

Pregnant Women Conference Best Practice from Ethiopia



A. Background

In Ethiopia about three million babies are born each year and only 26 percent of these babies are born at health facility. The neonatal mortality rate was 29 deaths per 1,000 live births (Ethiopia Demographic and Health Survey 2016). Presently neonatal deaths account for 44 percent of all under-five deaths in the country. The majority of neonatal deaths in the country are caused by few and easily preventable conditions. Appropriate illnesses recognition and care-seeking for newborn and childhood illness is generally low and continues to drive high mortality rates in the country. The community based newborn health package requires understanding of and greater attention for care-seeking and community social norms and beliefs in order to achieve its goal. The problem of care seeking becomes more evident when it comes to newborns. There are many traditional practices and attitudes that makes care seeking for newborns a lingering challenge (see Figure 1 below).

Barriers to Access

- Low awareness and knowledge about pregnancy, labor, postnatal and newborn danger signs
- Believes that outcome of pregnancy is predetermined from God/Allah
- Women may have more trust in traditional birth attendants (TBA) because of their shared belief system
- Poor thermal care is also demonstrated through lack of continued skin-to-skin contact, exposure of newborns to smoke, frequent bathing
- Women being reluctant to disclose their pregnancy earlier due to shame fear of the 'evil eye' and fear of miscarriage

Save the Children International (SCI), in collaboration with the Federal Ministry of Health and other partners, developed a Demand Creation Strategy for maternal neonatal child health, with particular focus on community-based newborn care. The strategy is centered around community empowerments and works within existing community platforms. It fits in to the current health system and social structures. The strategy gives clear direction and tools on how to address the barriers to families for appropriate care seeking and improved newborn care practice. As part of the demand creation strategy, Saving Newborn Lives (SNL) III project has used Pregnant Women Conference(PWC)-an existing government structure, not fully functional,- to target pregnant women in Gurage and Sidama Zones of SNNP Regional State and East Shewa Zone of Oromia Regional State since 2016.

Pregnant Women Conference

The purpose of the pregnant women conference is to,

- Support the women's development army (WDA) outreach and follow-up to pregnant women for early pregnancy identification and referral to antenatal care
- Motivate members of the pregnant women conference to seek and receive care,
- Promote peer support amongst women to motivate each other to seek appropriate antenatal care (ANC), plan for delivery at a health facility, follow through with essential postnatal care (PNC), support exclusive breast-feeding, and family planning options.
- Strengthen demand for ANC; facility delivery; and post-natal care follow-up for mothers and their newborns

PWCs are held in each Kebele on a monthly basis, under the leadership and coordination of the Health Extension Worker (HEW),with the support from a midwife from the health center, and the Kebele command post members. The WDA plays a critical role in identifying pregnant mothers from the community. After identifying pregnant mothers,WDAs inform the HEWs when a pregnancy is detected, advise pregnant mothers to initiate ANC follow-up, and invite them to attend a Pregnant Women's Conference.

The PWC is conducted within the health post area, in a relaxed welcoming setting normally with a traditional coffee ceremony. HEWs provide the health center-health post linkage focal person the schedule of PWC. The focal person delegates a midwife to facilitate the conference. At times the focal person also pays a monitoring visit and attends the PWC.

These meetings are usually facilitated by a midwife, HEW or replacement nurse when midwives are not available. A variety of topics on pregnancy, delivery, post-natal care are raised and discussed in an open

forum and participatory environment. (see Box 2). During discussions women also share their experiences with their peers, learn from each other, create an informal community network through which information and support is fostered. Dobena Gola kebele of Meskan woreda in Gurage zone and Adami Teso kebele of Dara woreda in the Sidama zone of SNNPR region, have been implementing PWCs since 2016. ANC follow up and facility delivery in kebele was very low in both kebeles due to lack of awareness and other traditional and religious beliefs.

'Before initiating the demand creation strategy and PWC, mothers used to deliver at home; they were not aware of danger signs during pregnancy, they believed death was inevitable regardless of any medical intervention, they would only call for traditional ambulance when the mothers were in prolonged labor for 2 to 3 days; they had problem of transportation; and most importantly they didn't want to miss out the comfort of home delivery where their loved ones conduct traditional rituals while supporting the laboring mother. We ourselves didn't conduct PWC on regular basis prior to implementation of the demand creation strategy.' Genet, a Health Extension Worker; at Dobena Gola health post.

The same holds true for Adami Teso kebele. Mothers used to deliver at home with the help of traditional birth attendants. High numbers of maternal and newborn deaths were reported due to complications during labor. Low appropriate and exclusive breastfeeding was reported, including discarding colostrum in the belief that it causes newborn illness. and the introduction

Topics discussed during pregnant women conference

- Birth-planning (including choice of location for skilled delivery);
- Emergency transport; maternity waiting areas);
- Early ANC care seeking; immediate and exclusive breastfeeding;
- Family planning,
- Pregnancy and newborn danger sign recognition,
- Appropriate care seeking and men's involvement ANC, birth planning, health facility delivery and PNC.

'We were fools. Our babies died because of our ignorance. But now we have been thought by HEWs and midwives in this Conference. We will not go back to what we used to do before!' A mother from Adami Teso Kebele said.

Since the strengthening of the PWC early changes in care seeking behavior are being observed in ANC flow up and facility delivery.

'We have seen changes in the ANC follow up after initiating the PWC. Now there are more number of mothers coming to HC for ANC follow up. We find this very encouraging and we want to strengthen the PWC for sustained results.' Asmero Clinical nurse Elle health center.

'In the previous years, PWC was conducted occasionally thought it was not led by midwives. But now, I or my other colleague are leading the PWC on bi-weekly basis. The turnout in this kebele is very impressive. Sometimes mothers attend the Conferences with their husbands. We have seen changes in facility delivery, ANC and care seeking for their newborns.' Shemsia Amar-midwife Adami Teso Kebele

The implementation of the demand creation strategy has helped strengthen the implementation of PWCs. These conferences are emerging to be an effective tool to address MNCH health care seeking barriers.

Early Lessons

- Strengthening pregnant women conferences at the community level provides an accessible platform to promote early care seeking behavior and appropriate health care practices at the community.
- Empowering communities through building and linking community health cadres and kebele command post is key to bridging the gap between the first and last ANC visits, and increasing facility delivery.
- Women's peer support, and sharing of real life experiences during PWCs in a safe and enabling environment provides an opportunity to reflect on personal and family maternal and newborn behaviors and choices. Stories which demonstrate serious illness or deaths, for example story of a mother who died in the community due to excessive bleeding, encourages reflection on illness recognition, timely care-seeking and appropriate access to care. Success stories where danger signs were recognized early and where appropriate medical intervention was provided has established trust in the health system, and understanding the appropriate care and treatment is available.

Challenge

There were no major challenges in conducting the PWC. However, transportation of midwives to and from the health post remains to be a problem. There is no allocated budget for this specific purpose. To date midwives are using their own means of transportation. During rainy seasons when the roads are bad, midwives find it difficult to use regular transportation. This may affect the regular coverage of PWC.

Conclusion

Early lessons show that PWCs are proving to be effective in tackling harmful traditional norms and practice and improving care seeking behavior of mothers and their newborns. Building women's peer support, and the establishment of community dialogue and networks for improved maternal and newborn health through empowering community approaches should be provided the focus and support required through ongoing health systems planning and budgets.

Best practice written by: Mahlet Tigneh

Photo Credit: Birhanu Abebe

For more information:

Yunis Mussema, Save the children Ethiopia;

Yunis.Musema@savethechildren.org

Getaneh Assefa@savethechildren.org

