

Lessons from Thamini Uhai's Birth Companionship Programme in Western Tanzania



Presented by Dr. Nguke Mwakatundu,
Executive Director
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Presentation Outline

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Introduction

- The Birth Companionship Pilot was implemented in 9 health facilities in Kigoma, Western Tanzania.
- The project was implemented from July 2016 to December 2018.
- Kigoma is mostly rural; population of approximately 2.4 million, with an estimated 92,000 births per year.
- Historically, Kigoma has lagged behind other regions in Tanzania in terms of maternal, reproductive, and neonatal health indicators, due in large part to limited availability of good-quality services and a severe shortage of skilled health professionals.
- The Birth Companionship Pilot was part of a larger EmONC program implemented by Thamini Uhai and other partners in Kigoma (2006-2019).



Rationale

- Continuous emotional and social support during childbirth has been shown in a Cochrane Review to improve maternal and newborn health outcomes as well as improve women's satisfaction with care (Bohren et al., 2017).
 - less stress, shorter childbirth, fewer interventions, improved experience of care and practical support for busy health providers.
- Birth companionship is in various WHO documents including: “WHO Recommendations: Intrapartum care for a positive childbirth experience” (2018), “Standards for improving quality of maternal and newborn care in health facilities” (2016).



Rationale

- Birth companionship had not been systematically integrated into the health system of Tanzania and it has only been practiced in a select number of private, urban health facilities with limited evaluation.
- Tanzanian examples of birth companionship in government facilities were needed to help health providers and government officials understand its feasibility, acceptability and impact in the context of the government health system and learn how to implement birth companionship at scale nationwide.



Project Objectives

- Introduce birth companionship in 9 health facilities.
- Assess whether birth companionship:
 - Is feasible and acceptable in rural areas;
 - Leads to increased utilization of health facilities for childbirth; and
 - Improves the quality of maternal health services.
- Closely monitor implementation to collect important lessons and explore the potential for replication in other regions of Tanzania.



Partners and Donors

- Thamini Uhai partnered with:
 - Vital Strategies
 - U.S. Centers for Disease Control and Prevention, Division of Reproductive Health (CDC/DRH)
 - Averting Maternal Death and Disability Program (AMDD) at Columbia University (through partnerships with Ifakara Health Institute and ICAP Tanzania)
- Project donors:
 - Blue Lantern Foundation
 - Fondation H&B Agerup
 - Bloomberg Philanthropies



Project Phases

- Formative research (FGDs and KIIs)
- Preparation and advocacy
- Code of good practice development
- Project implementation in health facilities
- Monitoring and evaluation: facility data, implementation research, providers survey and client exit interview survey, pregnancy outcome monitoring



Project Details

Two types of birth companions:

Desired birth companions (DBC)

- Selected by pregnant woman: family member, friend, neighbor, etc.
- Oriented during antenatal visits, in communities by CHWs and at time of delivery

On-call birth companions (OBC)

- Selected by communities; 'Code of Good Practice' describes selection criteria and job description
- Based at facility
- Available for women who choose this option or who do not bring a companion from home
- Trained by Thamini Uhai; supervised by labor ward in-charge



Project Details

- Improved health facilities environment for birth companionship in 9 health facilities(6 health facilities as comparison facilities)
- Oriented health providers on 'Code of Good Practice' and distributed job aids
- Trained 30 on-call birth companions (OBCs) on Code of Good Practice and provided working tools
- Facilitated training on comfort measures for OBCs and maternity ward in-charges.
- Oriented 9 community health workers (CHWs) and provided working tools



