



USAID'S HEALTH EVALUATION AND APPLIED RESEARCH DEVELOPMENT (HEARD) PROJECT

Advancing Post-Partum Hemorrhage Care (APPHC) in Malawi and Madagascar

Preliminary baseline findings for provider interventions

July, 2020



APPHC Partnership Objectives

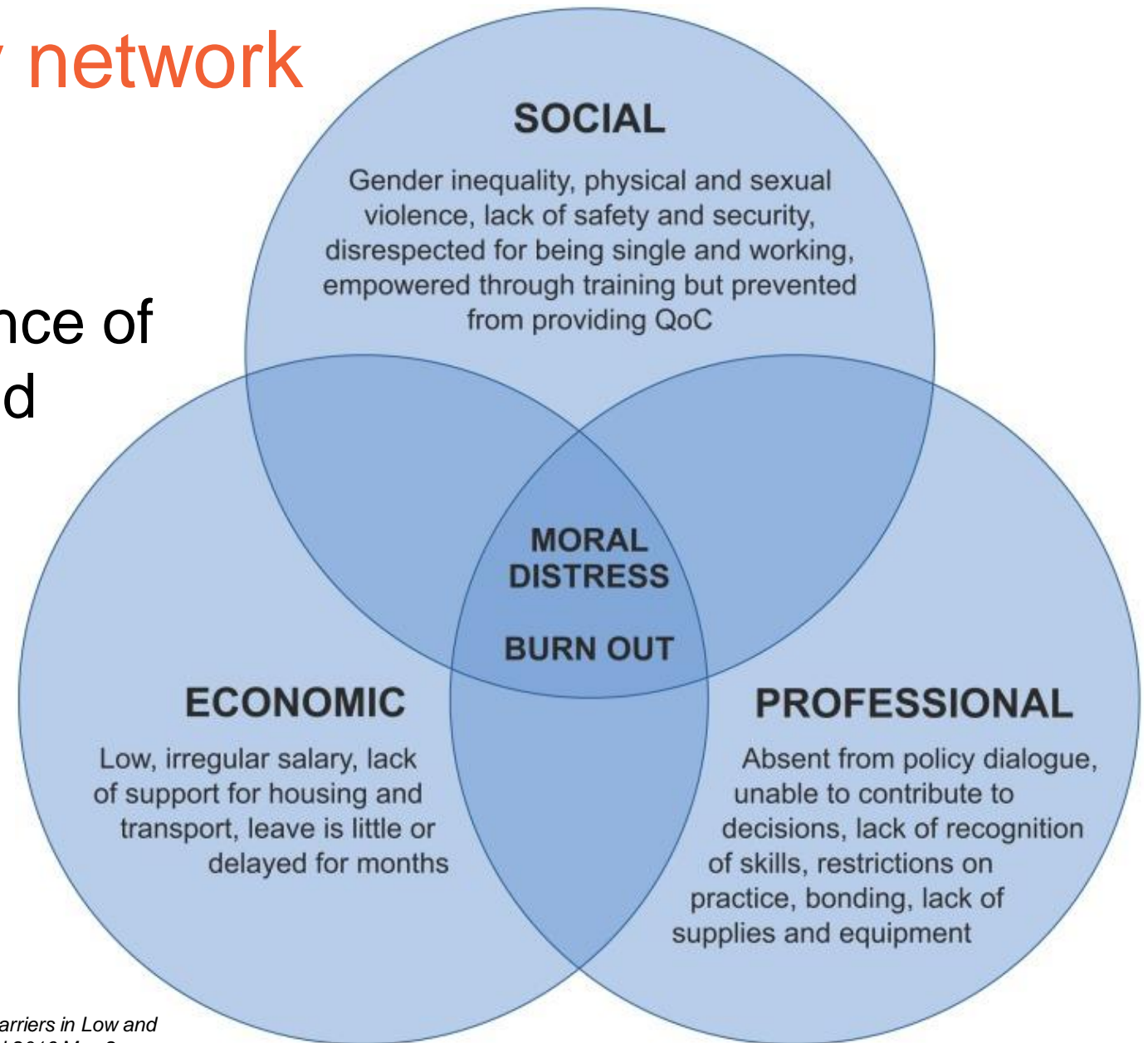
APPHC supports **USAID's objective of high quality, respectful services for PPH prevention and management** by:

- Generating and testing solutions
- Addressing implementation barriers
- Advancing effective interventions, strategies, and innovations to strengthen care

This presentation focuses on one component of the APPHC constellation of studies and presents baseline results about provider vulnerabilities and experiences of providers and clients

Burnout influenced by network of factors

- Burnout occurs at confluence of economic, professional and social barriers
- Burnout can lead to low-quality or disrespectful care, failure to detect and treat PPH, and increased maternal mortality.



