



Maternal and Child Health at FAME

Challenges in Tanzania

Tanzania has one of the highest maternal mortality rates globally, with an estimated Maternal Mortality Ratio of 556 per 100,000 live births.¹ Direct causes of death are hemorrhages, infections, unsafe abortions, hypertensive disorders and obstructed labors – exacerbated by HIV and malaria.² While 63 percent of births are delivered in health facilities – an increase from 47 percent in 2005 – basic emergency obstetric and newborn care is inadequate. Only 20 percent of dispensaries and 39 percent of health centers have comprehensive delivery

services.³ Also, there are broad gaps in maternal care in rural and urban areas, with only 55 percent of rural deliveries assisted by a skilled health provider, compared to 87 percent of urban deliveries.⁴ Similar disparities exist in the provision of prenatal and postnatal care. Adding to these limitations are poverty, distance to a health facility and lack of awareness about the complications of pregnancy.⁵

Quality prenatal care, skilled birth attendance and access to emergency

¹ 2015-2016 Tanzanian Demographic Health Survey.
² World Health Organization (WHO).
³ UNICEF Tanzania.
⁴ 2015-2016 Tanzanian Demographic Health Survey.

⁵ *The Gender Economics of Women and Poverty Eradication Report* (United Republic of Tanzania, 2015) indicates that about 60 percent of Tanzanian women live in extreme poverty.

obstetric care play a central role in ensuring positive outcomes for pregnant women and newborns. In Tanzania, perinatal deaths continue to comprise a significant proportion of under-five deaths – a fact that highlights the importance of responding early in pregnancy to major causes such as infection, asphyxia, HIV, malaria and congenital syphilis.⁶ Yet, only 24 percent of Tanzanian women begin prenatal care before the fourth month of pregnancy, and 26 percent do not seek care until at least the sixth month of pregnancy.⁷



A father connects with his premature baby while his wife recovers in the ward

Additionally, many women in rural and remote areas deliver their babies at home. Among reasons cited for a home delivery are lack of money or transport, sudden onset of labor, facility staff attitudes, tradition and cultures and the pattern of decision-making power within the household.⁸ Home deliveries are often assisted by relatives or traditional birth attendants (TBAs). The Tanzanian Government has mandated that the role of TBAs – who are not considered

skilled providers – is to offer maternal and prenatal health counseling and make timely referrals to a medical facility. In reality, however, many TBAs still often handle complicated deliveries.⁹

FAME's Response

In order to address these challenges, FAME launched a Maternal and Newborn Health program in late 2014. FAME also started a prenatal program, family planning services and an under-five vaccination program – all offered through our Reproductive and Child Health (RCH) Clinic. With a culture of patient-centered care and life-long learning, FAME recruited overseas specialist volunteers and partnered with Kilimanjaro Christian Medical Center to roll out basic training in emergency obstetrics.

At the same time, it was essential to raise awareness in our community about these new services, the complications of pregnancy, and the benefits of a facility-based delivery, especially to women with



Dr. Anne and Nurse Digna weigh healthy newborn after uncomplicated delivery

⁶ USAID Maternal and Child Health Fact Sheet, 2017.

⁷ 2015-2016 Tanzanian Demographic Health Survey.

⁸ *Factors affecting home delivery in rural Tanzania*, Tropical Medicine & International Health, Wiley Online Library, 2007.

⁹ Delivering at home or in a health facility? Health-seeking behaviour of women and the role of traditional birth attendants in Tanzania, *BMC Pregnancy Childbirth*, 2013.

high-risk pregnancies. In rural areas, the people who most influence the healthcare outcomes of pregnant women are often TBAs and healthcare workers at low-income dispensaries. In 2015, FAME began building a network of TBAs and dispensaries throughout the Karatu and Ngorongoro districts. These variables, combined with the resources needed to handle obstetrical emergencies, have contributed to the rapid growth of our maternal, prenatal and reproductive health services.

