



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

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Zambia Report 2021



Zambia

Globally, around 2 million stillbirths occur every year – one baby dies every 16 seconds leaving behind a grieving mother and family.

Sub-Saharan Africa accounts for 64% of all stillbirths, with women in these settings being around eight times more likely to experience stillbirth than those living in high-income countries.

In Zambia, the stillbirth rate is reported at 14.8 per 1,000 births. Responding to international targets, Zambia aims to reduce this rate to less than 12 per 1,000 women by 2030.

The NIHR Global Health Group on Prevention and Management of Stillbirth, established in 2017 and led by Professor Dame Tina Lavender, is a unique midwife-led research partnership between Liverpool School of Tropical Medicine / University of Manchester (until 2020), and the Lugina Africa Midwives Research Network (LAMRN). In Zambia, the programme is led by Chowa Tembo Kasengele, Chief Nursing Officer Adolescent Health at the Ministry of Health.

Our research has focused on addressing the critical lack of research surrounding ending preventable stillbirths and providing appropriate support to bereaved parents in sub-Saharan Africa.

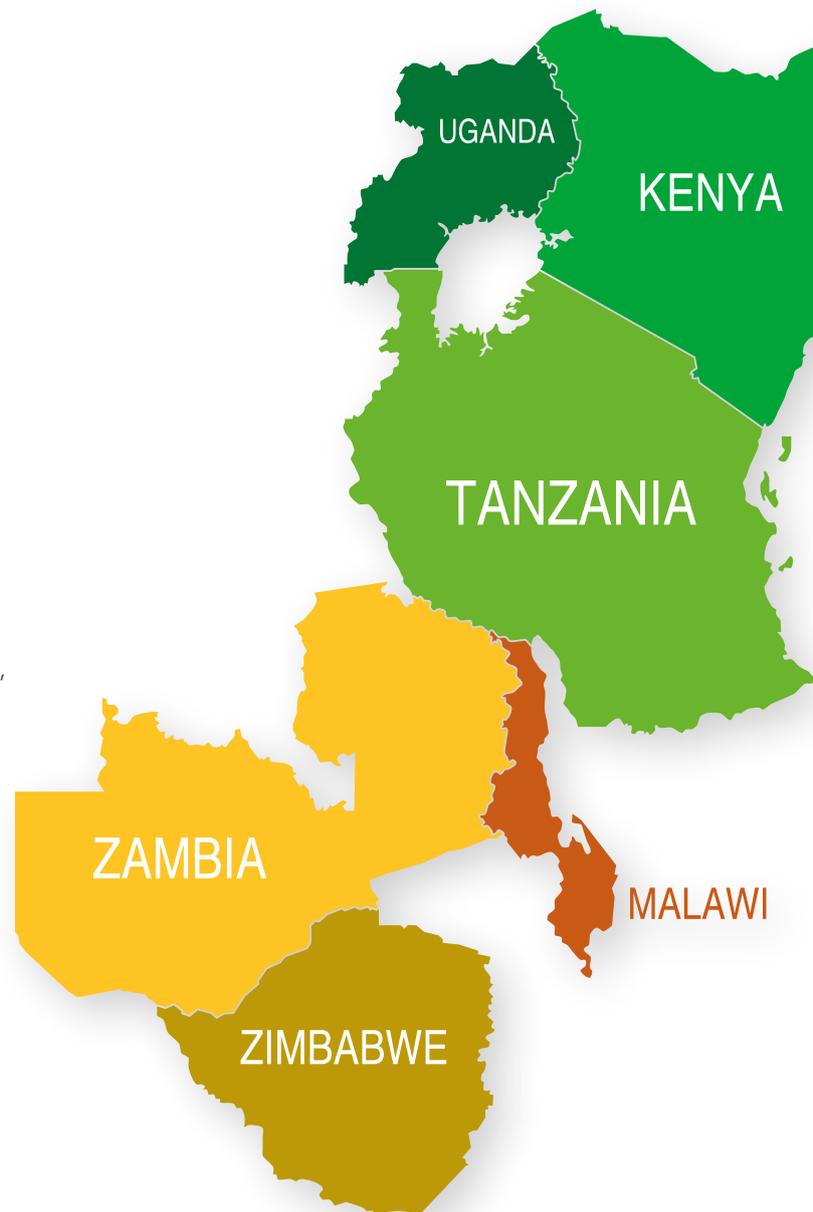


Research assistants from Zambia and the Africa Regional Coordinator playing the Dignity game

By working with healthcare workers, mothers, communities and patient involvement groups we have made many people in Zambia realise how grave the situation is. We aim to continue educating more.



Chowa Tembo Kasengele, LAMRN Zambia Stillbirth Project Lead



The research programme addressed two main themes:

- 1 - Stillbirth prevention**
- 2 - Developing bereavement care and support for parents**

Our work in Zambia:

Theme 1 Stillbirth prevention

Most stillbirths could be prevented with universal access to good quality antenatal and childbirth care. Greater understanding of the barriers and facilitators influencing uptake and delivery of high-quality childbirth care is needed to improve engagement and quality leading to better outcomes.

PHASE 1 DEVELOPMENT WORK

Influences on antenatal experiences and engagement (qualitative study in Zambia and Tanzania)

Interviews with 96 participants (women, male partners, health workers, service managers and policy makers) revealed a complex interplay of factors influencing antenatal attendance, individual motivation and external influences, and health worker behaviour. Where conscious decisions to attend or not were involved, the balancing of perceived 'losses' with 'gains' was key.