Baseline Results

APPHC Provider Intervention Study:

Implementation research on a provider behavior change approach to overcome socio-normative drivers that impact on the quality of PPH care in Malawi

26 February – 06 March 2020

Data collection activities conducted at 25 facilities

Provider interviews (n=288)

- Knowledge, self-efficacy, competence
- PPH Management Vignettes
- Maslach Burnout Index
- Respectful maternity care index
- Assessment of institutional support

• Client experiences of care (n=660)

- Person-centered maternity care (PCMC) index
- Birth companion attendance
- Satisfaction
- Use of maternity waiting homes










Facility Assessments (n=25)

- Services and QI
- Staffing and scheduling
- Facility condition
- DHIS2 data
- Review of delivery records (n=170)
 - Documentation of procedures and outcomes
 - Monitoring & QI
- In-depth interviews
 - Healthcare providers (n=25)
 - New mothers (n=22)

Management and Organization

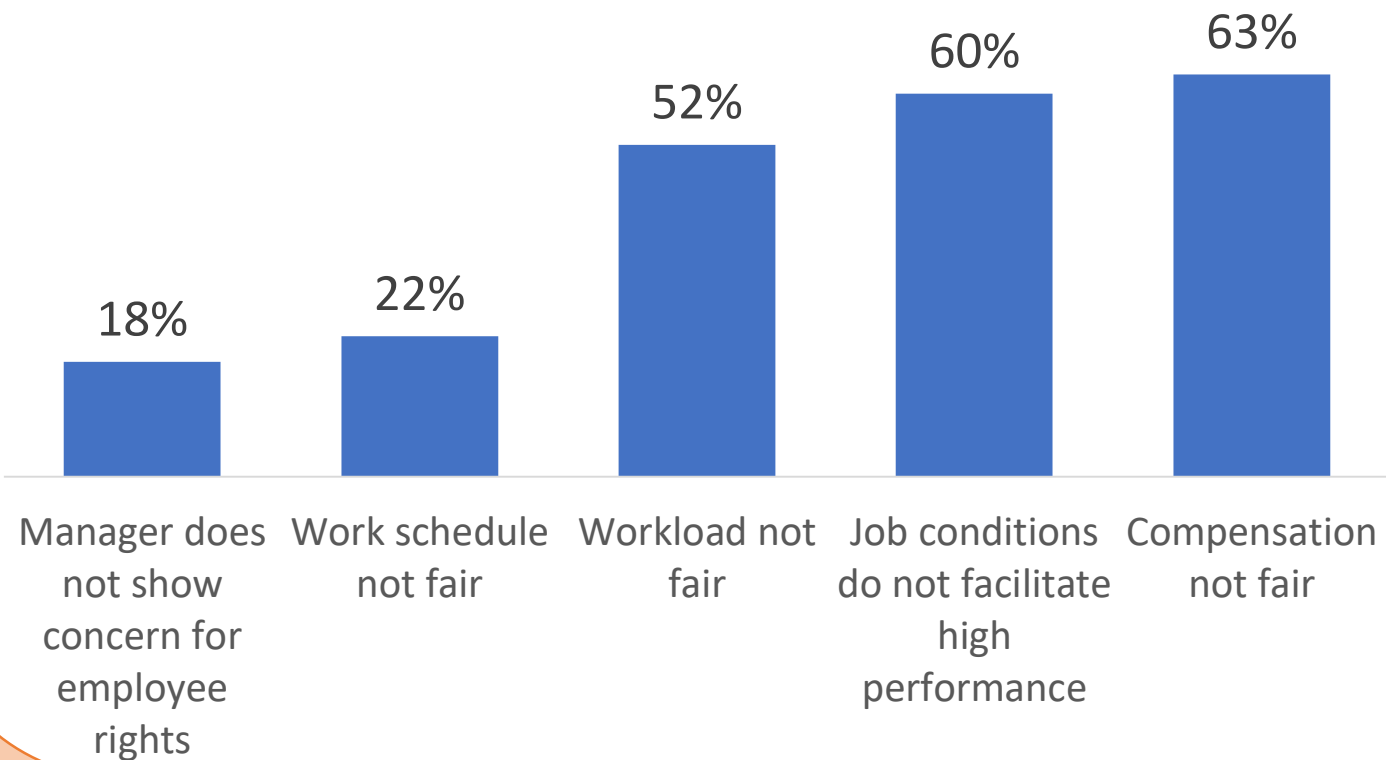
How facility-level support structures affect provision of care

Facility characteristics (n=25)

