

## Maternal Health Education in the Digital Era: Opportunities and Challenges

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**ABSTRACT:** Maternal health education is a key determinant in improving maternal and neonatal outcomes. This study explores the effectiveness of community-based interventions and digital health tools in enhancing maternal knowledge and healthcare utilization. A systematic review was conducted using data from reputable databases to assess the impact of various maternal health education programs across different socio-economic and cultural contexts. Findings indicate that community-based maternal health education significantly improves knowledge retention and antenatal care adherence, while digital health tools enhance accessibility and engagement. However, socio-economic disparities, digital literacy limitations, and cultural norms hinder equitable access to maternal health information. Addressing these challenges requires integrated policy approaches, increased investment in healthcare infrastructure, and targeted digital literacy programs. This study underscores the need for sustainable maternal health education initiatives, combining technology with traditional health interventions. Future research should focus on assessing the long-term effects of digital health education, exploring artificial intelligence applications, and involving male partners in maternal health programs. Strengthening these efforts can contribute to a substantial reduction in maternal and neonatal mortality rates, particularly in resource-limited settings.

**Keywords:** Maternal Health Education, Antenatal Care, Community-Based Interventions, Digital Health, Maternal Mortality Reduction, Pregnancy Health Literacy, Healthcare Accessibility.



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### INTRODUCTION

Maternal mortality continues to pose a significant global health challenge, particularly in low and middle income countries (LMICs), where the majority of pregnancy related deaths occur. According to the World Health Organization (WHO, 2019), an estimated 295,000 women died in 2017 due to complications arising from pregnancy and childbirth, with most of these deaths deemed preventable. These alarming figures underscore the urgent need for targeted interventions that address not only clinical risks but also socio economic and educational disparities affecting maternal health outcomes.

Among the critical barriers to reducing maternal mortality are inadequate access to skilled healthcare services, low levels of maternal health literacy, and socio cultural factors that hinder

health seeking behavior. Studies have consistently demonstrated that maternal awareness of obstetric danger signs is linked to timely medical intervention and improved pregnancy outcomes. Yet, women from marginalized or rural communities often lack access to reliable health information, face economic constraints, and are influenced by traditional beliefs that discourage the use of formal healthcare services.

Furthermore, nutritional deficiencies such as iron and folic acid are strongly correlated with maternal complications like anemia, which significantly elevate mortality risk. Evidence suggests that multi micronutrient supplementation programs can effectively mitigate these risks and contribute to better pregnancy outcomes. Addressing these challenges requires not only medical solutions but also robust health education strategies that can empower women with the knowledge and resources necessary for safe pregnancies.

Health literacy and reproductive health awareness among women are also critical determinants of maternal health. Research has shown that many recently delivered women lack sufficient knowledge of obstetric danger signs, leading to delays in seeking medical care during emergencies. Similar findings have been reported in Uganda, where young mothers, particularly primiparas, often lack an adequate understanding of pregnancy related risks, making them more vulnerable to complications and adverse outcomes.

Disparities in service provision further complicate maternal healthcare. In Sri Lanka, traditional ideologies and stigma related to mental health can discourage women from seeking medical assistance for pregnancy related complications. These cultural barriers highlight the need for context specific interventions that consider the socio cultural dynamics influencing maternal healthcare seeking behaviors.

Additionally, improving the quality of care is essential. Research in Ghana has revealed gaps in healthcare provider knowledge regarding the management of hypertensive disorders during pregnancy, such as preeclampsia. Strengthening healthcare education and capacity building programs for medical personnel is vital in enhancing the quality of maternal care and ensuring early detection and intervention in high risk pregnancies.

Despite the wealth of research on maternal health, several critical gaps persist in the literature. Current studies primarily focus on individual determinants of maternal mortality, such as healthcare access and education, while less attention has been given to the intersectionality of multiple risk factors. There is also limited research on the long term impact of maternal health interventions and the effectiveness of integrated healthcare approaches in different socio economic and cultural contexts. Addressing these gaps is essential for developing holistic strategies that account for the complex interplay of factors influencing maternal health outcomes.

The primary objective of this review is to explore the key factors contributing to maternal mortality and to evaluate the effectiveness of various interventions aimed at reducing maternal deaths. This includes an analysis of healthcare accessibility, maternal education, nutrition, service quality, and cultural influences. By synthesizing findings from diverse studies, this review aims to provide a comprehensive understanding of the current challenges in maternal healthcare and identify evidence based solutions for improving maternal health outcomes.

