



NIHR Global Health Research Group on Stillbirth Prevention and Management in Sub-Saharan Africa

Newsletter

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The NIHR Global Health Research Group on Stillbirth Prevention and Management in Sub-Saharan Africa at The University of Manchester is a three-year programme funded by the National Institute of Health Research (UK) implemented by The University of Manchester in partnership with LAMRN (www.lamrn.org), a network of six African countries (Kenya, Malawi, Uganda, Tanzania, Zambia and Zimbabwe).

The programme aims to promote knowledge sharing and capacity building in the area of stillbirth prevention and management in low resource setting. Through this work the research group will gain an understanding of the issues in improving stillbirth prevention, childbirth and bereavement care in low income settings; develop culturally relevant studies for further investigation in this unexplored area and establish itself in the Global arena as a catalyst for change.

Research Funding News

The NIHR Group on Stillbirth has started 2020 with the award of an extension grant from August 2020 to June 2021. These additional funds will be used to consolidate the results of the current work and to conduct new studies. They will focus on three main areas: communication following stillbirth, stillbirth associated co-morbidities and women's antenatal care preferences.

Communication following stillbirth: Exploratory work with women, partners and family members has unveiled a major gap in the way the news of stillbirth is disclosed. Health workers have also confirmed a lack of specific training in this area. In collaboration with in-country Community Engagement and Involvement groups, findings from this initial study will be used to co-produce an education package to assist staff to communicate effectively with women and their families around the time of stillbirth. Malawi, Uganda, Zambia and Zimbabwe will be piloting the new package.

Stillbirth associated co-morbidities: Our current research in Kenya has shown that women with obstetric fistula are more likely to give birth to a stillborn baby. Using participatory action research, we will engage with women, family members, health professionals and policy makers to develop a support package targeting this vulnerable group, which will be piloted in future research.

Women's preferences on antenatal care: Building upon findings around antenatal care services in Tanzania, we will conduct a Discrete Choice Experiment (DCE) to identify factors influencing women's choices and priorities when deciding to attend a prenatal clinic. This will inform an intervention to be tested in a further study.

Our team has also welcomed a new Post-doctoral fellow, Dr Paschal Mdoe, who has joined the team in February 2020. Dr Mdoe's doctoral work focused on intrapartum fetal heart monitoring in Tanzania. His current research will complement this work by focusing on respectful maternal and newborn care in low-resource settings.

For the most recent updates please check our programme [website](#) and follow the [blog](#). Updates on the impact of the current COVID-19 pandemic on the research activities of the group will be included in the next issue of the newsletter.

COUNTRY UPDATES

Uganda: Completion of phase 1 recruitment and start of the intervention

LAMRN Uganda recruited 26 women for the first phase of the feasibility study, which aims to test an intervention providing care to bereaved parents. The second phase was launched with a training programme for bereavement care champions and peer supporters. Facilitated by Ms Elizabeth Ayebare, Prof Dame Tina Lavender, Dr Tracey Mill, and Prof Karina Lovell, a 3-day workshop equipped Care Champions and peer supporters with specific knowledge and skills to provide counselling and support to women following stillbirth. Further meetings at the health facilities were organised to inform and sensitise clinical and administrative staff about the role of Care Champions. As part of the agreed strategy, Care Champions managed to secure a room for offering counselling to bereaved parents. Uganda RAs have also been in touch with peer supporters to review their role and provide a link with bereaved mothers interested in this new service. While recruitment of women for the second phase is ongoing, one mother has already been matched with a peer to receive telephone support.



Group photo with bereavement champions



LAMRN Uganda with the peer-supporters

Malawi: Interviews and 'Dignity' game testing

In the first quarter of 2020, Mrs Chisomo Petross completed the pre-test of the Dignity game study. Midwives and student midwives were invited to play a new board game – Dignity – to learn the principle of respectful maternity and newborn care and how to apply these principles to clinical practice. Participants recruitment included staff from Bwaila Hospital and Area 25 Health Centre, and students from Kamuzu College of Nursing.



Student midwives testing the 'Dignity' game

In the same quarter, Mrs Isabella Chisuse conducted interviews with women, partners and family members to investigate how the news of stillbirth was broken and the type of care received at the health facility. Interviews with other participants (traditional leaders and healthcare workers) are still ongoing.

