



## 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.<sup>1</sup> Direct causes of death are hemorrhages, infections, unsafe abortions, hypertensive disorders, and obstructed labors – exacerbated by HIV and malaria.<sup>2</sup> 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.<sup>3</sup> Also, there are broad gaps in maternal care between rural and urban areas, with only 55 percent of rural deliveries assisted by a skilled health provider, compared to 87 percent of urban deliveries.<sup>4</sup> 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.<sup>5</sup>

High-quality prenatal care, skilled birth attendants, and access to emergency

<sup>1</sup> 2015-2016 Tanzanian Demographic Health Survey.

<sup>2</sup> World Health Organization (WHO).

<sup>3</sup> UNICEF Tanzania.

<sup>4</sup> 2015-2016 Tanzanian Demographic Health Survey.

<sup>5</sup> *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.<sup>6</sup> 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.<sup>7</sup>



A father visits 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 culture, and decision-making power within the household.<sup>8</sup> 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.<sup>9</sup>

## FAME'S RESPONSE

In late 2014, FAME launched labor and delivery services, a prenatal program, family planning services, and an under-five vaccination program. With a focus on local capacity building and continuing professional education and training, FAME recruited overseas specialist volunteers and partnered with Kilimanjaro Christian Medical Center to roll out basic training in emergency obstetric and newborn care for our medical team.

At the same time, it was essential to raise awareness in our community about FAME's new programs, as well as the life-saving benefits of prenatal care and a facility-based delivery, especially for women with high-risk pregnancies. In rural and remote areas, TBAs often influence the healthcare outcomes of



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

<sup>6</sup> USAID Maternal and Child Health Fact Sheet, 2018.

<sup>7</sup> 2015-2016 Tanzanian Demographic Health Survey.

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

<sup>9</sup> *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.



pregnant women. In 2015, FAME began building a network of TBAs and dispensaries throughout the Karatu and Ngorongoro districts. Community outreach, combined with FAME's capacity to handle obstetric emergencies, have contributed to the rapid growth of our maternal, newborn, reproductive, and child health services.

Today, FAME offers a comprehensive Maternal and Child Health program. With over 50 medical staff trained in emergency obstetric and newborn care, FAME is the referral hospital for high-risk pregnancies in our district and beyond. With a grade of 10/10 from the Regional Blood Bank (RBB) in Moshi, our laboratory is able to procure blood from the RBB and to collect, screen, cross-match, and deliver blood in emergency situations.

From 2015 to 2020, deliveries at FAME went from 181 to 693 – an increase of nearly 300 percent. Additionally, 26 percent of women delivering at FAME now arrive from outside our district. In order to meet the pressing needs of mothers and newborns in our community, FAME opened a new 24-bed Maternity Center in 2019.

Each year members of our medical team participate in on-campus courses in *Advanced Life Support in Obstetrics (ALSO)*, *Structured Operatives in Obstetrics (SOO)*, *Helping Babies Breathe (HBB)*, and *Advanced Nursing in Obstetrics*. Staff also engage in weekly case-based seminars offered by nearly 60 international medical specialists who volunteer at FAME annually.



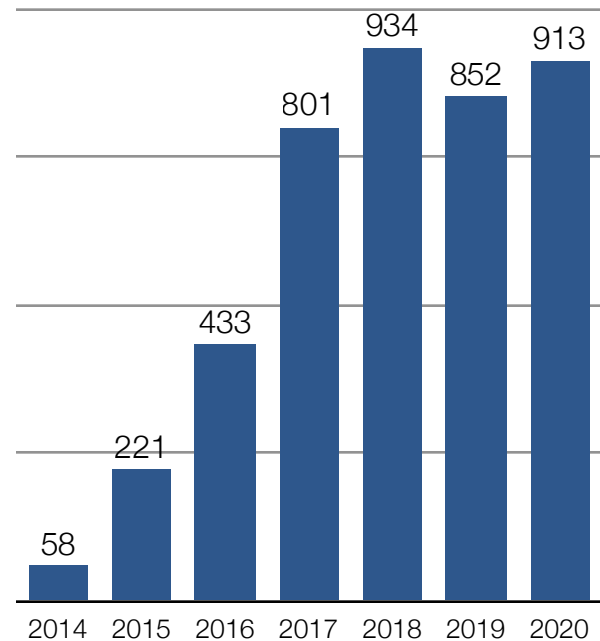
Post-op patient after GYN surgery  
Photo courtesy of Moon Lai Photography

## PRENATAL PROGRAM

For a per-patient fee of \$2.50, an enrollee receives four prenatal visits, two ultrasounds, lab tests, prenatal vitamins, 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 2020, 17 percent of program enrollees came from outside our district. Sixty percent of women delivering their babies at FAME participate in our prenatal program.



