

INNOVATION

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ACCESS TO ADEQUATE HEALTH FACILITIES: A CORNERSTONE IN REDUCING MATERNAL MORTALITY

Problem Statement

The Maternal Mortality Ratio (MMR) is a crucial measure of a country's health status, quality of healthcare, and access to healthcare services. The death of a mother due to pregnancy or childbirth is a devastating event for both the family and the community. Maternal healthcare is a critical facet of public health, and ensuring access to adequate facilities and support during pregnancy is essential for the well-being of both mothers and infants.

In Ghana, like many other regions, challenges persist in providing comprehensive maternal care, particularly in remote areas, of which Akateng in the Upper Manya Krobo District of the Eastern region is no exception. According to the Ghana Health Service, the maternal mortality ratio was 308 per 100,000 live births in 2019. One of the main causes of these deaths is the lack of access to quality antenatal, delivery, and postnatal care, especially for expectant mothers facing challenges in accessing the health facility due to distance, or those living in rural and remote areas, where health facilities are scarce, understaffed, and under-equipped.

The Upper Manya Krobo district faces challenges such as high traditional birth attendance, low-skilled delivery, high stillbirth rate, high infant mortality rate, and low postnatal care within 48 hours after delivery, of which Akateng records many of these challenges from the overbank communities that it serves. All these challenges are a result of inadequate access to healthcare facilities by pregnant women residing in these hard-to-reach communities.

Recognizing these challenges led to my interventions to bridge gaps in accessibility, reduce maternal mortality, and enhance overall maternal health among the people I serve.

Solution Overview

1. Advocacy for the construction of Maternity Waiting House

I championed the construction of a lodging place for pregnant women from the overbank to enable them to have timely access to skilled birth attendants and emergency obstetric care to reduce maternal and neonatal mortality and morbidity.

Since I started work as a community Health Nurse at Akateng Health Center in 2011, I have realized the challenges people from the overbank, especially pregnant women, go through in accessing health care. The only means to get to the health facility is the boat, which only comes on market days and at a specific time of moving. Pregnant women who may need to come to the health facility on any other day aside from the market days do not have the means to come. The challenge of distance and means of transportation to the health facility compelled most pregnant women to resort to giving birth at home. There were instances where, in an emergency, on the way in the boat coming most lose their baby or both the mother and the baby due to the distance to be traveled to the facility.

This led to my advocacy where community members, the district health directorate, the district Assembly, and the member of parliament were approached for a means to reduce the maternal, neonatal, and stillbirth rate in the area and the district as a whole. Through the advocacy, an outboard motor boat was provided for the facility where I started conducting outreach services to those overbank communities. The plight of these pregnant women at the overbank led me to develop a passion for midwifery, and I furthered my studies in midwifery to have a broader scope and provide comprehensive maternal and child care to them.

In 2017 when I returned from further studies, I continued the outreach service to these communities to render comprehensive maternal care to the pregnant women, but still, we do record these

maternal and neonatal death since most of these labour sets in during the night, an odd hours where getting means of transport is not applicable.

My advocacy then came in again for the ultimate lodging places for these pregnant women who are near term to come and lodge so that immediately labour sets in, they are transferred to the labour ward. I was on this advocacy until 2023 where a Japanese NGO (Japanese Organization for International Cooperation for Family Planning – JOICFP) working in the district heard our cry and the plight of these pregnant women and decided to divert a project; MATERNITY WAITING HOUSE meant to be implemented in a different district, to be built in Akateng. This facility, which is **the first of its kind in the country**, allows pregnant women, especially those from overbank, to stay near the Akateng health center for a period of one to two weeks before delivery, ensuring timely access to skilled birth attendants and emergency obstetric care.

The facility, which has 10-bed capacity, a kitchen, washrooms, and a waiting area for the pregnant woman's caretaker, was completed and commissioned in February 2024. Since its opening, it has yielded many results in reducing maternal and neonatal death rates in the area, increased in ANC coverage, ANC 4th visit, as well as skilled delivery. It also brought relief for overbank pregnant women who need to do a thorough laboratory investigation at the district Hospital in Asesewa, as it serves as a transit for such women who missed the boat to go back to the overbank.

Key Benefits of the Maternity Waiting House

- Allowing women to stay near a health facility for some time before delivery, ensuring timely access to skilled birth attendants and emergency obstetric care.
- Providing accommodation, nutrition, education, and psychosocial support to pregnant women who live far from health facilities or have high-risk pregnancies

- Providing a safe, comfortable, and temporary residence for expectant mothers to stay near a health facility before delivery, ensuring timely access to medical attention and support services, and reducing the risk of complications and delays in seeking care.
- Serving as a transit for Pregnant women from hard-to-reach communities visiting the district hospital but are not able to finish their required health services within a day, or complete assessing health services late in the day, and would need a safe place during that period.

2. Advocacy for the Construction of Maternity Block

Like Oliver Twist, known for asking for more, my request for an improved maternal and neonatal health service in Akateng and Upper Manya Krobo as a whole did not end after the construction of the Maternity Waiting House, but again advocated for the construction of a maternity block for the facility. I approached the NGO (JOICFP) again and highlighted the foreseen increase in demand for skilled delivery at the facility that the coming of the maternity waiting house will bring. A situation where the facility's area for maternal health will not be able to accommodate.

Though my request wasn't part of their project plans, with persistent and tireless advocacy on the importance of getting the maternity block to get the intended results for the maternity waiting house, my cry was heard and the block has been constructed and commissioned in December, 2024, and it is having a significant impact on the success of the maternity waiting house project.

3. Conducting Pregnancy School

Another outstanding innovation is conducting monthly pregnancy schools for all pregnant women and their husbands every last Friday at the Akateng health center. This innovation was later adopted by the district hospital. During this period, clients learn ideas and experiences from the midwife and their friends, and also help them prepare for delivery. Husbands also discuss emergency preparedness plans with their wives and midwives. More importantly, men developed a slogan that '*every pregnant woman is my wife*'. This has promoted male involvement, thereby improving maternal health services in the subdistrict and district as large.

Impact and results (March to December, 2024)

- 12.5% increase in ANC 4th visit
- 11% increase in skilled delivery
- 70% decrease in stillbirth rate
- Serves as a transit for over 100 overbank pregnant women

Future Development and Potential

A future plan is scaling up the advocacy role on the importance and positive impact of a maternity waiting house on maternal health and exploring all available avenues to see to it that other subdistricts get similar if not same, a waiting area for pregnant women that have difficulty accessing maternal care due to distance or means of transportation.