

Innovating birth companionship for Respectful Maternity Care in Tanzania



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Outline

- **Thamini Uhai**
- **RMC and BC**
- **Birth companionship Pilot**
- **BC Scale-up**
- **Achievements**
- **Project focus**
- **Aknowledgements**



Thamini Uhai

Thamini Uhai=Value life

- Locally registered NGO mainly focusing on supporting the GOT to improve access to quality Maternal Healthcare to rural and marginalized women in Tanzania
- Evolved from World Lung Foundation Tanzania (in Tanzania since 2008) and in 2016 registered a local Organization
- Name developed from a successful campaign promoting access to routine delivery care and EmONC
- Initial focus was on EmONC and then shifted to Respectful Maternity Care (RMC) through Birth companionship

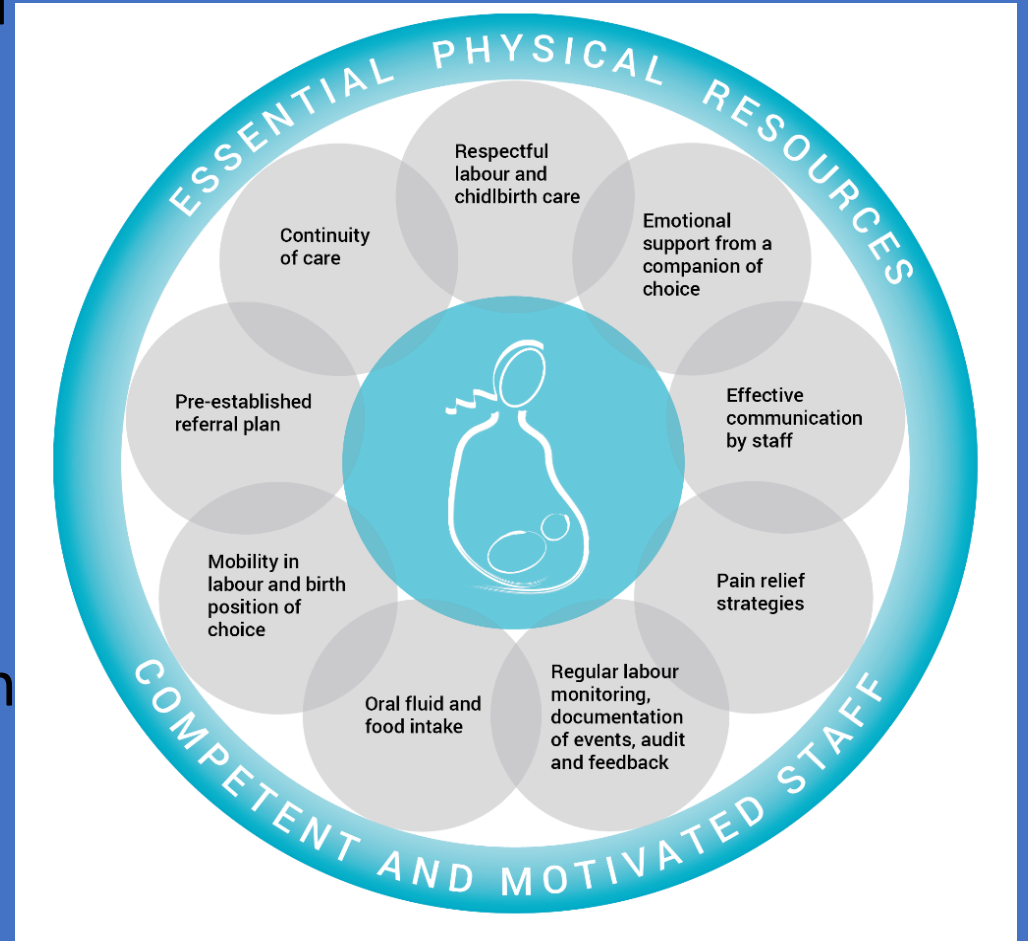


RMC

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**

Providing respectful care to women during pregnancy and childbirth is both a key component of good quality maternal health care and a human rights matter



Birth companionship.....

