

The Positive Outcomes of the FreMo Approach

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This article highlights the positive outcomes of the FreMo approach and the psychological factors affecting conception, pregnancy, labor, birth, and postpartum. The care at FreMo Medical and Birth Centre is uncomplicated and delicate, aiming to support natural childbirth. It emphasizes informed choice and has a natural birth rate of 96 percent. The pillars of maternal care at FreMo are compassionate care, safe services, privacy and confidentiality, dignity and comfort, and community support. Our vision is a world where every woman is supported, respected, and appreciated throughout her pregnancy, birth, and motherhood journey. We believe every woman deserves access to the information, resources, confidence, and support she needs to have the best possible experience. In this world, every baby would have a fair and equal chance at life and love.

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Moffat Osoro, MA is a psychologist in Nairobi, Kenya, and the founder of FreMo Medical and Birth Centre. In 2009, with only \$1,000, Moffat started the facility to offer affordable, quality, and accessible medical care to the people of the Kawangware informal settlement on the outskirts of Nairobi. Moffat's brother, Fred Sagero, joined the initiative two years later. The center has now attracted global attention for its better and gentler medical care to families and women. In June 2011, Australian midwife Vicki Chan joined Moffat as a co-founder. Together, they have established the gentle care culture of birthing at the center. Drawing on his experience with FreMo, Moffat wrote a chapter for the best-selling book "*Womb to Thrive: The Missing Keys to Heal Yourself, Your Family and the Planet*" (Gerland, 2022).

Psychological Factors Affecting Conception, Pregnancy, Labor, Birth, and Postpartum

Preconception Counseling

In Kawangware, mothers do not come in for preconception counseling or information. Those who come to the center seek medical check-ups after trying to conceive. Others come after a miscarriage or after failure to procure an abortion. Preconception counseling is unknown here by definition. We understand preconception counseling as an appointment with a healthcare provider that is used to plan for a future pregnancy. Family history, risk factors, medical conditions, and lifestyle are discussed. This appointment is important for a planned and healthy pregnancy. However, in Kawangware, the community is impoverished. Getting preconception information is unheard of or, if known, would be considered a luxury. Counseling becomes necessary when a woman has difficulty conceiving, but at this point, it may be riskier or unsuccessful. Preconception and conception counseling are critical for saving babies and reducing parents' psychological stress. Information and resources are paramount in reducing the burden of trauma and ensuring mothers stay healthy and their babies remain healthy, protected, and safe. It is recommended that all women undergo medical check-ups before conceiving to ensure a healthy pregnancy and delivery. Governments should ensure that perinatal medical care is available in a friendly and supportive environment.

Challenges During Pregnancy

In most informal settlements (e.g., Kawangware), people experience more violence than in other neighborhoods. Challenges of poverty, lack of education, and negative peer influences, including drug abuse, smoking, and alcoholism, are common. Raising normal children in abnormal settings can be very demanding. Informal settlements are hubs of conflict, fighting, muggings, robberies, rape, and other injustices. This is the norm for the youths living there. The seeds of animosity are planted long before their birth. How do you develop strategies promoting peace, harmony, and love? FreMo Medical and Birth Centre was established to address the community's distress.

FreMo Medical and Birth Centre serves members of the Kawangware community. The care provided at FreMo is simple, straightforward, and compassionate. It is delivered with a sense of normalcy, making patients feel comfortable. Attending prenatal classes can be challenging, but it is a beautiful and loving experience for mothers. Our focus is to promote self-love and acceptance, supporting those with emotional baggage. Many of our female patients find it difficult to imagine a different life. To them, it sounds like a myth. We aim to prove them wrong in every possible way without manipulation. Our prenatal care comes with a package. Antenatal care aims to diffuse fear by putting skills into action and emphasizing safety, healthy eating habits, and drinking clean water during pregnancy. We encourage and fully support the participation of partners and immediate family members. We empower individuals by guiding them to prioritize self-care, self-assertion, self-love, and self-awareness.

Empowering Pregnant Women

Enabling individuals to acquire skills and knowledge can catalyze personal and social growth, empowering them to overcome challenges and reach their full potential. Our role at FreMo Medical and Birth Centre is to support mothers and families throughout the birthing process, enabling them to have beautiful and positive experiences.



