

Promising Approaches for Advancing Respectful and Compassionate Care:

Innovating birth companionship for respectful maternity care in Tanzania



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Outline

- Introduction
- Kigoma BC Pilot study
- Theory of change
- Opportunity to learn
- Case study design
- Key findings and their implication
- Emerging questions to explore
- Conclusion and recommendations
- Acknowledgements



Introduction

Respectful maternal care (RMC) is care organized for and provided to all women in a manner that:

- Maintains their dignity, privacy and confidentiality
- Ensures **freedom from harm and mistreatment**
- Enables **informed choice** and **continuous support during labor and childbirth**

Review studies: Continuous support and companionship during labor and delivery is associated with:

- Increased satisfaction with the birth experience
- Shorter duration of labor
- Fewer medical interventions at birth
- Better maternal and newborn outcomes



Introduction (cont.)

WHO recommends continuous support and companionship in several guidelines.

- Intrapartum care for a positive childbirth experience (2018)
- Standards for improving quality of maternal and newborn care in health facilities (2016)
- Companion of choice during labor and childbirth for improved quality of care (2016)
- The prevention and elimination of disrespect and abuse during facility-based childbirth (2015)
- Health promotion interventions for maternal and newborn health (2015)
- Augmentation of labor (2014)



Introduction (cont.)

- Thamini Uhai is a local NGO that has been supporting government efforts to reduce maternal and perinatal mortality in Kigoma, Morogoro, Pwani and Katavi regions since 2008. The organization supports coverage of high impact interventions such as Emergency Obstetric and Newborn Care (EmONC) and RMC.
- Birth companionship intervention was introduced in 2016 into a comprehensive Maternal and Reproductive Health Program.
- Birth companionship is currently in the National Guideline (2019).
- Thamini Uhai is in a unique position in that the learning and experiences from the introduction of birth companions in Tanzania have already informed national level policy.



Introduction (cont.)

Kigoma is a mostly rural region in the Western Zone.

- Has an estimated 92,000 births per year.
- Maternal, reproductive, and neonatal health indicators have lagged behind other regions in Tanzania.
- Nearly half of women continue to deliver outside of health facilities.
- Barriers were traditional and family influences, distance to facility, cost, and lack of supportive attendance and comforting care at facilities.

