for Improving Maternal and Newborn Health. 2009.

[3] Say, Dr Lale , MD; Doris Chou, MD; Alison Gemmill, MPH; Özge Tunçalp, MD; Ann-Beth Moller, MSc; Jane Daniels, PhD; A Metin Gülmezoglu, MD; Marleen Temmerman, MD; Leontine Alkema, PhD. Global causes of maternal death: a WHO systematic analysis. 2014.
[4] Institute of Medicine (US) Committee on Improving Birth Outcomes; Bale JR, Stoll BJ, Lucas AO, editors. Improving Birth Outcomes: Meeting the Challenge in the Developing World. Washington (DC): National Academies Press (US); 2003. 2, Reducing Maternal Mortality and Morbidity. Available from: http://www.ncbi.nlm.nih.gov/books/NBK222105/
[5] Ibid. 1.
[6] WHO. Fact Sheet: Newborns: reducing mortality. 2016.
[7] Moyer, CA, Benyas, D, Rominski, S. Can facility-based delivery boost infant vaccinations? The long-term effect of facility delivery in sub-Saharan Africa. The Lancet. 2014.
[8] Prost, Audrey et al. Women's groups practising participatory learning and action to improve maternal and newborn health in low-resource settings: a systematic review and meta-analysis. *The Lancet* , Volume 381 , Issue 9879 , 1736 – 1746.
[9] Ibid. 8.
[10] Carine Ronsmans, Wendy J Graham, on behalf of The Lancet Maternal Survival Series steering group.* Maternal mortality: who, when, where, and why. *The Lancet* 2006; 368: 1189–200.
[11] Lewycka, S, Mwansambo, C, Rosato, M et al. Effect of women's groups and volunteer peer counselling on rates of mortality, morbidity, and health behaviours in mothers and children in rural Malawi (MaiMwana): a factorial, cluster randomised controlled trial. *The Lancet.* 2013; 381: 1721–1735.
[12] USAID/Zambia Saving Mothers, Giving Life. 2015 Mid-Initiative Report.

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