



Ministry of Health, Ethiopia

**Guideline for the establishment of Standardized Maternity Waiting Homes at
Health Centers/ Facilities**



Mothers' Waiting Home in Hulbareg, Silte Zone

December, 2015

Addis Ababa

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Preface

Throughout the implementation of the country's Health policy that is based on prevention, significant changes have been observed regarding public health. Especially, the health extension program that was designed on the second implementation season of the health sector development plan, prepared to execute the policy takes the lion's share. It is possible to mention examples of results found in the aspects of health facility construction, health finance reforms, hospital reforms, medical supply, administration and distribution, family planning service, prenatal service, vaccination service and prevention and control activities on major communicable diseases such as malaria and HIV/AIDS.

Ethiopia has registered an encouraging result in reducing infant mortality and achieving the millennium development goals. However, in reference to reducing maternal mortality, though the **country has reduced MMR by 72%**, it is clear that there is still a gap in achieving the millennium development goals. According to the **sustainable development goals, by 2030, maternal mortality** should be reduced to **less than 70 (from 100,000 babies born alive)** whereas **neonatal mortality rate** should be reduced to **less than 12 (from 1,000 babies born alive)**.

Recent information indicates that, **40% of mothers give birth in their homes**. We can classify and examine the bottlenecks identified in to three.

The three delays

The three delays are one of the reasons that intensify maternal deaths. These **delays are caused by lack of awareness, delay to reach to health facilities, and delay to get required services** from health service facilities.

- A. Delay caused by lack of Awareness (1st delay):** Lack of public health awareness is the major challenge for pregnant women not to get delivery services by skilled practitioners. Distorted attitudes such as, **“in the earlier times, our mothers were fine giving birth at home”**; **“infant and maternal deaths are common during labor and delivery”**, and **“Why would I go to hospitals unless I face health complications?”** are frequently observed.
- B. The 2nd Delay:** This delay is caused by the longer distance to the health facilities, challenging roads infrastructure, and lack of transportation.
- C. The 3rd delay:** Unavailability of health practitioners, lack of adequate skills and negligence even though there are health practitioners, lack of medical supplies and major equipment along with administration delays and medical mistakes are reasons for maternal mortalities.

In order to reduce maternal and infant mortalities according to the targeted plan, it is necessary to solve the above mentioned problems step by step and to enhance the services given to mothers. It is important to reduce maternal mortality through training those that have skill gaps, solving the problems of those with attitudinal problems through continuous assessments, giving immediate solutions to problems related to medications and other equipment, and through giving standardized delivery services for pregnant mothers. In order to do this, it is crucial to pinpoint, and solve bottlenecks that hinder mothers not to get delivery services in health sectors. Hence, it is important to solve the awareness problems through the women development army organized at kebele and higher levels. In addition, it should be a key activity to

encourage pregnant mothers to participate in community discussions and to access delivery services by skilled practitioners at health facilities.

As it is known, the government is engaged in different activities in order to strengthen the health service provided to the public. Especially, it has invested a great deal of finance to purchase and provide ambulances so that all pregnant mothers can get delivery services in health facilities. However, in some areas, the ambulances cannot reach to rural villages due to the areas' difficult geographical terrain. Hence, it is necessary to prepare maternity waiting homes for those pregnant women in such areas, to stay and get care until their delivery is due.

The maternity waiting homes have a significant role in tackling challenges of geographical access to care. Many studies indicate that the maternity waiting homes are closely located to facilities that give prenatal, delivery and postnatal services.

Although Ethiopia has an experience that spans 30 years in establishing maternity waiting homes in a few hospitals, they couldn't reach majority of mothers due to their being located only at hospitals. Therefore, expansion of waiting houses to health centers will have decisive role in increasing access to skilled delivery service for majority of rural mothers, reduce the burden of maternal mortality, as well as giving counselling services.

Accordingly, this directive is prepared in order to standardize the services that need to be facilitated at maternity waiting homes where pregnant mothers with approaching due dates stay. The guideline is prepared based on the studies made on the experiences of those hospitals that are pioneer in giving these services, survey study results in 134 health centers in the Amhara, Oromia, South and Tigray regions, and examining the experiences of other countries.

Purpose of the Guideline

The purpose of this guideline is to increase skilled birth attendance at health facilities, and to standardize the maternity waiting homes services where pregnant mothers in areas with difficult transportation, will stay as their due date is approaching in order to rapidly access delivery and post natal services and reduce maternal and newborn mortality.

Goals and Objectives of Maternity waiting homes

Goal

To reduce pre and post-partum neonatal and maternal mortalities

Objective

- 1) Tackling the (2nd Delay) that happens after mothers decided to get a delivery service by skilled provider at a health facility.
- 2) Providing a comprehensive and timely health service to mothers and newborns.
- 3) Enhancing the awareness of mothers towards pregnancy, birth, and infant child care through counseling and discussions.

