



ISSUE BRIEF

Integrating Women's Experiences into Efforts to Improve the Quality of Maternity Care

Prioritizing women's perspectives to guide maternal health policies, programs and services

Importance of Quality Care

Although maternal deaths have declined by nearly 40% worldwide over the past two decades¹, maternal mortality continues to be a significant public health challenge. A large proportion of maternal deaths are preventable, especially in countries with limited resources. In low- and lower-middle income countries, almost 60% of preventable deaths are the result of poor quality care.² Quality of maternal health care services is poor in many of the 81 countries that account for 95% of all maternal deaths and 90% of all child deaths worldwide.³

High quality maternal health care sets the foundation for women, children, families, communities and societies to thrive for generations to come.^{4,5} Quality care underpins efforts to build resilient health systems that can manage health emergencies while delivering primary care – saving more lives and advancing equity.

A woman's perception of the care she receives is an integral part of her clinical experience and, therefore, an important consideration in improving the quality of maternity care. Formal channels to solicit and integrate women's perspectives and preferences will fortify and sustain efforts to improve quality throughout the continuum of maternity care, at every level of the health system and for all women everywhere.

60% of preventable deaths are the result of poor quality care



The Importance of Women’s Perspectives in Improving the Quality of Maternity Care

As the Lancet Global Health Commission on High-Quality Health Systems asserted, user experience – in addition to health outcomes, confidence in the health system and system competence – is a key indicator that health systems should measure and report.⁶ Launched at the 2023 International Maternal and Newborn Health Conference, the [joint ENAP/ EPMM framework](#) – Every Newborn Action Plan (ENAP)/ Ending Preventable Maternal Mortality (EPMM) – recognizes ‘community engagement’ and ‘patient and user-reported outcomes on care’ as critical elements of respectful and responsive quality care and promoting the health of women and newborns. Health systems should consider the needs, experiences and preferences of those seeking care and their right to be treated with respect.⁶

“Women know best what they need and that they should be heard, for shared health outcomes.”

**WHAT WOMEN WANT CAMPAIGN
WHITE RIBBON ALLIANCE**

Women’s perspectives and experiences before, during and after childbirth provide critical insights into how to strengthen maternity care for all women – and how to build trust in the health system more generally – and should be a guiding force in developing and implementing equitable solutions. For example, The [What Women Want Campaign](#), led by the White Ribbon Alliance, asked over one million women and girls worldwide about their top priority for quality maternal and reproductive health care services. The results highlighted that women want quality care – care that is respectful and dignified; care that is delivered by competent providers and supported midwives and nurses in clean health facilities; and care that provides available medicines and supplies whenever they are needed.⁷ The campaign emphasized that “women know best what they need and that they should be heard,” and the White Ribbon Alliance has

used the findings to advocate with governments and funders on behalf of women globally. As a result of their global, regional and local advocacy efforts, the White Ribbon Alliance has facilitated over 40 women-centered policy changes in 8 focus countries to strengthen local health systems and care delivery practices in local health facilities to support women and girls.⁸

Women’s experiences of maternity care are especially important to consider given the movement toward value-based payment care models. As governments increasingly link reimbursement and other incentives to the delivery of quality care, women’s experiences must be included in assessments of quality. Maternity care that focuses on women’s needs and treats women respectfully is likely to lead to greater satisfaction as well as better and more equitable health outcomes.⁹

Taking Action to Help Save Women’s Lives

Women must have accurate information to make the right decisions about when, where and how to access care; the tools and support to provide feedback about the care they receive; and an established and valued role in efforts to improve the quality of maternity care. Maternal health policies, programs and practices must integrate what women want throughout the maternity care continuum before, during and after childbirth. To improve quality equitably and sustainably, it is vital that the global health community create durable systems that ask women what they want, listen to what they say, act on their recommendations and be held accountable for doing so.



Recommendations

The World Health Organization's [2016 Standards for Improving Quality of Maternal and Newborn Care in Health Facilities](#) are a significant step toward looking beyond basic service satisfaction measures to get a more comprehensive picture of the quality of care women receive. The standards include indicators to help assess quality, equity and dignity with questions that assess perceptions of respectful care, informed choice about services, mistreatment, communication and effective interactions with health staff.¹⁰ They have been endorsed by the [Quality of Care Network](#) - a broad partnership of committed governments, implementation partners and funding agencies working to improve the quality of care for maternal, newborn and child health.

To support the adoption of these standards, which focus on care in facilities, it is also important to create an enabling policy environment for maternal health programs and services that intentionally and routinely include women's experiences and perspectives in all efforts to improve the quality of maternity care.

