



IMPACTING MATERNAL NEWBORN MORTALITY IN SOKOTO AND BAUCHI BY BOOSTING HOSPITAL DELIVERY

MATERNAL AND NEWBORN HEALTH IN SOKOTO AND BAUCHI

No matter where you are in the world, childbirth can be challenging.

While mothers globally can have complications, in regions where access to trained birth attendants is challenging, the risks of harm to both mother and baby go up dramatically. In Nigeria, these risks are some of the highest in the world. Between 2005 and 2015, it was estimated that over 600,000 maternal deaths in the country occurred. This is equivalent to almost 20% of all maternal deaths globally, which means that for every 5 maternal deaths in the world, 1 of those mothers was in Nigeria. In addition, a woman in Nigeria has a 1 in 22 lifetime risk of dying during pregnancy, childbirth or postpartum/post-abortion (compared to the lifetime risk of 1 in 4,900 in developed countries)¹. Almost all of these deaths are preventable through interventions by equipped health facilities, skilled birth attendants, and communities themselves.

¹WHO – Maternal Health in Nigeria: Generating Information for Action



Plan International implemented two projects in Nigeria from 2016 to 2020 (Strengthening Health Outcomes for Women and Children (SHOW) and Bauchi Opportunities for Responsive Neonatal and Maternal Health, (BORN)) funded by Global Affairs Canada and with support of the Federal and State Ministries of Health, to positively impact key health interventions critical to maternal health principles and practices. The projects worked on strengthening supply, demand, and accountability of health services across Bauchi and Sokoto, working with the health facilities to provide quality maternal, newborn and child health as well as sexual reproductive health care. The projects directly

trained health care providers and equipped the health facilities with essential equipment. While the community level efforts of the project focused on birth preparedness at the household level, the skilled health care providers ensured the availability of safe and timely services to mothers during pregnancy, childbirth and the period afterwards. The project also instituted a series of behavioral change strategies within both supported health facilities and the community more widely. Finally, as part of Plan International's projects, it also provided **Mama Kit/MONC pack**² to supported health facilities in Sokoto and Bauchi.

WHAT IS A MAMA KIT/MONC PACK?

The **Mama Kit/MONC packs** are an all-in-one kit that contains everything needed to help provide a clean and safe delivery in a health facility and continue newborn care at home.

Quite often, a health facility may require mothers to buy maternity necessities such as surgical gloves, penguin syringe, chromic catguts etc., to ensure clean and safe delivery. However, it is not the responsibility of pregnant women to buy these basic essential delivery kits, and health facilities across the country need to ensure that such delivery kits are available. In both Bauchi and Sokoto, barriers exist that limit people from accessing or benefiting from health facility services. Other barriers include a lack or reduced availability of commodities and equipment for MNCH in the health facility, and inability of households to bear the cost of items for a clean delivery. These issues, including having women pay for health commodities and other items, leads to the inability and/or unwillingness to access services during labor and to have birth at home, with unskilled birth attendants or in some cases no assistance at all. This increases the risk of harm to both mother and child during and after birth.

The kits provided **Mama kits/MONC pack** worked to address supply side barriers to help conduct safe deliveries, to provide an additional incentive for families to come to the health facility, increase client satisfaction of using health facility services, and trust in skilled delivery

Pregnant women who are delivering at a Plan International supported facility (as well as at some government supported facilities) can receive the Mama Kit free of charge during delivery.

The kits are put together in advance of labor so that when it is time to give birth, the kit is ready to support keeping both mother and baby healthy.

Pregnant women attending ANC are informed of the availability of the kits for use in delivery. On presentation to the health facility for delivery, some of the items will be used to ensure a safe birth. Other items like the bag, baby cloth and wrapper will be given to the mother after post-natal care is provided as they are discharged to go home. This acts as an incentive to come not only to deliver at a facility, but also for follow up post-natal care for the health of both mothers and their babies.

² The term Mama Kit was used in Sokoto State under the SHOW program. In Bauchi the kits were described as MONC (Maternal Obstetric and Neonatal Care) packs under the BORN project



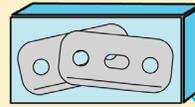
Single dose of misoprostol (which helps in contracting the uterus and reduces bleeding after birth),



Baby towels (for drying the baby after a bath and for subsequent use)



Tube of chlorhexidine (for prevention of infection as sepsis can set in through the cord, so applying chlorhexidine prevents infection and is part of good cord care)



Razor blades (for ensuring a clean cutting of the umbilical cord)



One-meter piece of cotton cloth/ baby wrapper (for covering the baby to provide heat which will prevent the baby from hypothermia)



A penguin/bulb syringe (for clearing secretions that might be blocking the baby's airway, to ensure breathing)



One laundry soap (for washing mother and babies clothes)



A small bottle of antiseptic solution (for use during delivery and subsequent use by the mother during a bath to prevent infection)



2 pairs of surgical gloves (for prevention of infection and for conducting delivery)



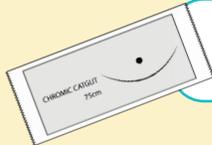
Cotton cloth wrapper (for mother and baby use)



Baby clothing



Baby lotion, oil and soap, (soap for bathing the baby while the lotion and oil is for applying to the baby's body to keep it moisturized and provide warmth).