Today, FAME offers comprehensive Maternal and Child Health services and serves as a referral destination for high-risk pregnancies. In 2017, the FAME team delivered 658 babies – a 53 percent increase from 2016. Our medical team continues to participate in ongoing courses in *Advanced Life Support in Obstetrics (ALSO)*, *Structured Operatives in*

Obstetrics (SOO), *Helping Babies Breathe (HBB)* and *Advanced Nursing in Obstetrics*. With a grade of 10/10 from the Regional Blood Bank (RBB) in Moshi, the FAME laboratory is able to procure blood from the RBB and to collect, screen, cross-match and deliver blood in emergency situations.

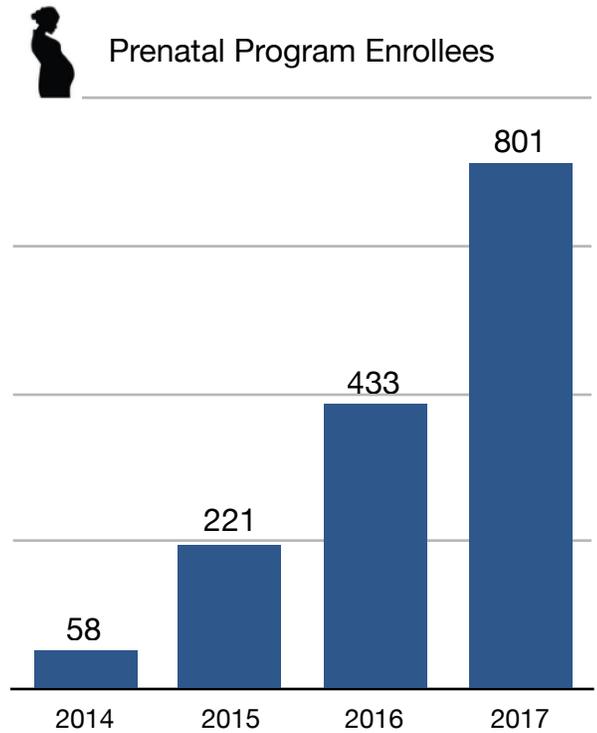
In early 2019, FAME will open a 24-bed Maternity Center and Neonatal Intensive Care Unit. With 26 percent of women delivering at FAME now coming from outside our district, FAME seeks to broaden its reach while maintaining a high standard of care across departments.



Post-op Patient after GYN Surgery
Photo courtesy of Moon Lai Photography

Prenatal Program

For a per-patient fee of \$2.50, an enrollee receives four prenatal visits, two ultrasounds, essential lab tests, prenatal vitamins, relevant health education and any treatment she may need during her pregnancy. Women who are diagnosed with anemia, a major problem in our area, are provided iron supplements and other necessary interventions. Women diagnosed with infections are treated and monitored, as are those identified as having high-risk conditions, such as high blood pressure, gestational diabetes or complicated obstetrical histories. In 2017, 18 percent of program enrollees came from outside our district. About 60 percent of women delivering their babies at FAME participate in our Prenatal Program.



Family Planning

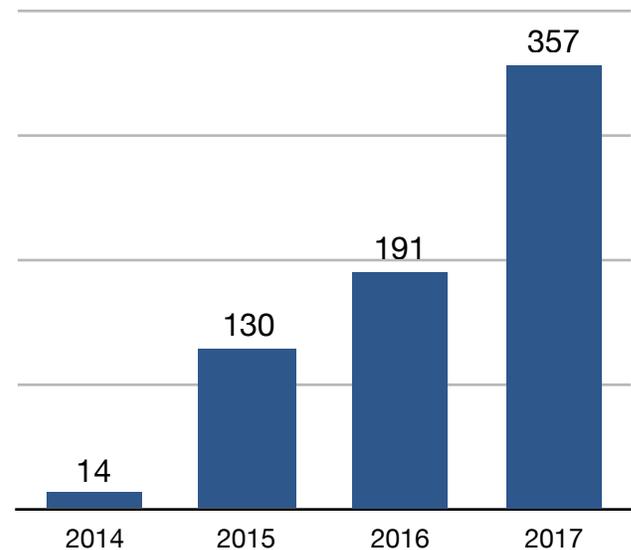
The 2015-2016 Tanzanian Demographic Health Survey indicates that modern contraceptive use has increased from 27 to 32 percent over the past five years. Yet, “domestic funding for family planning remains low, especially for commodities and outreach services.”¹⁰ Adolescent sexual and reproductive healthcare is also insufficient. UNICEF reports that teens and young people are finding that confidentiality is often not respected, services are expensive and medication is lacking.

