



# On her way... The Barriers to Birthing Safely in Rural Tanzania

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“The prospective patient may delay the decision to seek care until the seriousness of her condition necessitates overcoming all barriers.” (Thaddeus & Maine, 1994)

## BACKGROUND

Tanzania is one of seven countries that contribute to the 3-5% of total number of maternal death worldwide.

### Maternal mortality ratio:

**Tanzania:** 410 maternal deaths per 100,000 live births (2013)

**Africa:** Lifetime risk of maternal death in Africa is 1 in 38

**US:** 1 in 2400

### Goal: 75% mortality reduction target

Tanzania is unlikely to achieve their country-specific goal but is “making progress” in reducing:

- Unattended births
- Traditional birth attendant mismanagement of obstetrical emergencies
- Obstetrical emergencies during transport
- Poor prenatal care

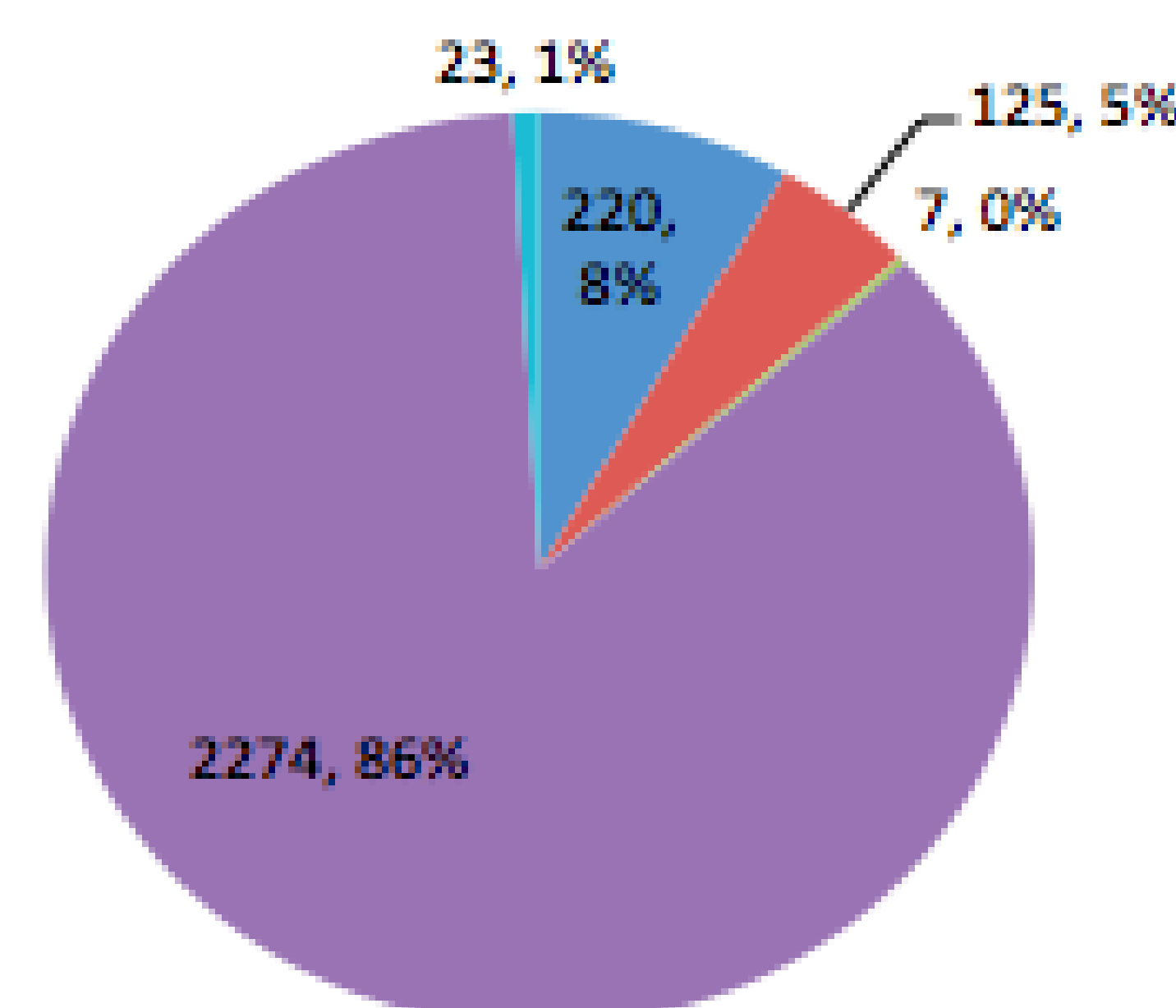
### Causes of mortality:

- **Direct causes (70-80%)**  
Postpartum hemorrhage  
Infection/sepsis,  
High blood pressure/eclampsia  
Unsafe abortion  
Obstructed labor
- **Indirect causes (20-35%)**  
Malaria/anemia,  
HIV/AIDS,  
Malnutrition,  
Hepatitis, & Diabetes

