



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

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



Tanzania Report 2021





Tanzania

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 Tanzania, the stillbirth rate is reported at 18.8 per 1,000 births. Responding to international targets, Tanzania 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 Tanzania, the programme is led by Dr Rose Laisser, LAMRN Lead at Catholic University of Health and Allied Science in Mwanza.

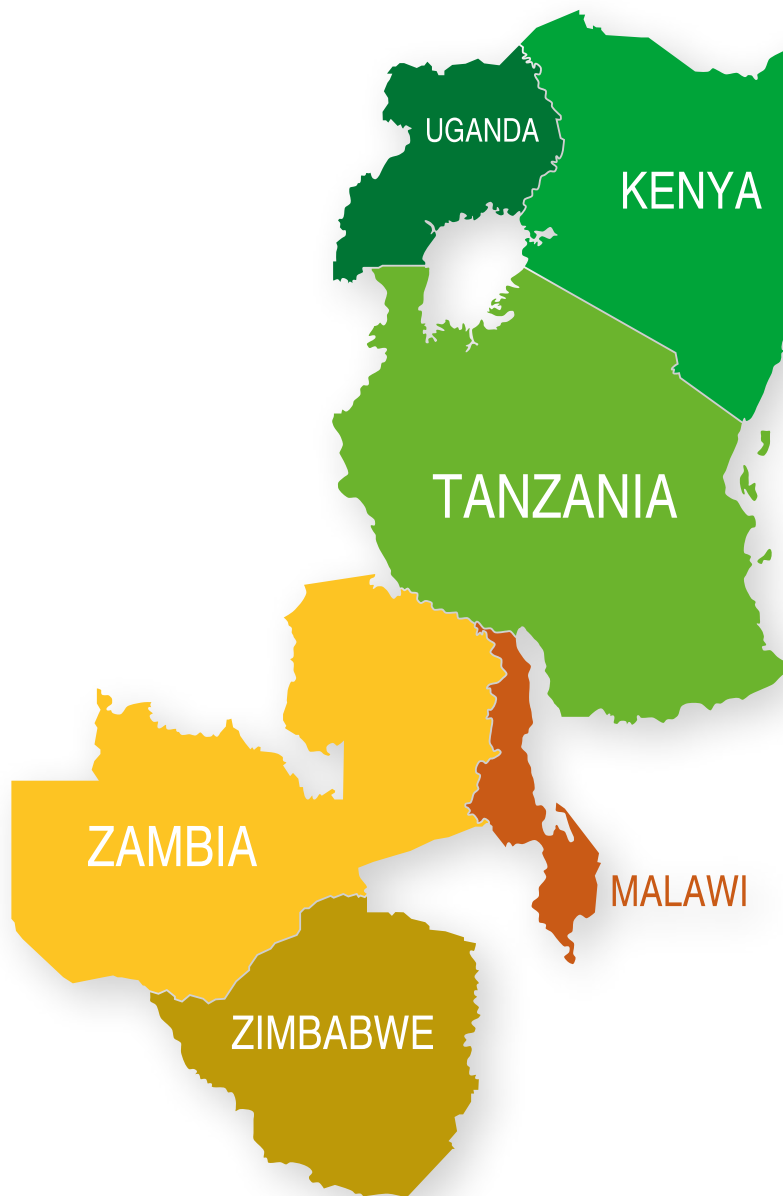
Our research has focused on addressing the critical lack of research surrounding ending preventable stillbirths and providing appropriate support to bereaved parents in sub-Saharan Africa.



I think it is great that midwives are able to get involved in this kind of research, they are the ones that stay with the women more than anybody, and they can engage with them on a level that the doctors sometimes cannot.



Dr Rose Laisser
LAMRN Lead for Tanzania



The research programme addressed two main themes:

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

Our work in Tanzania:

Theme 1 Stillbirth prevention

Improving access and uptake of high-quality maternity care for all

Most stillbirths could be prevented with universal access to good quality antenatal and childbirth care. Women in LMICs including sub-Saharan Africa do not always engage with available antenatal care early or regularly and may delay presentation in labour until severe complications arise. 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 Tanzania and Zambia)

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 behaviours. Where conscious decisions to attend or not were involved, balancing of perceived 'losses' with 'gains' was key.

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

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 to a general hospital in each country. Qualitative interviews and observations of clinical practice were also conducted. Intrapartum transfers were more common 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 Tanzania and Zambia)

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.

PHASE 2 INTERVENTION DEVELOPMENT

Women's preferences for antenatal care (a discrete choice experiment in Tanzania)

Our qualitative data surrounding antenatal experiences informed the development of a discrete choice experiment (DCE). This has determined the most important attributes affecting choices and priorities for antenatal care amongst 254 local women.

Proximity to the clinic, perception of a friendly welcome and respectful care were priority influencers. Interviews revealed that lack of engagement of younger, less educated women and those living in rural areas compromised decision making, birth preparedness and understanding of complications. Relational care was not prioritised and communication between clinical teams was often suboptimal. Outcome: Exploratory and DCE data, CEI and stakeholders' input have confirmed the need for a context appropriate intervention to increase antenatal engagement to reduce stillbirth and other adverse outcomes. A protocol for intervention development and testing has been developed.

Women felt really valued by being involved in the experiment as they had an opportunity to be heard for the first time, and thanks to their input, we've been able to develop a model for future clinics that we know will help save lives.



Dr Paschal Mdoe, Obstetrician, Haydom Lutheran Hospital, Manyara

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

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 28 parents, 10 family members, 12 community leaders, and 11 health professionals in Tanzania. Health workers did not always communicate effectively or compassionately. Lack of candour and privacy caused considerable distress to women and their families. Outcomes: Context and culturally appropriate interventions are required to improve support in facilities and communities. Service improvement should target improved development of communication skills and awareness of parent's needs.



Research assistants (left to right) Flora Kuzenza, Happyness Shayo and Deborah Kimaro with research associate Valentina Actis Danna during a workshop in Dar es Salaam

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.

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 Tanzania the programme has built local capacity at all levels. LAMRN country lead, Dr Rose Laisser, was mentored to lead the WHO pilot study of the new Labour Care Guide. As a result of the annual performance review identifying training needs and individual career aspirations, an academic English language course was sourced to strengthen capacities of research assistants. A new collaboration with Dr Paschal Mdoe, post-doctoral fellow and obstetrician at Haydom Lutheran Hospital in Manyara, has also been established to support future studies and proposals.

On a national scale, our findings of high numbers of stillbirth in Mwanza led the Ministry of Health to conduct inquiries in several hospitals to understand the reasons. LAMRN Tanzania is also contributing to the national Respectful Maternity Care policy and we have seen visible changes in participating facilities as women with previous history of stillbirth are seen by an obstetrician in shorter time than before.

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 Tanzania 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.



FUNDED BY

NIHR | National Institute for Health Research



This research was funded by the National Institute for Health Research (NIHR) (16/137/53) using UK aid from the UK Government to support global health research. The views expressed in this publication are those of the author(s) and not necessarily those of the NIHR or the UK Department of Health and Social Care.