

“...She rubbed my back, wiped my face when sweating, served me tea and called nurses to help me...”: Experience of Care and Support from a Companion During Labour and Delivery among Postnatal Women in Kigoma Tanzania

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OPEN ACCESS JOURNAL**Abstract****Background**

A woman feels secure when she is continuously cared for and supported during childbirth. Birth companion is one of the key recommendations for positive childbirth experiences as it promotes women's sense of self-control in the labour process. The benefits of a birth companion are well known but not routinely practiced in Tanzania.

Broad Objective

This paper describes the experiences of mothers who had a companion during labour and delivery.

Methodology

An explorative qualitative study was carried out among 12 purposively recruited postnatal mothers at a health centre in Kigoma region. Data were collected using in-depth interviews and analysed by an inductive thematic approach.

Findings

Women commonly chose their family members to be their birth companions who provided them with continuous emotional, physical and practical support and facilitated communication among women, providers and relatives during labour and delivery.

Conclusion and recommendations

The support and care from the birth companions, gave women strength and confidence to cope with the stress of labour throughout the birthing process. Women received continuous care and support from birth companions of their choice who also played a key communication role that facilitated prompt care. Mechanisms are required to ensure birth companionship is integrated into the health system to support women during childbirth.

Keywords: *Birth companion, Childbirth, Continuous labour support, Care and support, Tanzania.*

Background

Childbirth is a considerably stressful event for many women that require continuous involvement of the mind and the body. During this time a woman commonly feels secure when she is continuously cared for and supported. Therefore, the process of giving birth must not be considered merely a biological event, but a social and emotional process (1). The World Health Organization has set a universal standard for improving the quality of maternity and new-born care highlighting the importance of offering women the option to experience labour and childbirth with a companion of choice (2). A birth companion is any person, chosen by a woman to provide her with continuous support during labour and delivery. Birth companion is one of the key recommendations for positive childbirth experiences as it gives a woman a sense of personal achievement and control of the labour process (3,4). The presence of a birth companion during childbirth ensures continuous care and support for a woman during this stressful and frightening time in her life (5). During this time, a woman is likely to feel insecure in absence of familiar people and an unfamiliar environment (6). Individuals who serve as birth companions are commonly people from a woman's social networks including mothers, mothers-in-law, grandmothers, sisters, male partners and friends (7). These people may enhance physiological labour processes and woman's feelings of control and competence and thus reduce the need for obstetric intervention (8). Studies have reported the influence of supportive persons in enhancing personal relationships and cultural or birth settings (9,10). The relationship between a woman and companion is key for the birth companions to give effective support and for the women to feel more comfortable (11). Studies have reported that care provided by a birth companion shortens the first stage of labour and improves the Apgar score in the first and fifth minute (12). Childbirth experience is one of the most significant events in a woman's life (13), and a powerful determinant of using maternal healthcare services (11). Birth experiences affect women's decisions on where to deliver in the subsequent childbirth and may directly or indirectly influence maternal and neonatal mortality and morbidities (14).

Studies (8,15) have reported that 88% of women in Kenya and 70% in Tanzania were accompanied by someone from their social network to health facilities during their childbirth. Despite the benefits of continuous support during childbirth, in many African countries including Tanzania, the practice of birth companion is still not routinely implemented in maternity settings. The ThaminiUhai project in collaboration with the Regional Health Management Team (RHMT) is implementing the birth companion initiative in nine (9) health

facilities in Kigoma Region (16). As part of the implementation of the project, labour wards in the 9 health facilities were improved to accommodate birth companionship. Women and communities were made aware of the availability of trained birth companions in these project settings. The project offers women an option to have a birth companion in the labour ward for continuous support throughout labour and delivery. There is no study in Tanzania that explored women's experiences with a companion during labour and delivery. This study, therefore, describes the experiences and perceptions of postnatal mothers on the support and care they received from their companions during childbirth and how women choose their birth companions.

Study design and methods

An exploratory research design was used to understand the experiences of postnatal mothers being supported by a birth companion during labour and delivery. The study was conducted in one of the health centres in one of the four Districts in Kigoma Region. The district has no hospital, but health services are provided through its five health centres and 37 dispensaries owned by the government of which three are pilot sites for the birth companionship project. The health centre where this study was conducted was upgraded and supported to provide good quality comprehensive EmONC services (16). The labour rooms are divided into individual rooms with full partitions that ensured privacy with adequate hand washing facilities for infection prevention and proper methods of waste disposal. During ANC visits, all women were informed about having a birth companion during labour and delivery and were informed about the availability of the trained birth companions "on call companion" that were readily available in the centre and that they may have companions of their choice from home. The health centre serves more than 50,000 people, with high deliveries between 160 to 180 per month and is one among the three health centres in the district implementing a pilot birth companion project in Kigoma region (16).