Chromic catgut (for suturing of episiotomy or in case of tearing)



Identification band



One meter of polythene sheet (for ensuring a clean surface area for birthing, placed under the mother's pelvis)



Sanitary pads (for hygienic cleaning of the baby's blood, during delivery as well subsequent use by the mother for absorbing lochia)



A piece of cotton wool (for cleaning the baby's face during the delivery)



Cord clamp (for clamping of the baby's cord after delivery to prevent bleeding)



WHY GO TO A FACILITY FOR CHILDBIRTH?

Irrespective of where someone lives, they prepare in their own way for the arrival of the newest member of the family. A mother carries the baby in her womb for nine months, and along with her partner and family, looks forward to the day to welcome the new addition to the family. There is a natural concern on their part for a healthy outcome for both the mother and the baby. A skilled attendant at birth in the health facility is one of the identified best practices in reducing maternal and newborn illness and death. It provides a clean environment for delivery, allows for early initiation of child immunization and breastfeeding, access to post-partum family planning services, newborn care and early recognition of complications for referral to a higher level of care to prevent death of mother and baby. One of the key recommendations to save mothers and newborn outlines essential principles of cleanliness, also known as the 'six cleans': clean hands of the birth attendant; clean perineum of the mother; nothing unclean to be introduced into the vagina; clean delivery surface; cleanliness in cutting the umbilical cord and cleanliness for cord care of the newborn baby. In addition, it can also build confidence in accessing other services, such as family planning, immunization and PNC/ANC, especially after a positive experience in a health facility and with its staff. These positive experiences can then be shared both within the family and wider peer groups, promoting access to these services for overall healthier communities.



Hospital delivery with a skilled provider improves the health of mother and baby

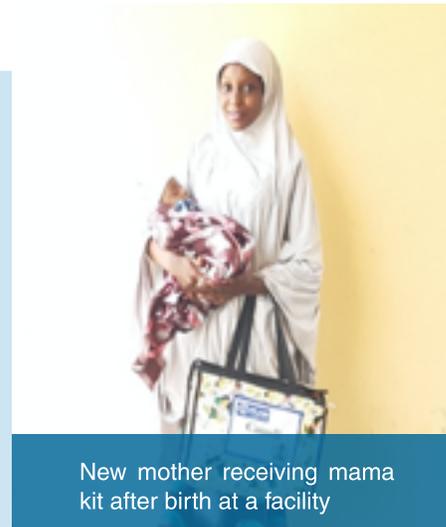
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“The strategy of distributing MONC pack to women in labour has increased the number of women giving birth in this health facility. Before the start of the distribution of the MONC pack by the BORN Project in 2017, we used to receive 70-80 deliveries per month, but now with the MONC Packs, we usually record 170- 185 deliveries per month. Seeing this huge impact, we decided to copy this strategy by using the NSHIP* Fund to procure more MONC Packs to encourage our women to come and deliver in the facility”

- Maternity In charge of Bayan Fada PHC Bauchi

IF THERE ARE NOT KITS IN MY FACILITY WHAT CAN I DO?

Anyone can ask about how to receive Mama Kit/MONC packs for an upcoming birth at their health facilities through advocacy to their Local Government Authority (LGA) through the Director of Primary Health Care. If the facility near them does not have the kits available, they can speak to their LGA Health Officer to include them in their next budget. Highlighting the benefits in this document can help demonstrate why they are important for women, newborn, and overall community health.



New mother receiving mama kit after birth at a facility

Pregnant women, partners, families, and wider communities can also inquire about other programs that can procure these kits. Specifically, the Nigerian State Health Investment Project (NSHIP). This project has adapted the Mama Kits as part of the services they provide, which encourages client delivery in health facilities across Bauchi state.

If the health facility does not have necessary equipment/supplies for safe childbirth, during the ANC visits, community health workers can provide useful information on birth preparedness for pregnant women and their husbands. As part of the birth preparedness plan, the expecting mother and partner can start planning and save early in the pregnancy to buy the medical items for childbirth and for emergencies, as well as identifying health care providers and facility to access when needed. This can also include identifying a birth companion as well as a person to take care of the needs of their other children when they go to the health facility for childbirth. Planning for transport to the facility (including how they will get there, saving for any costs for transport, and opening hours of the facilities around them) is also an important part of birth preparedness plan. In some cases where the childbirth is complicated, it is also important to identify a blood donor in case of emergencies (as part of regular ANC visits).