Policy

- Establish formal, systematic processes for soliciting and integrating women's priorities in setting policy agendas and include women with lived experience in efforts to shape new policies that affect access to high quality maternity care
- In addition to reviewing all maternal deaths, establish accountability mechanisms to examine cases of women who have experienced a life-threatening childbirth event; ask these survivors for their account of what transpired and how to avoid future "near misses" - and act on those findings
- Require that every maternal death review committee have at least one member who has gone through the maternal health continuum or can speak to a near-miss experience
- Implement all recommendations from maternal death review committees



Programming

- Make sure that women who reflect the communities that programs are aiming to serve have a valued role as well as authority in helping assess the effectiveness of health care service delivery at the local, national, regional and global level
- Support advisory councils, community advisory boards, community needs assessments and participatory research and collaborate with women's groups to solicit women's input on designing strategies and programs to improve maternal health
- Invest in health literacy, proactive engagement and incentives to encourage women's participation in quality improvement efforts, especially women from marginalized communities who are at the greatest risk of poor maternal health outcomes
- Create easy-to-use, accessible platforms to seek and report on women's anonymous and systematic feedback on the care they receive and use this information, including patient-reported outcomes, to guide change in practice

Accountability

- Set benchmarks for patient-centered care to build trust in health systems so that women will seek care for themselves and their families - and measure and report publicly on progress against those benchmarks
- Ensure that women are at the table - and have an equal voice - when reporting and responding to national and community-level data on maternal health
- Develop patient-reported and care experience measures^{11,12}, to assess how well governments, donors, program implementers and communities are integrating women's experiences, views and preferences into efforts to strengthen the quality of maternity care - and publicly report on them
- Make data visible to communities and increase transparency in how policies, programs and services are responding to women's concerns about the quality of maternity care

Examples of How Merck for Mothers is Integrating Women's Experiences in Quality Improvement Efforts

Here are a few examples of recent progress in integrating women's experiences, perspectives and preferences into programmatic and advocacy efforts globally. [Merck for Mothers](#) – Merck's global initiative to help create a world where no woman has to die giving life – is proud to support this work and catalyze improvements in maternal health through financial support and technical expertise.

Including women with lived experience in shaping maternal health policy:

Each year in the US, more than 60,000 women experience a life-threatening complication during pregnancy and childbirth.¹³ The New York City Department of Health and Mental Hygiene analyzed these life-threatening events to understand their prevalence and cost – the [first ever city-wide review of maternal morbidity](#). Similar to racial disparities in maternal mortality at the national level, the analysis determined that Black women experienced severe maternal morbidity at rates three times that of white women across New York City, irrespective of their

income, education, zip code and overall health. The agency is now including the perspectives of women who have experienced a life-threatening childbirth event in maternal death reviews to inform more comprehensive findings and recommendations for change in policy and care. As a result of this work, 49 states, the District of Columbia as well as Philadelphia and Puerto Rico have formal maternal mortality review committees or legal requirements to review pregnancy-related deaths, with 14 states and New York City also including reviews of maternal morbidity cases.¹⁴



Leveraging digital technology to collect and respond to women's feedback:

Despite an increase in the number of women giving birth in health facilities in India, maternal deaths are not declining as much as they should, largely due to poor quality of care. [Together for Her Health](#) is a web and mobile-based platform that educates women on what quality maternity care should look like and offers the opportunity to

anonymously rate the quality of care they receive. Feedback is made available to other women and providers. As a result, providers can use the data to inform quality improvement efforts in their facilities and women are empowered to make more informed choices about the care they want. As of March 2021, Together for Her Health has engaged more than 56,000 women and includes reviews of over 1,200 facilities, helping drive more responsive and better quality care.

Incorporating women's preferences in the design of maternity waiting homes:

A coalition of funders and implementers in Zambia sought to overcome the barriers women from rural and remote areas confront in reaching a facility to give birth by developing a new model of maternity waiting homes. These shelters are located near health facilities where women can stay when they are close to giving birth and immediately thereafter so that they are able to receive timely facility-based obstetric care. The Maternity Waiting Homes Alliance consulted communities and potential users of these shelters to design a sustainable model that better met women's needs. Women responded that their main concerns were over-crowding, poor infrastructure, lack of amenities, and safety and cultural issues. Their views informed the development of both renovated and newly constructed maternity waiting homes that prioritized safety, comfort and access to health services. In three years, more than 10,000 women had stayed in these 24 homes which have become rooted in the communities as self-sustaining social enterprises.

Mobilizing maternal health advocates:

Women's voices remain under-represented in policy discussions and maternal health quality improvement efforts in most countries around the world. [MoMMA's \(Maternal Mortality and Morbidity Advocates\) Voices](#) is the first-ever maternal health patient advocacy coalition in the U.S. MoMMA's Voices amplifies the voices of those who have experienced pregnancy and childbirth complications or loss to ensure they are equipped to partner with providers, researchers, and policy makers to advocate for quality improvements and improve maternal health outcomes. The coalition now has advocates in many states across the country and funding from the U.S. government to help sustain its efforts as part of the country's continued work to improve maternal health.

