

INTRODUCTION

Each year more than half a million woman were die related to pregnancy and childbirth . Almost 4 million newborns die within 28 days of birth . The world bank data showed that Indonesia in 2015 had 6400 cases and it brought Indonesia on top of maternal mortality rates in Asia region. At the same time in 2016 Indonesia had 67,862 cases on neonatal deaths. A limited access to the nearest health care service is the main cause of the high rates of maternal and neonatal death in rural area. Maternity Waiting Homes (MWHs) is a great potential solution to answer this challenge. Maternity waiting home (MWHs) is a accommodation located near a health facility where women can stay towards the end of pregnancy or after birth to enable timely access to essential childbirth care or care for complications which provide a emergency obstetric care (WHO)

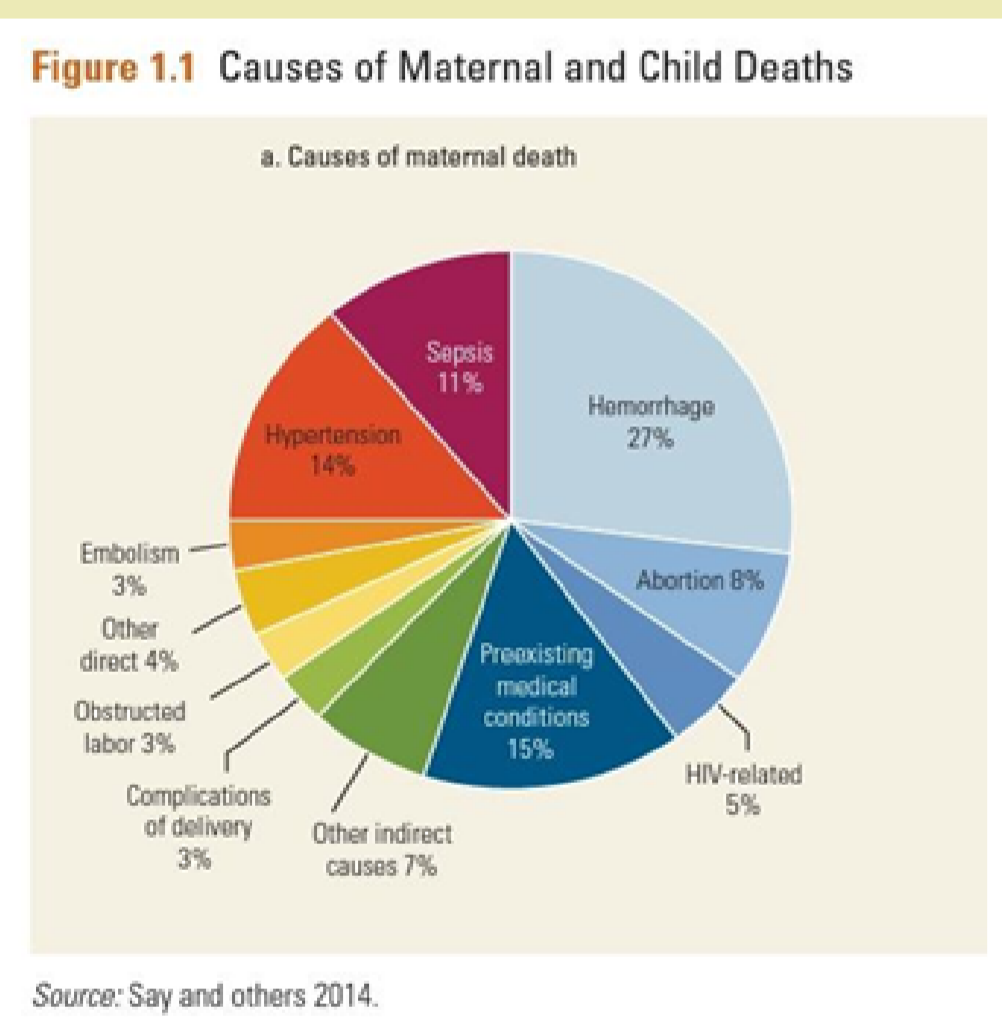
METHOD

A systematic literature review was conducted to get a suitable journal for this scientific poster. The use of the following databases of the medical literature such as ; PubMed, WHO document, BioMed Central and search engine such as Google Scholar was conducted. After some journals and articles with keyword (Maternal and neonatal health) were screened , we decided to fully read 8 studies which related to our topic to obtain the result. Inclusion and exclusion criteria were included. The inclusion criteria was journal or literature related to maternal and neonatal health from 2009-2016 and the other were included in exclusion criteria.