- 4) To enhance public acceptance and to make it a societal norm through creating public awareness regarding the benefit of giving birth through skilled delivery, and through making the stay of mothers healthy, enjoyable, and unforgettable.

Services maternity waiting homes need to avail

As mentioned above, it's been years since Maternity Waiting Homes were established at a few hospitals in our country. It's found to be important to expand the experience to health centers since the result has been shown to be effective at health facilities where the service has been implemented. Especially, in order to encourage the interest of women, families and communities in delivering in health facility by skilled practitioners, which is created through the women developmental army, it is crucial to prepare maternity waiting homes at health centers. However, only preparing the waiting homes will not lead to a meaningful change, it's important to ensure the existence of the essential services listed below through clearly indicating the standards of services that should be available in the homes to enable all health centers implement maternity waiting homes accordingly.

1. Criteria for admission of mothers to the maternity waiting homes

- If mothers are living in areas that are hard to reach for ambulances
- 38 and above pregnancy weeks (15 days before due date). However mothers shall not wait more than a month at the maternity waiting homes.
- When there are obstetric complications that are risky for mothers and children.
- For mothers living in distant places from health centers
- Within 24 hours after birth (a mother and newborn child)

2. Mothers requiring direct referral without being admitted to the maternity waiting homes

- Those that have undergone caesarean Section previously (C/S, Repaired uterine rupture, myomectomy, repaired perforation, metroplasty)
- Preterm labor
- Premature rupture of membranes
- Any type of Infection
- Blood pressure
- Fetal movement reduction
- Bleeding
- When pregnancy period is above 41 weeks
- Mal-presentation and abnormal lie
- Multiple pregnancy
- Others (DVT, Cardiac disease, asthma, etc.)

3. Maternity waiting homes standards

3.1 Standard of homes

- MWHs should have adequate air flow, allowing light (with windows), with floors that are easy for cleaning, and with roofs and walls.
- **Prenatal rooms:** A house with a minimum of two rooms accommodating a maximum of 6 mothers each.
- **Postnatal rooms:** A house having a minimum of one room accommodating a maximum of 6 mothers.
- It has to accommodate at least one household member
- It's preferred if the design of the house considers the society's cultural and environmental condition
- Easily accessible clean and safe drinking water, toilets and bathrooms
- Pit Latrine within 50-60 metric distance, if applicable
- If possible, the waiting house need to have electric light

3.2 **Kitchens:** The kitchen shall be separate having cooking stoves and necessary utensils.

3.3 **Utensils need to be facilitated in the waiting houses**

- ❖ Bed, mattress, pillow, bed sheets and blankets
- ❖ Water containers and bottles
- ❖ Chairs
- ❖ Health teaching posters
- ❖ Bed nets (for areas with malaria)
- ❖ Eating utensils
- ❖ Clay pots, and tea and coffee cups

4. Services provided

4.1 Ambulance service

There needs to be a 24 hours ambulance service as there might be unexpected complications faced by mothers during labor, and prenatal and post natal period as well.

4.2 Prenatal health service

- Regular prenatal service at least on admission, and full checkup once in a week in prenatal service rooms in health center (Including laboratory)
- Performing daily round and providing the necessary medical services
 - Performing fetal kick Chart
 - Closer follow-up for those who need attention
 - Measuring vital signs
 - Providing iron/iron-folate supplementation
 - Referring mother that need to be refereed (In case of Premature Raptures of membranes, reduction of fetal movement, bleeding, pregnancy period exceeding 41 weeks and other obstetric complications)
 - Giving solution for the existing problems (for example, meal, family issues/quarrels, service complaints, etc.)

- Provision of a 24hours service- daily round and at least a one time visit of night round.
- Setting a schedule to deliver health education at least three times in a week (using different methods, for example, group discussions, role plays, etc.)
 - About prenatal care and its importance
 - Importance of delivering in a health facility with a skilled practitioner and about potential complication and measures to be taken during labor and birth.
 - Antenatal care and its importance
 - Newborn, Infant and child care, (breastfeeding, keeping warm, Cord care, Infection prevention, hygiene care, etc.)
 - Vaccination program and importance
 - Family planning service
 - Maternal nutrition
- Personal hygiene

Note: Prenatal and Post natal services shall not be given in the waiting houses but in the service rooms of the health centers. Therefore, mothers with labor and other symptoms in the waiting houses shall be transferred to delivery rooms or the health center .