Amplifying women’s voices to strengthen maternal health policy and accountability:

Simple, accessible tools to capture women’s priorities for their care hold great promise in driving policy and accountability for ensuring high quality maternity care. Building on the successful [What Women Want Campaign](#) global advocacy campaign, the White Ribbon Alliance is expanding this global movement to improve quality maternal and reproductive health care for women, girls and their providers, including midwives. In 2021, the organization launched the digital What Women Want campaign tool through a grant from Merck for Mothers that utilizes WhatsApp and Artificial Intelligence to catalytically crowdsource and analyze feedback from women, girls and midwives on key matters that affect their care, or ability to provide care, including health priorities, policies and practices.

Sharing women’s stories to raise awareness of postpartum complications:

In 2020, the Centers for Disease Control and Prevention (CDC) launched the [Hear Her campaign](#) to raise awareness of the 15 urgent maternal warning signs of health problems that could arise during pregnancy and the postpartum period, when most maternal deaths occur.¹⁵ Hear Her is designed to improve communication between birthing people and their health care providers.^{16,17} The Hear Her campaign shares the stories of women who have experienced pregnancy-related complications, features resources to help people who are pregnant or postpartum share their concerns and underlines the importance of listening to women to ensure they get the care they need. Building on the initial success of the campaign, the CDC is working to release culturally appropriate resources for [American Indian and Alaska Native communities](#), including the stories of five American Indian women who experienced pregnancy-related complications.

Leveraging patient reported outcomes to foster value-based care:

Completing the full continuum of maternal health care helps assure a healthy pregnancy and safe delivery — yet less than 60 percent of women in Kenya receive four or more antenatal care visits.¹⁸ Merck for Mothers is supporting the development and scale of MomCare, a digital platform that helps a woman track and complete her maternal health journey, provide feedback on the care she receives and pay for quality care offered by accredited providers. Providers also use the platform to track their patients’ care, improve the quality of care they offer and increase the speed of receiving payments. To drive value-based care, payers use the platform to access real-time insights on the costs, utilization and outcomes of the maternal health journey.



Personalizing virtual care to support high-risk women:

Maternal morbidity due to indirect causes – such as diabetes, anemia, hypertension and risk factors for pre-eclampsia/eclampsia (PE/E) – is increasing in LMICs, including Nigeria.¹⁹ Merck for Mothers is supporting a consortium – Reducing Indirect Causes for Maternal Morbidity and Mortality (RICOM3) – to better identify, prevent and manage these risk factors throughout pregnancy, reducing the likelihood of poor maternal health outcomes. Through a participatory design that surveyed women to identify and define necessary interventions, RICOM3 is implementing an integrated quality of care model that combines digital and service delivery innovations to provide virtual support to women diagnosed with PE/E risk factors as well as build providers’ clinical capabilities to tailor care and effectively manage risk factors along the pregnancy continuum. As part of this model, mDoc’s women-centered digital platform - CompleteHealth™ - provides women with self-care support across the care continuum through virtual coaches and a multidisciplinary care team that sends health education messages and nudges, answers questions, refers users to primary health providers and develops personalized action plans. This equips women with the knowledge and tools to lead conversations with their care team and advocate for their health knowing the danger signs and symptoms of PE/E.

Launching a quality ecosystem for women’s needs:

Ninety percent of all facility-based maternal deaths in Kenya result from delays in seeking care (33%) and gaps in the quality of intrapartum care (55%). Kenya-based organizations, [Jacaranda Health](#) and [ThinkWell](#), are designing and deploying a Quality Ecosystem that links equitable, evidence-based maternal and newborn health solutions with increased funds to pay for them and data to align them with the needs of mothers at every touchpoint within the health care system. The ecosystem aims to help local health leaders (1) integrate private sector solutions that support moms’ journey and address demand and supply side gaps; (2) implement a proven set of financial tools to increase available funds for MNH priority and redirect funds to high-impact solutions and (3) build a data “backbone” that embeds women’s voices in health systems to identify and address service delivery gaps and helps governments prioritize investments in innovations that map to their priorities. The Kenya-based coalition is currently working in three Kenyan counties to evaluate and scale the public-private partnership to other counties.

Global Call to Action: Integrate Women's Experiences and Perspectives into Efforts to Help Save Women's Lives



Health systems that ask and act on women's views of their maternity care experience are better equipped to deliver the respectful quality care that women deserve. It is essential that women's perspectives take center stage in all initiatives aimed at enhancing maternity care, with maternal health policies, programs, and services aligning with women's preferences. Governments, donors, implementers and communities must put new structures in place to establish formal channels for regularly obtaining feedback and responding to what they learn.

To help create a world where no woman has to die while giving life, we need to incorporate women's experiences in all efforts to improve the quality of care that women receive during pregnancy, childbirth and beyond regardless of where they seek care. Increasing access to high quality care is key to accelerating equitable progress towards achieving the Sustainable Development Goals, advancing Universal Health Coverage and reducing maternal mortality globally.

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