DISCUSSION

Table 2 shows number of mortality from 28th weeks of pregnancy to age five years which still high. Studies by Say et al. in 2014 (Figure 1.1) showed the most dangerous cause is hemorrhage. Studies which were conducted by J Kelly , et al (Table 1) in Ethiopia showed that MWHs had contributed to improved pregnancy outcomes. The studies of 24,148 deliveries included 17,343 admitted directly and 6,805 via MWH reported a MMR of 89.9 per 100,000 live births for users of MWHs, and 1,333.1 per 100,000 live births for non-users. From this studies we can conclude that a good accessibility to get a primary care in obstetric and newborn care and a Professional practitioner are the keys to increase the rate of live birth and maternal health . Data above shows that MWH which was implemented in Ethiopia is effective enough in reducing MMR While increasing numbers of women are accessing prenatal care, fewer of them utilize facilities for delivery. It is therefore plausible that having a MWH located near the clinic could increase access for those women who pursue prenatal care but do not deliver at the clinic due to the barrier of distance

RESULTS



The diagram shows causes of maternal and child death. Hemorrhage, hypertension , sepsis, abortion, and pre existing medical illness

World Bank region	2000				2015					
	28 weeks gestation to birth	Birth to 27 days	28 days to 1 year	TUSMR	28 weeks gestation to birth	Birth to 27 days	28 days to 1 year	TUSMR		
Low- and middle-income countries	2,639	3,826	2,891	2,906	12,262	2,420	2,625	1,735	1,478	8,256
East Asia and Pacific	420	581	337	252	1,591	279	270	178	89	816
Europe and Central Asia	39	78	59	30	206	36	47	31	12	126
Latin America and the Caribbean	111	156	132	59	458	71	90	58	27	246
Middle East and North Africa	102	154	93	63	412	105	128	62	34	328
South Asia	1,130	1,755	834	932	4,651	925	1,065	416	389	2,795
Sub-Saharan Africa	836	1,103	1,437	1,569	4,945	1,003	1,025	990	928	3,946
High-income countries	54	86	49	25	213	44	58	33	16	152
World	2,693	3,912	2,940	2,931	12,476	2,464	2,682	1,768	1,494	8,408

Table 2. Number of deaths from 28th Week of Pregnancy to Age Five Years 2000 & 2015

Year	Maternity waiting area (MWA)				Women admitted directly (non-MWA)			
	Deliveries	Cesarean section (%)	Stillbirth rate*	Maternal deaths (MMR)**	Deliveries	Cesarean section (%)	Stillbirth rate*	Maternal deaths (MMR)**
1987	154	40 (26.0)	4 (26.0)	0	623	92 (14.8)	161 (25.8)	45 (7.2)
1988	198	57 (28.3)	2 (10.1)	0	581	86 (14.8)	145 (24.9)	51 (8.8)
1989	220	69 (31.4)	6 (27.3)	0	508	46 (9.1)	138 (27.1)	49 (9.6)
1990	205	48 (23.4)	3 (14.6)	0	520	67 (12.9)	140 (26.9)	47 (9.0)
1991	232	80 (34.5)	6 (25.9)	0	441	73 (16.6)	137 (30.9)	48 (10.9)
1992	202	69 (34.2)	5 (24.8)	0	547	82 (14.5)	140 (24.6)	50 (8.8)
1993	177	77 (43.5)	5 (28.2)	1 (56.1)	612	109 (17.8)	152 (24.8)	60 (9.8)
1994	291	136 (46.7)	1 (3.4)	1 (34.4)	792	134 (17.0)	180 (22.8)	63 (8.0)
1995	288	123 (42.0)	2 (6.9)	0	727	166 (22.8)	152 (20.9)	51 (7.0)
1996	276	120 (43.5)	3 (10.9)	1 (36.4)	865	148 (17.1)	152 (22.0)	48 (5.5)
1997	262	113 (43.1)	4 (15.1)	0	775	138 (17.8)	138 (17.8)	41 (5.3)
1998	302	110 (36.4)	5 (16.6)	0	821	176 (21.4)	164 (19.9)	45 (5.5)
1999	256	98 (38.3)	5 (19.5)	0	740	175 (23.6)	146 (19.7)	49 (6.6)
2000	306	112 (36.6)	4 (13.1)	0	823	193 (23.5)	163 (19.8)	51 (6.2)
2001	353	151 (42.8)	5 (14.2)	1 (28.6)	887	193 (21.8)	135 (15.2)	48 (5.4)
2002	386	151 (39.1)	3 (7.8)	1 (26.1)	902	160 (17.7)	158 (17.5)	41 (4.5)
2003	391	161 (41.2)	6 (15.3)	0	859	200 (23.3)	155 (18.0)	41 (4.8)
2004	387	187 (48.3)	2 (5.2)	0	805	183 (22.7)	141 (17.5)	34 (4.2)
2005	385	160 (41.6)	9 (23.4)	0	1045	272 (26.0)	162 (15.5)	43 (4.1)
2006	431	167 (38.7)	2 (4.6)	0	1122	295 (26.3)	153 (13.6)	28 (2.5)
2007	478	163 (34.1)	9 (18.8)	0	1264	373 (29.5)	141 (11.1)	48 (3.8)
2008	615	236 (38.4)	19*** (30.9)	0	1099	195 (17.7)	123 (11.1)	25 (2.3)
Total	6805	2423 (35.5)	320 (47.0)	6 (0.8)	17443	3020 (20.3)	3316 (19.1)	306 (1.8)

Table 1 shows delivery factors and outcomes for women admitted via maternity waiting area and for them who don't. In 2008 there are 6 maternal deaths/100.000 live births for women who use MWH and 187 maternal deaths/100.000 for women who don't use MWH

CONCLUSION

Maternal and neonatal mortality rates can be decreased gradually by implementing MWHs in rural area . This program is really suitable for developing country which the rates of MMR is still high. Also MWHs can be a potential solution for rural area which accessibility to skilled care is limited. We realize that there are some aspects which could be developed in this scientific poster. We encourage the other authors to do more research about maternity waiting homes in preventing maternal and neonatal death especially in rural area.

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