

Improving the referral process for obstetric emergencies: A Midwife-Led approach in Blantyre District, Malawi

Jana, Openshaw, Baltzell, Blair, Malirakwenda, Simwinga, Chikuyu, Kumwenda, Mwangomba

Global Action in Nursing (GAIN) Program, Blantyre-Malawi

Background

The Global Action in Nursing (GAIN) program seeks to elevate the quality of nursing and midwifery care in primary health facilities by providing training and longitudinal bedside mentorship in leadership and clinical skills. The program operates in seven health facilities, which accounted for 42% of maternal deaths that occurred in 2019 in Blantyre district following referral. Local and international studies indicate that delays during referral remain a salient contributor to maternal morbidity and mortality. In Malawi, this is compounded by resource constraints in the public health sector due to its primarily donor-dependent nature. Furthermore, the district lacks a secondary referral facility, hence overwhelming its main tertiary hospital. This points to the undeniable need to strengthen the referral processes in these specific facilities to ensure improved health outcomes for mothers and their babies.

Methods

This is a prospective mixed-methods study that seeks to understand and describe barriers to referral from both patient and provider viewpoints as well as historical trends in care, and utilize this information to design and test the feasibility and efficacy of a standardized bundle of nursing interventions to improve quality of care of referred patients. Semi-structured focus group discussions and key informant interviews were conducted with health workers from the referral hospital, referring health centres, as well as referred clients. Chart reviews are yet to be analyzed.

Preliminary Results

The findings focus on key thematic areas identified from preliminary analysis of focus group discussions and in-depth interviews. A total of two focus group discussions and 10 in-depth interviews were analyzed. Most respondents stated that the referral hospital was overwhelmed and understaffed, resulting in delays in receiving care and contributing to poor outcomes. Respondents from the referral hospital stated that referrals were either done too early or too late; often times with inadequate pre-referral management and documentation. On the other hand, referring personnel and referred patients attributed poor health outcomes to challenges in patient transportation to the referral hospital and delays in receiving care upon arrival. These factors were suggested to negatively affect health worker's motivation and clients' poor perspectives towards being referred.

Conclusion

Structural factors contribute towards delays in seeking, reaching and receiving equitable care. Interventions focused on strengthening health systems through increasing human resources for health and capacity building must be coupled with systemic interventions to sustainably hasten the reduction of maternal and newborn morbidity and mortality rates in the district and country.