

# Good Practice

## Creation of a Waiting Room for Pregnant Women from Remote Areas at the Health Center



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## Context

Kanungu health center is one of the level four (administrative level between district and sub county) health centers found in Kanungu district. Its catchment population is found in the hard to reach areas of the district with a poor road network. This has limited the accessibility of pregnant mothers to attend antenatal services and to deliver at health facilities. Deliveries attended by supervised health workers stood at 42% in 2010 and antenatal attendance of four visits at 27%.

The level IV district health center has a Maternal and Perinatal Deaths Review (MPDR) committee that regularly reviews cases of maternal and perinatal deaths that occur in the community around the health center. Through the maternal death audit in 2010 the committee noticed a high maternal death rate among women from remote areas of Kanungu district. When the health professionals themselves went to those remote areas for house visits and outreach services they noticed how impenetrable and hard to reach that region is. When pregnant women would arrive at the health center in critical condition they would often be exhausted and some would even die. Health center staff also noticed that the dropout rates in terms of antenatal visits was high as well as mothers and children not finishing their immunizations. Next to the inaccessibility of the mountainous areas the lack of adequate information was identified as one of the reasons for the high maternal mortality rate.

Taking the above into account, the Kanungu health center IV developed a strategy to increase antenatal attendances and supervised deliveries by creating a waiting room for pregnant women from hard to reach areas inside the health center.

*“For us, as health center staff, we sometimes failed to reach those remote communities, so we asked ourselves how can pregnant women ever reach us?”*

Dr. Kwiiri Augustine Kalajja

## Objectives

The overall objective of the Kanungu health center IV programme is to reduce maternal and peri-natal deaths occurring in the community and health facilities. More specificall: 1) to encourage all pregnant mothers to attend antenatal visits four times and to deliver under the supervision of skilled health personnel, 2) to encourage mothers from hard to reach areas to come and wait in the health center waiting room and 3) to build capacity of all midwives so as to identify mothers at risk for timely referral.

## Strategy and Implementation

The strategy adopted by Kanungu health center IV comprised of increasing antenatal attendances and supervised deliveries by creating a waiting room for women from hard to reach areas inside the health center to encourage expecting mothers to already be at the health center between the 8<sup>th</sup> and 9<sup>th</sup> month of their pregnancy. In addition health center staffs, in particular midwives, were trained to strengthen their knowledge and skills. The proposal was presented to the district health management committee and approved by the standing council. The health center created space for five beds in a separate room and identified professional health workers and supportive staff. The newly created waiting room for pregnant women from remote areas was promoted on the radio, through community dialogues, community health workers and community leaders.

*“My village is far away.  
The advantage of having a  
waiting room is that you  
don’t have to stay in the  
village where you suffer  
and meet problems”*

Pregnant woman in the IV  
health center of Kanungu

## Key challenges

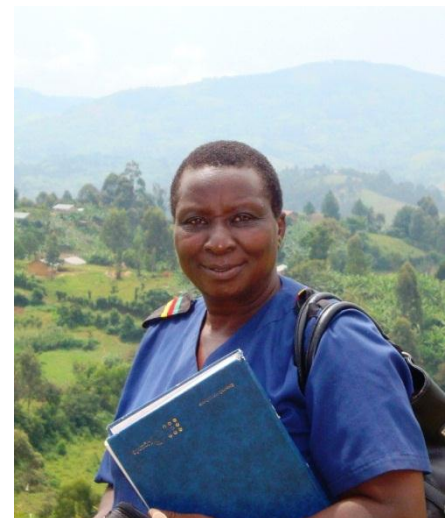
One of the challenges faced by this program was the fact that some pregnant women would delay seeking medical attention and many women lacked the support of their husbands. Furthermore, according to the IV health center, traditional birth attendants in the remote areas tend to discourage mothers from attending antenatal visits at the health center and myths and misconceptions about health services and reproductive health are common in these areas. In addition women are faced with difficulties regarding transport to the health center. The procurement of an ambulance has helped to partially overcome this challenge. Because the health center four is the only one in the district with a waiting room the other health facilities refer pregnant women there. The popularity of the waiting room has increased the number of patients at the health center and staff

members are now faced with an increased workload for the same number of staff. Finally there are only five beds available at the moment and there have been situations where there was no space for pregnant women who came to the health center. According to one of the nurses: *“If you send women away there is a risk that they don’t come back for the delivery”*.

## Progress and Results

The result of the creation of the waiting room for pregnant women has been remarkable. The antenatal care attendance in the IV health center now stands at 87 % (compared to the 2010 district rate of 27%) and family planning utilization has increased from 37% in 2010 to 41% in 2011. Deliveries at the health center have increased from 17 to 35 per month (50%). In 2011 5% of the mothers were being escorted to the health facilities for antenatal care by their husbands compared to only 1% in 2010.

Pregnant women staying at the waiting room expressed their appreciation for the created waiting room. One of the expecting mothers explained: *“I decided to come to the waiting room to wait here for my delivery in order to have a quick service in case I go into labor, since there is no transport in my village. I feel comfortable here”*. Another pregnant woman stated: *“This is going to be my second child. I had the first one in the district hospital. I choose to have my second baby here in the health center, because it is closer and the service is better since there is a waiting room here and good antenatal care. Also the health workers here discuss issues with me if they find anything and the services are free”*. The women heard about the waiting room on the radio, from community leaders and health workers who came to the communities for home visits and community dialogues.



District health officer Rwabahima Florence





The health care team at the Kanungu IV health center with the waiting room for pregnant women from remote areas

Midwives and other health staff members increased their knowledge and skills through the training component of the programme. Health center staff noticed an increase in patients because of the creation of the waiting room as well as general improvements in other departments influenced by the success of the programme. Moreover the increase in men visiting their wives in the waiting room also contributed to an increase in the use of medical services by men, such as HIV testing and vasectomies during the time their wives stayed in the waiting room. The programme also resulted in community members actively seeking medical services and an improved referral system because of the procurement of the ambulance.

### Conclusion and Lessons Learned

The creation of the waiting room for pregnant women from remote and hard to reach areas has increased the number of deliveries at the health center and reduced the number of maternal and perinatal deaths. According to the district health officer one of the factors that contributed to the success of the programme was the comprehensive community approach to reproductive health education down to the household level. The concept is simple and only requires for the health center to create space in a separate room and to ensure that the essentials, such as beds, mosquito nets, soap and support staff, are made available. In addition the health center explained the importance of having electricity "*We are lucky that we have solar electricity; other health facilities in the area are not that lucky and are forced to treat their patients in the dark at night time*". Finally the involvement of district leadership and integration of the programme into the district development plan has been fundamental in the achieved results.

## Recommendations and Next Steps

The Kanungu district plans to create similar waiting rooms in other level four health centers in the district. They also plan to advocate for the allocation of more funds by the district council for fuel for the ambulance to strengthen the referral system for pregnant women. Health staff members have expressed the need to strengthen community sensitization on family planning and contraceptives through community dialogues. In addition religious leaders who oppose the use of condoms need to get on board and be involved in the programme. Regarding the waiting room itself patients have suggested to improve the facility by purchasing bed side lockers, chairs and additional blankets. In addition patients recommended creating toilet and cooking facilities closer to the waiting room and to put up posters with information and guidance on pregnancies.

## Sources and Contact Persons

### Primary sources

- Good practice documented by Kanungu District April 2012
- Interview with district health and education officers of Kanungu on June 6th 2012
- Focus group discussion with four pregnant patients of the health center on June 6th 2012
- Focus group discussion with 12 health staff members in Kanungu on June 6th 2012

### Contact persons

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