



Promoting Respectful Maternity Care Through the Maternity Open Day Approach: Lessons Learned

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According to UN inter-agency estimates, the global maternal mortality ratio declined by 38% from 2000 to 2017, from 342 to 211 deaths per 100,000 live births, translating into an average annual rate of reduction of 2.9%. While substantive, this is less than half the 6.4% annual rate needed to achieve the Sustainable Development Goal (SDG) of 70 maternal deaths per 100,000 live births. Sub-Saharan Africa achieved a substantial reduction of 39% of maternal mortality during this period. However, it contributed to over two-thirds (68%) of all maternal deaths per year worldwide, at 533 maternal deaths per 100,000 live births, or 200,000 maternal deaths a year – the highest globally.

BACKGROUND

Kenya is among the countries facing challenges in reducing maternal, neonatal, and child morbidity and mortality in sub-Saharan Africa.¹ The country has made significant progress in reducing maternal mortality by 51.6% from 2000 to 2017, from 708 to 342 deaths per 100,000 live births, translating into an annual reduction of 2.86%. However, the reduction is below the substantive 6.4% yearly reduction rate recommended in achieving the SDGs and has marked regional disparities. The KDHS 2014 survey highlighted Kilifi as one of the 15 high-priority reproductive, maternal, newborn, child, and adolescent health (RMNCAH) counties, contributing 98% of the total burden of maternal death in Kenya. The county recorded a Maternal Mortality Ratio (MMR) of 250/100,000 compared to the national MMR of 362/100,000. However, the skilled birth attendance (SBA) was low at 52% against a national average of 62%. The county also has low postnatal care (PNC) coverage of 38%, and over 50% of postnatal deaths occurred within 48 hours of delivery due to maternal complications.² Most maternal deaths are preventable, and one of the critical approaches for reducing maternal morbidity and mortality is antenatal care and skilled delivery.³ The World Health Organization (WHO) recommends respectful maternity care (RMC) and women's rights during pregnancy and childbirth. Worldwide, an alarmingly high number of women have reported mistreatment according to these typologies of disrespect and abuse (D&A), with reports ranging from 20% to 78%. Kenya's prevalence of D&A during childbirth stood at 20% in 2015, according to a study by Abuya et al.⁴ Lack of RMC has been identified as a critical deterrent for women seeking facility-based deliveries.⁵ Promoting respectful maternity care can immensely improve maternal and child health care delivery, increasing the proportion of births attended by the skilled birth provider. Furthermore, lack of RMC may reduce access to appropriate interventions even among patients already within a facility for delivery care by reducing patient-provider communication.⁶ The USAID Afya Pwani project implemented the **Maternity Open Day** approach in Kilifi county to promote respectful maternity care.

PROJECT CONTEXT

Afya Pwani was a 5-year, USAID-funded project implemented from June 2016 to December 2020 in Kilifi County, Kenya by Pathfinder International, with Palladium and Plan International as sub-recipients. The project was implemented to improve and increase access to and utilization of quality health services in Kenya through strengthened service delivery and county health systems' institutional capacity. Under sub-purpose 2, the project increased access to and utilization of focused Maternal, Newborn, and Child Health (MNCH), Family Planning (FP), Water, Sanitation and Hygiene (WASH), and Nutrition Services

Maternity Open Days provide an opportunity for mobilized pregnant women and their families to interact with health care providers and visit the maternity unit to demystify birthing practices and mitigate any fears regarding childbirth in a facility. It is a day set aside by a health facility that permits pregnant women to visit the maternity unit and address any fears they may have about facility-based childbirth. It also provides a chance to foster partnership between communities and health facility staff to improve health services

Objectives of Maternity Open Days

- Targeted mapping and mobilization of pregnant women in communities with low utilization of maternal and newborn health services (antenatal care [ANC], skilled delivery, postnatal care) for enrollment into ANC services.
- Promote mutual understanding, accountability, and respect among community members and service providers.
- Improve knowledge and demystify procedures during labor, childbirth, and the immediate postnatal period through a maternity tour.
- Enroll pregnant women into the MNCH continuum of care through the establishment of group ANC.
- Increase access to affordable maternity care (Linda Mama) and expand access to the comprehensive antenatal profile.
- Develop a context-specific facility action plan to address disrespect and abuse.