Women Attending Prenatal Circle

Antenatal care patients who come to our center face serious social, cultural, financial, and economic challenges. Our form of empowerment does not directly solve these problems. However, it serves as a foundation for women to recognize their true potential and understand what is necessary for them to participate in the journey of pregnancy, empowerment after birth, and successful parenting. Without such a foundation, the whole motherhood and family care process will be in jeopardy. During the enrollment interview, we discuss a woman's ability to conceive and carry a healthy pregnancy to term. We will also evaluate the level of support she has to help her achieve a successful natural birth and raise her baby with a sense of pride and fulfillment.

In many settings, women are only valued for their ability to bear children and care for their families. Prejudice must be eliminated, allowing women to be seen as persons capable of decision-making and family-raising with support and empowerment rather than as objects of delivery. By the time most women seek antenatal care or give birth, they have already endured prejudice, abuse, and ridicule. Proper counseling and positive assurance are needed to overcome cultural barriers and beliefs. Our partnership is a genuine collaboration. We ensure that husbands are welcomed and encouraged to participate fully in the journey towards birth. Our care is incomplete without their attendance.

In the beginning, when we proposed such a partnership, we were ridiculed by many in the community who thought involving men during pregnancy and birth was a myth. Most of our male clients hold traditional beliefs. We started with disappointment, but soon, the men gave in and came aboard. When a man is fully involved in pregnancy and childbirth, he is more likely to support his partner by providing proper nutrition, emotional support, and physical assistance in various activities at home and outside. The husband or partner becomes involved in the pregnancy journey by practicing responsible sex and preparing for the baby by providing resources to support the mother and the unborn child. It is easier to manage expectations about the gender of the baby if the parents are coached early to love and nurture the baby equally, regardless of its sex.



Babies Born at FreMo



Happy Couple at Postnatal Room

Supporting women during pregnancy and birth reduces complications. A woman who is physically and mentally healthy during pregnancy, receives proper nutrition, and is supported by her partner is likely to have a smoother and less stressful pregnancy. This environment can create a welcoming and friendly atmosphere for the baby's arrival. Miscarriages and other gestational

complications are reduced, making pregnancy expectations of both mother and provider a reality.

During pregnancy and postpartum, resources are essential. Midwives at FreMo gather information on how the mother and baby will be fed after birth. Mother and baby should be nourished through proper healthy feeding methods. It is essential to ensure that food is available for the mother to ensure adequate milk production during breastfeeding. If the mother is single, it is important for her to establish a support system and plan for her life after hospital discharge. For those who are married, the mother and father are encouraged to create a plan together and put resources in place for the postpartum period. Women are encouraged to join a welfare community group or start saving little by little as they approach the last trimester of their pregnancy. They are also counseled on how to care for the baby once they resume their normal work duties. The outreach program pays visits to patients' homes and ensures that they follow the information provided by the midwives and receive support at home. Those who may be able to pay the little fee attached to our care are advised to deposit it in installments.

Most women are unaware of their roles and rights during pregnancy and birth. Often, women surrender their bodies to providers who make decisions for them and provide or withhold information, some of them with ulterior motives. Part of the empowerment we propose is providing information so the mother can consent and make decisions based on what she knows is safe for her and the unborn. When a woman chooses her path of pregnancy and after birth realizes that her path was honored and respected, she feels empowered, and her happiness will guide her as a mother and woman. By empowering through social justice, compassion, and dignity, the providers play their part and honor their duty of preparing the woman for motherhood and raising her infant with joy, appreciation, and gratitude.