Twelve face-to-face, in-depth interviews were conducted with postnatal mothers in a private, quiet room within the hospital premise with no non-researchers present for privacy and comfort. Interviews were done in Kiswahili, about 10-16 hours post-delivery until saturation was reached (17,18). The in-depth interview guide used was flexible and was revised in the course of data collection to allow new emergent issues to be included. The guide comprised of topics and probing questions on women's experiences and perceptions of emotional, physical and practical support they received from birth companions during childbirth was used. The prompts were not necessarily asked sequentially in every interview to allow sufficient flexibility

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in the interview and enable further exploration of any new issues that were raised by the participants. Interviews were conducted by the second author (ERT), a nurse-midwife who had experience in conducting health research. Interviews were audio-recorded and lasted between 30 and 45 minutes.

Recruitment

After the ethical approval by the Muhimbili University of Health and Allied Sciences (MUHAS), the institution review board (IRB), a purposive sample of twelve Kiswahili-speaking postnatal mothers who had a vaginal, uncomplicated birth and had a companion during labour and delivery were recruited from the labour ward. The head nurse of the maternity unit identified postnatal mothers who were supported by birth companions during labour and delivery. Thereafter the researcher explained the aim, procedures and voluntary nature of their participation. Eligible individuals who agreed to take part in the study completed a written consent form before participation after they were assured of the confidentiality and anonymity of their information. Thereafter, the time for the interview was arranged. Each participant was given a unique identification number to provide anonymity during transcription and to ensure direct quotations were attributable to individuals. Participants were informed that their interviews would be recorded and agreed for their anonymous quotes to be used.

At the time the study was conducted, the age of postpartum mothers ranged from 21 and 36 years with a mean age of 32 years. All were either married or cohabiting and the majority (58%) had mothers-in-law as their birth companion, see Table 1.

Table 1: Characteristics of postnatal mothers

| ID No | Age | Marital status | Education level | Gravidity and Parity | Birth Companion |
|-------|-----|----------------|-----------------|----------------------|-----------------------------|
| 01 | 36 | Married | None | G10 P10 | Mother in law |
| 02 | 20 | Married | Primary | G2 P2 | Mother in law |
| 03 | 20 | Married | None | G1 P1 | Mother in law |
| 04 | 30 | Married | None | G5 P5 | Mother in law |
| 05 | 21 | Cohabiting | None | G2 P2 | Sister |
| 06 | 29 | Married | None | G6 P5 | Mother |
| 07 | 24 | Married | Primary | G1 P1 | Sister in law |
| 08 | 31 | Cohabiting | None | G7 P6 | Mother in law |
| 09 | 35 | Cohabiting | None | G8 P7 | Mother in law |
| 10 | 22 | Cohabiting | Primary | G4 P3 | Traditional birth attendant |
| 11 | 33 | Cohabiting | None | G9P8 | Mother |
| 12 | 29 | Married | Primary | G5 P5 | Aunt |

OPEN ACCESS JOURNAL**Data analysis**

Thematic analysis, which involved the searching for recurring themes within the data, guided the analysis of data (19). Thematic analysis is fundamentally a flexible method and useful for identifying key themes and richly describing large qualitative data that highlights similarities and differences in experiences. First, recorded interviews were transcribed verbatim in Kiswahili by the Second author (ERT) and a few were checked for accuracy by the first author (LTM). Thereafter, the transcripts were read to gain a sense of the interview as a whole and a list of potential and initial codes reflecting women's experiences were coded independently by the 2 researchers. The generated codes were discussed and agreed upon, thereafter the initial thematic framework was developed (Table 2). During the coding process, additional codes which emerged were added concurrently following the authors' consensus. Using a constant comparison method (20), codes were synthesized and allocated into specific categories based on whether the content was similar or different to generate themes (Table 3). Themes were reviewed and discussed and identified discrepancies were finalized. The Kiswahili transcripts were used for analysis and the codes and quotes were then translated into English and were used to illustrate the participants' accounts. For credibility, the researcher (ERT) spent ample time in the health centre to create rapport and understand the context, field notes enriched the understanding of the participants' accounts and Kiswahili language was used during data collection.

