

# Selected Findings from Pilot Birth Companionship in Kigoma on the Contribution of Continuous Emotional Support Through Birth Companionship in Increasing Facility Delivery and Improving Maternal and Newborn Outcomes

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**Introduction:** The most recent Demographic and Health Survey (2015–2016) for Tanzania recorded a maternal mortality ratio of 556 maternal deaths per 100,000 live births and a neonatal mortality rate of 25 per 1,000 live births and remains stagnant for a decade now. Quality of maternal and reproductive care has been considered a significant factor for the unacceptably high burden of maternal and newborn mortality in Tanzania. The mini Uhai implemented a pilot birth companionship project in Kigoma to learn if implementation would increase utilization of health facilities for childbirth or improve the quality of maternal health services provided in intervention facilities for improved maternal and newborn outcomes.

**Method:** Implemented done from July 2017 to December 2018 by improving infrastructure, provider's orientation, community sensitization, and creating an enabling environment for women to have a companion of choice during labor and delivery. A 15-month pre and during-birth companionship analysis were done on facility deliveries, institutional maternal deaths, and Intra-partum stillbirths in nine intervention facilities (Furthermore, we compared the mode of delivery among women at nine intervention and six control sites).

**Results:** We noted increased facility delivery by 2.3%. The institutional maternal mortality ratio reduced by 25% from 325 to 246 (per 100,000 live births). The Intrapartum stillbirth rate significantly decreased by 24% from 17 to 13 1,000 live births. Overall, across all (intervention and control) facilities, nearly nine in ten clients had a spontaneous vaginal delivery (87%), while 11% had a cesarean section and about 2% an assisted vaginal delivery. Vaginal deliveries were more common at intervention sites in which 90% and 9% had a vaginal and cesarean section, respectively, while in control sites, the corresponding figures were 84% and 15%, respectively.

**Conclusion:** Introduction of birth companionship had a positive shift towards more institution deliveries and better maternal and newborn outcomes. Moreover, women delivering in birth companionship intervention sites were less likely to deliver by cesarean section than those in control sites.