A birth companion is any person(family member, a partner, friend, doula, or health care professional), chosen by a woman, to provide her with continuous support during labour and childbirth

- Including social, emotional support, physical information, comfort measures and advocacy



Birth companionship.....

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



WHO ON BC ..

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)



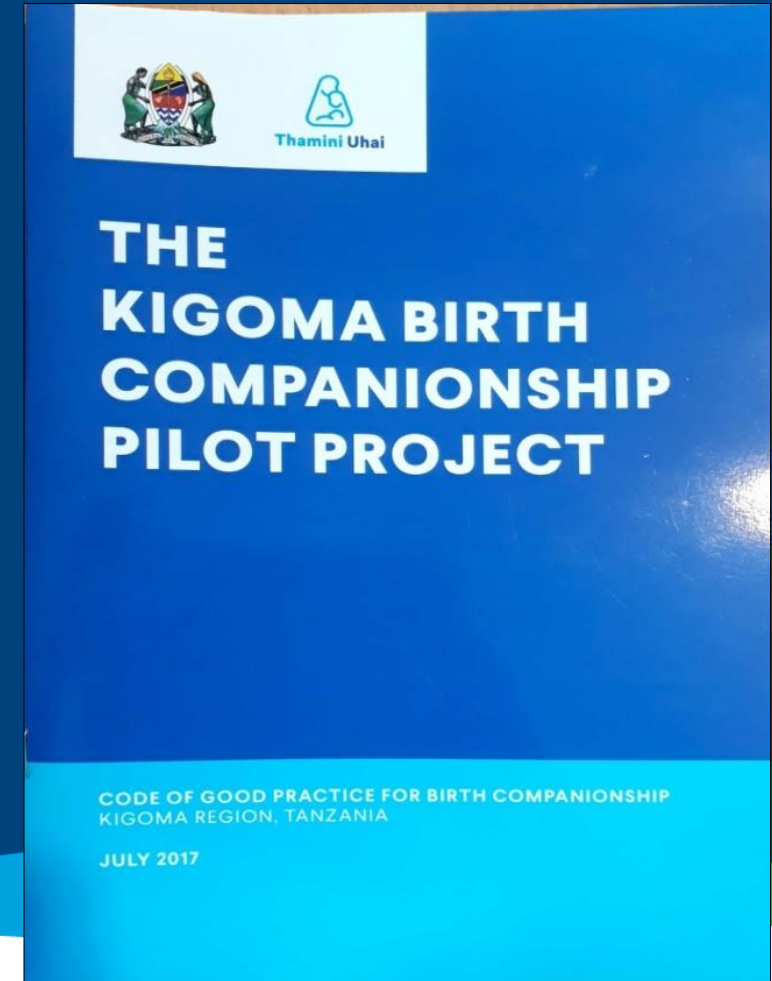
Kigoma Pilot Birth Companionship Project (2016-2018)

- **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



Code of Good Practice

- Developed collaboratively with MOH, Kigoma RHMT, CHMTs, health providers, and community members
- Lays out roles, responsibilities and limitations for companions
- Describes types of non-medical support birth companions should provide



Two Types of Birth Companions (Mama Msindikizaji)

- Desired birth companions (DBC)s
 - Selected by pregnant woman: family member, friend, neighbor, etc.
 - Oriented during antenatal visits and at time of delivery
- On-call birth companions (OBC)s
 - Based at facility
 - Selected by communities
 - **“Code of Good Practice”** describes selection criteria and job description
 - Available for birthing women who choose this option or do not bring companion from home

Forward in-oh

Aluminium partitions for Labour suits



Project Strategy

- Focuses on community, facility and district ownership to ensure continuous emotional support and respectful care during labour and delivery.
- Health facilities are the primary functional units, with focal person to oversee implementation and adherence to code of good practice.
- Increase access to BC services through orientation of desired birth companions and promote preparation of desired birth companions at ANC, community outreach and CHWs.
- Allowing desired birth companions during labour and delivery