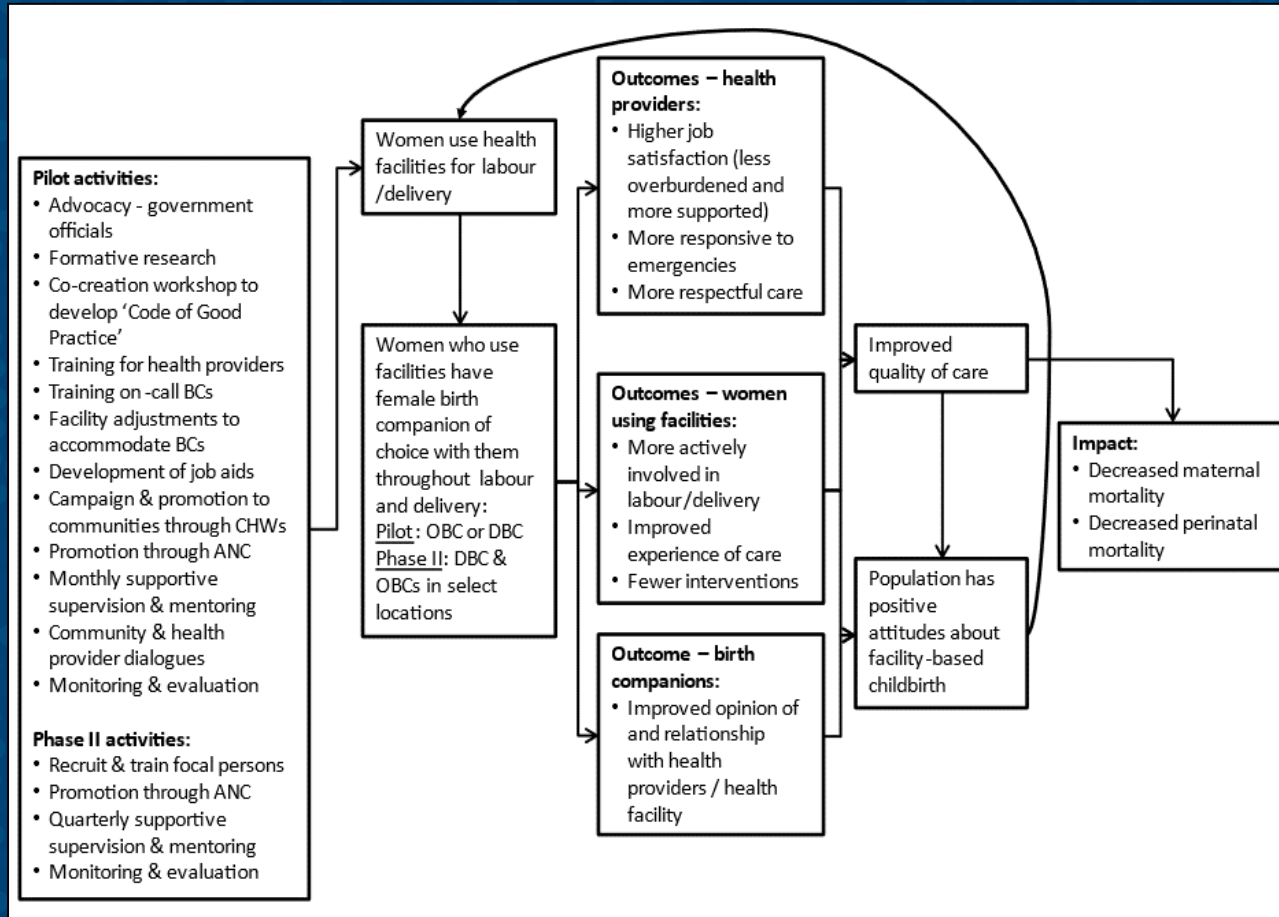


Kigoma Pilot Birth Companionship Project (2016-2018)

- **Aimed to learn:**
 - Feasibility and acceptability of introducing birth companionship in public health facilities
 - Potential improvement in birth outcomes by promoting women-centered and respectful maternity care
- **Donors:** Bloomberg Philanthropies, Fondation H&B Agerup and Blue Lantern Foundation
- **Site:** Public health facilities and their catchment communities in five districts in Kigoma
- **Approach:** Multi-stakeholder workshop co-designed birth companionship implementation including the types, roles, responsibilities and limitations for companions and all other stakeholders



Theory of Change



Opportunity to Learn

- Thamini Uhai implementation experience has already informed national level policy
- Sustain in Kigoma and scale-up to Katavi region in 2019-2021
- Few documentations already available on adoption, scaling up and sustainability
- **Case study opportunity:** Document the process and lessons of a 4-year experience in introducing; scale-up birth and build a case for potential scalability and sustainability



Implementation Science Case Study Design

- Women were given the choice of having a companion during childbirth.
- Two types of birth companions were available:
 - a) Desired birth companions (DBC): from their home or village
 - b) On-call birth companions (OBC): based at the facilities



