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A multi-country assessment of providers of community based maternity care in resource poor countries

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Background: Women in resource poor countries continue to deliver at home and in some cases with tragic results due to the inability to deal with complications by those assisting them during childbirth. In our continuous quest to reduce neonatal and maternal mortality, it is important to conduct an assessment of community based maternity care for women in resource limited countries. In this review it was assessed community based maternity care providers in resource poor countries with the objective of identifying those providing community maternity care, their roles, functions, and where they fit in the current global push towards skilled birth attendance. It was also identified what enables and hinders the involvement of community maternity service providers in the continuum of care.

Methods: A systematic review to identify community maternity service providers and assessed them as outlined in the study objectives was conducted. Thematic analysis was used to identify themes on the study objectives and results were synthesised from emerging themes.

Results: Fifty seven studies from three resource poor regions met the inclusion criteria. The regions covered are Latin America, South East Asia and Sub-Saharan Africa and parts of North Africa. The cadres providing community based maternal and newborn care in resource poor countries vary by title, role, demographics, recruitment, skills, training, remuneration and employment status. Community based maternity care providers were mostly female and respected members of their communities, had been nominated by the community and their main role is to assist women in labour. Barriers and enablers were also identified.

Conclusion: Community based maternity care providers in poor countries vary in many aspects including the name they are called, the roles and functions they assume, and in some cases where they fit in the continuum of care. The CBCs are well placed to bridge the gap between facilities and communities, what is needed however are enablers tailored for each local context.

Biography

Marience Kawenya is a Registered Nurse/Midwife and Public Health specialist with special interest in Sexual and Reproductive Health. This paper was submitted as his dissertation in partial fulfilment of the requirements for the award of Master's Degree in International Public Health (Sexual and Reproductive Health pathway) in the Liverpool School of Tropical Medicine, Liverpool, United Kingdom.

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