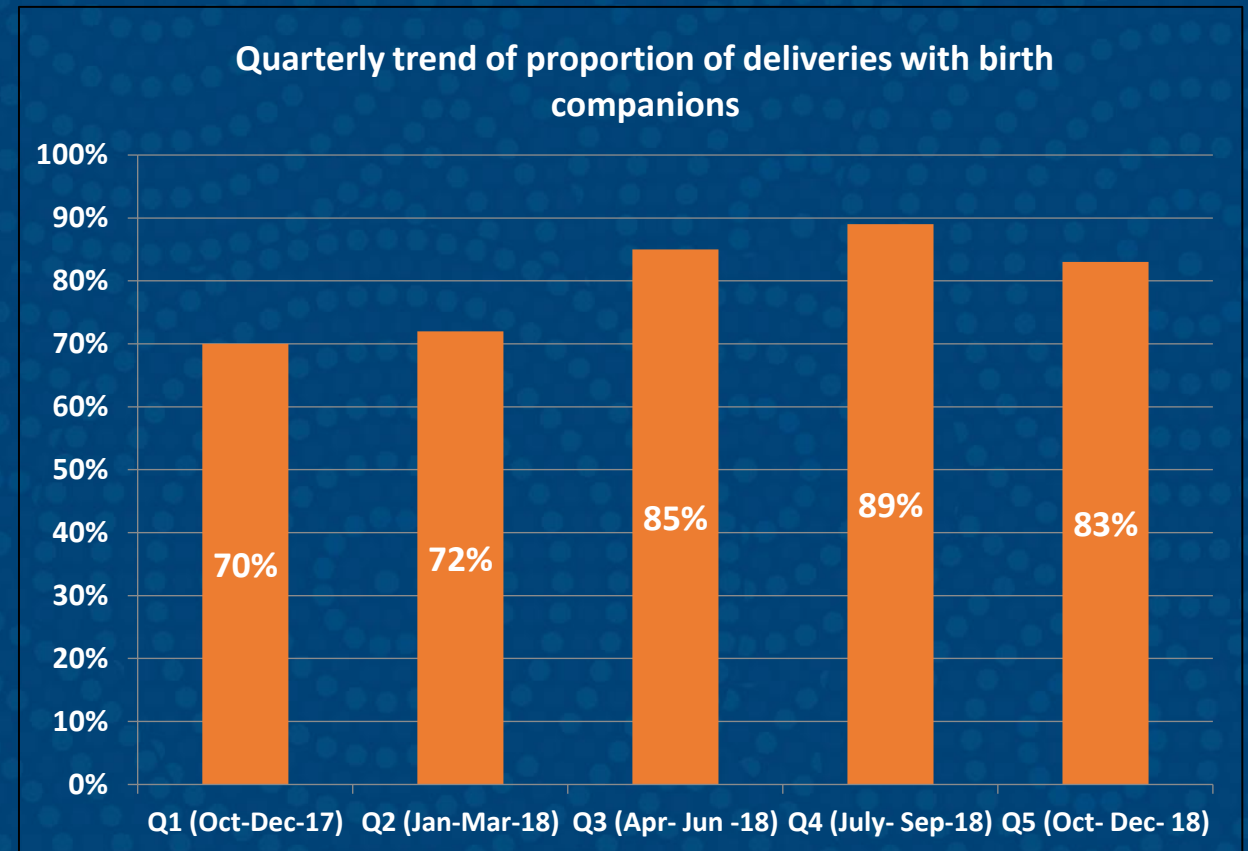
Core activities

- Infrastructure improvement – Renovation of Labour ward to accommodate birth Companionship
- Development and dissemination of implementation guidance and job aids/tools.
- Training and Orientation of focal persons, CHWs and health care Providers.
- Demand creation through community outreach, CHWs and media campaign.
- Action oriented feedback through stakeholders meetings with R/CHMTs.



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




BMC Pregnancy and childbirth

RESEARCH ARTICLE

Open Access

Birth companionship in a government health system: a pilot study in Kigoma, Tanzania



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Abstract

Background: Having a companion of choice throughout childbirth is an important component of good quality and respectful maternity care for women and has become standard in many countries. However, there are only a few examples of birth companionship being implemented in government health systems in low-income countries. To learn if birth companionship was feasible, acceptable and led to improved quality of care in these settings, we implemented a pilot project using 9 intervention and 6 comparison sites (all government health facilities) in a rural region of Tanzania.

