Provider and patient perspectives of the obstetric referral process in Blantyre district, Malawi: A qualitative analysis of a midwifery-led project

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Introduction

Malawi continues to register high rates of **maternal (349/100,000 live births) and neonatal (19/1,000 live births) mortality.** Between 2012 and 2014, Queen Elizabeth Central Hospital (QECH) accounted for the **highest percentage (27%) of maternal deaths in the country**. In 2019, **58% of maternal deaths at QECH were referred from Blantyre district health facilities**.

In 2022, University of California San Francisco Global Action in Nursing (GAIN) initiated a longitudinal study to understand and improve obstetric referrals in the district.

Methods

- 3 focus group discussions: two with providers and one with patients
- 18 in-depth interviews with clinical providers and postpartum mothers who received referral care
- Analyzed by Malawian and American research team using qualitative inference

Oveka Mwanza, Richard Malirakwenda, Luseshelo Simwinga (from left to right)

Key themes and quotations

- Systemic and structural challenges

"An anesthetist is like gold, aah for them to be available? Because they are overwhelmed just like us."

"Mostly they say there is no fuel for the ambulance to come, sometimes there is only one ambulance and is very far away so for a patient with [postpartum hemorrhage], it is very difficult to wait thinking they will come in time."

- Inconsistent inter- and intra-facility communication

"I think it affects the quality of care because…we have to start preparing when the baby is actually there and I think that time could have been shortened if they had told us they are bringing a baby with such a condition, and the baby will need this and that…"

"[…] because it happens that people come without a partograph, but you are told this is prolonged labour now you do not know where to start from."

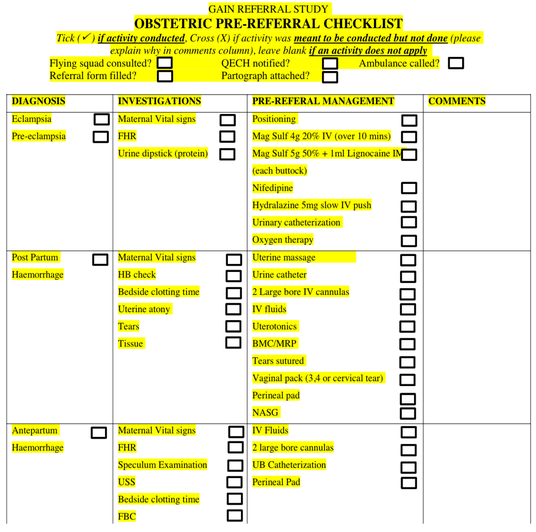
- Social and provider influences on maternal expectations and beliefs

"…So I was worried to say ah ah, with the way people talk about [QECH] saying there are a lot of people and sometimes it happens that others are in the corridors, and they deliver on their own so how will it turn out for me?"

"I took it normally since I was told beforehand that I would not deliver here since I had a caesarean in my previous pregnancy."

Results

- Providers identified shortages of specialty staff and lack of essential supplies as barriers to deliver appropriate care
- Providers also described a lack of thorough documentation of pre-referral care as a hinderance to providing timely intervention
- Some patients were reluctant to be referred if they had personal or anecdotal negative experiences, while others were motivated based on positive interactions
- Noted was the lack of a formal tool to guide pre-referral management and documentation



GAIN REFERRAL STUDY

OBSTETRIC PRE-REFERRAL CHECKLIST

*Tick (✓) **if activity conducted**, Cross (X) if activity was **meant to be conducted but not done** (please explain why in comments column), leave blank **if an activity does not apply***

Flying squad consulted? ☐ QECH notified? ☐ Ambulance called? ☐

Referral form filled? ☐ Partograph attached? ☐

DIAGNOSIS	INVESTIGATIONS	PRE-REFERAL MANAGEMENT	COMMENTS
Eclampsia ☐	Maternal Vital signs ☐	Positioning ☐	
Pre-eclampsia ☐	FHR ☐	Mag Sulf 4g 20% IV (over 10 mins) ☐	
	Urine dipstick (protein) ☐	Mag Sulf 5g 50% + 1ml Lignocaine IM (each buttock) ☐	
		Nifedipine ☐	
		Hydralazine 5mg slow IV push ☐	
		Urinary catheterization ☐	
		Oxygen therapy ☐	
Post Partum Haemorrhage ☐	Maternal Vital signs ☐	Uterine massage ☐	
	HB check ☐	Urine catheter ☐	
	Bedside clotting time ☐	2 Large bore IV cannulas ☐	
	Uterine atony ☐	IV fluids ☐	
	Tears ☐	Uterotonics ☐	
	Tissue ☐	BMC/MRP ☐	
		Tears sutured ☐	
		Vaginal pack (3,4 or cervical tear) ☐	
		Perineal pad ☐	
		NASG ☐	
Antepartum Haemorrhage ☐	Maternal Vital signs ☐	IV Fluids ☐	
	FHR ☐	2 large bore cannulas ☐	
	Speculum Examination ☐	UB Catheterization ☐	
	USS ☐	Perineal Pad ☐	
	Bedside clotting time ☐		
	FBC ☐		

Discussion and next steps

Based on findings from this study, the development of **a revised referral form, pre-referral management checklist, and feedback loop for health facility and QECH providers is needed to improve both provider and patient experience.** An intervention is underway for developing and piloting such tools.

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