4.3 Post natal health services

- Post natal service: Providing full post natal service for mothers keeping them for 24 hours.
- Regular post natal service for mothers and infant child care every six hours and
 - More frequent visit for those who need attention
 - Measuring vital signs for mothers and infants
 - Ensuring the infant child is properly breastfed (Positioning, attachment and effective suckling)
 - Following and referring if there are complications (for mother and infants)
 - **Danger signs and symptoms for infant child** (Unable to breastfed, breathing problem/ shivering/shaking, high body fever or getting cold, being passive/ no movement when touched, jaundice, umbilical cord bleeding, swollen skull
 - **Danger signs and symptoms for mothers** (continuous and a lot of vaginal bleeding, shivering, high blood pressure, postpartum psychosis, critical infection, DVT, etc.)
 - Ensuring that they have taken iron/ iron-folate with them as necessary
 - Giving solution for the existing problems (for example, meals, family issues/quarrels, service complains, etc.)
 - Providing essential infant and child care
 - Ensuring that the child is vaccinated
 - Ensuring whether she has received post-partum family planning service
- Setting a schedule to conduct health education at least three times in a week (using different methods, for example, group discussions, role plays, etc.)

- Importance of delivering in a health sector with skilled practitioner and about potential obstetric complication and measures to be taken.
- Post natal care and its importance
- Infant child care, (breastfeeding, keeping warm, cord care, infection prevention, hygiene care, etc.)
- Vaccination program and importance
- Family planning service
- Maternal nutrition

➤ Personal Hygiene

4.4 Meal service

The health center should mobilize the community and adequately supply cooking materials and power (firewood, kerosene, or it can be any other cooking powers). Mothers can cater their own raw or cooked meal. However, for mothers that cannot afford to cater their own meal or have no supporting family, a sufficient meal service shall be provided (at least three times a day). The meal service has to be adequate and nutritious. Besides mothers' contribution on the preparation of meals, the health center has to employ a practitioner for supervision.

4.5 Sanitation Service

The waiting house, toilets, and bathrooms need to have a daily sanitation service. This can be supervised by the health center's janitor or meal service supervisor.

4.6 Recreation Service

The recreation services in the waiting houses will create unforgettable memories for mothers. Hence, health centers shall provide the recreation amenities listed below:

- ❖ Television or radio
- ❖ Coffee ceremonies
- ❖ Porridge preparation
- ❖ Child meal preparation practices
- ❖ Cooking their own meals together, and other relaxing programs.



Implementation methods

Enhancing community participation

As it was done to establish health posts and residence for health extension workers in some regions through organizing community participation in every province, it is also important to undergo constructions of maternity waiting homes by creating awareness and community discussions. Besides enhancing the awareness of the community, a continuous pregnant mothers' conference has to be conducted monthly to increase the awareness and benefit of mothers, who are the major beneficiaries. Moreover, due focus needs to be given for a discussion, to strengthen the participation of religious leaders, celebrities, and traditional birth attendants.

Strengthening the referral chain

The referral chain should be organized and strengthened in order for the community to use the maternity waiting homes efficiently. For this, Women development army, health extension workers, and health care providers have to work cooperatively. The health extension workers and health care providers have to select and give the lists of mothers where their due dates are approaching to the women development army, and the women development army shall send the mothers to the waiting houses after consultation with families.

During outreach home visits, the health extension workers and the women development army have to educate and inform mothers about the existence and importance of the maternity waiting homes. The health extension workers have to teach mothers using the societal norms and pregnant women conferences. Also, health care providers have to teach and bring mother to the waiting homes using every antenatal care visit opportunities.

Roles and Responsibilities

The Federal Ministry of Health

- Preparing, distributing and monitoring the implementation of a maternity waiting home guideline

Regional Health Bureau/Zonal Health Departments

- Monitoring the construction and implementation of maternity waiting homes in areas that are hard to reach.
- Advocating for and monitoring the implementation of the maternity waiting home guidelines and as required adopt the home services and utilities to the specific local situations.

Woreda Health Offices

The woreda health office shall have the following roles and responsibilities in order to ensure the implementation of maternity waiting homes and to assure the operation of the services that need to be facilitated, at health centers, especially in those that provide a higher delivery service load.

- Monitoring the construction and implementation of maternity waiting homes in health centers that are difficult for transportation through mobilizing all concerned stakeholders and partners
- Creating awareness to primary health care unit, health extension workers, women development army, and to others stakeholders and partners regarding the guideline and services the maternity waiting homes need to avail.
- Ensuring the inclusion of maternity waiting home related information at pregnant women's conferences and the awareness creation about the importance of the waiting house as well as assuring that required preparations are made at community and family levels.
- Enhancing Ambulance service
- Monitoring and supportive supervision of maternity waiting homes implementation at health centers.