Table 2: Example of thematic analysis of women's choice of birth companions
"Choosing a birth companion"

| Participants quotes | Codes |
|--|--|
| ... I preferred my mother-in-law as she is more experienced and concerned | Childbirth experience, caring |
| ... I chose my Sister-in-law to be my companion because of her kindness and rich experiences as TBA | Kindness, childbirth experience |
| ... I chose my companion based on confidentiality, friendship, her age and wisdom as it is easy to solve the problem that could arise during labour, faithful and ability to inspire and support | Trust, friendship, age, wisdom, problem solver, faithfulness, childbirth experience, inspirational |
| ... I am close to my mother-in-law and have experience | Childbirth experience, trust relationship |
| ... I chose my sister based on her kindness as we love | Kindness, trust relationship |

| | |
|--|---|
| each other, and I trust her | |
| ... I chose my mother based on her love and she has been attending to me since my first child. Generally, she is caring, and faithfulness so had to request her to be my companion | Love, caring, faithfulness |
| ... I wanted my mother because she loves me, and I trust her | Love, trust |
| ... I chose my mother-in-law because of her experience and close relationship with me and that she is the right person to bear the burden of her son | Childbirth experience, trust relationship |
| ... I prefer my aunt because of her close relationship and her caring attitude | Trust relationship, caring |
| ... I chose my mother-in-law because she is sharp, strong in handling issues, trusted, her firmness and our close relationship | Sharp, strong, trusted |
| ... I chose my traditional birth attendant (TBA) because of her vast experience in assisting deliveries and I was assured that she will offer good support and care | Trust, experience of assisting delivery |

Table 3: Codes and themes from women experience of support and care received from birth companions

| Codes | Themes |
|--|---------------------------------------|
| <ul style="list-style-type: none"> – Experience with childbirth – Caring, faithful and inspirational – Age, wisdom and problem solver – Kindness, love and trust relationship – Sharp, strong and trusted – Experience of assisting delivery | Choosing a birth companion |
| <ul style="list-style-type: none"> – Bring and serve tea and food – Empty wastes, clean the bed and environment after delivery – Bath the baby and dress – Assist woman to the washroom and to postnatal ward | Receiving continuous care and support |

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| | |
|---|--|
| <ul style="list-style-type: none"> – Pray and ask woman not to despair as God will help – Massage woman's back to relief pain – Sang traditional songs to console a woman – Support the baby during delivery and breastfeeding – Encourage and support a woman during delivery | |
| <ul style="list-style-type: none"> – Call a nurse for woman to assist birth – Inform husband to buy items required – Inform husband and relative after baby is born | Communicating concerns through a companion |

Box 1: Types of support and care women received from birth companions**Phrases**

"... her service was good and made me comfortable because she **encouraged me throughout my labour**" (IDI 10)

"...she **served me with tea and food**, encouraged me to push, prayed for her, supported me in getting up and assisted me to the toilet (IDI 08)

"... My companion sang for me **traditional songs** in the labour room; however, I could not understand the message as she was singing the songs of her own tribe, ...but I felt very good **as she was singing which relieved** the labour pain that I was experiencing" (IDI 06).

"...she supported me and **prayed for me** while **asking me not to despair as God was there to help me**.... I kept praying for myself as **she prayed to me**. After a while I started feeling strong labour pains and eventually, I had my baby, God is great" (IDI 08).

"...my companion **served me tea, supported me in the washroom and encouraged me to lie on one side** as instructed by the nurse" (IDI 10)

"...my companion **brought me food, assisted when I was transferred from labour room to the resting room** and **supported my baby during breastfeeding because** I was weak after delivery" (IDI 09)

"....my baby was coming forcibly, and the nurse was not around, so my companion **informed the nurse who was attending another mother next room**....my baby was about to fall on the floor but the companion grasped my baby quickly as I couldn't resist the argue to push" (IDI 09)

“...my companion supported me during labour as I was weak and unable to push the baby out, so my companion **supported me at the back by holding my hands** and **encouraging me to push as instructed by the nurse.** Eventually I got my baby” (IDI 02)

“...she **took me to the postnatal ward and looked after my baby when I was in the washroom** and when I was bathing as there are bad people who could exchange or steal our babies” (IDI 04)