Methods: The pilot was developed and implemented in Kigoma, Tanzania between July 2016 and December 2018. Women delivering at intervention sites were given the choice of having a birth companion with them during childbirth. We evaluated the pilot with: (a) project data; (b) focus group discussions; (c) structured and semi-structured interviews; and (d) service statistics.

Results: More than 80% of women delivering at intervention sites had a birth companion who provided support during childbirth, including comforting women and staying by their side. Most women interviewed at intervention sites were very satisfied with having a companion during childbirth (96–99%). Most women at the intervention sites also reported that the presence of a companion improved their labor, delivery and postpartum experience (82–97%). Health providers also found companions very helpful because they assisted with their workload, alerted the provider about changes in the woman's status, and provided emotional support to the woman. When comparing intervention and comparison sites, providers at intervention sites were significantly more likely to: respond to women who called for help ($p = 0.003$), interact in a friendly way ($p < 0.001$), greet women respectfully ($p < 0.001$), and try to make them more comfortable ($p = 0.003$). Higher proportions of women who gave birth at intervention sites reported being "very satisfied" with the care they received ($p < 0.001$), and that the staff were "very kind" ($p < 0.001$) and "very encouraging" ($p < 0.001$).

Conclusion: Birth companionship was feasible and well accepted by health providers, government officials and most importantly, women who delivered at intervention facilities. The introduction of birth companionship improved women's experience of birth and the maternity ward environment overall.

Keywords: Birth companionship, Maternal and newborn health, Quality of care, Respectful care

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



Birth companionship scale-up

- Intervention has been scale-up in two phases from the initial pilot phase in Kigoma
- First scale-up phase(2019-2021) to four new facilities in Katavi while sustaining nine pilot sites
 - Supported by H & B Agerup, two-year Project
 - Facility coverage to 13 facilities
- Second scale-up phase(2021-2022, April), added 10 new facilities in Katavi and Kigoma
 - Supported by H & B Agerup, two-year Project
 - Facility coverage to 23 facilities
- One addition facility(Bitale HC-Kigoma DC) in February 2023
 - Supported by Every Mother Count(EMC)

Improved labor rooms in Kigoma and Katavi



Major Achievements

- Birth companionship now covers 24 facilities and all councils in Kigoma and Katavi
- Facility utilization for delivery have been steady increasing m
- Birth companion utilization increased has remain steady at 75% of all birth
- Contributed to improved maternal and newborn outcomes.
- Improved quality of care and provision of respectful care.

Major Achievements..

- Most women reported positive childbirth experience.
- Health providers reported reduced work load.
- High community acceptance and increased trust in the health care system.
- Improved client-provider relationship

Major Achievements..

- Shared the intervention in several local and regional forums
 - RMNCAH Conference
 - THS
 - ECSA-HC BPF
- National Guidelines on G and RC in RMNCAH with recognition of BC
- One of key interventions advocated by MOH
- High level Government Political will on RMC demonstrated by the HE Samia Suluhu Hassan when launching CCBRT Maternity Hospital in Dar-es-salaam(August 2022) and repeated in Mbeya and Mwanza

UNITED REPUBLIC OF TANZANIA



Ministry of Health, Community Development,
Gender, Elderly and Children

**National Guideline for Gender and
Respectful Care Mainstreaming and
Integration Across RMNCAH
services in Tanzania**

June 2019

Project focus in the near future

- Scale-up birth companionship and RMC to more facilities and regions
- Improve coverage of community interventions through more CHW, more focal person at dispensaries and more Community Score cards
- Intensify advocacy efforts locally and internationally through sharing lessons and best practices
- Train more healthcare providers on Respectful maternity care(BC)



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Partners involved in the pilot phase of the project

Thamini Uhai

Kigoma health management team

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AMDD at Columbia University

- Ifakara Health Institute
- ICAP Tanzania

MOH, PORALG and local government authorities in
Kigoma and Katavi

Healthcare providers in intervention facilities

Beneficiary communities



AHSANTENI SANA



Thamini Uhai