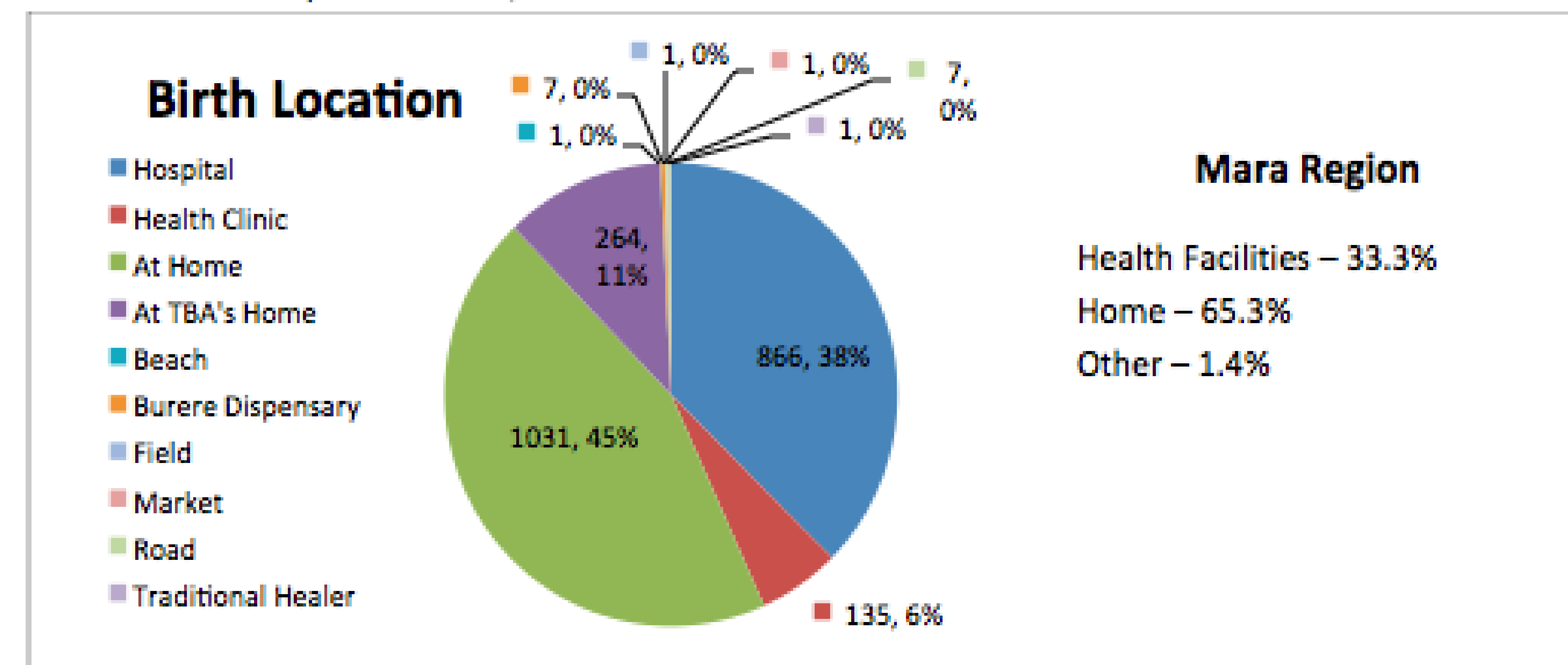


## Result of Pregnancy

- Miscarriages
- Died at birth
- Aborted
- Vaginal birth
- Caeserean section



## BACKGROUND



## Maternal Mortality

### Directly related to three delays:

- 1: Delay in deciding to seek care
- 2: Delay in reaching care in time
- 3: Delay in receiving adequate treatment

## INTERVENTION OBJECTIVES

- To prevent unplanned pregnancies
- To prevent/treat pregnancy complications
- To treat complications of labor and delivery

## STUDY OBJECTIVES

To understand individual perspectives on the three delays

## METHODS

### Study Design

Interviews with pregnant women, Maternal Health Advocates (MHAs), and traditional birth attendants located in three villages surrounding Shirati, Tanzania.

## RESULTS

### Direct observation of obstacles specific to villages in Rorya district:

<b>Health System</b>	Quality of care, Clash of medical vs. traditional culture, Staff attitude, Wait times/time away from home, Lack of privacy, Weak system (lack of supplies, staff, equipment), Lack of social support, Lack of food/water.
<b>Patient Oriented</b>	Recognition of need, Ability of woman and family members to identify pregnancy emergency, Woman's status (cultural norms that deny women from making decision to seek care), Intimate partner violence.
<b>Transport</b>	Inability to plan and pay for transport, Distance (disincentive obstacle).

## NEXT STEPS

### Goal of Mama Maisha

Maternal Health Advocates (MHAs) **provide education, support and empowerment** to reproductive age women and their families in their home villages through facilitated participatory group, increasing knowledge of and access to reproductive health services.

To decrease patient delay, women who participate are more aware of signs or symptoms of pregnancy complications and are empowered to seek care. They also have support of MHAs to help with access to healthcare professionals. The MHA's prior experience contacting medical professionals and arranging transport are essential to connecting pregnant mothers with healthcare they need. Improving relationships between women and obstetric providers to increase demand, therefore increasing services to women in need.



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