Primary Health Care Unit

- The health center has to prepare a waiting home that has at least two rooms accommodating a maximum of six beds, with the necessary equipment and supplies as per this guideline.

- Assure that a standardized health service is provided to pregnant mothers by skilled health care providers,
- At any time, transportation shall be provided to transfer those with cases beyond the capacity of the health center to the next referral level.
- Assuring appropriate registration/documentation of services provided to all mothers admitted to the maternity waiting homes The health centers shall assign a staff that provides and supervises meal and sanitation services in the waiting house,
- Mobilizing resources from the community and support the waiting house in terms of internal expenditures
- Ensuring the service given met the standard quality, and taking important remedial measures as required,
- Ensuring that daily rounds are undertaken and mothers are provided with enhanced and nutritious meal,
- Assuring and taking corrective measures regarding the services provided to mothers at the maternity waiting homes,
- Selecting and reporting to the health extensions workers regarding mothers whose due dates are approaching

Health Extension Workers

- Continuously registering and creating awareness for mothers on the importance of giving birth through the care of a skilled provider
- Conducting a continuous pregnant mothers conference
- Encouraging and transferring pregnant mothers whose due dates are approaching and are living in areas that are difficult for transportation access to the maternity waiting homes after assuring that the necessary preparation are undertaken
- The health extension workers and health care providers have to select and forward the lists of mothers whose due dates are approaching to the women development army weekly, and the women development army shall send the mothers to the waiting houses after consultation with the pregnant mothers and their families.

Kebele (local) administration

- Initiating and mobilizing the community to understand well the importance of maternity waiting home and to contribute its share,
- Ensuring the enhancement of pregnant women conferences in a kebele level and the awareness creation about the importance of the waiting home as well as making sure that prior preparations are made at community and family levels,
- Assuring appropriate registration of pregnant women that are admitted to the waiting homes
- Mobilizing required resources from the community on a regular basis

Management Information System

Health centers shall issue client charts and record the case and follow up of each mother admitted to the maternity waiting homes. If mothers have previous cards, they can hold that and register accordingly. Also, a file has to be prepared to record services provided. The file is attached and documented.

Monitoring, Evaluation and Quality Control

The waiting home shall be administered by a board represented from the community, health center staff, and woreda health office. This committee has to evaluate and review its budget and activities every three months. In addition, it has to visit and ask mothers every six months in order to ensure their satisfaction regarding the services. The service satisfaction can be reviewed and evaluated through a random selection of mothers in the waiting houses. If possible, conducting exit interviews will help to get better information.

The health center management shall conduct assessments based on selected indicators. The selected indicators are listed in the table below:

Selected indicators

(Among total admissions from the last month),

1. Total number of admissions
 - 1.1. Total number of deliveries
 - 1.2. Number of stillbirths
 - 1.3. Number of very early newborn deaths-within 24 hrs
 - 1.4. Number of maternal deaths
2. Number of obstetric complications
 - 2.1. Number of obstetric complications managed at the Health Center
 - 2.2. Number of cases referred to hospital
3. Number of Mothers still stayed at MWH (not delivered)
4. Number of mothers stayed in the MWH for Postnatal
5. Number of Newborn babies stayed at the MWH for postnatal)

Among mothers discharged from the MWH last month),

6. Antepartum Average Length of Stay
7. Postnatal Average Length of Stay

Conclusion

We are designing and implementing different strategies in order to achieve the goal we have set to reduce maternal sicknesses and mortalities through increasing the number of beneficiaries in health sectors through skilled practitioners. Among the strategies, besides enhancing the perception of the community, it is crucial to upgrade the quality of services given in health sectors, and tackle the challenges related to geographical setup and transportations through encouraging mothers whose due dates are approaching to be charged to the waiting houses prepared by the health center, receive the necessary follow up and service, and be supported by skilled practitioner during labor. In order to achieve this goal, the cooperation of bodies at levels is very crucial.

However, since this goal can be achieved only through a full public participation, a pole to pole public mobilization has a nonpareil role.

Appendix1 Maternity waiting home register

S.N	Card No.	Full Name	Age	Province	Fetal age(When charged)	Charged date	Prenatal length of stay	Birth date and time	Mother's condition	Obstetric complications	Obstetric complication and medicated health center (✓)	Referred to Hospital(✓)	Birth Result	Very early newborn death with 24hrs(✓)	Newborn card no.	Discharged date and time	Antenatal stay time	Remark	

*Keep record of each child's birth date and time when multiple deliver

**Mothers' condition put 1= Healthy, and 2= Dead

•Obstetric pregnancy 1= PEE, 2= APH, 3= Prolonged labor, 5=others

•Birth result 1= birth still alive 2= birth still dead