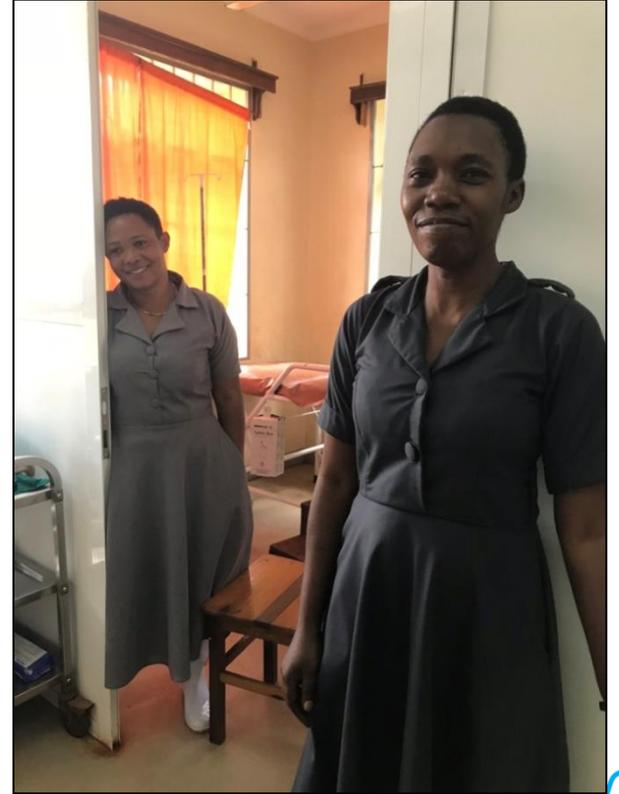
Project Details

- CHWs provided information on birth companionship at ANC clinics and communities
- Conducted community sensitization meetings with community leaders, and public rallies with community members
- Implemented multimedia campaign with messages on birth companionship
- Conducted monthly supervision for on-call birth companions and orientation of desired birth companions on 'Code of Good Practice'



Project Details

- Conducted review meeting with on-call birth companions (OBCs) and CHWs
- Conducted two mid-year stakeholder meetings chaired by Regional Medical Officer/Principal Investigator to review progress and develop action plans
- Routine data collection
- Supported three rounds of AMDD implementation research and used findings to improve performance



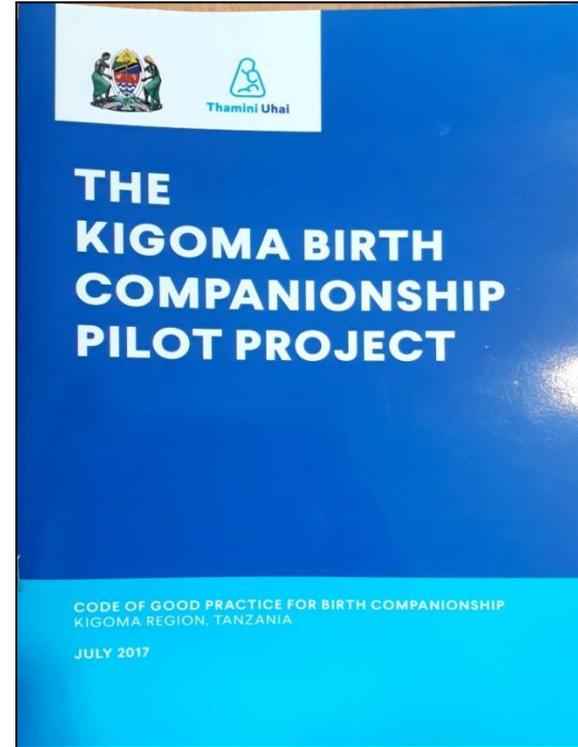
Challenges

- Before implementation:
 - Women were concerned with privacy and other women's companions gossiping about how they handled childbirth.
 - The MoHCDGEC, regional health management team and providers in the facilities were very concerned about infection prevention, confidentiality, privacy and space.



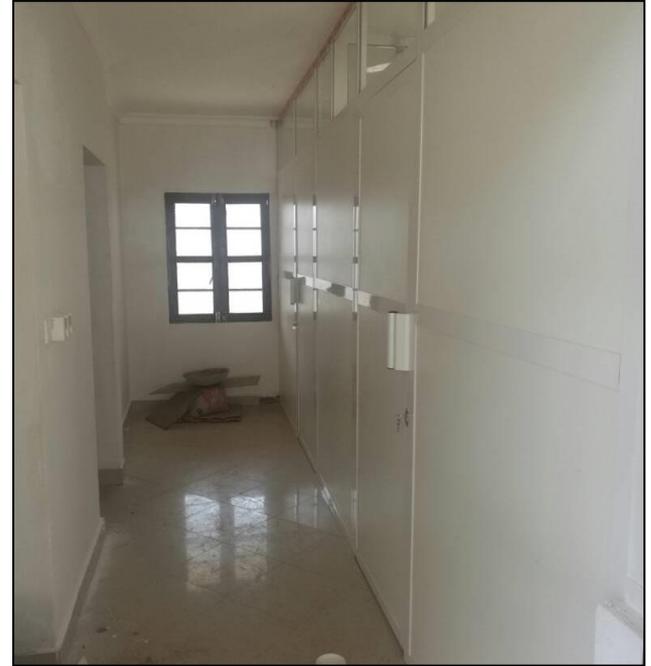
Mitigating Challenges

- Held meetings with the MoHCDGEC, RHMT and health providers to explain benefits of companionship and to sort out challenges/concerns
- Developed the 'Code of Good Practice' collaboratively with MoHCDGEC, RHMT, CHMTs, health providers, and community members
 - Defines roles, responsibilities and limitations of companions.



