

The Pregnant Women's Acceptance Toward Maternity Waiting Homes

Arlina Dewi¹; Dianita Sugiyono²; Supriyatiningih³; Sri Sundari³; Ralph. J. Lellee⁴

¹Magister of Hospital Management Program, Universitas Muhammadiyah Yogyakarta

²School of Nursing, Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta

³ Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta

⁴Muenster University Hospital, Germany

Abstract

Background: The high burden on maternal mortality, especially in the developing countries is still a big problem and concern for the sustainable development goals achievement. This study is a case study based on the experience on a rural area in South Sulawesi, Indonesia.

Aims: The project aimed to find the best approach in addressing maternal mortality problem, especially in Bulukumba district. It has several barriers toward achieving an adequate health services. The first burden is access, it related to the rural area, which is isolated, and the other village were experiencing transportation and communication problems. The second problem was the skilled social worker that support the maternal shelter.

Method: The action research implemented was to obtain more information on how the local head office manage the shelters previously, and finding the gap within the ideal system. A series of maternal health training were also conducted to support the knowledge for the social workers working with the shelters.

Recommendations: in order to increase the support for high-risk pregnant woman, maternal shelters should build collaboration with traditional birth attendant. This will boost the communication and community empowerment sense for the success of maternal shelters programs.

Keywords: maternal shelters, high-risk pregnant women, maternal mortality rate, rural areas.

Background

Maternal mortality caused by complications in giving birth still a serious problem at the global level. Throughout 2010, nearly 300,000 mothers died in labor, and mostly are happening in developing countries.

Indonesia is an island country where the infrastructure condition in some parts of the country is still not adequate. Transportation system is one of the big problem in some areas, were one of main problem, which take account toward access to the health facilities. This problem become the factor contributing to the higher maternal mortality rate. Moreover, pregnant women with pregnancy complication should be

achieve more consideration in getting health services timely. The further residence from a health center and transportation difficulties are the problem need to address.

Maternity waiting homes (maternal shelters), is one of the way to solve the problem. It is a facility in a home based equipped with domestic furnish and are suitable with the safety standard to support pregnant mothers. It aimed to facilitate pregnant mothers with high risk to achieve adequate health care and in good time response. It is ideally placed around health facilities, so it will giving easy access to the pregnant women and their families to use the health facilities (Penn-Kekana, et. All, 2017)

Function of Maternal shelters

The maternal shelters laced into a designated area where pregnant mothers and their family could easily access it. It is ideally the point, which is close to a primary health center, hospital, clinic or other health facilities.

The pregnant women may reside in these maternal shelters approaching the due date of labor time or as indicated by standard procedure of each maternal shelters. Within this integration of pregnant mothers into the shelters, the social worker within the shelters could observe gradually for mothers condition. If it is required an emergency action, mothers will be easily evacuated to the nearest health services in the right time.

Moreover, maternal shelters is also a place where the community could obtain basic information regarding mothers and child health. The social workers involved in the shelters has been finishing serial maternal trainings to support the community in delivering health information. The shelters provides support not only for high-risk pregnant mothers, but also for the rest of the community around it. The health programs provided by the shelters such as; pregnancy exercise, pot partum care, the indicators of labor for family, etc.

Program design in maternal shelters

a. Maternal shelters standard

The optimal use of the shelters are rely with adequate facilities. Other than that, it is important working with the social workers as supporting counterparts for the shelters who already obtained maternal and child health basic training.

In general, the facilities that must addressed or provided in a maternal shelter are as the following list:

1. Patient bed for each of pregnant mother, to give comfortable feeling for mother who stay in the shelter.
2. Shelter inhabitant capacity is an important concern to avoid overload stay in the shelter. In average, a pregnant woman will stay for the period of two weeks in the shelter. In some cases, mothers would may stay longer, depends on mother health condition ad supporting facilities in the shelters.
3. Supporting facilities, such as toileting facilities, pantry, cooking utensils, electricity and access to clean water (Ruiz MJ et al, 2013).

b. Delivery protocols

Maternal shelters designed especially for those high-risk pregnant women. Other than that, is also designated for mothers in pregnancy who live in remote or rural areas and has difficulties to access the nearest health facilities.