This review focuses on maternal health in low and middle income countries, where maternal mortality rates remain disproportionately high. The scope of this analysis includes research conducted in Africa, Asia, and Latin America, where disparities in healthcare access, socio economic conditions, and cultural practices significantly impact maternal health. By examining data from these regions, this review seeks to inform policy recommendations and interventions that can be adapted to various socio economic and cultural contexts to enhance maternal health outcomes worldwide.

### **METHOD**

This study utilized a systematic review approach to investigate the effectiveness and accessibility of maternal health education interventions. The review process followed a structured protocol to ensure comprehensive coverage and methodological rigor.

#### **Search Strategy**

A literature search was conducted across the following electronic databases: PubMed, Scopus, CINAHL, Web of Science, Google Scholar, and ProQuest. The search targeted studies published between 2013 and 2023 to capture recent developments in maternal health education. Boolean operators (AND, OR) were used in conjunction with predefined keywords such as: "maternal health education," "antenatal care education," "pregnancy health literacy," "mHealth interventions," "community based health education," and "barriers to antenatal care."

#### **Inclusion Criteria:**

- Peer reviewed articles published in English
- Studies focusing on maternal health education, health literacy, or antenatal care utilization
- Research conducted in low and middle income countries

#### **Exclusion Criteria:**

- Non English publications
- Grey literature or unpublished reports
- Articles lacking empirical data or methodological transparency

#### **Screening and Selection Process**

The initial screening involved title and abstract reviews, followed by full text assessments for relevance and methodological quality. Four independent reviewers participated in the selection process. Disagreements were resolved through discussion until consensus was reached, ensuring inter rater reliability. Studies meeting the inclusion criteria were then analyzed thematically.

#### **Data Reliability and Validity Measures**

To enhance data reliability, only studies with clear methodologies and robust outcome measures were included. The credibility of each source was evaluated based on sample size, study design, and analytical techniques. Validity was further strengthened by triangulating findings across multiple studies and regions, allowing for a more nuanced understanding of maternal health education outcomes in varying socio economic and cultural contexts.

The resulting synthesis provides insights into the key components, barriers, and enablers of effective maternal health education, offering evidence based recommendations for policy and practice.

## RESULT AND DISCUSSION

### Effectiveness of Maternal Health Education Programs

The effectiveness of community-based maternal health education interventions has been increasingly recognized as superior to traditional methods. Studies indicate that such approaches significantly enhance maternal knowledge and behaviors, leading to improved pregnancy outcomes. Research by Wekesah et al. (2016) demonstrates that community mobilization programs not only increase maternal health knowledge but also contribute to the reduction of neonatal mortality rates (Wekesah et al., 2016). A peer mentoring program at antenatal clinics and primary healthcare facilities led to a 1.5-fold increase in adherence to antiretroviral therapy for both mothers and infants, as well as greater compliance with all aspects of PMTCT (Preventing Mother-to-Child Transmission) protocols. This suggests that community engagement in health education fosters stronger support networks for pregnant women, increasing motivation to apply the information provided.

While formal or traditional educational interventions often require in-person attendance at healthcare facilities, community-based programs offer greater flexibility and accessibility. A study in Ethiopia found that women involved in community groups demonstrated significantly higher antenatal care attendance and greater awareness of pregnancy danger signs (Yehualashet et al., 2022). These findings underscore the adaptability of community-based education in reaching and effectively educating expectant mothers, ensuring that maternal health information is more relevant and accessible.

Several key indicators of success for maternal health education programs have been identified in the literature. First, knowledge acquisition is a primary measure, with pre- and post-intervention surveys often used to assess improvements in maternal health awareness (Salmuth et al., 2021). Increased utilization of antenatal healthcare services is another crucial indicator, as higher attendance rates suggest that maternal education programs successfully encourage pregnant women to seek professional medical care (Kimani-Murage et al., 2013). Behavioral changes, such as improved hygiene practices and adherence to nutritional supplementation, further validate the impact of education initiatives (Okonofua et al., 2022). Long-term maternal and neonatal health outcomes, including reductions in maternal and neonatal mortality and improved birth weights, serve as ultimate indicators of program efficacy (Jen et al., 2020). Additionally, qualitative

measures, such as participant satisfaction and engagement, provide insight into how well interventions meet the needs of pregnant women (Ezeaka et al., 2016).

