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Policy Brief

Bridging the Gap: Benchmarking Mamacare360 Against Global Antenatal Care Standards

The Wellbeing Foundation Africa
Directorate of Policy, Advocacy, Innovation, Research & Development | 2026

POLICY BRIEF · MATERNAL HEALTH · NIGERIA

Bridging the Gap:

Benchmarking Mamacare360 Against Global Antenatal Care Standards

Wellbeing Foundation Africa | Rasheed Yusuf, Directorate of Policy, Advocacy, Innovation, Research & Development | 2026

KEY MESSAGE

Nigeria accounts for approximately 20% of global maternal deaths. Closing this gap requires not just more antenatal visits — but better quality of what happens during them. Mamacare360 has reached over 71,000 pregnant women across 60+ facilities with structured, midwife-led antenatal education. This benchmarking analysis shows where it stands against global standards — and what targeted investments could make it a scalable national model.

PROGRAMME AT A GLANCE

71K+	60+	8	5/5	2/5
Pregnant women reached (2024)	Healthcare facilities	Years operating	Full alignment: health education	Lowest: mental health screening

POLICY CONTEXT

Nigeria accounts for approximately 20% of global maternal deaths, with a maternal mortality ratio of 1047 deaths per 100,000 live births (WHO, UNICEF, UNFPA, 2023). Despite broad alignment of national frameworks with global standards under the RMNCAEH+N Strategy (2022–2026), implementation gaps remain significant particularly in health education quality, mental health integration, and continuity of care.

Antenatal care (ANC) is the single most critical entry point for improving maternal and newborn outcomes. While ANC attendance has improved nationally, quality of services received varies widely across facilities. Structured maternal health education, early detection of complications, and psychosocial support remain inconsistently delivered.

WHO Standard

Minimum 8 antenatal contacts; respectful maternity care; nutritional interventions; routine screening; integrated psychosocial support

NICE NG201 Standard

Individualized antenatal care planning; continuity of midwifery care; mental health integration; structured partner and family engagement

THE MAMACARE360 PROGRAMME

Mamacare360 is a flagship maternal health education programme of the Wellbeing Foundation Africa. It provides structured antenatal and postnatal education delivered through trained midwives within healthcare facilities, operating alongside routine antenatal services. By 2024, it reached over 71,000 pregnant women across more than 60 healthcare facilities in Nigeria.

Core programme components include:

- Structured maternal health education sessions: pregnancy nutrition, danger sign recognition, hygiene, birth preparedness, and new born care.
- Breastfeeding counselling and preparation, including early initiation and exclusive breastfeeding promotion.
- Birth preparedness and complication readiness planning.
- Personal, social, and health education (PSHE) for pregnant women and their families.
- Peer mentorship and community support network activation.
- Postnatal education and follow-up support.

BENCHMARKING FINDINGS: ALIGNMENT WITH WHO & NICE STANDARDS

The analysis assessed Mamacare360 across six thematic domains derived from WHO (2016) and NICE NG201 (2021) antenatal care guidelines, using a five-point alignment scale.

Domain	Score	Alignment Level	Visual
Maternal Health Education	5/5	FULL	
Organization & Delivery	4/5	HIGH	
Equity & Inclusion	4/5	HIGH	
Screening & Diagnostics	3/5	MODERATE	
Partner Engagement	3/5	MODERATE	
Mental Health Integration	2/5	LOW	

Table 1: Mamacare360 Alignment with WHO & NICE Antenatal Care Standards

Areas of Strength

Maternal Health Education — Full Alignment (5/5)

Mamacare360's strongest asset. Comprehensive modules cover pregnancy nutrition, danger signs, hygiene, breastfeeding preparation, newborn care, and birth preparedness delivered consistently by trained midwives across all sites. This directly addresses one of Nigeria's most critical maternal health gaps: low health literacy and inadequate preparation for complications.

Organization & Delivery — High Alignment (4/5)

Sessions are scheduled to coincide with routine ANC clinic attendance, creating continuity of engagement between women and skilled providers. Midwife-led delivery reinforces a model globally recognized as effective for improving maternal and neonatal outcomes. The gap: individualized antenatal care planning and formal risk stratification are not yet systematically embedded.

Equity & Inclusion — High Alignment (4/5)

The programme operates within public healthcare facilities serving diverse and economically disadvantaged populations, ensuring maternal education reaches women who need it most. Systematic equity monitoring across sites remains an area for strengthening.

