



Innovations in Health Care

Improving childbirth survival rates in Nicaragua

High mortality rates

Childbirth can be particularly dangerous in Nicaragua. Unpaved roads and mountainous terrain make traveling during labor impractical. Even when health facilities are accessible, many women choose to give birth at home. Some don't see the benefits of institutional childbirth, or they fear that their cultural traditions won't be respected by the health staff. Others don't have the money to travel to the nearest health facilities.

Nicaragua's health care system sometimes lacks coordination between health centers, hospitals, maternity waiting homes (MWHs) and community health volunteer groups, making it difficult for organizations to promote better health practices.



In most remote communities in Nicaragua, children are born at home because health facilities are too far away. *Photo: Richard Lord/CRS.*

The CRS response

In October 2008, Catholic Relief Services (CRS) and Caritas Matagalpa launched an innovative project to create synergies between the main actors involved in health promotion. The project focused on Matiguas, Rio Blanco and Bocana de Paiwas—all municipalities where delivery rates were 40% lower than in other regions of the country and where travel time to a health facility was four to eight hours. Carried out in conjunction with the Nicaragua Ministry of Health, the project targeted 113,560 people in 125 communities, representing 66% of the population in those areas.

To help increase the number of women who choose institutional births over home births, the project introduced birth plans at the community level, promoted maternity waiting homes and humanized the care given to pregnant women during deliveries by paying particular attention to regional cultural traditions.

The project also helped improve infrastructure, retrained health facility personnel, invested in new equipment and promoted the World Health Organization's best practices for safe delivery.



This CRS project improved the quality of prenatal checkups and delivery care. *Photo: CRS Nicaragua.*

Results

Health facility professionals, transport groups and networks of health volunteers worked at the community and family levels to educate couples about safe birthing practices and develop individual birth plans. During consultations, community health volunteers emphasized the value of MWHs, prenatal checkups and institutional deliveries. During the process, community health volunteers encouraged couples who lived in remote locations to make use of MWHs prior to delivery. Volunteers collaborated with health facility staff, who also advised pregnant women during prenatal checkups on the importance of using the MWHs. As a result of this comprehensive promotion of birth plans and MWHs, the attendance at MWHs has steadily increased, as demonstrated in Figure 1.

Ministry of Health personnel also worked to improve delivery care by providing services that are culturally appropriate and more humane. Exit interviews have indicated that mothers and families are now leaving health facilities with positive perceptions of

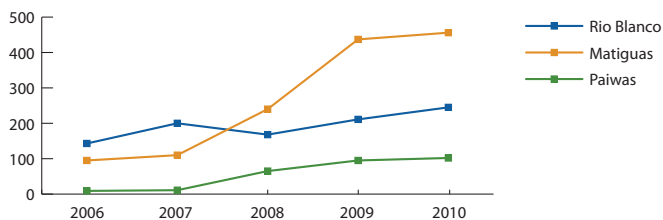


Figure 1. Yearly attendance at maternity waiting homes.



This CRS project is part of a larger endeavor that includes working with men to improve care-seeking. Photo: CRS/Nicaragua.

institutional deliveries. They reported that they were treated with respect and that their cultural traditions were taken into account. Results from the project's midterm evaluation showed that the cooperation between community and health facilities has greatly improved participation in MWHs and has increased the number of institutional births over home births by at least 60%. Figure 2 shows the dramatic increase in the number of institutional births as a result of the change in household and community behaviors and attitudes.

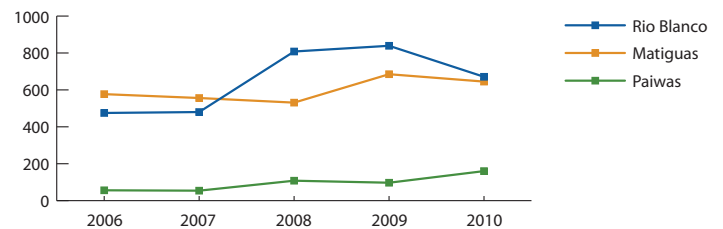


Figure 2. Number of institutional births.

Looking Ahead

This innovation is part of a comprehensive project that includes the following initiatives: (1) working with men to improve care-seeking; (2) supporting community health workers in promoting care-seeking, exclusive breastfeeding, adequate maternal nutrition, community emergency transport plans and medical emergency funds; and (3) strengthening health systems by improving the quality of prenatal care, institutional deliveries and newborn care.

In the future, CRS, Caritas and the Nicaragua Ministry of Health will continue strengthening the skills of community health volunteers and health staff, consolidating linkages between communities and health facilities to ensure prompt and sustainable emergency obstetric care.