	Referral Hospital			Hospital			Health Centre		
# of sites	3			10			12		
Avg # of deliveries/month	488			292			113		
Avg. PPH/month	6.5			3.4			2.0		
% with oxytocin in-stock	100%			45%			75%		
% with available utilities									
	100%	100%	100	90%	90%	90%	83%	73%	100%
% with maternity clients sleeping:	On Floor		Shared bed	On Floor		Shared bed	On Floor		Shared bed
	100%		33%	33%		10%	33%		25%
% with ambulance service	100%			100%			50%		

36% of providers are actively seeking new employment

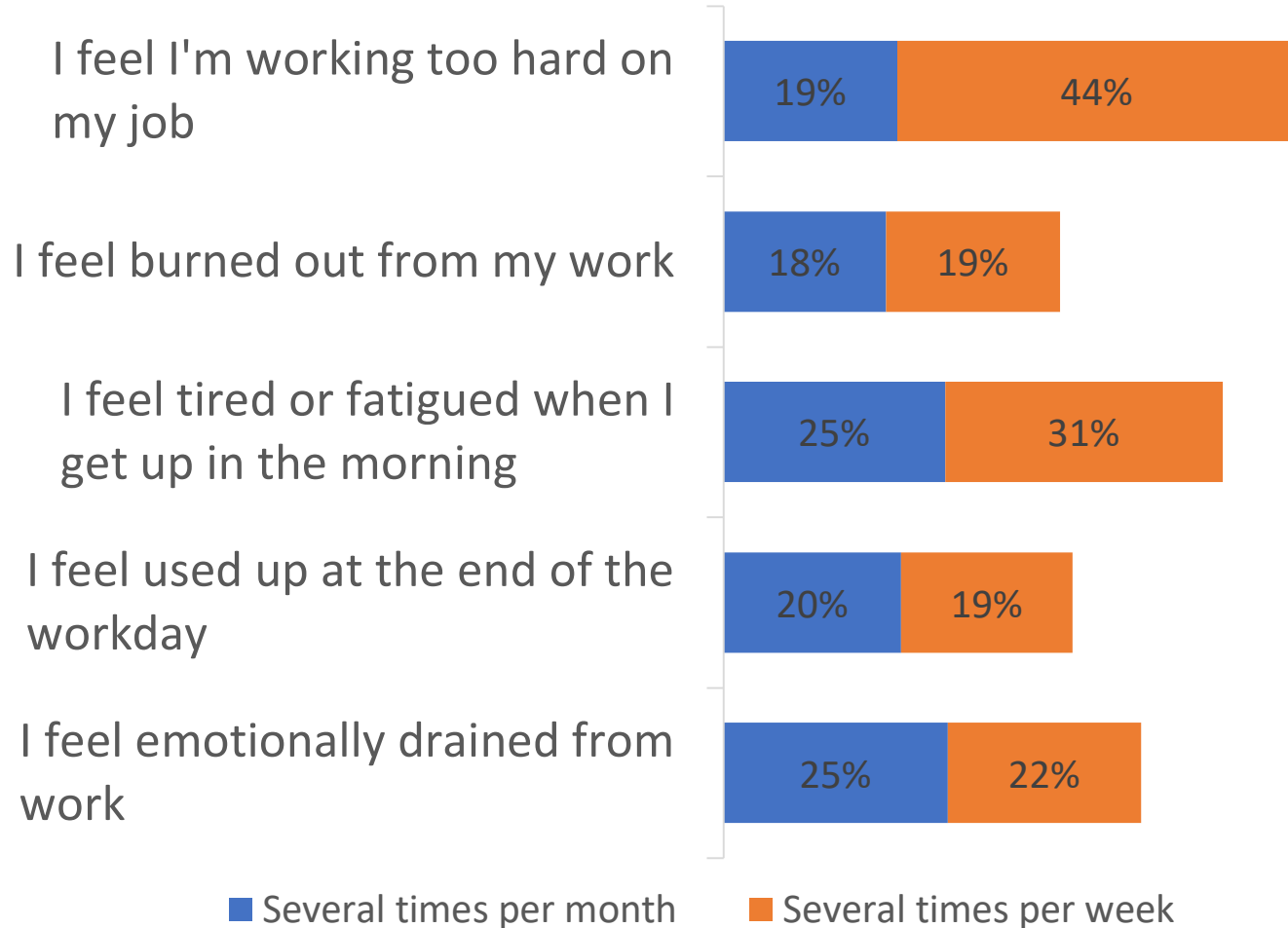
Selected factors associated with emotional exhaustion and employment seeking (n=288)