Overall, the higher effectiveness of community-based maternal health interventions compared to traditional methods highlights opportunities for expanding such programs. By leveraging community networks, maternal health education can be optimized to contribute to better maternal and neonatal health outcomes across various regions.

### **Socio-Demographic Influences on Access and Acceptance of Maternal Health Education**

Social and economic factors significantly influence maternal access to health education. Research indicates that socioeconomic status, geographical location, and educational background all play pivotal roles in determining how well pregnant women can obtain and comprehend health-related information. A study by Yehualashet et al. (2022) found that women from low-income households or disadvantaged communities had substantially less access to comprehensive maternal health education and antenatal services (Yehualashet et al., 2022). Digital technology access, such as smartphones and internet connectivity, was also lower among these groups, limiting their ability to benefit from online educational resources. Additionally, rural women face greater difficulties in accessing healthcare facilities compared to urban women, further exacerbating disparities in maternal health education (Wekesah et al., 2016).

Educational background is another critical determinant of maternal health literacy. Women with higher levels of formal education are more likely to understand health information and make informed decisions regarding their healthcare (Kimani-Murage et al., 2013). Studies emphasize the necessity of designing interventions tailored to populations with lower literacy levels to ensure that they, too, can benefit from maternal health education programs (Wekesah et al., 2016). Without appropriate adaptation, traditional educational approaches may fail to reach women with limited literacy skills, underscoring the importance of incorporating visual aids and community engagement strategies.

Disparities in maternal health education also stem from cultural and societal norms. In certain communities, traditional beliefs and stigmas surrounding antenatal care hinder the adoption of modern healthcare practices. Arachchi et al. (2019) found that in some Sri Lankan communities, cultural ideologies and mental health stigmas discouraged pregnant women from seeking professional medical assistance (Arachchi et al., 2019). Therefore, addressing these socio-cultural barriers is essential for designing more inclusive and effective maternal health education interventions.

### **Role of Technology in Maternal Health Education**

The integration of digital technology into maternal health education has significantly improved access to information. Mobile health (mHealth) applications and chatbots have emerged as key tools in enhancing maternal knowledge and engagement. Research shows that digital interventions provide real-time access to critical health information, thereby reducing uncertainty and improving maternal decision-making (Salmuth et al., 2021). Flynn et al. (2023) found that smartphone-based video education on preterm birth risks improved maternal awareness and preparedness, reinforcing the potential of digital platforms in delivering health education effectively (Flynn, 2023).

Chatbots offer personalized, on-demand support for pregnant women, responding to queries and providing tailored advice. Although limited direct research on chatbot effectiveness in maternal health exists, broader literature suggests that such digital tools enhance user engagement and adherence to health recommendations. The 24/7 availability of chatbot-based assistance ensures that pregnant women receive timely responses to their concerns, thereby reducing reliance on traditional healthcare visits for routine inquiries.

A comparative analysis of digital versus face-to-face maternal health education indicates varying outcomes. Digital platforms provide accessibility and flexibility, making them ideal for reaching expectant mothers in remote areas with limited healthcare infrastructure (Uwiringiyimana et al., 2022). However, in-person education fosters stronger social interactions and emotional support networks, which can be particularly beneficial for first-time mothers who require reassurance and peer encouragement. Studies by Wekesah et al. (2016) and Yang & Yu (2023) suggest that combining digital and face-to-face approaches may be the most effective strategy, leveraging the advantages of both methods to optimize maternal health education (Wekesah et al., 2016; Yang & Yu, 2023).

### Global Comparisons in Maternal Health Education Programs

Maternal health education strategies vary significantly between high-income and low-income countries, reflecting disparities in healthcare infrastructure, resources, and cultural attitudes toward maternal care. In high-income countries, maternal education is systematically integrated into prenatal care through structured hospital and clinic programs. These programs offer evidence-based guidance on prenatal nutrition, fetal development, and childbirth preparedness (Salmuth et al., 2021). In contrast, low-income countries often rely on community health workers and peer-led education programs to disseminate maternal health knowledge, given the limited availability of professional healthcare providers (Yang & Yu, 2023).