Intrapartum transfers, experiences and outcomes (mixed-methods study in Zambia and Tanzania)

Transfer of women during labour between facilities is undesirable, but often necessary when complications arise. Good outcomes depend on minimising delays and smooth transfer processes, but few studies have examined practice and experiences in these settings. A consecutive case note review of 2,000 pregnant women attending for labour care at two health facilities, qualitative interviews and observations of clinical practice were conducted in Tanzania and Zambia. Intrapartum transfers were more common in Zambia and among women living with HIV, with fewer antenatal visits and residing a distance from the referral hospital. Delays were common and transfers were associated with poor outcomes. Qualitative data illuminated the contribution of inefficient processes, geographical distance, transport delays, limited birth preparedness, financial constraints and previous poor experiences of care.

Respectful maternity care: exploring intrapartum experiences (qualitative study in Zambia and Tanzania)

Labour experiences were explored from the perspective of women, male partners, health workers and stakeholders. Although positive relationships were valued by service users and providers, women did not equate respect with quality care and were often prepared to tolerate disrespect and abuse to receive services. Outcomes: Intrapartum transfers are inevitable, but outcomes could be improved by developing transport infrastructure, support for health worker decision-making and better communication and support for affected women and families. Disrespect and abuse can have significant impacts on uptake of maternity care in facilities. There is need to

develop effective strategies to eliminate disrespectful care through changing behaviour and creating positive supportive environments for care.

Intervention testing

'Dignity' educational game (a quasi-experiment study in Malawi and Zambia)

Following previous successes with game-based learning for labour monitoring 'Progression' and response to pregnancy complications 'Crisis', the team developed a board game to enhance health workers knowledge and skills to deliver respectful care, 'Dignity'. Initial testing with 60 midwives and 58 students from Zambia confirmed this was an enjoyable experience for learners, facilitated reflection on practice and led to motivation to change behaviour.

Theme 2 Developing bereavement care and support for parents

The death of a baby before or during birth is among the most traumatic life events for parents. In LMICs culture and traditions may increase stigma and isolation. There is very little understanding of parents' experiences and care and support offered in sub-Saharan Africa.

PHASE 1 DEVELOPMENT WORK

Experiences of communication after stillbirth (qualitative study in Malawi, Tanzania and Zambia)

We explored how health workers shared the news of the baby's death and subsequent communication including views around acceptability of post-mortem investigations with 12 parents, six family members and community leaders, and seven health professionals in Zambia. Health workers did not always communicate effectively or compassionately. Lack of candour and privacy caused considerable distress to women and their families. Outcomes: Parents were not always treated with compassion and lacked the care and support they needed after the death of their baby. Context and culturally appropriate interventions are required to improve support in facilities and communities. Health workers have a key role in supporting bereaved parents and families. Service improvement should target improved education, development of communication skills and awareness of parents' needs.

It was a wonderful experience to learn how families can be helped through the ordeal of losing their much-anticipated child. I realised that I, together with most of my colleagues, didn't pay attention to women's emotional turmoil and that this contributed to a prolonged grieving process and other psychological complications. I'm now equipped with the knowledge necessary to assist parents with arrangements for a dignified send-off for their stillborn.



Nkumbula Kapungwe, Midwife

Theme 2 Developing bereavement care and support for parents

PHASE 2 INTERVENTION DEVELOPMENT AND TESTING

Advancing Bereavement Care in Africa (feasibility study in Malawi, Uganda, Zambia and Zimbabwe)

We developed a one-day training workshop to improve health workers' understanding of the impact of baby death on parents. The workshop also introduces the evidence-based care covering good communication, supporting choices, making memories and information giving. An alongside introductory workshop prepared local midwife trainers to deliver the course in person.

The feasibility of a large-scale evaluation of the training package is currently being assessed (May 2021) with midwives and nurses and students across four countries, including 32 midwives in Zambia. Initial feedback has been extremely favourable with more sites requesting to take part in the programme across the network.

Community Engagement and Involvement

This programme has been unique in including service users in stillbirth research across the LAMRN network.

CEI groups were set up in all countries to ensure that the views of those most affected by the death of a baby help to shape the direction of the programme. Their engagement has been a success from providing insight into optimal recruitment processes, reviewing participant facing information and supporting interpretation of research findings and dissemination. In Zambia, the CEI group has also developed a role play on myths and misconceptions around stillbirth to stimulate community dialogues.

Impact

The NIHR Global Health Research Group on Stillbirth Prevention and Management in sub-Saharan Africa has successfully delivered this programme of research and capacity development. This programme has catalysed acceleration of progress in preventing stillbirth and improving bereavement support, through building equitable sustainable partnerships with researchers in sub-Saharan Africa and generating high quality evidence.

In Zambia, engagement with the Undersecretary of the Ministry of Health (MOH) has resulted in stillbirth becoming an agenda item. The MOH is also using new knowledge on stillbirth, produced by our Group, as this programme has highlighted stillbirth as a high priority issue, alongside maternal and neonatal deaths.

Dame Tina Lavender, Professor of Maternal and Newborn Health and Director of the Centre for Childbirth, Women's and Newborn Health at Liverpool School of Tropical Medicine in the UK, said:

This work has made important strides towards raising the profile of stillbirth in Zambia and across Africa, encouraging conversations and engagement with a topic that would often be viewed as taboo.

The changes that we have already started to see are paving the way for real improvements in care for all those affected by stillbirth, and on behalf of all those families, thank you. We really appreciate your input.



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