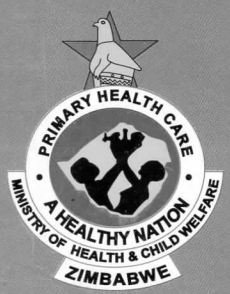
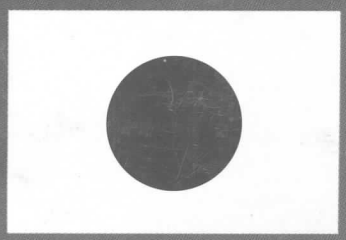
Maternity Waiting Homes Operational Guidelines





MINISTRY OF HEALTH AND CHILD WELFARE
ZIMBABWE

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Maternity Waiting Homes Operational Guidelines

Government of Zimbabwe
Ministry of Health and Child Welfare
Harare, March 2010

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Preface

Maternal Mortality Ratio (MMR) is one of the important indicators for a country's health status, quality and access to health care service delivery. The loss of a mother due to pregnancy or childbirth is a tragedy for the family and the community as a whole. The recently published 2007/2008 Zimbabwe Maternal and Perinatal Mortality Study (ZMPMS), conducted by the Ministry of Health and Child Welfare has estimated the maternal mortality ratio at 725 deaths per 100,000 live births in Zimbabwe. This MMR is one of the highest in the region and is unacceptably high. The international community and Zimbabwe in particular, continue to address maternal and neonatal health challenges as reflected by several international agreements adopted by most countries aimed at reducing maternal and neonatal mortality to which Zimbabwe is also a signatory.

The Ministry of Health Child Welfare (MOHCW) has responded to the challenges through implementation of several interventions aimed at improving access to maternal and neonatal health such as development of the reproductive health policy, reproductive health service delivery guidelines and the maternal and neonatal health road map. All these documents provide a framework for addressing the three delays. The first delay is in making a decision to seek care, the second delay is in reaching a health facility and the third delay is in receiving care. In a bid to strengthen efforts directed towards addressing the second delay, the Ministry recently developed Maternity Waiting Homes (MWHs) Guidelines, through a participatory and consultative approach, to facilitate their revitalization and standardization. The overall objective of the guidelines is to provide service providers at all levels of care with key information on standard operational procedures for the maternity waiting homes. The guidelines are based on the most up to date information and can be used as reference during service delivery at facility level.

Brigadier General (Dr) G. Gwinji
Secretary for Health and Child Welfare
March 2010

Abbreviations

ANC	Antenatal Care
AZT	Zidovudine
BP	Blood Pressure
EmONC	Emergency Obstetric and Neonatal Care
FBC	Full Blood Count
FCH	Family and Child Health
FeSO4	Ferrous Sulphate
HIV	Human Immuno-deficiency Virus
IPT	Intermittent Preventive Treatment
MOHCW	Ministry of Health and Child welfare
MWH	Maternity Waiting Home
NVP	Nevirapine
PITC	Provider Initiated Testing and Counseling
PMTCT	Prevention of Mother to Child Transmission of HIV
RDCs	Rural District councils
RPR	Rapid Plasma Reagent
TPR	Temperature, Pulse, Respirations
TT	Tetanus Toxoid
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WT	Weight

Acknowledgements

The Maternity Waiting Homes Operational Guidelines have been developed through the efforts of the Ministry of Health and Child Welfare, Reproductive Health Unit, in collaboration with the United Nations Population Fund (UNFPA), World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). Financial support was provided by the Japanese Embassy. The content of the National Maternity Waiting Homes' Guidelines was developed through a consultative process that involved experts from the Ministry of Health and UN partners. The Ministry also acknowledges the dedicated service and hard work of all health workers at all levels of service delivery.

CHAPTER ONE: Introduction

1.1 Introduction

A Maternity Waiting Home (MWH) is a facility, within easy reach of a hospital or health centre where a pregnant woman can stay towards the end of pregnancy and await labour. Once labour starts, women are transferred to the health facility so that labour and child birth are assisted by a skilled birth attendant. The MWHs also provide an opportunity for a pregnant woman to receive health promotion on pregnancy, information on danger signs of pregnancy, labour and childbirth including new born care.