Providers feel overworked

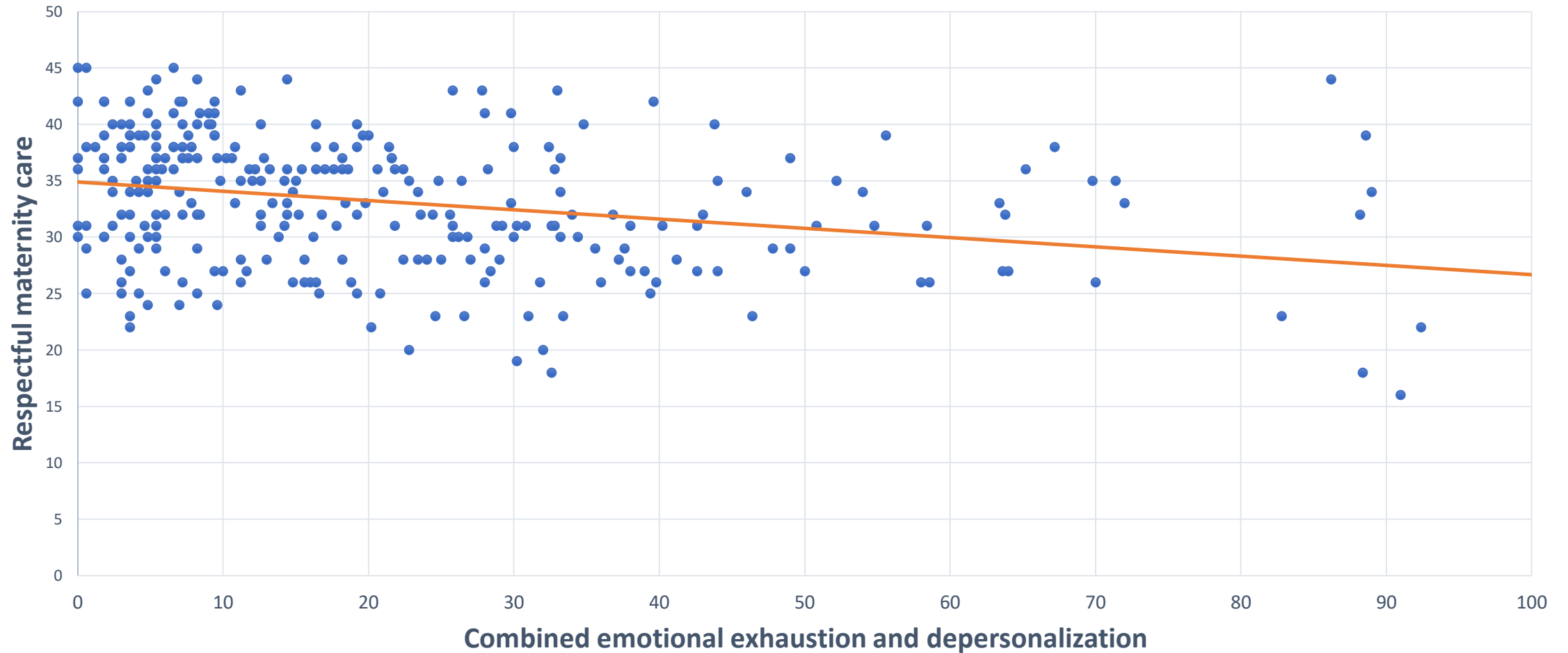
“Workload is just too high... not only that lack of trainings is also another challenge. On training it’s not only an issue of knowledge but also it brings motivation... Midwives in labour ward are really demotivated the way system is running, they are not involved when there is a training, the ones who go for trainings are not the ones who get in contact with the patient.”

Many providers regularly feel exhausted from work (n=288)



*“[The facility] is under staffed, we always have one midwife per shift attending all three departments that is ANC, labour and delivery and postnatal, for example **today am alone, I get tired hence it’s hard for me to provide quality care.**”*

Increased burnout correlated with less respectful maternity care (n=288)



Providers described moral distress, need support

“When I looked at her I found that she had died. It was difficult, it looks like you do not know what you are supposed to do, and also you ask yourself: ‘what could I have done with the time that was available.’ You’re writing 4cm on the labor graph before you even finish then she is calling you to come and you tell her to push but she seems to be failing and then you ask the guardian to get her some porridge then she dies. It becomes difficult and you do not enjoy the job, you look like a failure, and also you don’t know what to tell the guardians.”

“If you don’t get support from your colleague or friend it becomes hard for you to work perfectly.”