Areas Requiring Strengthening

Mental Health Integration — Low Alignment (2/5)

The most significant gap. Maternal mental health conditions including antenatal depression and anxiety affect up to 20% of pregnant women in LMICs and are strongly linked to adverse maternal and neonatal outcomes. While wellbeing is discussed informally in sessions, no validated screening tools (such as the Edinburgh Postnatal Depression Scale) are systematically used, and structured referral pathways for mental health services are not consistently documented.

Screening & Diagnostics — Moderate Alignment (3/5)

Basic assessments (blood pressure monitoring, routine clinical evaluations) are conducted across facilities, but access to advanced diagnostics including portable ultrasound and laboratory services varies by location and depends on facility capacity rather than programme standards. This limits early identification of high-risk pregnancies across all sites. The Wellbeing Foundation Africa has supported facilities with portable ultrasound over the years to some facilities, however, limitations of the number available remains a boundary.

Partner Engagement — Moderate Alignment (3/5)

Community engagement through peer mentorship is a strength, but structured involvement of male partners in antenatal sessions is limited and inconsistent. Evidence clearly shows that spousal support significantly improves ANC adherence, breastfeeding initiation, and pregnancy outcomes. The programme lacks standardized couple-focused or partner-targeted modules.

POLICY IMPLICATIONS

Mamacare360's scale — 71,000+ women, 60+ facilities — demonstrates that structured antenatal education is deliverable within Nigeria's public health system. The benchmarking findings confirm it is already performing at or above global standards in its core education function. The strategic question is no longer whether the model works, but how to close its remaining gaps and integrate it formally into national maternal health frameworks.

Formal integration of Mamacare360 into Nigeria's RMNCAEH+N strategy and national ANC protocols could contribute to:

- Improved maternal health literacy and informed decision-making at scale.
- Earlier detection of pregnancy complications through standardised screening.
- Stronger psychosocial support for pregnant women through mental health integration.
- Greater continuity of care between women and midwives across the antenatal period.
- Improved equity of access to high-quality antenatal education across states and socioeconomic groups.

RECOMMENDATIONS

R1

Federal Ministry of Health / State Ministries of Health

Formally integrate Mamacare360 into national antenatal care protocols as the structured education delivery component of the RMNCAEH+N Strategy. Establish Mamacare360 as the standard model for antenatal health education across all public healthcare facilities, with dedicated line in the Basic Health Care Provision Fund.

R2

Federal Ministry of Health / State Ministries of Health

Mandate the integration of validated maternal mental health screening tools including the Edinburgh Postnatal Depression Scale into all antenatal education sessions, with structured referral pathways to mental health services for women screening positive. Prioritise training of programme midwives in mental health identification and support.

R3

Federal Ministry of Health / Donors

Invest in portable diagnostic technology including handheld ultrasound devices and point-of-care laboratory diagnostics across Mamacare360 programme sites and strengthen referral pathways between programme facilities and higher-level obstetric care for high-risk pregnancies.

R4

WBFA / Programme Implementers

Develop and standardise a national Mamacare360 curriculum including structured partner and family engagement modules to ensure consistent programme delivery across all 60+ implementation sites. Introduce couple-focused antenatal sessions as a core programme component, addressing the evidence gap on spousal support for maternal health outcomes.

R5

WHO / Global Health Partners

Recognise structured community-based antenatal education programmes as a distinct and essential component of ANC quality frameworks in LMICs. Develop operational guidance for integrating antenatal health education delivery standards into WHO ANC contact recommendations and support Nigeria in establishing Mamacare360 as a documented best-practice model.

R6

Donors and Development Partners

Finance a rigorous longitudinal evaluation of Mamacare360's impact on maternal and neonatal health outcomes including ANC utilization rates, facility delivery, early breastfeeding, and postpartum complication rates to build the evidence base required for national scale-up and replication in comparable LMIC settings.

Mamacare360 is already working. The evidence is clear.

Closing the remaining gaps in mental health, diagnostics, and partner engagement could transform it from a strong programme into Nigeria's national standard for antenatal education.

The Wellbeing Foundation Africa invites government, partners, and donors to act now.

ABOUT THIS BRIEF

This policy brief presents findings from a structured benchmarking analysis of the Mamacare360 antenatal education programme against WHO (2016) and NICE NG201 (2021) standards. Analysis drew on programme implementation reports, monitoring data (2020–2024), training materials, and stakeholder consultations. Prepared by: Rasheed Yusuf, Directorate of Policy, Advocacy, Innovation, Research & Development, Wellbeing Foundation Africa.

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