The aim of the MWH is to improve access to health institutions, skilled and emergency care to reduce morbidity and mortality for mother and neonate should complications arise. The MWHs should be made an integral component of the maternity ward of the main health facility where clinical and supervisory services are available on a 24 hour basis. Clear operational linkages should be outlined covering a range of services offered at MWHs and transfer of patients to the labour ward.

1.2 Rationale for Maternity Waiting Home (MWH)

The maternity waiting home provides a setting where high risk women can be accommodated during the final weeks of their pregnancy near a hospital with essential obstetric facilities. The maternity waiting home facilitates reduction in maternal and neonatal mortality and improved maternal and neonatal outcomes by fast tracking women to emergency care should complications arise.

Key points about MWH:

- The concept of maternity waiting home does not require high technology;
- It relies mostly on human resources already present.
- It can serve as a practical way to meet the needs of a pregnant woman
- MWH are not merely physical structures and cannot function in a vacuum:

  - Rather they are a link in a larger chain of comprehensive maternity care, all the components of which must be available and of sufficient quality to be effective and linked with the home.
  - A maternity waiting home is not a standalone intervention, but rather serves to link Communities with the health system in a continuum of care.

- Maternal and neonatal mortality can be reduced if timely and adequate obstetric care is Available when complications occur.
- The level of success in reducing maternal and neonatal mortality will depend on the following Factors:

  - Definition of risk factors and selection of a pregnant woman for the MWHs.
  - Availability of health workers skilled in obstetric and neonatal care services
  - (Including capacity to handle obstetric and neonatal emergencies)
  - Availability of a viable communication and transport system for referrals and women's compliance With the referral.
  - Community and family support available.

1.3 Why Develop MWHs guidelines?

The overall objective of the MWHs guidelines is to provide service providers at all levels of care with key information on standard operational procedures for the maternity waiting homes. The guidelines are based on the most up to date information and can be used as reference during service delivery at facility level. The service providers will be oriented in the use of the guidelines.

1.4 Location of Maternity Waiting Homes

The maternity waiting home should be located in health facilities which can provide basic and emergency obstetric and neonatal care with functional transport and communication systems to link with the next level of care. The health facility should be managed by skilled health personnel especially midwives who are able to identify complications during pregnancy, labour and the immediate post partum period and treat and or refer promptly. The health facility should also be equipped with essential commodities and equipment for basic and emergency obstetric and neonatal care.

1.5 Siting of Maternity Waiting Homes:

The maternity waiting home should be situated at a site which is easily accessible to the labor ward 24 hours a day. Ideally it should be part of the hospital or within 100 metres from the labour ward where it is possible to use either a wheel chair or a stretcher to transfer the woman when labour begins.

1.6 Ideal Infrastructure:

An ideal maternity waiting home should be a structure with basic requirements for the pregnant woman and it should be linked to a hospital with basic obstetric and neonatal care. It should be conducive to attract at risk woman to come and stay at the home in an effort to mitigate the second delay. A MWH offers a low cost way to bring a pregnant woman closer to needed obstetric and neonatal care. It is a strategy to bridge the geographical gap in obstetric and neonatal care for the rural woman with poor access to equipped facilities. The basic requirements for the MWHs will include the following components as outlined below:

- **Sleeping rooms:**

  The sleeping rooms should provide comfortable sleeping conditions, safety for the pregnant woman and their belonging including good lighting. The ideal sleeping rooms should consist of the following;
  - 4 bedded rooms (e.g. 3m X 4m)
  - Minimum of 24 beds (6 rooms) at district level
  - Minimum of 8 beds (2 rooms) at clinic level.

- **Kitchen:**

  - Heavy duty stove at district level
  - Dover stove for firewood
  - Kitchen cupboards which are lockable (preferably steel)
  - Pantry (Storeroom): Walk-in lockable pantry with shelves
  - Kitchen sink.