“...she supported me with what I needed, **rubbed my back, wiped my face,, served me tea and called the nurses to help me**, she also **insisted that I should perform mild exercises** in the labour ward” (IDI 06)

“...my companion **facilitated communication between me and the nurse** as I expressed the way I felt to my companion and **ask her to call the nurse** who could come and listen to my concerns (IDI 07)

“... when I missed some items that were needed by the nurse my companion **informed my husband to go and buy them** and I was comfortable” (IDI.03)

“...my companion **conveyed information to my husband and other relatives after delivery** as my companion was reminded by the nurse not to break news unless permitted by labour staff to do so” (IDI 02)

...she **emptied waste after delivery, cleaned me and took care of my baby** (IDI 05)

 Emotional support  Communication support  Physical support
 Practical support

Results

Three themes emerged from the accounts of women's experience of receiving support and care from a birth companion including choosing a companion, receiving continuous support and care, and communicating concerns through a companion. Women reported experiences of receiving continuous practical, physical, emotional and communication support and care offered by a companion that increased their ability to cope with labour stress and gave them strength and confidence to progress throughout the process of labour and delivery (Box 1). Women felt that the encouragement, reassurance and communication role played by the companions alleviated their fears and created a safe and secure birth environment.

Choosing a birth companion

Women in this study had birth companions of their choice from home. Their choice of a companion was based on individual companion attributes including age, trust, wisdom and love, family relationship and experience with childbirth or assisting deliveries. Women chose mostly their family members including mothers-in-law, aunts and biological sisters:

"(...) I chose my mother-in-law because of her experience and close relationship with me and that she is the right person to bear the burden of her son" (IDI 04)

"I wanted my mother because she loves me, and I trust her (...)" (IDI 11)

Participants however reported being informed during antenatal contact about the availability of a trained companion in the health centre and if they preferred a companion from home, they should choose someone who has adequate experience in assisting birth or with childbirth:

"(...) nurses told us that we should select a woman who had given birth already (...), then my husband recommended my mother-in-law" (IDI 02)

"(...) I chose my traditional birth attendant (TBA) because of her vast experience in assisting deliveries and I was assured that she will offer good support and care (IDI 10)

Receiving continuous care and support

According to the postnatal mothers, birth companions provided them with emotional, physical and practical support during admission, labour, delivery and the immediate postpartum period. The practical support offered by companions included; massaging the women's back, holding their hands when the mother had a strong urge to push, provision of clean clothes and warm water for a bath, washing dirty clothes, cooking food for the mother and wrapping the baby with extra clothing to provide warmth. Birth companions also helped some women to get into comfortable positions during the first stage of labour and in the right position for delivery as directed by midwives. They encouraged women to be mobile throughout labour by walking around, performing mild exercises and taking fluids and supported women to meet their elimination needs. They further reminded the women to assume position during delivery as they were instructed by the midwives who took care of them and their newborn babies after they had delivered (Box 2).

OPEN ACCESS JOURNAL**Box 2: Illustrative quotes of practical/physical support and care women received from the birth companion****Phrases**

“(…) my mother-in-law served me tea, she accompanied me to the toilet and encouraged me to lie on one side” (IDI 10)

“(…) she supported me with what I needed, rubbed my back, wiped my face as I was sweating and insisted me to perform mild exercises in the labour ward” (IDI 06)

(…) I was weak and unable to push the baby out, so my mother-in-law supported me at the back by holding my hands and encouraging me to push as instructed by the nurse and eventually I got my baby. (IDI 02)

(…) my baby was coming forcibly and the nurse was not around, so my sister-in-law called the nurse who was attending to another mother in the next cubicle (…) my baby was about to fallow down but my sister-in-law grasped my baby quickly as I couldn't resist the urge to push. (IDI 07)

(…) my mother fetched water, assisted me in the shower and dressed me appropriately, she cleaned all my dirty clothes and changed the baby's diapers and sent her for vaccination. (IDI, 03)

(…) she brought me food, helped me to shift from the labour room to the resting room and supported my baby during breastfeeding as I was very weak after delivery. (IDI 09)

(…) my companion took me to the postnatal ward and looked after my baby when I had a bath or went to the toilet. I am happy having her around because nowadays there are bad people who can exchange or steal your babies. (IDI 04)

