



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

## Newsletter

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**T**he 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](http://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.

### 3<sup>rd</sup> Advisory Board of the NIHR Global Health Research Group on Stillbirth

**The Advisory Board** met for the third time from 25<sup>th</sup> to 26<sup>th</sup> June 2019 in Manchester, UK. The meeting was well attended by the African members, including Prof Bellington Vwalika (Zambia); Prof Zahida Qureshi (Kenya); Dr Christina Rawdon (Zimbabwe); and Mrs Enid Mwebaza (Uganda).

During the first day, Dr Rebecca Smyth presented the findings from the **cross-sectional study conducted in Zimbabwe**, which unveiled the lack of specific care for women with previous history of stillbirth. The Advisory Board appreciated the preliminary analysis and provided suggestions about important factors (seasonality, distance from the health facility, referrals) to be taken into account in identifying predictors of stillbirth. The results of the **audit of stillbirth in Malawi** were also presented. Important discussions around the importance to recognise change in practice, as well as the impact on staff motivation which has a profound influence on how care is delivered were recognised. During the second day, the presentation of Zambia and Tanzania's **delays in effective intrapartum care** study revealed the challenge experienced by healthcare providers in breaking bad news following a stillbirth and the need for respectful maternity care to encourage women to access health facility for birth. From the research carried on **respectful and supportive care after stillbirth in Uganda and Kenya**, Dr Tracey Mills emphasised the need to train health professionals on how to support women following stillbirth.



**The Advisory Board** recognised the hard work and commitment to stillbirth prevention by all members of the individual study groups, and were impressed by the excellent progress made, in particularly by the work around Community Engagement and Involvement (formerly PPI groups).

## COUNTRY UPDATES

### Zimbabwe: Cross-sectional study

#### Completion of data collection and data analysis

Research Assistants Grace Danda and Sikhululekile Mremi completed data collection of 1,807 case files on 6<sup>th</sup> May 2019 including a detailed list of all stillbirths occurring across a seven month period.

The data confirmed that previous history of stillbirth as an important predictor of stillbirth in subsequent pregnancies. This finding informed the next phase of the project which will test the feasibility of a dedicated antenatal care clinic (which includes a psycho-social, birth preparedness and clinical service) targeting women with a previous history of stillbirth.

The team shared this plan with the Community Engagement and Involvement group who appreciate the idea and suggest adding a component around understanding and monitoring fetal movement. The CEI meeting was also an opportunity to celebrate the birth of a baby boy of one of the members of the group.



### Zambia: Delays in effective intrapartum care

#### Confirmation of findings with stakeholders and CEI

Research Assistants Khuzuet Tuwele and Kutemba Lyangenda concluded the analysis of qualitative interviews and clinical observations. Findings from both Zambia and Tanzania revealed important barriers and facilitators to timely and effective intrapartum care. These included the difficulties healthcare providers' face when breaking bad news when a stillbirth occurs, the socio-cultural aspects influencing how care is delivered, and women's understanding of birth preparedness. The findings uncovered the need for respectful maternity care.

These findings were presented to the stakeholders and the Community Involvement and Engagement group in-country for discussion. Communicating bad news and promoting respectful maternity care among health providers were identified as the main priorities to be taken forward.



## Tanzania: Delays in effective intrapartum care

### Completing data analysis and defining the next phase

In the last quarter, research assistants Debora Kimaro, Flora Kuzenza and Happiness Shayo were involved in the analysis of qualitative interviews and clinical observations. Guided by the Country Lead, Dr Rose Laisser and the UK team they translated and transcribed 83 interviews. These were then coded to identify the main themes and sub-themes.

The analysis of findings suggested the need to focus on understanding communication related to breaking the news of stillbirth to parents and exploring cultural acceptability of post-stillbirth investigation. Importantly the researchers propose promotion in learning and practice of respectful maternity care among healthcare professionals is required.

These results were shared with the stakeholders and the members of the Community Engagement and Involvement (CEI) group for deeper interpretation and confirmation. The CEI suggested to disseminate them at the Ministry of Health Community Development, Gender, Elderly and Children to inform the development of future strategies to reduce stillbirth in Tanzania.



## Kenya: Respectful and supportive care after stillbirth

### Celebrating new babies in the Community Engagement and Involvement group

Kenya team involved the Community Engagement and Involvement (CEI) group in the design of the feasibility study where members agreed to improve post-natal support for women with experience of stillbirth. Collaboration and engaging with CEI as ambassadors for change was set as a priority. The spirit at the stakeholders meeting was high with a call to set a stage for more action on policy, legislation, setting standards for training at undergraduate, post graduate and in-service levels. In this regard research assistant (RA) Raheli Mukwana was involved in a team of Maternal Health Leaders to develop guidelines for care supporting parents experiencing stillbirth. Whereas RA Anne Nendela (MSc student at The University of Manchester) commenced data collection on women experiencing both stillbirth and fistula problem; this study presents a new dimension to the scope of stillbirth in Kenya. This quarter was also a celebration of four births among the CEI group, which captured thanks giving mood and future aspirations for all CEI members.



## Uganda: Respectful and supportive care after stillbirth

### Sharing findings with stakeholders and CEI

Uganda team completed the analysis of in-depth interviews conducted at Mulago and Kayunga Hospitals. Findings from women and partners experiences' of care after a stillbirth were characterised by devastation and distress, physical and emotional pain and the feeling of not being given adequate information. Healthcare professionals explained their challenges in delivering care given by unsupportive policies and processes, an environment characterised by blame and fear, and the lack of education and clinical practice on how to deal with women experiencing a stillbirth.

These findings were presented to the stakeholders, including the Newborn Steering Committee at the Ministry of Health who helped in the definition of the new study protocol. The new research will test the feasibility and acceptability of bereavement champions and telephone support to provide post-natal care to women with experience of stillbirth in the current pregnancy.



## Malawi: Audit on Stillbirths

### Ongoing implementation of the Audit Action Plan in Lilongwe and Blantyre

In the part quarter, research assistants Chisomo Petross and Isabella Chisuse followed the implementation of the audit action plan at Bwaila Maternity Unit, Lilongwe and Queen Elizabeth Central Hospital, Blantyre. These actions included: monitoring women's blood pressure during labour; carrying out urine test for women with high blood pressure; ascertaining the presence of fetal heart rate before a caesarean section is performed; and ensure that blood pressure and haemoglobin are checked during the first antenatal care visit.

To promote this change in practice, RAs were actively engaging with the staff of the two hospitals. Their support included on the job mentoring of midwives working in the labour ward, in theatre and at the antenatal clinic to increase accountability for their work; conducting regular meetings with matrons and ward in-charge for updates about the progress of work, and organised ad-hoc appointments with hospital's administration to ensure timely ordering of medical supplies (batteries for blood pressure machines and doppler, urine dipsticks and cuvettes for haemoglobin check).

Along the 3 month period, RAs have noticed an improvement in how women are monitored as well as on record keeping and have received appreciation from the staff for facilitating this process.