Mitigating Challenges

- Constructed partitions in maternity wards
- Improved infection prevention and control in maternity wards (additional hand-washing stations; uniforms; etc.)



Mitigating Challenges

- To ensure confidentiality women were asked to carefully choose someone they trust from home or their communities to be their companion. In case they did not have, they had the option of using the on-call birth companions in the facilities.



Evaluation Results

Data sources:

- Thamini Uhai's monitoring data (Oct 2017-Dec 2018)
- AMDD/ICAP implementation research (FGDs and KIs) (Apr, July and Dec 2018)
- CDC women's exit interviews (Dec 2018) – intervention and comparison
- CDC provider interviews (Dec 2018) – intervention and comparison
- CDC pregnancy outcome data (Jul 2016–Sep 2017 & Oct 2017-Dec 2018) – intervention and comparison

NOTE: CDC data are in final stages of clearance; data are not for distribution or citation.



Evaluation Results

15 health facilities supported to provide comprehensive EmONC
(12 health centers + 3 hospitals)

Intervention sites:

9 health facilities implementing
birth companionship pilot
(8 health centers + 1 hospital)
603 women interviewed
83 providers interviewed

Comparison sites:

6 health facilities not implementing
birth companionship
(4 health centers + 2 hospitals)
486 women interviewed
85 providers interviewed



Evaluation Results

- Over 80% of women delivering at intervention sites had a birth companion during childbirth
- Women reported that companions: gave them advice/instructions, comforted them with kind words, singing, prayer, etc., provided encouragement, reduced their worries and gave them hope, gave them massages, held their hand, gave them fluids to drink, stayed by their side for the majority of time and communicated with staff.
- The majority of women interviewed at intervention sites were very satisfied with having a companion during childbirth (96-99%)



Evaluation Results

- Women in sites with birth companionship were significantly more likely to report being “very satisfied” with the care they received ($p < 0.001$), and that the staff were “very kind” to them ($p < 0.001$) and “very encouraging” ($p < 0.001$).
- Most women at the intervention sites also reported that the presence of a companion improved their labor, delivery and postpartum experience (82–97%)
- 92% of providers found companions very helpful



Evaluation Results

- Providers reported that companions: helped with their workload, told them if there was a change in the woman's status or a problem, and provided emotional support and comfort to women during childbirth.
- When comparing intervention and comparison sites, providers at intervention sites were significantly more likely to: respond to women who called for help ($p=0.003$), to interact in a friendly way ($p<0.001$), to greet them respectfully ($p<0.001$), and to try to make them more comfortable ($p=0.003$).



Evaluation Results

- Number of deliveries increased by 2% in intervention sites and decreased by 6% in comparison sites; changes were not statistically significant.
- Maternal and perinatal mortality declined in both intervention and comparison sites. While declines were generally larger in the intervention sites than in the comparison sites, changes from pre-intervention to intervention periods were not statistically significant in either group of facilities.



Lessons Learned

- The introduction of birth companionship in a rural government health system is feasible and well accepted by health providers, government officials and most importantly, women who delivered at those facilities.
- By providing continuous emotional, informational and practical support, birth companions improved women's childbirth experiences and improved the environment of maternity wards overall.
- Birth companionship can be institutionalized



Lessons Learned

- It was important and valuable to create a set of guidelines in a participatory manner with all key stakeholders which defined the roles and limitations of companions.
- For effective and smooth implementation, it was important to closely involve health providers, community members and government officials both at the design phase and implementation phase.
- Introduction of birth companionship required extensive outreach using multiple communication strategies implemented frequently to ensure health providers and communities understood the intervention and its benefits.



Lessons Learned

- Incorporating implementation research into the project design is very valuable as it allows the project to adapt quickly to challenges, but also to share successful strategies across the various sites
- Having birth companions coming from home is more sustainable, however for a new program having birth companions based at the facilities was very helpful while introducing the practice.



**THANK YOU FOR
LISTENING!**

