



EVIDENCE BRIEF

Swaziland: Improving the Quality of Maternal and Neonatal Health Services: A Situational Analysis (2011)



Why is it important?

This Maternal and Neonatal Health (MNH) assessment provides critical information on provision of emergency obstetric and neonatal care (EmONC) at health facilities in Swaziland. The aim was to identify areas of deficiency where targeted interventions could help improve maternal and neonatal health outcomes in Swaziland, and to provide baseline data for the EmONC component of the Ministry of Health's Swaziland Health, HIV/AIDS and TB Project. The latter project aims to improve EmONC. This study is beneficial for those wishing to gain a better understanding of maternal and neonatal health services in Swaziland to inform policy and programming choices.

Methodology

A total of 59 health facilities was included in the assessment. A standard questionnaire was formulated, piloted and adopted. The questionnaire focused on obstetric care staffing; services and procedures; referral and communication; systems equipment and supplies; management of and information systems for complicated cases; facility-based maternal deaths from 2008 to 2009; and respondents' opinions of obstetric care.

Key findings

Although the 59 facilities should be providing delivery services, only 33 did deliveries in 2009.

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Apart from the hospitals, most of the health facilities providing delivery services are not used optimally. Of the 7 basic EmONC procedures, assisted vaginal delivery with a vacuum extractor was the least frequently performed, an outcome attributed to the reluctance of health personnel to perform instrumental delivery due to the country's high HIV prevalence. Although complications of abortion are the most frequent obstetric complication and the major cause of maternal mortality, the use of the manual vacuum aspirator for the treatment of abortion complications was only available at a few health facilities. The inadequate number of appropriately trained obstetric staff remains a challenge. Some health facilities were poorly equipped to provide emergency obstetric care, and long-term family planning methods were not widely available.

Conclusion

A four-pronged approach is necessary to improve maternal and neonatal care in Swaziland: improving provision of EmONC; improving post-abortion care and family planning services; strengthening the referral system; and strengthening the monitoring and management of maternal and neonatal health services.

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