Since October 2014, FAME has partnered with PSI Tanzania and EngenderHealth Tanzania to provide comprehensive family planning. Family planning education and services are delivered at our Reproductive and Child Health Clinic in three ways:

- ❖ At our daily drop-in clinic for individuals interested in learning about and/or accessing family planning.
- ❖ At the one-month post-partum check-up.
- ❖ During visits to our Prenatal Program.

In all cases, an RCH nurse meets with individuals or couples privately to discuss the benefits of child-spacing in reproductive health and contraception options. Our nurse midwives are trained to insert post-partum IUDs upon request. To date, FAME has provided birth control consultations to 661 women. Of the 357 women receiving consultations in 2017, the most popular options were implants (42%), injectables (26%) and IUDs (23%).

Family Planning Program Enrollees



Nurse Joyce discusses contraception options with a group of traditional birth attendants visiting FAME.

¹⁰ USAID Family Planning and Reproductive Health Fact Sheet, 2017.

Cervical Cancer Screening

Cervical cancer is the leading cause of cancer-related deaths among women in Tanzania (ICO Information Center on HPV and Cancer 2017 Report). The World Health Organization reports that in many parts of Africa “cervical cancers are not identified or treated until advanced stages due to insufficient access to reproductive health care services, effective screening and early treatment.” Consequently, cervical cancer – a preventable disease – is the most common form of cancer in Africa, where it accounts for 22% of all female cancers.

In 2017, FAME partnered with Prevention International: No Cervical Cancer (PINCC) to launch a multi-phase training program for select staff on the early detection of cervical

cancer and treatment of precancerous cells using thermocautery and Loop Electrical Excision Therapy (LEEP). As a result of our social workers’ community outreach, 1,015 women were screened over two training periods. Fifty-eight women were identified as having pre-cancerous lesions and were treated at FAME. Five women with suspected cervical cancer were referred to the Ocean Road Cancer Institute in Dar es Salaam – the only cancer treatment center in Tanzania.

In 2018, FAME will implement the final phase of staff training in thermocautery and LEEP. FAME will also identify healthcare workers at low-resource dispensaries who can learn to screen women for cervical cancer and refer them to FAME for early treatment.



Women arriving for cervical cancer screening

Outreach to Traditional Birth Attendants and Dispensaries

In 2015, FAME began its outreach to traditional birth attendants (TBAs) and dispensaries in 28 communities. Over the course of 10 days, our team met with 111 active TBAs and healthcare workers at 26 dispensaries to raise awareness about FAME's Maternal and Child Health program and RCH services – and build a welcoming bridge to our campus. In 2016, our team revisited TBAs and dispensaries in 15 villages to address maternal health challenges. FAME also invited 89 TBAs to participate in a day-long training in detecting risks during pregnancy, modern birth control options and the benefits of a facility-based delivery. TBAs received a welcome kit with an educational

booklet on contraception and referral coupons to FAME. As a direct result, 35 women under the care of these TBAs enrolled in our Prenatal Program in 2016.

In 2018, FAME will follow up with the TBAs who visited our campus in 2016. Our goal will be twofold: 1) To better understand what TBAs perceive as obstacles to seeking facility-based prenatal care and deliveries for pregnant women under their care, and 2) to determine how FAME might help TBAs in their messaging around maternal care in their villages.



Nurse Ruhama leading a tour of visiting traditional birth attendants



Dr. Msuya with mother and newborn after a complicated pregnancy and birth

Join FAME in providing comprehensive, quality maternal and child health to under-resourced communities in the Northern Highlands of Tanzania at www.fameafrica.org

Founded in 2002 by Dr. Frank Artress and Susan Gustafson, FAME's mission is to improve the quality and accessibility of medical care in the Northern Highlands of Tanzania and make a difference in the day-to-day lives of the Tanzanian people. We are building healthier rural communities, where individuals from all walks of life have access to quality medical care and their healthcare providers have the resources they need to serve them.



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