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Community-based birth waiting homes in Northern Sierra Leone: Factors influencing women's use

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We have anonymised the paper using X district, A and B chiefdoms, and Y organisation. The real names will be inserted when the review process is finished.

Introduction

Despite a reduction in the global maternal mortality ratio (MMR) by 45% to 210 per 100,000 live births between 1990 and 2013, 289,000 women still died from pregnancy-related causes in 2013 with 99% occurring in developing countries (World Health Organization [WHO] et al., 2014). In addition to maternal deaths, millions of perinatal deaths occur worldwide every year (Cousens et al., 2011; Lozano et al., 2011). Maternal and perinatal deaths are largely avoidable by appropriate obstetric and neonatal care (WHO et al., 2014).

In Sierra Leone, the estimated MMR has halved to 1,100 per 100,000 live births between 1990 and 2013. However, MMR is still the highest in the world (WHO et al., 2014). The perinatal mortality rate has also decreased from 90 to 34 per 1,000 total births between 2004 and 2008 (Statistics Sierra Leone [SSL] and ICF Macro, 2009; WHO, 2006). Antenatal care coverage is substantially higher than that of institutional delivery and skilled attendance at birth in Sierra Leone (SSL and ICF Macro, 2014). There are many barriers to women accessing care during labour, including the sudden onset of labour -especially at night, difficulties in accessing transport and long distances to travel to health facilities (Onta et al., 2014; SSL and ICF Macro, 2009).

Birth Waiting Homes

A birth waiting home (BWH) is a temporary accommodation where pregnant women may spend the final two to three weeks of pregnancy near an obstetric care facility (WHO, 1996; WHO et al., 2006). This enables an immediate referral to the facility for childbirth or whenever necessary. A number of studies have looked at the use and impact of BWHs.

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