The Malawi team has also welcomed a visit from Tanzania and UK partners. These included Dr Rose Laisser (LAMRN Lead Tanzania), Mrs Prisca Ringia (CEI Lead Tanzania) Prof Dame Tina Lavender and Dr Carol Bedwell. This meeting promoted south to south collaboration between the Community Engagement and Involvement Groups of the two countries to conduct research in the area of respectful maternal and newborn care.

Zimbabwe: Follow-up interviews and sensitisation

LAMRN Zimbabwe completed data collection for the first phase of the feasibility study

and have started with follow-up interviews. These are carried out in the post-natal period, with women who attended the Thembani intervention clinic, to assess ANC services and intrapartum outcomes. Verbatim transcription of 18 interviews have been completed while coding and analysis are ongoing with mentoring from the UK team.



LAMRN Zimbabwe with CEI members

A meeting with the Community Engagement and Involvement Group was organised in February 2020. During this event, RAs shared success stories of women with a history of stillbirth, who attended the Thembani clinic and gave birth to live babies. This generated enthusiasm and appreciation for the work done; it also encouraged suggestions to improve the post-natal environment at the hospital in order to enhance best practices of respectful maternity and newborn care.

Zambia: 'Dignity' game testing and sensitisation on stillbirth

LAMRN Zambia has been testing the new board game – Dignity – with midwives and

student midwives to enhance knowledge and clinical practice of respectful maternal and newborn care principles. Seven sessions were conducted to achieve the target sample size (50 midwives and 50 student midwives). While pre-test was completed in February, the post-test scheduled 3 months later, will be conducted following COVID-19 eradication.



Student midwives testing 'Dignity'

In this quarter the CEI Group held a sensitisation

meeting in Mabumba Chiefdom, in the outskirts of Mansa district. This was attended by the chiefdom lead; village and religious authorities, parents with history of stillbirth and other people from the community. The gathering provided an opportunity to reflect over rituals and cultural practices around stillbirth; for instance, when a stillbirth happens this is not disclosed in the community and parents need to undergo a cleansing ritual to protect themselves from the ghost of stillbirth and be able to have live babies in the future. Discussion around these cultural practices were followed by an



CEI members, Chief (with blue jumper) and people from Mabumba community.

educational session, delivered by CEI healthcare workers. This intended to inform people about the difference between stillbirth and neonatal death, in addition to predisposing risk factors to stillbirth and preventive measures. The Chief welcomed these health-related messages and advised the community to acknowledge its importance and to share information with relatives and friends. It was agreed that other gatherings should be organised to continue educating people on stillbirth.

Tanzania: Piloting for the next phase

In this quarter, LAMRN Tanzania has done preparatory work for the next research study, due to start in August 2020. The team will implement a Discrete Choice Experiment (DCE) to identify women's priorities and preferences when deciding to attend antenatal clinic. For this purpose, the Community Engagement and Involvement group validated the attributes and levels (sets of clinic scenarios) to be used in the DCE. Additionally, the group provided useful feedback which has been incorporated into the protocol.



CEI members piloting attributes and levels

RAs have continued to recruit and interview women, partners and family members to understand how the news of stillbirth was broken to them and the quality of the care received. Further interviews with healthcare workers confirmed the need for specific training in the area of communication; while accounts from women, partners and traditional leaders have unveiled important data about availability and acceptability of post-mortem procedures in these communities. The team has almost completed the transcription of interviews, and are now proceeding to the analysis.

Kenya: Engagement with community groups

The team approach to care and support for parents experiencing stillbirths in Kenya has gained momentum in the past few months; when UK and Kenya teams joined forces to build the capacity of community groups. At inception, only a few women shared their grieving journey. However, their stories opened our eyes to the critical role that peer supporters can play in women's lives. This led to the identification of peers to help women after their experience of stillbirth.



Meeting with peer supporters

Through training, availability of counselling services and continuous encouragement by research assistants, the peers have become an integral part of the community engagement processes in LAMRN Kenya. Clinical midwives have also been brought on board as Care Champions. They promote behaviour change among their colleagues and have an important role in creating a conducive environment for women with stillborn babies. They also advocate for the enactment of policies and guidelines towards prevention of stillbirth in this setting.



LAMRN Kenya, UK team and CEI groups facilitating a training for peer supporters and Care Champions.

It has been memorable to witness a ground breaking unity among LAMRN Kenya, the UK team and the community groups, all in one platform standing up for African women.