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To Improve Quality of Perinatal Care, Pregnancy Clubs Show Great Promise

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Health Systems Strengthening [3]
Women & Gender [4]

Earlier this year we wrote [5] about our ongoing experience reaching pregnant women in Uganda with a model that we called “pregnancy clubs” – an effort to improve the quality of health services women receive during pregnancy and after delivery by organizing them into groups to discuss their personal experiences and learn important self-care skills, guided by a healthcare provider. The region where we are working is particularly vulnerable because there are very high rates of adolescent pregnancy (30.6%), and younger women often find that services are unable to meet their specific needs – especially for the first pregnancy. It can be a lonely time for younger women, especially if they are in a new household and a new marriage, or if experiencing stigma from pregnancy outside of marriage.

We are happy to report on the significant success we’ve had working hand-in-hand with our partners, the district government, health facilities, and Helsinki-based consultants M4ID [6]. In our first test of the pregnancy club model in six health facilities, we were able to establish 16 groups of about 10 women each. The feedback from participants has been remarkable:

- Women are reporting that they feel a much stronger bond with their midwife and have less fear and more trust in them. Midwives also reported enjoying the friendships that they have built with participants.
- Women feel that they have really learned a lot through the pregnancy clubs: Even those in their second or third pregnancies talked about learning new things that they hadn’t been told in previous pregnancies.
- Women also value the friendships that they have formed with other women: Some talked about how their babies have become ‘club babies’ and are continuing to receive support from other group members even once the groups have formally closed.

District managers and midwives are similarly enthusiastic about the benefits that this model provides. Despite this success, they have some concerns about how to better streamline the work so that it is more feasible within their specific context. We are working with them closely to identify improvements, so that the model is responsive to both the needs of pregnant women and midwives. The national Ministry of Health has also expressed interest in building more evidence in order to consider a policy change.

This is important because [7] high-quality, patient-centered and equitable antenatal care (ANC) should support healthy behavior and practices, link women and communities with the health system, and lead to increases in the coverage of skilled attendant at birth and improved good health through the life cycle.

But while many women come once for ANC, many fewer come back for visits throughout their pregnancy. Part of the reason is because we’ve found that traditional models don’t meet women’s needs for counseling and support from midwives as well as social connections with other women to reduce feelings of isolation.

Experiences in ANC may also affect how women seek care for delivery and for their family. The pregnancy club approach reflects an important change in how midwives and women interact with each other. It also requires transformation in how services are organized, but it

may ultimately reduce the amount of time per woman that a midwife needs to spend to provide the full counseling package.

> When you are in the club you are taught a lot of things; you are taught how to take care of yourself as a mother, you're taught that after delivery, you have to keep bringing back the baby to the hospital, you are taught about family planning.
>
> —Participant in the GANC Club in Bududa, Uganda

Due to our success in Uganda, MSH sought to expand this model to Kenya. The name of the project is *Lea Mimba*, which means "take care of your pregnancy" in Swahili. We were awarded a grant from the County Innovation Challenge Fund (CICF) and will invest some of our own reserves to adapt this model in Kakamega County (Western Kenya). We believe that in order to meet women's needs and plan realistically, given the challenges facing midwives in under-resourced systems, the model needs to be adapted through a collaborative process engaging both of these groups in new settings. According to data from UNFPA [8], Kakamega County is among the 15 counties accounting for 98.7% of total maternal deaths in Kenya. Among roughly 68,000 annual pregnancies, only 45% of women receive at least four antenatal visits, and 47% deliver with a skilled birth attendant (national average: 61%).

Staff from Kenya Progressive Nurses Association and County Health Management Team meet to strategize the implementation of the pregnancy club model in Kakamega County. Photo credit: MSH Staff.

Our work in Kenya is just kicking off, but we will be working closely with the County health management team and the Kenya Progressive Nurses Association to adapt and implement the model in six health facilities which serve vulnerable populations in Kakamega County. M4ID will help facilitate the process of co-design with women, nurses, and county officials, building from the work in Uganda. In Kenya, we will also undertake research to help better document the impact on women's lives, as well as midwives' workloads, and understand what additional support is needed from the health system.

At the moment, we are working to improve some of the tools that midwives can use to run the groups and cost the model to understand what would be needed to bring this to all sites providing ANC in Uganda while starting work in Kenya. Besides looking for further opportunities to integrate pregnancy clubs into the work we're leading in other countries – such as the USAID ONSE Health Activity in Malawi – we look forward to expanding this promising model so that more women have a greater opportunity for a safe, happy, and

healthy pregnancy, and their babies a better start in life.

Links:
[1] http://www.msh.org/blog/2017/09/18/to-improve-quality-of-perinatal-care-pregnancy-clubs-show-great-promise#comments
[2] http://www.msh.org/users/kate-ramsey
[3] http://www.msh.org/blog-categories/health-systems-strengthening
[4] http://www.msh.org/blog-categories/women-gender
[5] http://www.msh.org/blog/2017/06/20/person-centered-group-antenatal-care-in-eastern-uganda-reaching-women-through
[6] http://m4id.fi/
[7] http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.13818/abstract
[8] http://kenya.unfpa.org/news/counties-highest-burden-maternal-mortality