The criteria used to define high-risk pregnant women are as follow (Depkes RI, 2009):

1. Pregnant woman under 20 years old age or more than 35 years old
2. Pregnancy for the fourth children or more
3. Pregnant women who has 2 years old younger child
4. Mothers with poor nutrition status, within the body weight increase less than 9 kilograms during pregnancy
5. Mothers with anemic, within Haemoglobin level less than 11 mg/ dl
6. Mothers with height less than 145 cm, or has pelvic and spine disorders
7. Those who has hypertension history in the past pregnancy
8. Those with chronic illness history or suffering chronic illness, such as tuberculosis, psikosis, heart-renal-liver disorders, diabetes mellitus, systemic lupus eritematosus, tumor and cancer.
9. Has the history of abortion, ectopic pregnancy, mola didatidosa, early membrane rupture, and fetal kongenital disorders.
10. Inhibited fetal growth
11. Pregnancy with twin fetal
12. Respiratory disorders with complication
13. Complicated labor history

Mothers with high-risk pregnancy should start to stay in maternal shelters in 35-36 week of pregnancy. Mothers with transportation access difficulties should also attend the shelter, so they will obtain adequate support from the health facilities team.

The starting date for mothers staying in the shelters must be reported to the social workers who in charge in those shelters. They have access to the midwives and nurses in the health centres.

c. Shelters funding

In some maternal shelters developed in Lesotho, they have a financial problem. It is related to fund day to day activities in the shelters, mothers and family transportation fund to reach the health facilities (Penn-Kekana, et. All, 2017). In Laos and Nicaragua, the shelters giving financial aid to the mothers for transportation.

Others financial issues is related to monthly and yearly funding needed in the shelters. Those purchase is related to electricity bill, water bill, communication (telephone) and other technical concerns (Dinkes RI, 2009). The other things need to concerns also a purchase on nutritional supply for mothers. In some areas, these purchase are funded by health coverage through local health office.

Lesson learned

Some recommendation from the success stories on the implementation of maternal shelters are:

1. Involving local traditional birth attendant

Local traditional birth attendant is important to be involved in shelters program. In some areas, they achieve high trust from the community. However, in some areas, there are found pregnant mothers with high-risk pregnancy attended by the traditional helper and ending with fatal condition. To solve this problem, birth attendant should be part of the system to communicate intensively with the social workers in the shelters. They may facilitated with incentive to bring high-risk mothers to the shelters for a more proper adequate health care.

2. Maternal shelters is a comprehensive system, involving traditional birth attendant, social workers, nurses, midwives, and doctors in the health care system. Moreover, socialization and building trust on the importance of maternal shelters is a key factor to the success of shelters program.

3. Maternal shelters facilitate high-risk pregnant women who live far from the health care system facilities. Mothers and their families will be supported to obtain adequate health care.

References:

1. Partners In Health Reports, The Role Of Maternity Waiting Homes

As Part Of A Comprehensive Maternal Mortality Reduction Strategy In Lesotho, Volume 1, Is Sue 1 • September 2013

2. Penn-Kekana, et.all. 2017. Understanding the implementation of maternity waiting homes in low- and middle-income countries: a qualitative thematic synthesis. BMC Pregnancy Childbirth. 2017; 17: 269.

3. Barriers to the use of maternity waiting homes in indigenous regions of Guatemala: a study of users' and community members' perceptions. Ruiz MJ, van Dijk MG, Berdichevsky K, Munguía A, Burks C, García SG. Cult Health Sex. 2013; 15(2):205-18. [PubMed]

4. Maternity waiting homes and traditional midwives in rural Liberia. Lori JR, Munro ML, Rominski S, Williams G, Dahn BT, Boyd CJ, Moore JE, Gwenegele W. Int J Gynaecol Obstet. 2013 Nov; 123(2):114-8. PubMed]

5. Reasons for low utilization of a maternity waiting home in rural Kenya. Mramba L, Nassir FA, Ondieki C, Kimanga D. *Int J Gynaecol Obstet.* 2010 Feb; 108(2):152-3. [PubMed]
6. A community-based study on utilisation of maternity services in rural Zimbabwe. Nhindiri P, Munjanja S, Zhanda I, Lindmark G, Nystrom L. *Afr J Health Sci.* 1996 Nov; 3(4):120-5. [PubMed]