- Bathroom

Table 1: Proposed Requirements for a Standard Maternity Waiting Home

Area	Items	Numbers
Laundry area	Sinks	4
	Washing lines	4 x 4 strands x 5 meters
	Ironing slabs	5
	Electric iron	1
	Charcoal iron	1
Recreational room	TV set	1
	Radio set	1
	Easy chairs	24
	Coffee table	3
Bedrooms	Beds	4/room
	Lockers	4 (Lockable) /room
	Fitted wardrobes	4/room
Kitchen/ Dining Room	Tables	5
	Chairs	6 per table
Walk-in Pantry	Shelved pantry	
Bathrooms	Hand washing basins	
Sundries	Gloves	
	Delivery Pack	1
Transport & Equipment	Stretcher	1
	Wheel chairs	1
	Bell system for rooms	1
	Blankets	3/bed
	Counter pens	2/bed
	Pillows covered with polythene plastic	2/bed
	Mattresses covered with polythene plastic	4/room
Security	Lockable gate	
	Security fence	

1.7 Transport and Communication

Transport and communication play a major role in reducing maternal and perinatal mortality (MDGs 4 and 5). It is important to have a viable transport and communication system in place at all facilities with maternity waiting homes. Primary level health facilities with maternity waiting homes should have:

- A functional telephone, radio or cell phone to facilitate communication in emergencies
- A working motor-bike/bicycle for health worker to use to go to the nearest phone to communicate with the referral centre.

1.8 At District Hospital Level

There should be a functional telephone, radio and cell phone, for effective communication with referring health centre and the next referral centre in case of obstetrical and neonata reducing Emergencies. This will assist in reducing delay in reaching the next level of care thereby maternal and neonatal mortality.

- A telephone extension in MWH from labour ward or a drum or bell should be in place for easy
- communication with maternity ward in case of emergency.
- There should be functional ambulances equipped for resuscitation so as to minimize loss of life during transfer should complications arise.

1.9 Human Resources

Human resources are a critical component that determines the capacity of MWHs to provide services. Presence of trained personnel at the MWH will greatly facilitate appropriate and timely transfer of a woman in labour to labour ward or referral hospital. Trained staff in FCH has a responsibility over the MWH on a 24 hour basis and all staff members to report to the Sister in Charge of the maternity ward. In addition to trained staff, the following are the recommended additional staff required for efficient running of the MWH:

- A cleaner is necessary for the maintenance of the maternity waiting home
- A nurse aide is required and her function will be to facilitate prompt transfer of a woman to the maternity ward when labour begins.
- The security guard is needed to provide security for pregnant woman during her stay in the Maternity waiting home.

CHAPTER TWO: Admission Criteria

The concept of MWHs has been based on the premise that it is possible to identify pregnancies likely to develop complications and need skilled obstetric care. With experience, however, it has become clear that the "risk approach" may not be able to deal adequately with the issue of identification. Many obstetric complications are unpredictable and most complications which do occur are among women with no apparent risk factors. The success of using the risk approach depends on two factors; the correct identification of risk factors, and the ability of the health system to provide care to the women so identified. Identifying and caring for women with relatively common risk factors will have a positive impact on the health of the whole community, especially if the factor is strongly associated with mortality and morbidity.

It is important to have admission criteria to guide staff in the maternity waiting homes as to how, when, and why pregnant women should be admitted. Identifiable conditions predictive of complications include poor obstetric history (for example previous stillbirths, operative deliveries), high parity, age (extremes of youth or old age), short stature, malnutrition, anaemia, high blood pressure, malpresentation, multiple pregnancy. Other factors might include distance and transportation to health facilities and other socio-economic and cultural conditions such as religious beliefs. A crucial element for identification of a high risk woman should involve accurate history taking (both medical and socioeconomic), together with symptomatic assessment.

When to Admit: The pregnant woman is expected to be admitted to MWH at 36 weeks of gestation.