Prenatal Program Enrollees



Education for pregnant women

Photo courtesy of Moon Lai Photography



## FAMILY PLANNING

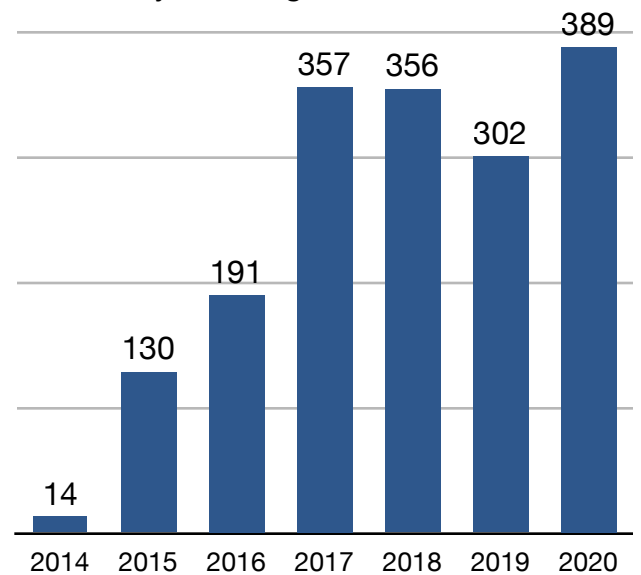
The 2015-2016 Tanzanian Demographic Health Survey indicates that modern contraceptive use has increased from 27 to 32 percent since 2010. Yet, government funding for family planning remains low, and private sector engagement is limited.<sup>10</sup> Adolescent sexual and reproductive healthcare is also 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 postpartum checkup.
- ❖ During visits to our prenatal program.

In all cases, a nurse specializing in reproductive and child health 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 postpartum IUDs upon request. Since 2014, FAME has provided birth control consultations to over 1,700 women. The most popular forms of contraception at FAME are implants (42%), injectables (26%), and IUDs (23%). Family planning is also integrated into FAME's outreach to traditional birth attendants.

Family Planning Enrollees Per Year



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

<sup>10</sup> USAID Family Planning and Reproductive Health Fact Sheet, 2018.

## 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 and 2018, 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 community outreach, more than 1,500 women were screened over two years. Women identified as having pre-cancerous lesions were treated at FAME, while 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 2019 and beyond, FAME will identify and train healthcare workers at dispensaries to screen women for cervical cancer and refer them to FAME for early treatment.





## OUTREACH TO TRADITIONAL BIRTH ATTENDANTS AND DISPENSARIES

FAME launched its community outreach program to traditional birth attendants (TBAs) and dispensaries in 2015 with visits to 28 communities, including 111 TBAs and healthcare workers at 26 dispensaries. What began as an effort to raise awareness about FAME's Maternal and Child Health program has developed into a long-term collaboration with TBAs to address the obstacles that prevent pregnant women from seeking facility-based care. In 2018, FAME conducted 105 visits with TBAs from seven villages and administered a qualitative interview survey to 37 of these TBAs. The survey revealed that the main challenges TBAs face in their work with pregnant women are lack of transport,

money, and supplies, as well as hospital-related fears that the TBAs felt could be alleviated through education and training. In July-August 2018, FAME partnered with Natron Healthcare Project, a local NGO focused on improving healthcare through education and highly experienced in working with TBAs. Three FAME staff members completed a Training of Trainers module designed to help TBAs increase participation levels in prenatal care, family planning, and hospital deliveries, especially among high-risk women. Community outreach in 2020 was put on hold as a result of Covid-19, however outreach will resume once FAME can ensure the safety of our staff outside the Hospital.



Nurse Ruhama leading a tour of FAME for visiting traditional birth attendants

# MAJOR PARTNERS SUPPORTING FAME'S MATERNAL AND CHILD HEALTH PROGRAM

## FUNDING PARTNERS



Ruth and Don James • Gale Picker and John Larsen • Rick Flaster and Alice Mead  
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## Program Partners



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