

SAVING LIVES AT BIRTH: THE USE OF A BIRTH CUSHION TO INCREASE FACILITY DELIVERIES IN UGANDA.

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BACKGROUND AND AIM

Most maternal and newborn deaths in developing country are preventable; however, the combination of barriers in access, insufficient skilled staff, socio-economic factors, traditional practices and lack of awareness often determine low utilization of safe delivery services¹. In Uganda, maternal mortality ratio (MMR) is at 343/100,000 live births (LB) and neonatal mortality rate (NMR) at 18.7/1,000 LB². Traditionally in Uganda, majority of the pregnant women deliver at home in kneel down or squatting position. The Birth Cushions (BCs) is a low-cost and low technology innovation designed to offer a modified squatting position and to facilitate childbirth. It emulates traditional birth practices and is therefore more acceptable by women who respond by increasingly reaching health facilities. The complete set is composed of a stool for midwife, a sitting cushion for the mother (the BC) and a baby-receiving cushion. Doctors with Africa CUAMM first introduced BCs in partnership with UNICEF Uganda in Karamoja region in response to findings showing the low levels of institutional deliveries (27%) to be strongly determined by traditional norms³. In addition, it is observed as the use and the performance of BCs has increased the number of assisted deliveries in Health Facilities (HFs), thanks to its higher cultural acceptability.

METHODS AND RESULTS

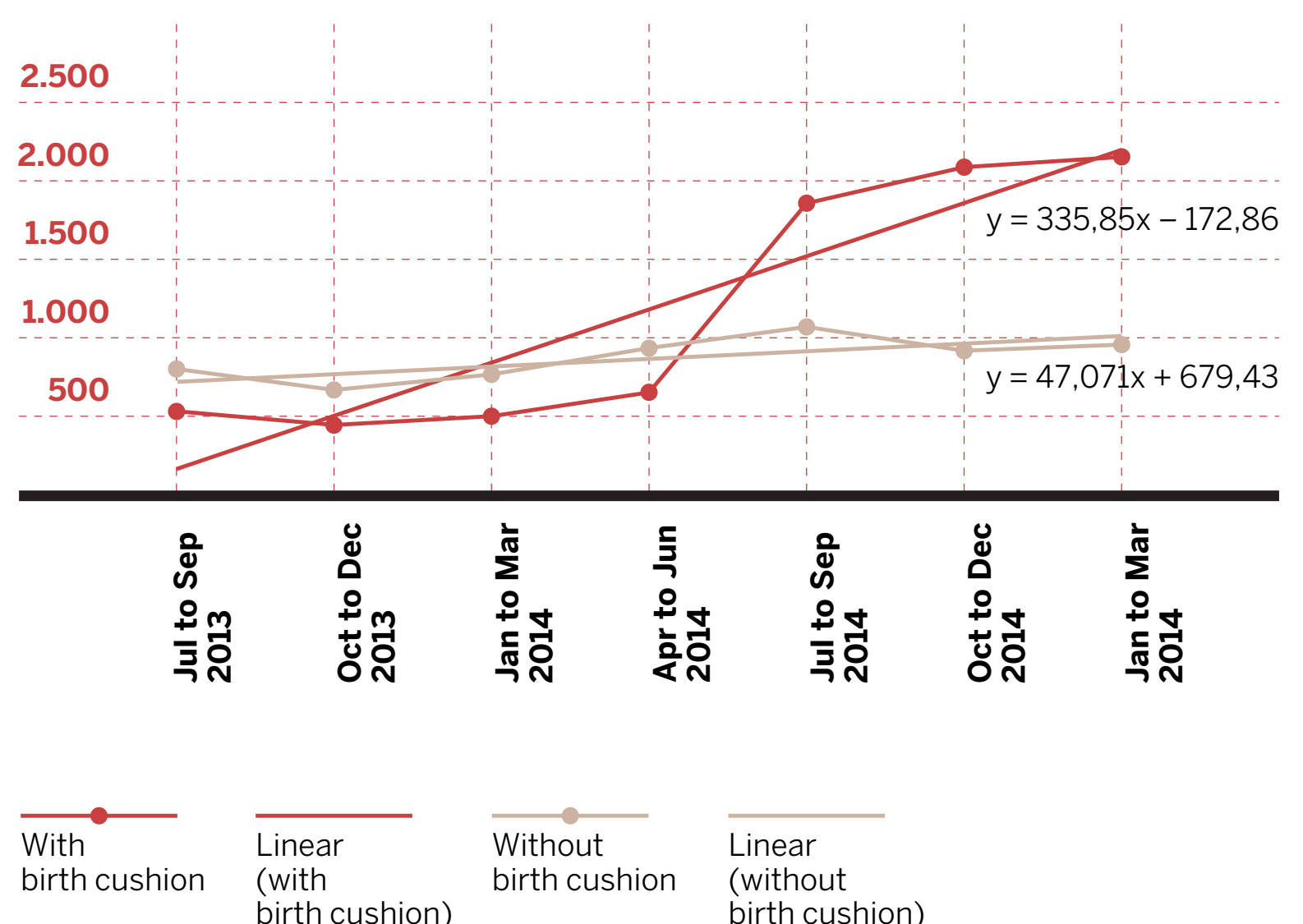
The concept was originally piloted in 2013 in only one HFs. When preference in this HFs was found to be at about 50%, BCs were further scaled to 20 facilities in 2014 and now in 81 HFs by 2016. Doctors with Africa CUAMM has distributed and successfully trialed a total of n.100 BCs in 81 HFs across the seven Districts composing Karamoja, where they have helped to increase significantly the volume of institutional deliveries (from 11,424 pre-intervention – 18% coverage – to over 25,592 – 52% coverage – in 2015). Despite the lack of an aggressive public BCC campaign, between 2014 and 2016, BC delivery preference has risen from 14% (n.1,100) to 29% (n.5751), and over 3,000 BC deliveries have been successfully carried out so far, without direct related complications.

CONCLUSIONS

While the actual contribution of BCs alone in increasing the number of assisted deliveries in HFs cannot be accurately quantified, the graph does show clearly higher increases in cushion facilities compared to non-cushion. Doctors with Africa CUAMM will work with the Ministry of Health and District Health Authorities to carry out a validation project in 4 Districts of West Nile Region, in Uganda. If the result is definitely positive, CUAMM will scale up this innovation nationally. The success of the BCs as “pull factor” compelling more women to deliver in health facility settings will be measured by the number of women delivering in health facilities over the total number of expected deliveries in the catchment area of a given facilities. BCs will prove to be an innovation with great life-saving potential particularly in low-resource settings in order to increase institutional deliveries and, in the way, contribute to reducing maternal and newborn mortality, in step with development priority of Uganda's Government.



CHANGES IN INSTITUTIONAL DELIVERIES WITH AND WITHOUT BIRTH CUSHIONS



Bibliography

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³ Wilunda C. et al., Availability,

utilisation and quality of maternal and neonatal health care services in Karamoja region, Uganda: a health facility-based survey, in Biomed Central Reproductive Health, 2015