The project adopted a rights-based and client-oriented, efficient (COPE) approach to address disrespectful maternity care. The

approach enabled health care providers to gather information from women about facility-based services, identify weaknesses and strengths, and improve services to be more responsive to clients' needs. Cognizant that promoting respectful care is a process, the project designed interventions to move participants through the value clarification and attitude transformation (VCAT) theoretical framework. The framework begins with an individual motivation to change based on new knowledge, a deep sense of self-understanding, and openness. The project also used the self-concept model in behavior and attitude transformation.

Afya Pwani embraced the systems approach to implement the Maternity Open Day (MOD) approach. The systems approach appreciates that separately optimizing each healthcare component does not translate to improvement in health or maximize the overall system results and integrate all the systems and subsystems that influence health. Therefore, the project applied systematic insights to understand the barriers and facilitators that affect maternal and newborn health outcomes and modeled its strategies to improve the results.

The following are the steps in the implementation of the Maternity Open Day.

Preparatory Steps

- Sensitize the county and sub-county health management teams on the concept to achieve buy-in.
- Conduct community and health facility sensitizations to attain buy-in.
 - Engage the community gatekeepers (Chief, Sub-chief, and village elders) to identify pregnant women and mobilize them for the MOD.
 - Identify ten champions per sub-county (five in the community and five in the health facilities).
- Develop implementation guide, standard operating procedures (SOPs), and reporting tools to ensure uniformity in implementation.
- Develop monitoring and evaluation SOPs to review the process and enhance quality.
 - Utilize the MOH 405 register on antenatal care (ANC) to collect quantitative data for women reached. Summarize the number of ANC women seen (new and revisits) into the monthly MOH 711 summaries and upload into the national DHIS2.
 - Design and roll out the MOD reporting tool to collect qualitative data.
- Provide capacity building to the identified champions on the steps for implementing MODs and the tools.
- Introduce and scale-up MODs in a phased approach.

STEP 1: Performance Review of the MNCH Indicators at the Facility Level

- Set up a performance review team comprised of the facility in charge, Health Records and Information Officer, Sub-County Reproductive Health Coordinator, facility community health care providers, and health administrators (where applicable). Co-opt other members depending on the indicators under review.
- Form the basis of targeted mobilization for the MOD based on the performance gap noted in 1st ANC, 4th ANC, or SBA performance.

STEP 2: First Planning Meeting

- The facility in charge constitutes a MOD planning committee of 3-5 persons comprised of a Public Health Officer (PHO), Community Health Extension Worker (CHEW), and a health care provider (Nursing Officer, Clinical Officer, Nutritionist, etc.) drawn from the MNCH department.



MCH performance review meeting, Kilifi county hospital

The facility-in-charge chairs this committee to do the following:

- ✓ Set a suitable date to conduct the MOD.
- ✓ Develop a detailed patient flow plan.
- ✓ Develop a checklist for the required essentials, including supplies, job/teaching aids, and tools.
- ✓ Assign roles for health care providers & community health volunteers (CHVs).
- ✓ Brief health care workers and CHVs on how to address emerging concerns and issues, including complaints.

STEP 3: Community Mobilization

- The PHO and CHEW inform the community leaders/gatekeepers of the door-to-door mobilization of pregnant women for the MOD.
- The PHOs and CHEWS engage the CHVs to conduct an extensive community mobilization for pregnant women who have not started antenatal clinics through existing community information systems.
- The MOD planning committee equips the CHVs with standard messages for community sensitization and mobilization.

Standard Message for CHVs during MOD Mobilization

- Welcome to facility ----- on date ----- for a pregnant women dialogue, a tour of the maternity services, and a discussion of issues regarding pregnancy, childbirth, and delivery.
- During this meeting, you will have an opportunity to engage with the health care providers to discuss barriers, challenges, and myths regarding pregnancy and childbirth.
- Free antenatal care (ANC) services and ANC profile will be provided.
- The facility will also conduct Linda Mama registration. This will help you as a pregnant mother to have access free access to ANC, Delivery, Postnatal, and Newborn services. For the registration carry your National ID or that of your Kin, including a valid cell phone number and other contact details.

STEP 4: Final Planning Meeting

Two to three days before the MOD, reconvene the planning committee for the following:

- Check availability of the essential elemental requirements for a MOD (see the checklist below).
- Confirm the status of mobilization for participants of the MOD through the CHEWs and sub-county community strategy focal person.

