Where to Deliver:
What factors influence a woman’s decision to seek skilled-care during her pregnancy?

Stephanie Staples, MPH, MSIV
Temple University School of Medicine
NMF/GE 2011
May 6, 2011
Introduction

Millennium Development Goal #5: To reduce the Maternal Mortality Ratio (MMR) by 3 quarters by 2015
Globally, around 80% of maternal deaths are due to obstetric complications

- 25% Postpartum hemorrhage (PPH)
- 20% Indirect Causes
- 15% Infections
- 13% Unsafe Abortions
- 8% Eclampsia
What prevents women from seeking healthcare during their pregnancy?
Barriers to Seeking Care

- Traditional Beliefs
- Long distances/Poor roads
- Poor relationships with staff
- Poverty
- Gender
Materials & Methods

- Kintampo Municipal Hospital
  - rural area with a population of 165,000
  - Maternity ward with 21-bed capacity
- Informal staff interviews
- Birthing Attitudes Survey
  - 13 questions
  - 4 test
  - 20 final
Demographics

- Mothers’ Average (Avg.) Age: 27.95 years
- Neonates’ Avg. Age: 22 days
- Avg. Gestational Age at Delivery: 37 weeks
- Residency: Kintampo
- Education: Some Junior High School
Findings- Previous Pregnancies & Deliveries

- 41 total previous deliveries
- 35 deliveries in a healthcare facility
- 6 at home
- 3 D&Cs
- 44 total previous pregnancies

![Pie chart showing previous delivery location: 85.4% in a health facility, 14.6% at home.](image)
Findings- Antenatal Clinic (ANC) Attendance

- 100% of women attended at least 4 visits
- 4: 25%, 5-6: 25%, 7-8: 35%, 9+: 15%

<table>
<thead>
<tr>
<th>Reasons for Antenatal Care</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protect baby from sickness</td>
<td>6</td>
<td>30.0</td>
</tr>
<tr>
<td>Protect self from sickness</td>
<td>5</td>
<td>25.0</td>
</tr>
<tr>
<td>Protect baby and self from sickness</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>Knowledge about pregnancy</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>Previous Experiences/Conditions</td>
<td>2</td>
<td>10.0</td>
</tr>
</tbody>
</table>
Findings - Last Delivery

- 95% of women delivered at a healthcare facility
Findings - Last Delivery Reasons

<table>
<thead>
<tr>
<th>Reasons for Delivering at Health Facility</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety/Support</td>
<td>8</td>
<td>42.1</td>
</tr>
<tr>
<td>Previous experience/complications</td>
<td>4</td>
<td>21.1</td>
</tr>
<tr>
<td>Education during ANC</td>
<td>3</td>
<td>15.8</td>
</tr>
<tr>
<td>Belief of difficulties in home delivery</td>
<td>4</td>
<td>21.1</td>
</tr>
</tbody>
</table>

- “Delivery at the hospital is safer than delivery at home.”
- “I didn't want to deliver in the house, and I wanted myself and my child to be safe. When I delivered I had postpartum hemorrhage, and was transfused two units.”
- “They advised me to deliver in a supervised delivery when in labor, not at home.”
- “Delivery at home is not easy.”
Findings

- **Home Delivery**
  - “Where I was staying I didn't have access to a car. By the time I made up my mind to come, I delivered.”

- 95% of the women were happy with where they delivered

- 100% knew of the user fee exemption policy
  - 25% unregistered, but with own insurance
Discussion

- No maternal mortality in First quarter
- Neonatal mortality
- Bazanno et al.
  - Only 30% of women attended 4 ANC visits
  - 73.1% out of 6,000 women delivered at home
  - Confusion about ANC visit cost coverage
Weaknesses

- Small sample size
- Sample bias - Child Welfare Clinic (CWC)
- Recall bias
- Confidentiality
- Language barrier
Progress/Recommendations

- **District Level**
  - Efforts to increased supervised delivery
    - National Health Insurance Service (NHIS) registration
    - Community Health Planning Services (CHPS)
    - Community Health Officer outreach

- **Research**
  - Newborn Home Intervention Study (NEWHIIntS)

- **Social/Cultural/Infrastructure**
Future Analysis

- Larger sample size
- Detailed information about those parties present during home deliveries
- Detailed delivery history, including complications ante- and post-partum
- Community/village survey administration
- TBA interviews
Acknowledgements

Thanks to Dr. Buckle, Dr. Punguyire, Dr. Tette, KMH staff, Kenneth, Jo, Al, Bere and NMF!!!