Birth and Perinatal Environment at FreMo

The FreMo team in Nairobi has successfully influenced better birth practices towards normalcy and gentleness in just a couple of years. The FreMo dream was to share the beauty of birth with pregnant women, birthing women, and the community. The prenatal and perinatal care in FreMo is offered in an environment of love, gentleness, and kindness. This relieves stress and external pressure that, in one way or another, may bring tension and

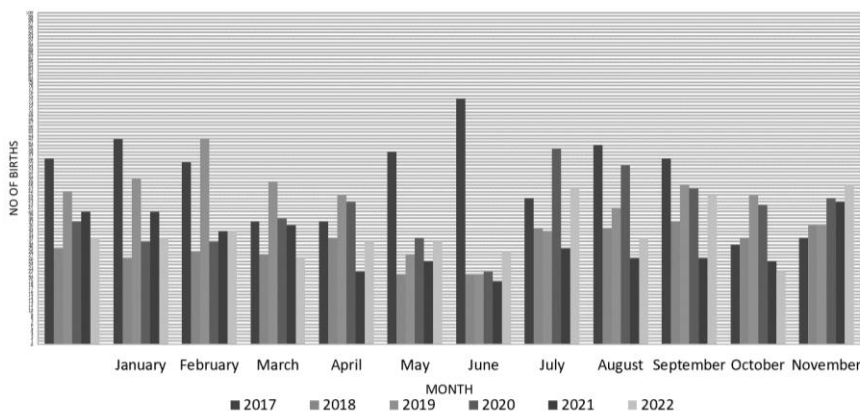
complications to the laboring mother.

Skills are ever-present, virtues are the tools of facilitation, and the recognition of inherent dignity is upheld with grace. The center provides safety with the availability of emergency care when needed and timely referrals to strengthen care. The referrals are rare, and the outcomes after referrals are positive. The National Referral Hospital in Nairobi is the choice of Fremo, where an emergency call is made before transfer. The hospital then prepares to receive the mother. An emergency team of skillful staff waits for the mother's safe arrival in a van. All birthing mothers stabilized are discharged to go home and can be reached by our skilled midwifery outreach team.

Table 1

Births at FreMo

	2017	2018	2019	2020	2021	2022
January	56	29	46	37	40	32
February	62	26	50	31	40	32
March	55	28	62	31	34	34
April	37	27	49	38	36	26
May	37	32	45	43	22	31
June	58	21	27	32	25	31
July	74	21	21	22	19	28
August	44	35	34	59	29	47
September	60	35	41	54	26	32
October	56	37	48	47		45
November	30	32	45	42	25	22
December	32	36	36	44	43	48

Figure 1*Births at FreMo 2017-2022*

Our outreach program aims to reach with care at the mothers' homes. The audit done at home gives a scorecard of whether this mother is fully supported or if she can benefit from getting help. We monitor the baby's health, growth, and development with continued child welfare clinics. Our nutritionist specialists address any malnutrition. Our prevention of mother-to-child transmission is 100%, and our family planning absorption is well received. There are cervical screening and comprehensive care clinics for HIV mothers and their families.

Postpartum at FreMo—Midwife Outreach

In December 2012, we started a postnatal outreach program to support mothers discharged from our center and those who have given birth in other health centers and hospitals within our local community. We initiated postnatal outreach immediately after discharge based on the needs and concerns of our birthing mothers. The mothers we serve directly communicate with the clinic through midwives or doctors. We discharge our mothers after birth depending on their stability and the fact that most of the women find it comfortable and familiar when they are transferred home to their immediate families. We discharge them when we determine they are medically stable to go home. From research and practical experience, we realize that some

complications can arise even after discharge, which we did not anticipate or predict; therefore, postnatal follow-up is needed to ensure mother and baby are well taken care of, and if any complications arise, they shall be well taken care of.

A typical outreach day starts with the midwife and her assistant calling the mother at home to get confirmation of her availability, convenience, and willingness to let them go to visit her. After getting confirmation and locating the physical address, off they go. The midwives adhere to visitors' etiquette and professional medical ethics at patients' homes. They carry equipment (medical) and other essential supplies for their job. Equipment includes a blood pressure machine, a stethoscope, a hemoglobin machine, a portable pediatric scale, gloves, tissues, and a thermometer. On arrival, they explain to the mother and family the reason for the visit and request that they see the baby. The mother may refuse or accept. Referring to the hospital's discharge summary, midwives look at what was written and ask the mother whether she has adhered to what the doctor had recommended.

