Quality of care in maternity waiting homes in Chitipa district in Malawi

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Summary
This study was conducted in the northern part of Malawi. The aim was to analyse the quality of care in maternity waiting homes following Donabedian’s Structure, Process and Outcome model. A descriptive study design which followed the mixed methods approach was used. This study found that nurses and clinicians lacked knowledge of the purpose of a maternity waiting home (n= 82). Additionally, 78% (n= 64) of nurses and clinicians did not know the crucial elements of maternity waiting homes. Consequently they provided suboptimal care. There was a lack of space and poor conditions of the buildings used to accommodate waiting mothers. The study concluded that the quality of maternal care provided in maternity waiting homes was poor since it had shortfalls in all the elements of quality, namely structure, process and outcome according to Donabedian’s model.

Introduction / Background
A maternity waiting home is a building located near a health facility where high and low-risk pregnant women who reside very far are accommodated to await labor and delivery. The assumption is that deliveries conducted by skilled birth attendants will increase when women come to stay very close to a health facility, and that consequently maternal morbidity and mortality will reduce.

Maternity waiting homes have been in existence in Malawi for more than a decade, however, the maternal mortality rate remains unacceptably high. There was no information or reports of the type of care which was provided in these structures. Further to that, evidence suggests that good quality of care improves the use of health services by clients. Therefore, the study analysed quality of care which was provided in maternity waiting homes in the Chitipa District following Donabedian’s Structure, Process and Outcome model.

Methods
A descriptive study design which followed the mixed methods approach was used. Two semi-structured questionnaires were used to collect quantitative data from 82 nurses and clinicians who had more than 4 years working experience in health facilities with a maternity waiting home; and 48 pregnant mothers aged between 18 and 38 years who had given birth more than once, attained at least primary education and had stayed in the waiting home for not less than a week. Individual in-depth interviews were done with 15 guardians of the pregnant waiting mothers in maternity waiting homes and they were aged between 36 and 40 years. An observation checklist was used to collect data on the availability of resources for maternity waiting homes.

Quantitative data were analysed with the aid of SPSS 20.0 while qualitative data were analysed manually through thematic analysis.

Results
The majority of nurses and clinicians 78% (n= 64) lacked basic knowledge of the crucial elements of maternity waiting homes. Additionally, 92.7% (n=76) of nurses and clinicians lacked knowledge of the services which were offered in maternity waiting homes. Consequently, they provided sub-optimal maternal care.

None of the health workers mention the purpose of a maternity waiting home (n= 82).

The women’s guardians revealed that most health workers were not available in the labor ward. They had to be called from their homes, whether at night or during the day, to attend to a woman who had started labor. This is reflected in the statement below made by a guardian:

“The problem is when the woman starts labor, we are not helped well because most of the times we are not attended quickly. You will hear that the doctors are at home and we have to wait for a long time to get help, which is the biggest problem”.

The idea of having a maternity waiting home near a health facility was welcomed by the majority of nurses, clinicians, pregnant waiting mothers and their guardians.

The study unearthed the scarcity of resources such as medications and huge workload to nurses and clinicians.

Pregnant women and their guardians who came to stay in maternity waiting homes faced many challenges which included poor condition of the shelter, lack of basic resources such as food and soap to support hospital stay (Table 1).

Table 1: Challenges faced by pregnant mothers who stayed in maternity waiting homes.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n=48)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor sleeping conditions due to lack of mattresses and beds: too small space and sleeping on the floor</td>
<td>18</td>
<td>37.5</td>
</tr>
<tr>
<td>Lack of necessities like soap</td>
<td>23</td>
<td>47.0</td>
</tr>
<tr>
<td>Scarcity of medications</td>
<td>1</td>
<td>2.1</td>
</tr>
<tr>
<td>Scarcity of water</td>
<td>1</td>
<td>2.1</td>
</tr>
<tr>
<td>Stress to find money on a daily basis to buy food since home is far.</td>
<td>3</td>
<td>6.3</td>
</tr>
<tr>
<td>Too few toilets</td>
<td>2</td>
<td>6.3</td>
</tr>
<tr>
<td>Poor estimation of expected date resulting in spending a long time (even a month) at maternity waiting home</td>
<td>1</td>
<td>2.1</td>
</tr>
</tbody>
</table>

Conclusion
The quality of maternal care provided in maternity waiting homes was poor and had shortfalls in all three elements of quality namely: structure, process and outcome according to Donabedian’s model. Essentially, the findings indicated potential that maternal care provided through maternity waiting homes might improve if highlighted areas in the study findings were addressed.

Living conditions for pregnant women in a maternity waiting home in one of the health centres in Northern Malawi.

Implications / Take away message
Client education:
• Focus on transformation of pregnant mothers’ mind-set through focusing on and changing of harmful cultural beliefs and myths.

Policy makers:
• Clear guidelines should be developed to guide the establishment and management of maternity waiting homes country wide.

Questions I would like audience to respond to
• What should the involvement of the interprofessional team be to optimise maternity waiting homes?
• Do you support the use of maternity waiting homes strategy as a way of improving perinatal outcomes in developing countries?

Acknowledgements / Funding

References