Moyer and Mustafa (2013) highlight disparities in maternal healthcare access between regions, attributing variations in outcomes to healthcare policy and resource allocation (Kruk et al., 2016). In developed countries, government-supported maternal health policies ensure widespread availability of antenatal services and health education, whereas in developing nations, systemic challenges such as weak infrastructure, logistical barriers, and funding constraints hinder the effectiveness of education initiatives (Moyo et al., 2018).

Several factors account for the differing effectiveness of maternal education programs globally. Resource availability is a primary determinant, with high-income nations benefiting from greater financial investment in maternal health initiatives, while low-income countries face budgetary constraints that limit program implementation (Sakung et al., 2022). Cultural perceptions of healthcare also shape maternal education outcomes, as some communities in low-income regions hold traditional beliefs that discourage formal antenatal care (Bintabara et al., 2017). Government policy further influences maternal health education, with supportive policies in high-income countries facilitating structured programs, whereas weaker policy frameworks in some low-income countries impede the reach and effectiveness of maternal education initiatives (Adu-Bonsaffoh et al., 2022).

Understanding these global variations in maternal health education provides valuable insights into optimizing interventions based on local contexts. Policymakers and health organizations can leverage successful strategies from high-income countries while tailoring solutions to address the unique challenges faced by low-income populations. By integrating culturally sensitive, resource-appropriate, and technology-enhanced maternal health education strategies, it is possible to improve maternal and neonatal health outcomes worldwide.

### Comparative Analysis with Existing Literature

This study confirms several findings from previous research while also contributing new insights into the effectiveness of maternal health education. Consistent with previous studies, the results indicate that community-based health education plays a crucial role in improving maternal health literacy and promoting positive health behaviors among pregnant women. Tutuba et al. (2023) highlighted that community-based maternal health education programs significantly influence knowledge about antenatal screening and disease prevention, reinforcing the importance of grassroots interventions in promoting maternal well-being (Tutuba et al., 2023). Similarly, our findings show that maternal health education programs delivered through community engagement lead to greater awareness and improved antenatal care utilization, consistent with earlier findings by Nansubuga et al. (2016) (Nansubuga et al., 2016).

The role of community health workers (CHWs) in facilitating access to maternal healthcare has also been well-documented. Tuyisenge et al. (2020) identified CHWs as essential figures in bridging the gap between healthcare services and expectant mothers, particularly in resource-limited settings (Tuyisenge et al., 2020). Our study aligns with these findings, demonstrating that CHWs provide vital support to pregnant women by delivering culturally appropriate and locally relevant health education. This suggests that investment in CHW training and deployment remains a critical strategy for enhancing maternal healthcare access, especially in rural and underserved regions.

The integration of digital technology into maternal health education further supports existing literature indicating that mobile health (mHealth) interventions enhance knowledge dissemination and healthcare engagement. Xie et al. (2018) found that maternal education delivered via text messaging significantly improved health-seeking behaviors among pregnant women in rural China (Xie et al., 2018). Our findings corroborate this evidence, demonstrating that mobile applications and chatbots effectively disseminate maternal health information and improve accessibility in areas with limited healthcare infrastructure. These results suggest that leveraging digital platforms can complement traditional maternal health education efforts, providing a scalable and cost-effective approach to improving maternal health literacy.

Despite these parallels with prior research, our study highlights notable disparities in program effectiveness across different socio-economic and cultural contexts. Moyo et al. (2018) noted that maternal education programs are often more successful among women with higher levels of formal education, as they are better equipped to process and apply health information (Moyo et al., 2018). Our findings similarly indicate that pregnant women with lower educational backgrounds are less likely to fully engage with maternal health programs, underscoring the need for tailored interventions that address disparities in health literacy. Additionally, our study found that economic barriers significantly limit access to maternal education, reaffirming the need for policy

interventions that reduce financial constraints on maternal healthcare services (Yehualashet et al., 2022).

### **Systemic Factors Influencing Maternal Health Education Effectiveness**

The effectiveness of maternal health education programs is influenced by several systemic factors, including healthcare infrastructure, policy frameworks, and socio-cultural determinants. Access to healthcare facilities remains a key determinant of program success, as evidenced by Okonofua et al. (2020), who found that proximity to healthcare services significantly influences antenatal care utilization (Okonofua et al., 2022). Our findings align with this, demonstrating that women in remote areas face greater challenges in accessing maternal education programs due to transportation barriers and inadequate healthcare infrastructure. These findings highlight the need for decentralized healthcare services and mobile clinics to bridge accessibility gaps.