Baby

When visiting the mother at home, the first question will be whether the mother will allow the baby to be examined. Some women, perhaps out of cultural beliefs, opt to say no, giving excuses like it is too cold, the baby is asleep, or the mother does not want to disturb it. When able, the midwives do check-ups and examinations that include checking the baby's weight and vital signs, checking the skin and umbilical cord, asking whether the baby is crying a lot, and frequency of urine and stool passage; assisting with cleaning and or bathing of the baby and inquiring about breastfeeding, the breastfeeding technique, and addressing any other breastfeeding concerns.

Mother

The midwives also care for the mother. They check her general body condition and vital signs. They check for anemia if the mother lost significant amounts of blood during birth or if her Hemoglobin was low during pregnancy and childbirth. The midwives examine her breasts for cracked nipples, engorging, tenderness, and infection and her abdomen to ensure the uterus has contracted and if there is tenderness while also assessing bleeding and any other discharge. Calves are assessed for pain and pedal edema.

Lacerations and birth wounds, if present, are tended to. If the midwife finds any abnormalities and concerns, she will address them at home or return the mother to the clinic.

Benefits

Our practice of care is an example of how to diagnose neonatal sepsis and how to treat it early and overcome the trap of neonatal deaths. Neonatal sepsis is “an infection involving the bloodstream in infants less than 28 days old” (Singh et al., 2022). The support that new mothers get 48-72 hours after birth and other regular visits after birth help deal with postpartum complications that might occur after discharge from the birth center.

We promote exclusive breastfeeding. Without appropriate advice and information, many mothers, when not producing enough breastmilk, opt for other options for feeding their newborn, including formula milk and other processed milk. At our center, they get support on how to express and breastfeed and information about the dangers associated with non-exclusive breastfeeding, which can decrease the baby’s immunity and normal growth. We insist on proper umbilical cord care and hygiene because this can be a way to tame earlier cases of bacterial infections and unnecessary use of antibiotics for newborns.

At FreMo, we believe in appropriate family planning. Recently, a mother called the clinic to find out whether she had conceived. This happened two weeks after she had been discharged from the hospital after birth. She was unfamiliar with postpartum sex and family planning methods. There was another case with a mother who had given birth six months ago and wanted to consult the doctor at the clinic. After running a few tests, the doctor confirmed her worst fears: she was pregnant again. Family planning counseling during outreach is a time to guide and inform. It provides an opportunity for women to access information on appropriate and preferred family planning methods so that they do not fall victim to unwanted pregnancies and unsafe abortions (abortion is illegal in Kenya) during postnatal care.

Challenges

Our center faces the problem of insufficient personnel. Sometimes, when more women come in for a birth, the midwives have no choice but to take care of the mothers in advanced labor and plan other appointments when they are less busy. Attending to patients becomes tricky during weekends when our midwives alternate being off duty. Some women, because of the poverty they experience, feel embarrassed to welcome visitors to their shanty homes and, therefore, offer excuses for not welcoming the midwives. Furthermore, it becomes hard to access most of their homes because they are deep inside the informal settlements, and therefore, the distances covered fatigue the midwives trying to access those families.

Some women, due to their cultural beliefs, do not allow strangers to see their babies until they have reached a certain age. The weather also plays a role. During the rainy season, it is difficult to access certain sections of the slums because the paths and roads are almost impassable because of poor drainage and mud. An African belief exists that you must bring gifts for the unborn and the mother whenever you visit a newborn. When the midwives call, some mothers are happy, thinking some goodies are coming, but if one visits empty-handed, one should be prepared for a negative reception.

Conclusion

Our main purpose is to propagate love and self-acceptance. The women we work with find it hard to believe that a life of normalcy exists. We set a tone to prove them wrong in all ways possible but without manipulation. Our prenatal care comes with a package. Antenatal care diffuses fear by putting skills into action, emphasizing safety, healthy eating habits, and drinking plenty of clean water during pregnancy. Partners and immediate family members are encouraged to participate and provide full support. We instill confidence and appreciativeness when guiding future parents through the need for proper self-care, self-assertion, self-love, and self-consciousness. Our maternal care package is that of empowerment. The support from labor to birth gives families wings of hope to reclaim their inherent dignity. This tangible difference in the lives of our patients comes from providing a compassionate, favorable, kind, and loving environment.

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