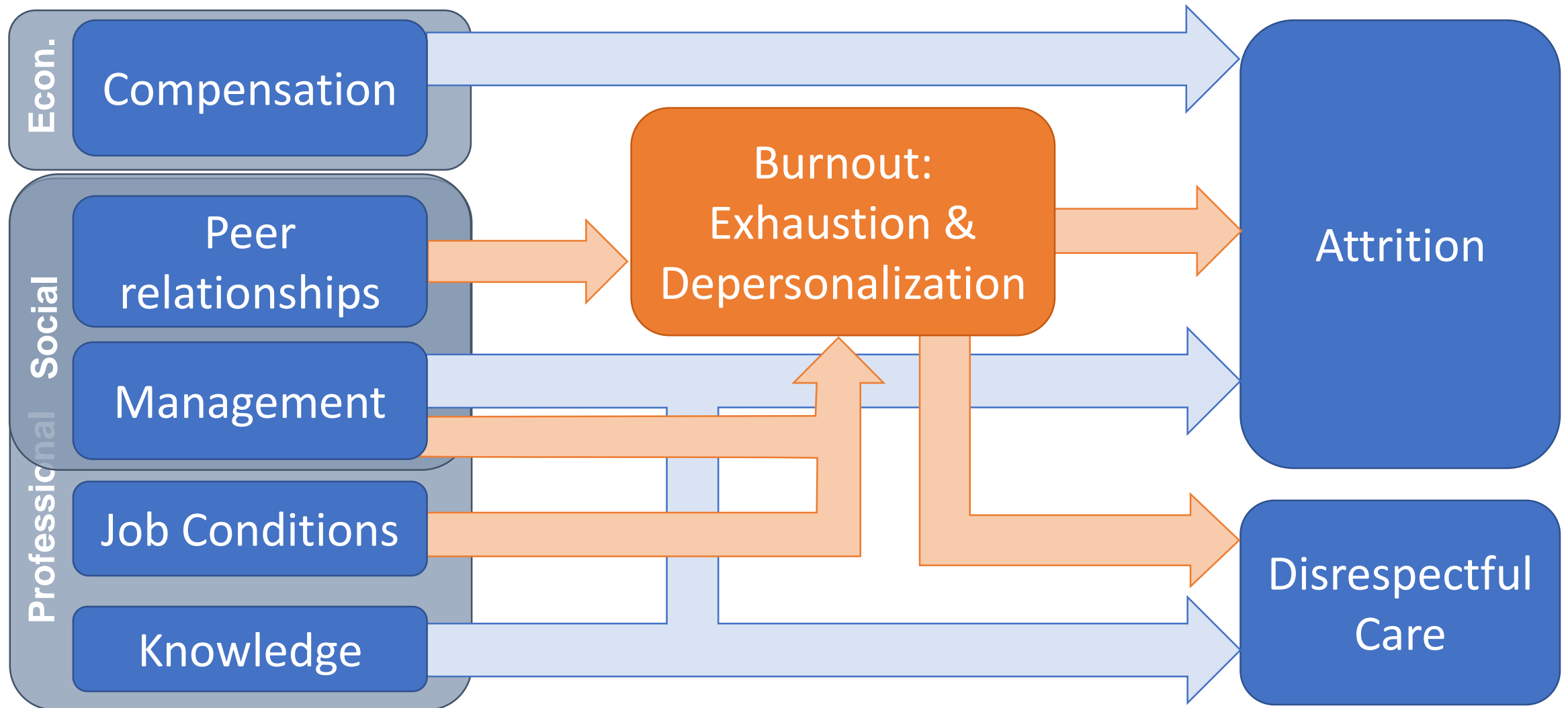
“People have different beliefs and recovering from stress is gradual so it takes time for you to recover from that stress but people still talk”

Providers fear blame from supervisors

*“Sometimes you get stressed when you come to work and you find that you are alone when you are supposed to be 2 or 3. Sometimes you get stressed because you want to give care to a patient or **you know what the right care for this patient is this but your boss...is telling you to do otherwise.**”*

“There has to be something like a guideline... this has to be followed... Someone says no when you know that it is not the right thing so that gives you stress because you know the right way but because he or she is a consultant she is saying no it gives you a hard time.”