Admission Process: When admitting a pregnant woman in the maternity waiting home the following procedure should be;

During the Day: The pregnant woman is admitted to MWH through Family Child Health department. In the Family and Child Health (FCH) department the following is Done:

- Registration
- Vital observations, i.e. BP; WT, TPR, abdominal palpation, fetal heart check, urinalysis
- Check if blood investigations were done, i.e. RPR, FBC, grouping and rhesus factor, HIV test, CD4 if HIV positive
- If not done, arrange for the test.

2.1 Prophylaxis Medications

Check whether the woman has received the following

- FeSO4 and folic acid
- Tetanus Toxoid (TT)
- Intermittent Preventive Treatment (IPT)
- NVP and AZT if HIV positive (If not taking, commence on treatment)
- Check if on any other medications. If 'yes', counsel for adherence
- Assess if in labour. If in labour refer to maternity ward.
- Refer to MWH if not in labour

During the Night: The pregnant woman is admitted through maternity ward and the same procedure as for FCH is followed. The woman should be escorted to MWH by staff on duty.

2.2 Orientation of pregnant women

Once admitted in the MWH, orient the pregnant woman on the following:

- Bathroom facilities,
- Kitchen,
- Dining,
- Sleeping rooms,
- Recreational facilities.

Health Promotion on Admission:

Discuss the following danger warning signs like reduced fetal movements, early rapture of membranes, ante-partum hemorrhage and headache, signs of true labor or illness and importance of early reporting to a health facility when labour starts.

Expectations from the pregnant woman:

For the convenience of the pregnant woman during her stay in the MWH and the comfort of the expected baby the pregnant woman is expected to bring;

- Layette
- Food
- Toiletries
- Assist in keeping the MWHs clean
- Maintain good personal hygiene
- Attend health promotion talks as stipulated
- Attend ANC on stipulated dates
- Any other duties as prescribed by in-charge.
- Be responsible for all movable assets in the MWH.

2.3 Services Offered Whilst at MWH

The overall goal of MWH is to have a healthy mother and baby after delivery. Therefore the Following services should be offered to pregnant women during their stay in the MWH.

Health Services

Although most clinical services are offered in the FCH department, the in-charge of the MWH should ensure that pregnant women have access to the following services as per guidelines:

- Admitting and screening pregnant women
- Monitoring fetal heart on admission and daily
- Orienting/familiarizing pregnant women on the maternity waiting home and maternity ward
- Giving information to clients on the ground rules of the home Counseling Services

These are an ongoing exercise from the time the health service providers get in contact with the pregnant woman so as to create a good rapport.

Health Promotion Services

Health promotion should take into account the different needs of the pregnant woman. The health assessment performed on admission guides the specific needs for health information. Some of the health promotion issues covered are summarized below:

- Danger warning signs in pregnancy
- Labour process
- Importance of personal hygiene in pregnancy
- Importance of breastfeeding
- Importance of good nutrition in pregnancy
- Baby care
- Immunization
- Family planning
- STIs, HIV and AIDS
- Malaria in pregnancy and importance of prophylaxis
- Importance of antenatal exercises in pregnancy

2.4 *Early Signs of Labour*

As the due date approaches, many women do worry about how they will recognize the early to signs of labour. The pregnant women need to know when to report labour when it occurs. The women are report to the labour ward if they experience any of the following symptoms:

- The waters may break, which may be a slow steady trickle or a gush and should be clear
- The woman may experience a show which is a mucus plug from the cervix that has been helping protect against any infections entering the uterus
- Contractions may start and these will increase in duration and intensity as labour progresses.
- Contractions may be accompanied by a radiating pain which may include pain in the back.