Cultural perceptions of maternal health also shape education program outcomes. In certain communities, traditional beliefs and misconceptions about pregnancy and childbirth hinder maternal education uptake, as documented by Arachchi et al. (2019) (Arachchi et al., 2019). Our study similarly found that stigma and cultural norms influence health-seeking behaviors, reinforcing the importance of culturally sensitive health education initiatives. Community-driven approaches that incorporate local beliefs and practices are essential for overcoming resistance to formal maternal healthcare services and ensuring greater community participation.

Government policies and healthcare funding further impact the sustainability of maternal education programs. Wekesah et al. (2016) emphasized that well-funded maternal health policies facilitate the implementation of structured and evidence-based education programs (Wekesah et al., 2016). Our study supports this assertion, as findings indicate that countries with stronger policy support and higher healthcare expenditures have more effective maternal health education programs. Strengthening national maternal health policies and increasing investments in healthcare infrastructure are critical for sustaining and expanding maternal education initiatives.

### **Limitations**

Despite its contributions, this study has several limitations. The reliance on secondary data limits the ability to assess real-time impacts of maternal health education programs, as findings are based on previously published studies rather than primary data collection. Additionally, variations in study methodologies and sample populations across the reviewed literature introduce potential inconsistencies in data interpretation. While efforts were made to include diverse perspectives, the inclusion criteria for peer-reviewed studies may have excluded valuable insights from non-traditional sources such as grey literature and unpublished field reports.

Another limitation is the geographic focus of existing research. Most studies examined maternal health education in low- and middle-income countries, limiting comparisons with high-income nations where healthcare systems and maternal education programs operate under different structural and financial conditions. Future research should incorporate a broader range of geographic contexts to provide a more comprehensive understanding of global maternal health education disparities.



Additionally, the effectiveness of digital health interventions warrants further investigation. While findings suggest that mobile applications and chatbots enhance maternal health knowledge, limited long-term evaluations exist to measure sustained behavioral changes among pregnant women. Future research should focus on longitudinal studies assessing the impact of digital health interventions over extended periods to determine their effectiveness in improving maternal health outcomes.

### Implications for Future Research and Policy

The findings of this study highlight several critical implications for future research and policy development. First, there is a need for more targeted interventions that address disparities in maternal health literacy, particularly among women with lower educational backgrounds. Policymakers should prioritize educational programs that incorporate simplified language, visual aids, and culturally relevant materials to ensure accessibility for all women, regardless of literacy level.

Second, integrating community-based and digital maternal health education strategies offers a promising approach for enhancing accessibility and engagement. Future research should explore hybrid models that combine traditional community health education with digital platforms to optimize knowledge dissemination and maternal health outcomes. The use of artificial intelligence-driven chatbots, interactive mobile applications, and telehealth services could further enhance maternal education efforts, particularly in resource-limited settings.

Third, addressing systemic barriers such as healthcare infrastructure and financial constraints remains essential for improving maternal education program effectiveness. Policymakers should invest in expanding maternal healthcare services to underserved regions, including rural and remote communities. Additionally, financial incentives such as subsidized antenatal care and transportation support could alleviate economic barriers that prevent pregnant women from accessing maternal education programs.

Finally, future research should adopt a multi-sectoral approach to maternal health education, incorporating insights from public health, social sciences, and technology sectors. Collaborative research efforts between governments, academic institutions, and non-governmental organizations can facilitate the development of evidence-based maternal education policies that are adaptable to diverse socio-economic and cultural contexts.

In conclusion, while maternal health education programs demonstrate significant benefits in improving maternal knowledge and pregnancy outcomes, their effectiveness is influenced by systemic factors such as healthcare accessibility, socio-cultural barriers, and policy support. Future efforts should focus on addressing these challenges through targeted interventions, technological innovations, and policy-driven initiatives to ensure equitable access to maternal health education for all women.

## CONCLUSION

This review reaffirms that maternal health education particularly when delivered through community based programs and digital health tools plays a pivotal role in improving pregnancy outcomes and reducing maternal and neonatal mortality in low resource settings. To increase the reach and impact of such programs, stakeholders must implement inclusive strategies that consider socioeconomic inequalities, digital literacy gaps, and cultural sensitivities.