Burnout plays mediating role in attrition and disrespectful care

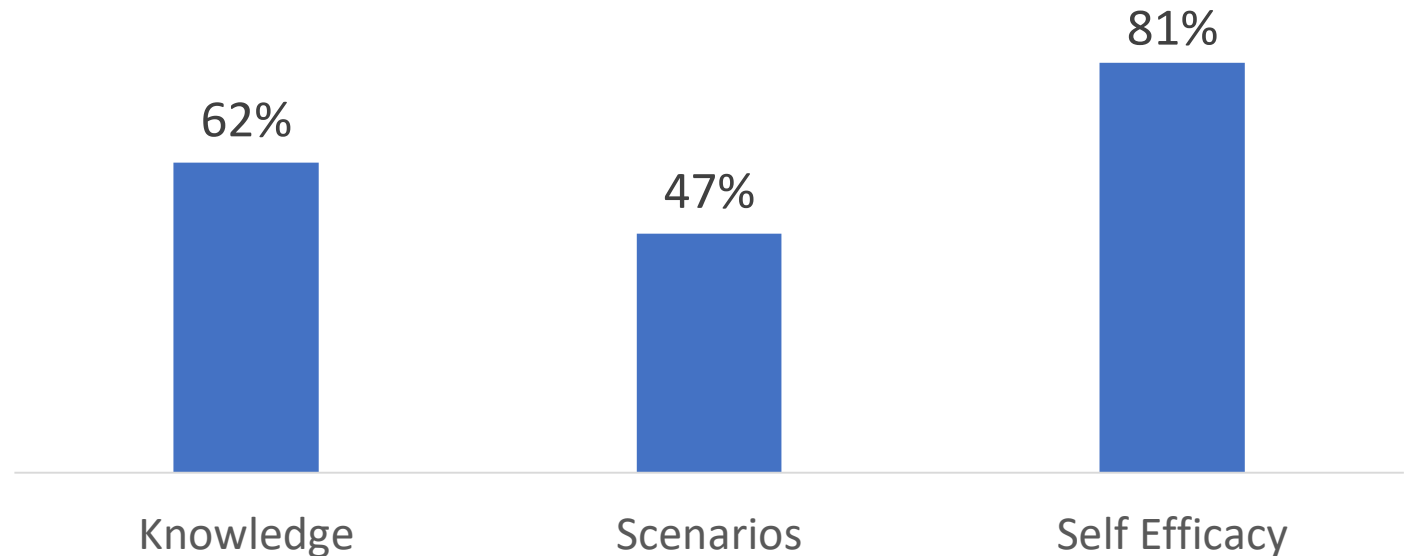


Provision and experience of care

Perceptions of care among providers and clients

Providers had general PPH knowledge, but difficulty describing actions in realistic scenarios

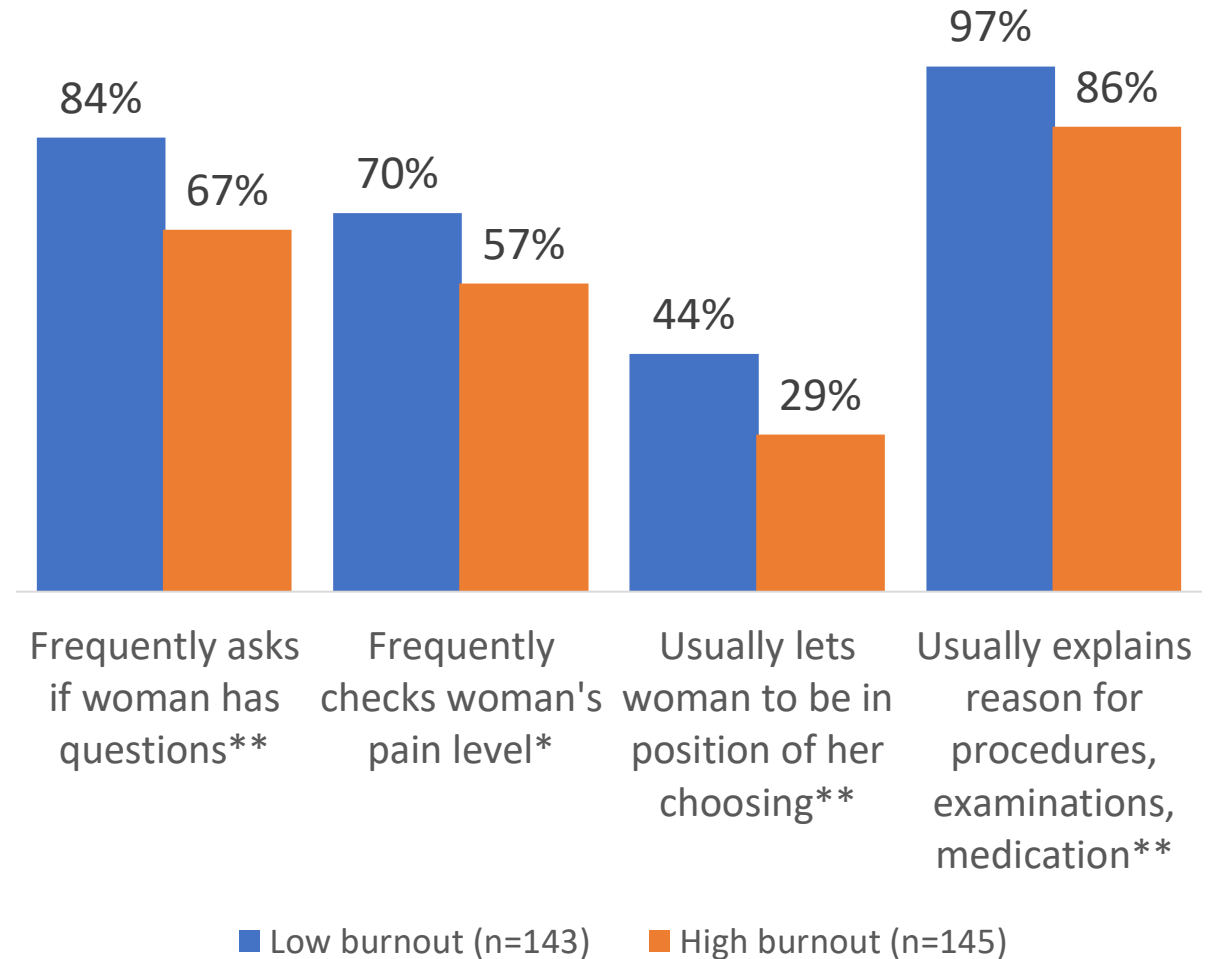
- Providers first asked 13 multiple-choice questions to assess specific knowledge about PPH care and management
 - Mean score: 8 (Range 2-13)
- Providers next given realistic, open-ended scenarios to measure their responses on 19 critical PPH care factors
 - Mean score: 9 (Range: 0-16)
- Despite low scores on scenarios, most providers said they knew how, and had practice doing most most tasks
 - Mean score 61/75



