

Safe Motherhood

A halfway house for pregnant women

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Rural community birth centres attached to health clinics in Malaysia are proving acceptable to pregnant women at risk who have misgivings about entering hospital.

It is common in rural areas of Malaysia for women experiencing high-risk pregnancy to choose to give birth at home rather than in hospital. Reasons for this include being unfamiliar with the hospital environment, uncomfortable about being examined and treated by male physicians, unhappy at the prospect of separation from their families, and worried about the cost. It often happens that such women agree to enter hospital only when birth complications have developed, and this tends to raise the incidence of maternal mortality and morbidity.

Low-risk birth centres

In the state of Kelantan, where the population is predominantly rural, a low-risk birth centre, modelled on ones in Sarawak, was established in Jeli district during 1991. Seven more were set up subsequently in different parts of Kelantan. Each birth

centre has four to six beds and is staffed by doctors, nurses and midwives from the health clinic to which it is attached. The pregnant women who are targeted for admission are considered to be at low risk. However, women at high risk who have refused referral to hospital are allowed to deliver at these centres. If complications arise the mothers are sent to the nearest hospital by ambulance.

The records were analysed of 171 women who received care in the low-risk birth centre of Bachok district in Kelantan between June 1995 and September 1996. Ninety-three delivered uneventfully and were discharged within 24 hours. There were no cases of postpartum haemorrhage. Seventy-eight women were referred to hospital for delivery on grounds of primiparity, grand multiparity, breech presentation, prolonged labour, previous forceps delivery, anaemia or hypertension. Four of the referred women were given caesarean sections after failing labour trials in hospital, six had assisted breech deliveries, and one had an assisted forceps delivery. One child had a low Apgar score after an emergency caesarean delivery but recovered well. The birth weights, in the range 2.6–4.2 kg, were all normal.

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Mothers' views

All the women who were interviewed in Bachok felt that a low-risk birth centre should be attached to every health clinic.

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Many of the drawbacks of hospitalization were diminished or eliminated in the new facilities.

- The distances from their homes were generally shorter.
- Transport was available for travelling to the birth centre.
- The staff at the centre were familiar with the women, who had received antenatal care at the health clinic.
- When women were admitted they were monitored by a midwife.
- The nurses and midwives were all females, and consequently the mothers were not concerned about physical examinations, including pelvic examinations during labour.
- Husbands, relatives and traditional birth attendants were allowed to be with the mothers, giving them emotional support. Drinks and biscuits were provided for the mothers and their families.
- The mothers felt safe because they could be sent to hospital if complications occurred.

Although some high-risk mothers said they would rather deliver in the birth centre than in hospital, most women

indicated that they would accept hospitalization if strongly advised to do so by a midwife at the centre. Their husbands usually supported their decisions on this matter, but about half the women felt that their husbands would prefer them to deliver at home or in the low-risk birth centre.

Views of health personnel

All the doctors, nurses and midwives regarded the establishment of the low-risk birth centre as beneficial. Previously, the midwives had travelled long distances and waited for mothers to deliver at home, sometimes for many hours. In emergencies the midwives had had to cope on their own while waiting for transport that could take their clients to hospital. In the low-risk birth centre the midwives could return to their own homes while waiting for births to take place. The doctors lived nearby and could be called in if the need arose. Mothers could be sent to hospital at short notice in the event of complications.

Administrative costs are low and travelling expenses are reduced. Convenience is increased, since the staff live within walking distance of the centre. Emotional support from family members is invaluable. The Ministry of Health considers the quality of care in low-risk birth centres to be comparable with that in hospitals.

In the Bachok district, as elsewhere in Malaysia, childbirth at home is perceived as a natural family event, in which relatives support and comfort the mother. The husband and other male relatives are responsible for such tasks as fetching a midwife, calling for an ambulance, packing

bags, and transporting people to hospital, as well as for performing religious rites. The wider social network also plays a part, by offering prayers and looking after the mother's children. However, midwives do not like high-risk mothers to deliver at home because of the possibility of complications. A decision to give birth at home means relying on an untrained traditional birth attendant during the first stages of labour and calling on a trained midwife for the later stages, when there may be no time for hospital referral.

Childbirth in hospital, on the other hand, is an event from which families are, to some extent, excluded. The mother goes through labour with little support, and the timing of delivery is often controlled by the use of drugs, the artificial rupturing of the membranes, and active pushing from the time of full cervical dilatation. Hospital delivery is not popular among rural mothers, who are strongly influenced by tradition.

Low-risk birth centres offer an attractive prospect for mothers in rural Malaysia. It should be noted, however, that transporta-

tion time is a crucial factor affecting maternal mortality and morbidity, and that birth centres should be within easy reach of a hospital. Some of the high-risk mothers whose babies were born at the Bachok birth centre should have been

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delivered in a hospital with facilities for dealing with complications. For mothers refusing hospital delivery the birth centre is the next best alternative if transport is available.

Birth centres go some way towards accommodating the beliefs, needs and practices of mothers in rural communities while providing a safe environment in which modern medical care can be given. In districts of Malaysia where mothers at high risk deliver at home and there is no hospital nearby, the plan is to add a low-risk birth centre to every rural health clinic. ■