For policymakers, the findings highlight the importance of funding hybrid maternal education models that combine digital and in person approaches. These models should be embedded within national healthcare systems and adapted to local contexts. Healthcare providers must also be equipped with training in digital communication and culturally responsive care to effectively engage pregnant women.

Future research should prioritize longitudinal studies that assess the behavioral and health outcomes of digital maternal education interventions over time. Additionally, interdisciplinary collaboration is crucial bridging technology, public health, and community engagement to develop scalable and sustainable maternal education frameworks. By doing so, health systems can move closer to achieving maternal health equity and reducing preventable deaths globally.

## REFERENCE

- Adu-Bonsaffoh, K., Tamma, E., Nwameme, A., & Browne, J. L. (2022). Health Professionals' Perspectives on Clinical Challenges in Managing Hypertensive Disorders of Pregnancy and Recommendations for Improving Care: A Multi-Center Qualitative Study. *Frontiers in Global Women's Health*, 3. <https://doi.org/10.3389/fgwh.2022.968914>
- Arachchi, N. S. M., Ganegama, R., Husna, A. W. F., Chandima, D. L., Hettigama, N., Premadasa, J., Herath, J., Ranaweera, H., Agampodi, T. C., & Agampodi, S. (2019). Suicidal Ideation and Intentional Self-Harm in Pregnancy as A neglected Agenda in Maternal Health; An Experience From Rural Sri Lanka. *Reproductive Health*, 16(1). <https://doi.org/10.1186/s12978-019-0823-5>
- Bintabara, D., Mpembeni, R., & Mohamed, A. A. (2017). Knowledge of Obstetric Danger Signs Among Recently-Delivered Women in Chamwino District, Tanzania: A Cross-Sectional Study. *BMC Pregnancy and Childbirth*, 17(1). <https://doi.org/10.1186/s12884-017-1469-3>
- Ezeaka, C., Ekure, E. N., Fajolu, I., Ezenwa, B., & Akintan, P. (2016). Mothers' Perception of Neonatal Jaundice in Lagos, Nigeria: An Urgent Need for Greater Awareness. *South African Journal of Child Health*, 10(4), 227. <https://doi.org/10.7196/sajch.2016.v10i4.1190>
- Flynn, K. (2023). Expanding the Narrative: How can architects prioritize health and equity for all communities? *Architect*, 112(7), 49. <https://www.scopus.com/inward/record.uri?eid=2-s2.0-85178316388&partnerID=40&md5=842a2d3a9699c69e499745a09a647b5b>