Burnout affects communication between providers and delivering mothers¹

Women feel abandoned

They do not pay attention to patients by attending to some personal things like chatting and if they give us a treatment unwillingly.



¹Self-reported during provider surveys (n=288)

* p<0.05

** p<0.01

Providers agree that guardians valuable, but do not always permit during labor and delivery

- 98% of **women** were accompanied by a friend or family member¹
- 73% of **providers** agreed that birth companions improve MNH outcomes²
- 57% allow companions during labor most of the time or always²
- Fewer than half of women were permitted to have a birth companion¹
 - During labor: 49%
 - During delivery: 40%

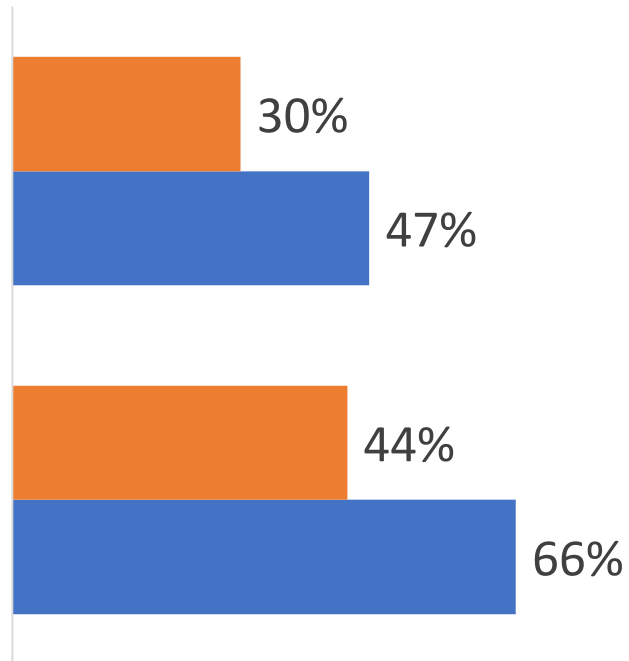
Guardians need roles

“Each time a patient come here we give a guardian a seat and we sometimes ask them to pass us some things when we need them and till they go to the postnatal”

¹Client Exit Interviews (n=660)

²Provider Surveys (n=288)

Guardians support communication with care providers



■ No guardian permitted (n=412)

■ Guardian in delivery and/or labor (n=248)