Women commonly received emotional support through compliments and reassurance during the labouring process which made women have a great feeling of having a companion present. Women reported that the companions were close to them and listened to their concerns and provided continuous care and support:

(…) when I was in labour, my mother-in-law stayed close to me throughout, initially I was scared of giving birth, but she gave me some encouraging words and prayed for me (…) I was strong and comfortable. (IDI 02)

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(...) my traditional birth attendant served me well; she encouraged me throughout my labour. (IDI 10)

Women during labour were encouraged through prayers and forgot their labour pains when their companions prayed or sang traditional songs for them:

My mother was singing the traditional songs for me in the labour room, although I could not understand the message as she was singing songs in her mother tongue, all the same, I felt very good as she was singing, I got some relief from labour pain. (IDI 06).

(...) she kept on praying for me while encouraging me not to despair as God is there to help me (...) I kept on praying for myself as she prayed for me. After a while I started feeling strong labour pains and eventually, I had my baby, God is great. (IDI 08).

Communicating concerns through a companion

Postnatal mothers also shared that the birth companion facilitated communication among mothers, caregivers and relatives. They bridged communication gaps between caregivers and women, and facilitated active engaging environment where women were encouraged to express their feelings and call the nurses in their time of need. The companion reported women's concerns that required midwives' attention including urge to push and other needs:

"... I expressed the way I felt to my companion and asked her to call the nurse who came and assisted me to give birth" (IDI 07)

The companion conveyed important messages to relatives, for example, when medical supplies were missing, and women asked to purchase. The birth companion would communicate the matter to the relatives and get the supplies from the relatives to the midwives:

"(...) when some delivery items were missing, I asked my companion to inform my husband to go and buy them" (IDI.03)

"(...) my mother-in-law conveyed information to my husband and other relatives after I had a baby" (IDI 02)

Discussion

This study shows that women commonly receive care and support from birth companions who were close family members including mothers, mothers' in-laws and sisters. Women acknowledge receiving continuous physical, practical and emotional support when they are in labour and delivery from the birth companion, who were also key facilitators of communication between women and health care providers.

As reported elsewhere (9,10), women's choice of a birth companion in this study was influenced by age, experience, trust, love, confidentiality, wisdom, faithfulness, family relationships, ability to inspire, culture and birth setting. Women in this study chose their close relatives including; mother-in-law, mothers and sisters to be their birth companions instead of those who were trained and available in the health centre as reported by another study from Malawi (21). These findings are similar to what was found by ThaminiUhai et al (8) which reported that 64% of women preferred their mothers as their companion of choice. No participant in this study chose her spouse to accompany her into labour. All women chose a female companion, and they commonly selected their mothers-in-law. These findings are consistent with the finding of studies in Kenya (15) and Thailand (22). The women's choice of a mother-in-law it is not surprising. This is because, in many patriarchal societies, decision about the management and care of women during pregnancy and childbirth usually come from older women, particularly mothers' in-laws (23,24).

Although some studies (7) reported that women who chose their husbands to be their birth companions had a great experience because husbands were calm and continuously used encouraging words and behaviours that made their wives relax during labour, in Tanzania, both women and husbands did not prefer husbands to accompany women during labour and delivery for the reason that the culture and infrastructure do not allow this practice (25,26). Other women in this study chose traditional birth attendants to be their companions as they trusted the extensive experience of TBAs in assisting birth. Communities perceive TBAs to be potential persons for providing maternal and child health care, emotional support and advice during the antenatal, delivery and postpartum period (27). Bohren and colleagues in their review on continuous support for women during childbirth concluded that all types of birth companions are effective, but the benefits of support are higher when support is offered by individuals who are not part of the facility's professional staff (28). However, other studies revealed that the most beneficial form of support was offered by a person who is not a

member of the woman's social network (10). The key is for a woman to choose a birth companion whom they trust and feel comfortable with during labour and delivery.

The World Health Organization recommends midwives to facilitate the presence of a companion during labour (2) which influence women's sense of control over their birthing process and promote positive experience of labour (4). In Tanzania, birth care is provided by the health care providers including obstetricians and nurse-midwives who because of various factors, do not necessarily consider the mother's emotional and physical needs (26,29,30). Diniz and colleagues emphasize the role of companions in preventing negative feelings in women and suggests establishing policies to allow companion during childbirth in developing countries (31). A birth companionship promotes facility deliveries and well-being of the mother and her baby (8). As reported in another study (32), participants were satisfied by having a constantly available person to provide care and support during labour. Previous studies in Tanzania have reported that women missed care and support during labour and delivery because of factors such as shortage of providers, inadequate medical supplies and bad attitude of health care providers (26,29,33–35).