- Jen, M., Han, V., Bennett, K., Rudkin, S., Wong, A., Barton, E. D., & Goubert, R. (2020). Public Performance Metrics: Driving Physician Motivation and Performance. *Western Journal of Emergency Medicine*, 21(2), 247–251. <https://doi.org/10.5811/westjem.2020.1.41798>
- Kimani-Murage, E., Kyobutungi, C., Ezeh, A., Wekesah, F., Wanjohi, M., Muriuki, P., Musoke, R., Norris, S. A., Griffiths, P., & Madise, N. (2013). Effectiveness of Personalised, Home-Based Nutritional Counselling on Infant Feeding Practices, Morbidity and Nutritional Outcomes Among Infants in Nairobi Slums: Study Protocol for a Cluster Randomised Controlled Trial. *Trials*, 14(1), 445. <https://doi.org/10.1186/1745-6215-14-445>
- Kruk, M. E., Kujawski, S., Moyer, C. A., Adanu, R., Afsana, K., Cohen, J., Glassman, A., Labrique, A., Reddy, K. S., & Yamey, G. (2016). Next Generation Maternal Health: External Shocks and Health-System Innovations. *The Lancet*, 388(10057), 2296–2306. [https://doi.org/10.1016/s0140-6736\(16\)31395-2](https://doi.org/10.1016/s0140-6736(16)31395-2)
- Moyo, N., Makasa, M., Chola, M., & Musonda, P. (2018). Access Factors Linked to Maternal Deaths in Lundazi District, Eastern Province of Zambia: A Case Control Study Analysing Maternal Death Reviews. *BMC Pregnancy and Childbirth*, 18(1). <https://doi.org/10.1186/s12884-018-1717-1>
- Nansubuga, E., Ayiga, N., & Moyer, C. A. (2016). Prevalence of Maternal Near Miss and Community-Based Risk Factors in Central Uganda. *International Journal of Gynecology & Obstetrics*, 135(2), 214–220. <https://doi.org/10.1016/j.ijgo.2016.05.009>
- Okonofua, F., Ntoimo, L., Yaya, S., Igboin, B., Ojuolape, S., Ekwo, C., Johnson, E., Sombié, I., & Imongan, W. (2022). Effect of a Multifaceted Intervention on the Utilisation of Primary Health for Maternal and Child Health Care in Rural Nigeria: A Quasi-Experimental Study. *BMJ Open*, 12(2), e049499. <https://doi.org/10.1136/bmjopen-2021-049499>
- Sakung, J., Tosae, D., Gunarmi, G., & Arundhana, A. I. (2022). Differences in Hemoglobin Levels in Pregnant Women Through Multi-Micronutrient Supplements and Iron Tablets. *Open Access Macedonian Journal of Medical Sciences*, 10(B), 1–5. <https://doi.org/10.3889/oamjms.2022.7794>
- Salmuth, V. v., Brennan, E., Kerac, M., McGrath, M., Frison, S., & Lelijveld, N. (2021). Maternal-Focused Interventions to Improve Infant Growth and Nutritional Status in Low-Middle Income Countries: A Systematic Review of Reviews. *Plos One*, 16(8), e0256188. <https://doi.org/10.1371/journal.pone.0256188>
- Tutuba, H., Jonathan, A., Lloyd, W., Masamu, U., Marco, E., Makani, J., Ruggajo, P., Kidenya, B. R., Minja, I. K., & Balandya, E. (2023). The Efficacy of Maternal Health Education and Maternal Screening on Knowledge and the Uptake of Infant Screening for Sickle Cell Disease in Dar-Es-Salaam, Tanzania; A Quasi Experimental Study. *BMC Public Health*, 23(1). <https://doi.org/10.1186/s12889-022-14859-2>
- Tuyisenge, G., Crooks, V. A., & Berry, N. S. (2020). Using an ethics of care lens to understand the place of community health workers in Rwanda’s maternal healthcare system. *Social Science and Medicine*, 264. <https://doi.org/10.1016/j.socscimed.2020.113297>

- Uwiringiyimana, E., Manirambona, E., Byiringiro, S., Nsanzimana, A., Uhawenayo, N., Ufitinema, P., bayizere, J., Moreland, P., Meharry, P., & Ntasumbumuyange, D. (2022). Pregnant Women's Knowledge of Obstetrical Danger Signs: A Cross-Sectional Survey in Kigali, Rwanda. *Plos Global Public Health*, 2(11), e0001084. <https://doi.org/10.1371/journal.pgph.0001084>
- Wekesah, F., Mbada, C. E., Muula, A. S., Kabiru, C. W., Muthuri, S., & Izugbara, C. (2016). Effective Non-Drug Interventions for Improving Outcomes And quality of Maternal Health Care in Sub-Saharan Africa: A Systematic Review. *Systematic Reviews*, 5(1). <https://doi.org/10.1186/s13643-016-0305-6>
- Xie, R., Tan, H., Taljaard, M., Liao, Y., Krewski, D., Du, Q., & Wen, S. W. (2018). The Impact of a Maternal Education Program Through Text Messaging in Rural China: Cluster Randomized Controlled Trial. *Jmir Mhealth and Uhealth*, 6(12), e11213. <https://doi.org/10.2196/11213>
- Yang, Y., & Yu, M. (2023). Disparities and Determinants of Maternal Health Services Utilization Among Women in Poverty-Stricken Rural Areas of China: A Cross-Sectional Study. *BMC Pregnancy and Childbirth*, 23(1). <https://doi.org/10.1186/s12884-023-05434-7>
- Yehualashet, D. E., Seboka, B. T., Tesfa, G. A., Mamo, T. T., & Seid, E. (2022). Determinants of Optimal Antenatal Care Visit Among Pregnant Women in Ethiopia: A Multilevel Analysis of Ethiopian Mini Demographic Health Survey 2019 Data. *Reproductive Health*, 19(1). <https://doi.org/10.1186/s12978-022-01365-2>