Checklist for Satisfactory Preparations

- Adequate health care providers (nurses, nutritionists, HTS counsellors, lab technologist, CHVs)
- A meeting space, i.e., shade, tents and chairs, etc.
- Job/teaching aids
- Reporting Tools (ANC register, MOD reporting tools, adequate mother baby booklets, etc.)
- Adequate ANC commodities, i.e., ANC profile reagents
- Facility readiness for Linda Mama registration

STEP 5: Maternity Open Day

Below are steps to follow during a Maternity Open Day. The dialogue and the maternity tour form the highlight of this day. The facility-in-charge leads these sessions and conducts them in smaller groups of clients to enhance understanding and promote intimate discussions among the health care providers and clients. The flow of events during the day relies on the client turnout.

STEP 6: Debriefing by Health Care Providers

The facility in charge convenes a debriefing meeting to

- Review the day's activities
- Review the ANC records for all the women who attended the MOD to:
 - Flag high-risk mothers for follow-up.
 - Identify ANC clients who did not turn up for the day by verifying the clients who turned up against the names of clients referred by CHVs.
 - Develop a follow-up plan for the clients who did not turn up for the MOD.
 - Document clients' names in the Mama and Binti Kwa Binti Longitudinal register (Group ANC/PNC) by cohort (age, gestation)
- Plan for the Mama and Binti Kwa Binti Group Meetings (Group ANC and Group PNC)

- Block the group meeting days on the facility calendar.
- Identify the focal persons for the groups (i.e., health care providers) to facilitate the sessions and enhance group stability consistently.
- Develop a schedule for the group meetings, including who shall lead what and when, as illustrated below.

Date	Group (Mama kwa Mama/ Binti kwa Binti group)	Activity Lead	Clinical Providers/ Health Education	CHEW/CHV/Mentor mothers	WASH/Nutrition point person (PHO/Nutritionist)

PARTICIPATION

Since Year 2 of implementation, the project conducted 219 Maternity Open Days in 93 health facilities, reaching 11,634 pregnant women (8,336 new ANC clients and 3,298 ANC revisits and defaulters). The project conducted targeted MODs based on the performance gap in 1st ANC, 4th ANC, or skilled birth attendance.

The qualitative findings from the dialogues during the MODs indicated the patriarchal decision-making practices in Kilifi county impeded uptake of quality maternal and newborn health services. The project sought to empower men to make informed counsel on maternal health matters as companions through open paternity days to address this barrier. The open paternity days enhanced spousal support during antepartum, intrapartum, and postpartum periods. These were male-only dialogue sessions (targeting men with pregnant wives) conducted in health facilities. The sessions demystified the birthing process, helped men understand the importance of ANC, SBA, and PNC and how pregnancies progress, how best to care for their partners and their unborn babies, and how to familiarize themselves with the different service delivery points and MCH services.

"Matsangoni model health center was on its way to its death bed, but thanks to the Maternity Open Day supported by Afya Pwani, we are on our way to recovery," remarks Salama Nimbiti, the nursing officer in charge. "We can now record up to three deliveries per day, a trend that we had not reported for a while now."

The project supported a joint facility-led performance review session, followed by a MOD. Consequently, the facility reported a successful facility-led MOD where 148 expectant women (60 new ANC clients and 88 revisits) received comprehensive ANC as per guidelines. "The expectant women expressed their dissatisfaction with the services, which included the late opening of the MCH clinic and service provision, poor staff attitude, and missed opportunities for Linda mama registration," says Evelyne, a Nurse who led the dialogue.

Following the MOD, the providers held a debriefing meeting and committed to institute changes which included early reporting to work, provision of timely services, revamped capacity building sessions (especially on competency and respectful maternity care), reviews of the client flow to reduce missed opportunities for Linda mama registration, and improved teamwork.

"I did not know that Matsangoni health center could offer timely MCH services; this is commendable," says Haro Charo, a mama group member recruited during the MOD.

