



› Maternity Waiting Homes:

Bridging the 'Geographical Gap' in Obstetric Care for Pregnant Women in Rural Areas of Sokoto, North West Nigeria

Access to emergency obstetric care can spell the difference between life and death for a woman in labour. Access to emergency care for pregnant women is often an immense challenge in rural areas where the transport dilemma contributes to poor health indicators and high mortality rates.

Also, cultural and socio-economic factors related to delay in seeking care further compound the problem for many rural women who lack autonomy of decision-making and local support, thus increasing the risk of maternal mortality.

A 10-year review of maternal mortality in Sokoto by Obstetrics and Gynaecology Consultants, L.R Audu and B.A Ekele, reported maternal mortality in the state to be as high as 2,151 of 100,000 live births, which is by far higher than the national average of 512 of 100,000. The study reported that

“most of the deaths could have been prevented with prenatal care and prompt treatment of the obstetric emergencies.” According to the World Health Organisation (WHO), maternity waiting homes are residential facilities, located near a qualified medical facility, where women defined as “high risk” can await their delivery and be transferred to a nearby medical facility shortly before delivery, or earlier should complications arise. Many consider maternity waiting homes to be the key element of a strategy to “bridge the geographical gap” in obstetric care between rural areas, with poor access to equipped facilities, and urban areas where the services are available. As one component of a comprehensive package of essential obstetric services, maternity waiting homes may offer a low-cost way to bring women closer to needed obstetric care.

The Intervention

The established maternity waiting homes are located within the premises of primary health care facilities. Women with high risk pregnancies are identified during antenatal care (ANC) or by community volunteers during community outreaches. The identified women, their husbands and key family members are counselled on the need for the identified pregnant women to be admitted into the maternity waiting home by the eighth month of pregnancy. During their stay at the maternity waiting homes, the pregnant women receive free services and supplies including ANC and Gender Based Violence prevention and response services as needed. The pregnant women are also provided with free routine ANC drugs, meals and personal hygiene supplies and remain in the maternity waiting homes until the onset of labour when they are taken to the adjoining maternity wards of the Primary Health Care Centre for delivery. Those who develop complications are immediately transferred to higher level health care facilities for timely access to emergency obstetric care.

Between October 2020 and June 2022, United Nations Population Fund (UNFPA), with funding from the EU-UN Spotlight Initiative and its core resources, established



5 maternity waiting homes

across 5 Local government Areas of Sokoto State, North West Nigeria (Binji, Bodinga, Sokoto North, Tangaza and Sokoto South).



1,169 Pregnant women received care

across the maternity waiting homes with good maternal and perinatal outcomes.





The Table below shows the number of Pregnant Women who received Care in the maternity waiting homes by Outcome of Pregnancy (October 2020 – June 2022)

LGA	Ward	Health Facility	No. of Pregnant women who received Care	Maternal Deaths	Perinatal Deaths
Sokoto North	Kofar Rini	PHC Kofar Rini	506	0	0
Bodinga	Bagarawa	PHC Bagarawa	238	0	1
Binji	Bunkari	PHC Bunkari	62	0	0
Tangaza	Gidan Madi	PHC Gidan Madi	174	0	0
Sokoto South	Gagi/Gidan Gero	PHC Gagi Gidan Gero	189	0	0
Total			1169	0	1

Maternity waiting homes appear promising in bridging the 'geographical gap' in obstetric care for women in rural and hard-to-reach areas and has the potential to serve as a conduit for community outreach for antenatal and Family Planning uptake

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