Consistent with other studies conducted elsewhere (5,9,11), this study reports forms of emotional support provided by the birth companions including encouragements, praises and offering prayers. Further, women received practical support in the form of offering tea and food, meeting nutrition and elimination needs, and cleaning and taking care of the new-born. The companion helps to alleviate labour pains by performing back massaging, singing songs, praying and holding women's hands during the second stage of labour for encouragement. The care and support give women positive birth experiences (10). As noted by Anono and colleagues that mothers who were supported during labour and delivery were happy because companions continued providing support even after delivery (27), a time when women are confident enough to care for their babies and fear about the welfare of the neonates under their care (36). Previous studies reported that continuous support during labour and delivery decreased rates of Caesarean section, shortens the length of labour, reduced the intensity of pain and need for analgesics and incidence of postnatal depression (37,38).

The women further reported that companions played an integral role in linking them with providers and their relatives. Often time a companion would call the nurse-midwives when a woman had concerns, findings that were reported in other studies (9,11). Because of usefulness and valued support, a birth companion provides to women during labour, researchers recommend the government to sustain the intervention ensuring that women

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receive continuous labour support and care from someone of their own choice. Moreover, the above findings concur with findings from another study by Lunda and others (9) that have demonstrated that the presence of a support person is preferred because it facilitates realization of women's needs and wishes and provides foundation for the birth companion to give effective support, and for the women to feel comfortable enough (11).

Strengths and limitations

The study employed several measures to ensure the trustworthiness of the qualitative study (39). The use of the Kiswahili language, a native language spoken by participants and researchers enhanced the quality of data obtained through interviews. The process of coding was participatory, and dialogue was done to ensure themes and subthemes emerged from participants' accounts. Further, the involvement of the first author (LTM) a qualitative researcher with massive experience in conducting qualitative research, the provision of an example of the coding process and the direct quotes of mothers allows the reader to ascertain the dependability of the study findings. However, our study also has limitations. The study was conducted in a facility that had a birth companion project therefore, the experiences of women who received support from a companion during birth and delivery cannot be transferable to other health facilities because the birth companions in this setting are more welcomed than in other health care facilities in Tanzania where birth companions are not well integrated into the health systems. All participants in this study had birth companions from home and therefore experiences of postnatal mothers who had a facility on-call birth companions were not explored. This calls for further research to explore whether the experiences of mothers who had the desired birth companion and on-call facility-based birth companions are different. Further, we translated the essence of what was said by participants, from Kiswahili to English. In some instances, it is possible that the transcription of statements of postnatal mothers could have been inaccurate. The transcriptions, however, were read and compared against audio recorded interviews for consistency before they were translated into English and a few translated transcripts were translated back (40) into Kiswahili for content validity.

Conclusions

Women commonly chose mothers-in-law and sisters to be their birth companions of choice based on companion attributes including age, trust, wisdom and love, family relationship and experience with childbirth. Continuous care and support during labour from a birth companion are associated with women's great experience. Women in this study received physical,

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practical and emotional support that gave them strength and confidence to overcome labour stress throughout labour and delivery. The birth companions played a key communication role in linking the labouring women to the health care providers and relatives. Birth companionship should be integrated into the health system to support women as well as health care providers, especially in settings where health care providers are limited such as Tanzania.

Ethical considerations

The study was approved by the Research and Publication Committee of Muhimbili University of Health and Allied Sciences (MUHAS) (ref no, DA.287/298/01A). Permission to conduct the study was provided by the management of the District Executive Director of Uvinza District Council and participants provided written informed consent after they were given information about the aim of the study and issues of confidentiality. Further, they were informed about the voluntary nature of their participation and that they could decide to withdraw their participation at any time.

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Authors' contributions

LTM and ERT conceived and designed the study. ERT organised, collected and analysed data. LTM participated in the data analysis and drafted the manuscript.

Abbreviations

| | |
|-------|--|
| EmONC | Emergency Obstetric and New-born Care |
| IRB | Institution Review Board |
| IDI | In-depth Interviews |
| MUHAS | Muhimbili University of Health and Allied Sciences |
| RHMT | Regional Health Management Team |
| TBA | Traditional Birth Attendant |

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