ACHIEVEMENTS AND IMPACT

1. Leveraging MODs, the project sensitized health facilities on laboratory networking for comprehensive ANC profiling. Consequently, it expanded the capacity of health facilities in Kilifi county to provide comprehensive ANC profile from 28 facilities to over 90 health facilities and broadened availability to antenatal screening for pregnant women in Kilifi county.
2. The MODs provided a platform to expand access to affordable maternity care through capacity building of health care providers on Linda Mama [1] services and 100% enrollment among pregnant women for Linda Mama services.
3. The MODs transformed retrogressive practices among the community members to embrace positive health practices. Over 95% of pregnant women who attended MODs embraced hospital deliveries.
4. MODs promoted mutual understanding, accountability, and respect among community members. They also improved service provision and teamwork, as in the case of Matsangoni Health center.
5. Most men expressed their appreciation for MODs It provided real-time responses to pregnancy and childbirth issues and encouraged women to involve their partners and families in their pregnancies.
6. The community structures embraced the MODs. The facilities engaged them in the mobilization process and utilized the platform to address issues like low uptake of identification cards and birth registration.
7. Facilities embraced companionship in labor, as requested by the women.

“ My wife attended a maternity open day at Kiwandani dispensary and taught me to develop a different outlook towards health. I am happy that this child that we have now, and the pregnancy journey we had, was really awesome and different from the other ones. ”

- Pancras, a spouse to one of the participants.

**Pancras reported that their last-born child is healthier than the previous children they have. They were better prepared for the delivery and childcare. His wife demonstrated satisfaction with their marriage, and he is happy that they hardly fought since his wife positively involved him in everything she did, and they made joint decisions as a family. "I appreciate the facility for encouraging my wife to participate in the Maternity Open Days," he adds.*

SUSTAINABILITY

The Maternity Open Day approach has been embraced by the Department of Health in Kilifi county and was consequently included in the annual work plan and budget. The project builds the capacity of the S/CHMT and health facilities to plan and implement MODs. Each sub-county has a pool of five MOD champions.

LESSONS LEARNED

- For a successful MOD, one needs influential community–facility linkages and community willingness to engage and participate.
- MODs provided a platform to increase access to antenatal profiling and affordable maternity care through Linda Mama .
- MODs are an effective strategy in addressing disrespectful maternity care and providing an arena for addressing real-time grievances through facilitating communication between the clients/community and healthcare providers/ health facility and establishing linkages while demystifying birth practices.
- MODs provided an effective platform for entry into the MNCH continuum of care.
- MODs are an effective platform for inviting males to health facilities through a paternity open day. The open paternity days are male-only dialogue sessions (targeting men with pregnant wives) conducted in health facilities to familiarize them with the different service delivery points and MCH services.

WAY FORWARD

Scale up the implementation of Maternity Open Days and Paternity Open Days in Kilifi county.

REFERENCES

- 1 WHO, UNICEF, UNFPA, the World Bank, the United Nations Population Division. Trends in maternal mortality: 1990 to 2015. Geneva, Switzerland: World Health Organization, 2015.
 - 2 The UNFPA report of 2015
 - 3 World Health Organization [WHO], “Maternal Mortality Factsheet,” 2018,
 - 4 Exploring the prevalence of disrespect and abuse during childbirth in Kenya. Abuya T, Warren CE, Miller N, Njuki R, Ndwiga C, Maranga A, Mbehero F, Njeru A, Bellows B PLoS One. 2015;
 - 5 Kujawski S et AL. Association between disrespect and abuse during childbirth and women’s confidence in health facilities in Tanzania. Maternal Child Health J. 2015;19(10):2243–50.
 - 6 Sando D, Et AL.Ratcliffe H, McDonald K, Spiegelman D, Lyatuu G, MwanyikaSando M, Emil F, Wegner MN, Chalamilla G, Langer A. The prevalence of disrespect and abuse during facility-based childbirth in urban Tanzania. BMC Preg Childbirth. 2016;16:236.
- * Linda Mama is a package under the broad National Hospital Insurance Fund (NHIF) that provides a basic healthcare package that targets expectant mothers. Through this initiative, pregnant and postnatal women, and infants will have access to quality healthcare for six months after delivery at no cost.

Project Overview: The USAID Afya Pwani Project was a 5-year USAID-funded integrated project implemented from June 2016 to July 2021 across five counties (Kilifi, Mombasa, Kwale, Taita Taveta, and Lamu) along the Kenyan coastline. The project was implemented by a consortium comprising of Pathfinder International (Prime), Palladium International, and Plan international. The project was implemented to improve and increase access and utilization of quality health services through strengthened service delivery and institutional capacity of county health systems. The project aimed to increase access and utilization of quality HIV services, focused Maternal, Newborn, and Child Health (MNCH), Family Planning (FP), Water, Sanitation and Hygiene (WASH), Nutrition Services and strengthened Health Systems in seven sub-counties of Kilifi county.

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