Evaluation

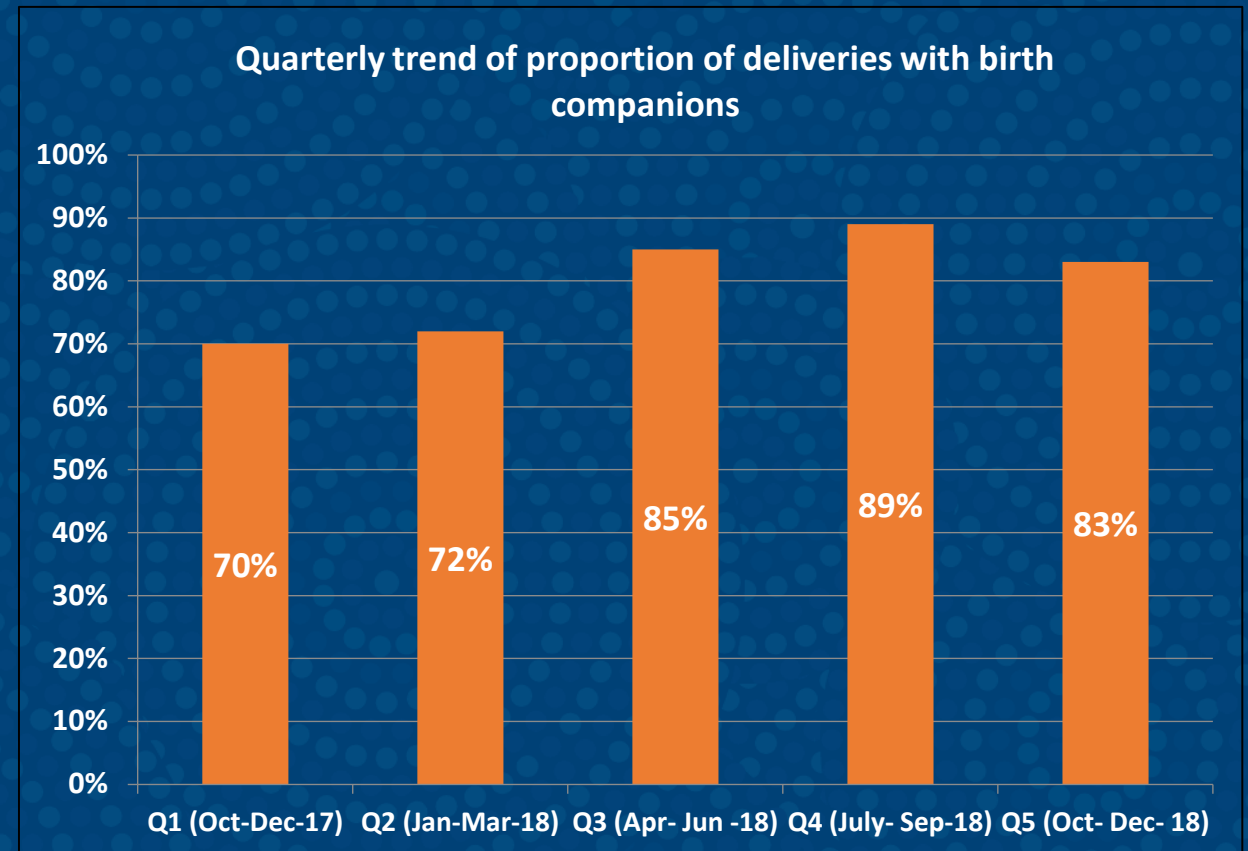
We used five data sources to monitor and evaluate the pilot activities:

1. Routine pilot monitoring data (quantitative)
2. Implementation research focus group discussions and interviews (qualitative)
3. Women's exit interviews (quantitative)
4. Provider interviews (quantitative)
5. External pregnancy outcome data collected annually (quantitative)



Key Findings

- 82% birth companion utilization rate
- Companion improved labor, delivery and postpartum experience (82-97%)
- Providers were significantly more likely to:
 - Respond to women who called for help
 - Interact in a friendly way
 - Greet women respectfully
 - Try to make them more comfortable
- Higher proportions of women reported being very satisfied with the care. The found it:
 - Very kind
 - Very encouraging
- Increased facility deliveries
- Reduced intrapartum stillbirth rates



Facilitators for Scale-up

- Co-creation with a diverse set of stakeholders
- Integrating with EmONC program
- Consistent and trusted implementation support and monitoring
- Women and providers appreciated being supported
- Focus on using comfort measures; comfort measures training for healthcare providers and desired birth companions
- Maternity ward renovations
- Regular and consistent feedback from implementation research



Barriers to Scale-up

- Critical human resources for health shortages
- Need for altitude change among healthcare providers
- Limited space in available maternity ward infrastructure
- Budget needs for facility renovation



Implications of Findings

- Birth companionship is feasible and acceptable practice in low-resource settings
- Leads to better experience of care and satisfaction for clients and healthcare providers
- Scaling up needs to ensure engagement of key stakeholders from design stage
- Maternity ward renovations for privacy and community involvement



Lessons Learned

- Dedicate adequate time and effort to formative and monitoring studies
- Conduct diverse stakeholder engagement
- Engage communities in a meaningful way
- Ensure privacy and confidentiality because they really matter to women
- Use antenatal care clinics as informational opportunities



Emerging Question to Explore

How can birth companionship intervention be routinely measured and monitored?



Conclusion and Recommendations

- **Conclusion:** The introduction of birth companionship is feasible and acceptable and leads to better experience of care and improved outcomes.
- **Recommendations:** Diverse stakeholder engagement in co-designing, community engagement and improved infrastructure for privacy and confidentiality are crucial.



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Thamini Uhai

Kigoma health management team

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