2.5 *Nutrition in Pregnancy*

Adequate nutrition to a pregnant woman is essential for growth and development of both mother and baby. Three balanced meals per day are ideal, hence the need for the health institution to provide meals to pregnant women staying in the MWH. The advice on the balanced diet should take into account locally available foods. In case the health facility fails to provide meals, pregnant women can bring the following items from their homes:

- ***Carbohydrates*** - mealie-meal, sweet potatoes, madumbe, wheat, rice, samp, mangayi, bread, sugar.
- ***Protein*** - meat, nyemba, beans, fish, nuts, macimbi, ishwa, majuru, mice, eggs, peanut butter (dovi), milk.
- ***Vitamins*** - green leafy and dried vegetables, carrots, peas, all types of fruits, tomatoes, Pumpkin.
- ***Fats*** - avocado pears, vegetable cooking oil, margarine.
- ***Salts*** - iodized salt

CHAPTER THREE: Family And Community Participation

The family and community play a vital role in the outcome of pregnancy. It is the responsibility of the family and the community to ensure that a pregnant woman accesses skilled attendance at delivery, therefore they should support the pregnant women staying in the MWH. There is also need for advocacy and communication on the importance of MWHs and the need for the community to support them.

3.1 Family Roles

Members of the family are not expected to come and stay in the WMHs. They should work with the woman to develop a delivery plan. If pregnant women need to go to MWHs the family should provide:

- Adequate money for transport to the MWH
- Support the upkeep of the pregnant woman whilst in the maternity waiting home
- Provide money for any other expenses that may be required
- Visit regularly as prescribed by the MWH
- Take care of the other children at home if any.

3.2 Community Roles

The death of a mother and her baby is not only a loss to her family but to the entire community in general. Therefore, there is need for the community to support the MWHs in their area. Communities need to Encourage pregnant women to utilize the MWHs especially those staying far away from health facilities. The existing community health committees should work with the community to:-

- Encourage pregnant women to utilize MWHs
- Assist in the building and maintenance of the MWH infrastructure
- Support the functioning of the MWH - mobilize communities to bring firewood, water, slash
- grass
- Mobilize resources for the MWH, e.g. firewood, transport and food
- Hold regular meetings with the health facility staff and the community, for continuous Improvement Mobilize funds for vehicle hire in case there are complications at RHC level where pregnant women need transfer.
- Village Health Workers to encourage pregnant women to utilize MWH.

CHAPTER FOUR: Monitoring, Evaluation And Record Keeping

4.1 Planning, Monitoring and Evaluation Framework for the Maternity Waiting Homes

The Maternity Waiting Homes (MWH) aim to contribute to the reduction of maternal and newborn morbidity and mortality by increasing access to clean and safe delivery among pregnant women at risk of complications. Such women including those staying far from health facilities are admitted into maternity waiting homes to facilitate easy access to maternity services. This is ultimately expected to contribute to better pregnancy outcomes-healthy mothers and babies.

In order to clearly and operationally link the above results with resource inputs for the MWH, a baseline appraisal should be carried out to establish the status of key output and outcome indicators outlined in the log frame. Once the baseline status is established, a mechanism should be put in place to systematically collect data for monitoring and evaluation using an agreed set of indicators. Trends in access and utilization of MWH services have to be analyzed and report on a regular basis to provide information for decision making as well as for improving the maternity waiting homes.

Table 2: Monitoring & Evaluation Log-frame For Maternity Waiting Homes

Intervention logic		***Indicator***	***Means of verification***	***Risk and assumption***
Goal	To improve maternal and neonatal health in Zimbabwe	-Maternal mortality rate -Infant mortality rate	-Demographic health survey (DHS) -Census	
Outcome	Access to skilled attendance at delivery improved nationwide	-% births by skilled attendant -% institutional deliveries	-DHS -Census -Routine health information system	Ongoing initiatives addressing 1st and 2nd Delays continue
Output /Result	1.Improved knowledge on MWHs in targeted districts 2.Increased availability and utilization of MWHs nationwide	-Knowledge level on MWHs -Coverage of MWHs in terms of number of pregnant women accessing services	-Assessment reports -Survey reports - Routine health information system	Health executives commit to MWHs strategy

4.2 Check list for the MWHs

Province: ……..……. District: ……..……

Health Facility: ……. Name of supervisor: ……

Date of visit: ……... Staff present: ……

1. Staff establishment: ……..... On Duty at Time of Visit: ……..……
2. Annual expected deliveries of facility catchment: ……..
3. Number of deliveries from the MWH in the past 3 months…….
4. Bed Capacity of the MWH:
5. How many pregnant women are currently admitted?
6. How much do they pay for services offered?
7. Is there any transfer policy?
8. What communication is available?