*** $p < 0.001$

Felt able to ask care providers questions about their care***

Felt that care providers supported their anxieties or fears***



Reducing vulnerabilities

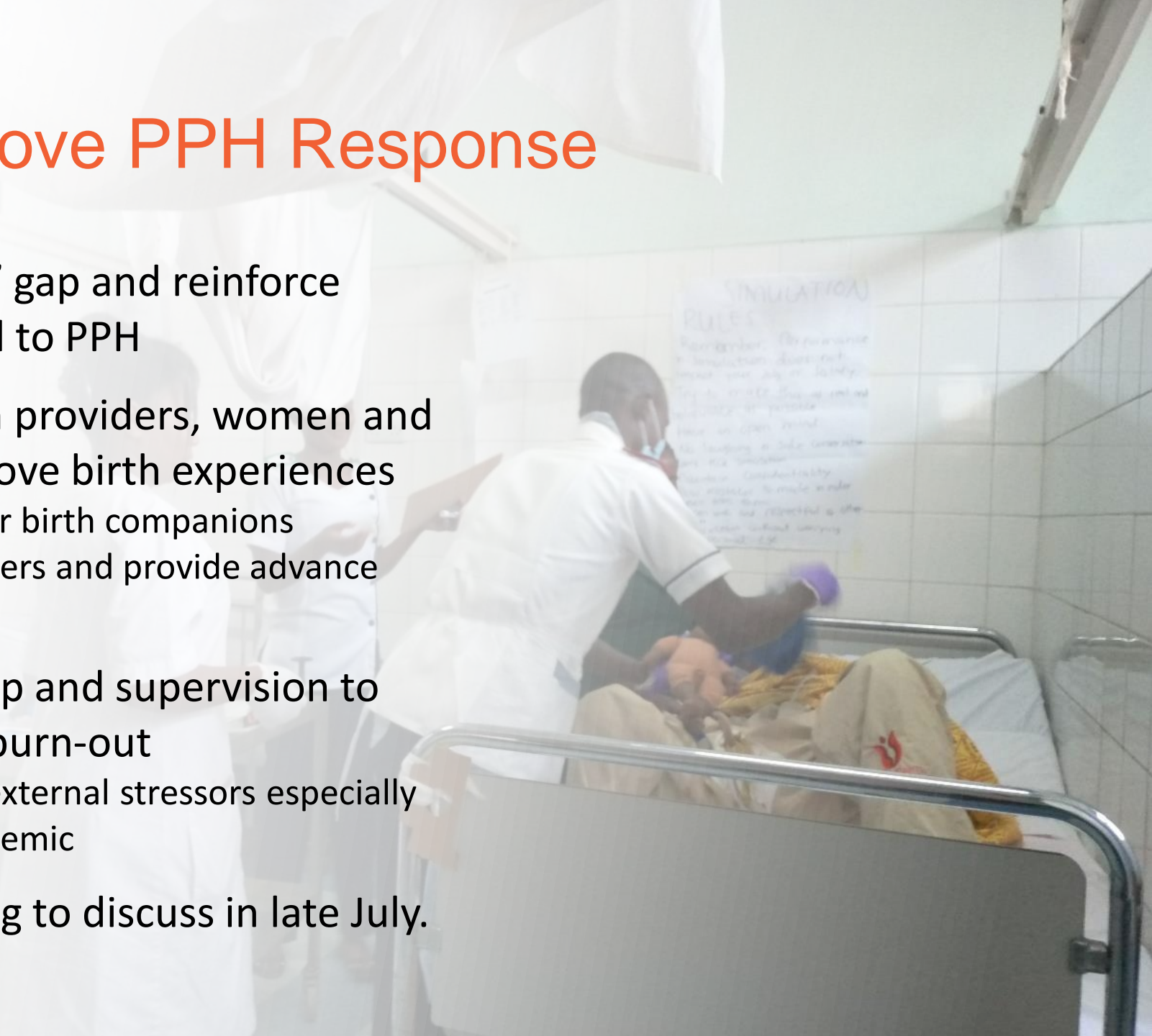
By improving support for providers

Findings support input from APPHC Taskforce

- Priority research themes emerged during Taskforce meetings
 1. Provider motivation, stressors and causes of burnout
 2. Teamwork and emergency response models
 3. Mentorship/Training and support
 4. Strengthening use of near-miss audits, MDSR and MBTS data
- Baseline data validates insight about structural and psychosocial drivers of burnout
 - Gaps in knowledge and confidence in preparedness
 - Physical working environment and resource availability
 - Management and support
- Documenting intervention development and monitoring implementation; learn to make these processes more efficient

Interventions to improve PPH Response

- Simulations address “know-do” gap and reinforce ability to diagnose and respond to PPH
- Establish partnerships between providers, women and their birth companions to improve birth experiences
 - Briefing and assessment guide for birth companions
 - Birth companions support providers and provide advance warning of complications
- Augmenting existing mentorship and supervision to improve support and mitigate burn-out
 - Providing support and reducing external stressors especially important during COVID-19 pandemic
- APPHC taskforce virtual meeting to discuss in late July.



THANK YOU!

For questions or comments please contact:

Abigail Kazembe – kazembeabigail@unima.kcn.org

Martha Kamanga – marthakamanga@unima.kcn.org

Brady Zieman – bzieman@popcouncil.org