Table 3: Proposed Standard MWH

Key Result Area	Items	Available		Comments
		Yes	No	
Infrastructure	General cleanliness			
	Security fence			
	Availability of water supply			
	Sanitation & water			
	Lighting system			
	Waste disposal			
Equipment	Beds			
	Wheel chair			
	Stretchers			
	Cleaning material			
Admission criteria	Any admission policy available			
Services on offer	ANC			
	PMTCT			
	PITC			
	Health promotion on:			
	- Baby care			
	- Immunizations			
	- Risk factors			
	- Exercises			
	- Place of delivery			
	- Breast feeding and nutrition			
	- Family planning			
	- Birth Preparedness			

Key Result Area	Items	Available		Comments
		Yes	No	
	- Fetal Kick Charts			
Laundry services	Irons			
Kitchen	Refrigerator			
	Stoves: Dover			
	Electric			
Nutrition	Nutrition garden			
Support & Supervision	Last support visit	Day	Month	Year
	By whom?			
	- DHE			
	- PHE			
	- RDC			
	- Mission Authority			
	- SIC			

Family Role

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Community Role

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General Comments

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Action Taken

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Recommendation

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Signatures:

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4.4 Supervision

The following supervisors should visit the MWH as follows:-

SIC - FCH	-	Daily
SNO III	-	Weekly
CHS	-	Monthly
DNO	-	Quarterly
PNO	-	Annually/biannually (twice every year)
DHE	-	Quarterly

The frequency of the visits can be increased if there is need.

4.5 Records and Record keeping

Records are legal documents which should be kept safely. Documentation should be legible, clear and precise. It should be accessible to health workers authorized to use the data. Information collected should be relevant and adequate. Data should be analyzed and utilized at all levels to ensure provision of quality services to the pregnant women at the MWH.

4.6 Registers

MWH register

The MWH register can be used for roll call. (See attached form)

Inventory register

Each room should have a room loading inventory sheet that includes all movable assets in that room. Inventory should be conducted weekly due to high turnover. Spot checks need to be carried out periodically.

Support and Supervision Register

Every health worker who supports and supervises the MWH, is supposed to record findings and make recommendations.

Health Promotion Register

Record all health promotion activities held for women at the MWH.

Visitors (Log) Book

All officials who visit the MWH should comment and sign in the visitors' book.

Matron's Report Book

Number of waiting pregnant women transferred to maternity, new admissions to be recorded in the matron's report book.
The above identified registers should be kept in MWH in a safe place (cupboard).

4.7 Maternity Waiting Home Register (Format/Outline)

Serial Number
ANC Number
Date of Admission
Name
Address - Village, Chief, School, Ward
Age
Religion
Parity
Gravida
LMP
EDD
Gestation
Planned mode of delivery
Date of transfer (from MWH)

Outcome:
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Annex 1: Contributors towards the Development of the Standard MWH Guidelines

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B. Sibanda	MatabelelandNorth	Tsholotsho District	District Nursing Officer
L. O. Nqwababa	MatabelelandNorth	Tsholotsho Hospital	Matron
B. Chikukwa	Manicaland	Manicaland	Provincial Nursing Officer
C. Mundoringisa	Manicaland	Mutambara Mission	Matron
S. Sifovo	Manicaland	Chimanimani District	District Nursing Officer
F. Kahungwa	MashonalandWest	St Michaels Mission	Matron
R .T. Banda	MashonalandWest	Kadoma District	District Nursing Officer
C· Zvamashakwe	Mashonaland Central	Mashonaland Central	Provincial Nursing Officer
R. Mushaninga	Mashonaland Central	St Alberts Mission	A/ Matron
T. Madyauta	Masvingo	Zaka District	Provincial Nursing Officer
C. Duro	Masvingo	Musiso Mission	A/ Matron
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