



Policy Brief on Ending Preventable Maternal Deaths: Three priorities for maternal health in Malawi

















PRIORITY 1: RESPECTFUL MATERNITY CARE

- Reproductive Health Directorate (RHD) in Ministry of Health (MoH) /partners to increase awareness and support implementation of the twelve RMC elements amongst healthcare workers (HCWs) and women in the community
- RHD in MoH/partners to institute training for HCWs on rights-based and respectful care and to introduce a patient feedback system
- RHD in MoH/facility leadership in maternal and neonatal health (MNH) departments to strengthen performance management systems and disciplinary measures to HCWs failing to comply with RMC principles to ensure accountability
- RHD in MoH/facility leadership in MNH departments to ensure adequate human and material resources and consider fair remuneration to motivate staff

PRIORITY 2: INFORMATION AND DATA MANAGEMENT

- RHD in MoH/facility leadership or partners in MNH departments to strengthen use of locally collected data in making decisions for providing quality maternal/newborn care.
- RHD in MoH to institute clear guidelines on provision of feedback to the community on maternal/newborn outcomes

PRIORITY 3: STRENGTHEN SKILLS OF SKILLED BIRTH ATTENDANTS

• Training institutions/partners/ RHD in MoH to promote facility based in-service trainings to improve skills of skilled birth attendants through supporting the scaling up of mentorship programmes and facility skills labs

BACKGROUND

Maternal mortality ratio remains unacceptably high Malawi, estimated at 381 deaths per 100 000 live births as of 2020, representing a a 13% decrease from the previous rate of 439 in 2017.^{1,2} Current progress is not sufficient to reach the target of less than 70 per 100,000 live births by 2030 as stipulated in the Sustainable Development Goals.³ Despite good coverage of antenatal care and skilled birth attendance, both at 97% as of 2019, women continue to die. Improving the quality of care by strengthening and scaling up of good clinical practices could reverse these trends. The provision of high quality care in Malawi is impeded by multifactorial challenges in the health care system including a shortage of skilled and motivated workers, inadequate health infrastructure and equipment, a lack supplies, of drugs and and inadequate health information data to guide decision-making.⁴ These constraints necessitate the prioritisation of focus areas so that limited resources are equitably and efficiently allocated for effective gains in the prevention of maternal mortality.⁵ Prioritisation eliminates duplication of efforts by the MoH's implementing partners, and useful tool communications with funding organisations.5

PURPOSE OF THIS POLICY BRIEF

This policy brief highlights the key findings of the national maternal health prioritisation meeting held with key stakeholders in Salima district, Malawi in May 2023. The aim of the prioritisation meeting was to identify two areas for national effort that RHD in the MoH and partners could focus on to improve key maternal health indicators.

METHODS

A prioritisation meeting was organised by the Malawi Liverpool Wellcome Research Programme (MLW), the NIHR (UK) Global Health Research Programme Safe Motherhood Project, the Ministry of Health's Reproductive Health Directorate (RHD), Kamuzu University of Health Sciences (KUHES) and Malawi Epidemiology and Intervention Unit (MEIRU). The aim of the meeting was to achieve an acceptable level of coverage and reliability over maternal health needs. A planning meeting between RHD and Safe Motherhood team set out the agenda for the prioritisation meeting, identified key stakeholders and developed workshop materials. The invited stakeholders and their groups are summarised in Table 1.

Table 1: Category and Number of Stakeholders atPrioritisation Meeting

Type of Participant	Number of Attendees
Ministry of Health key directorates	12
Research institutions	15
Academic institutions	6
Health/clinical services	11
Community representatives	6
Regulatory bodies	2
Associations or organisations	3
UN/International organisations	11
Local organisations	5
Media	3
Total	74



Figure 1: Group Prioritisation

We ran a one-day multi-stakeholder workshop in May 2023 in Salima, Malawi to engage with a full range of stakeholder perspectives in an open and purposeful discussion to arrive at a robust shortlist of priorities for the improvement of maternal health. Background information was shared with participants to contextualise the maternal healthcare challenges facing Malawi. This was done through the use of posters, presentations of data and the sharing of the real-life experiences of service users. We then used a Nominal Group Technique (NGT)⁶ to reach consensus on priorities. We followed the four steps of NGT: (1) silent individual prioritisation, (2) consolidating priorities from individual prioritisation, (3) clarification and discussion of priorities at a group level using a prioritisation matrix, (4) ranking of generated priorities (voting). The whole process (including project planning through to completion of final report) took six months (March-August 2023). Figure 2 outlines the prioritisation and group discussions. The facilitators recorded and transcribed the group discussion sessions. Notes were taken on how decisions were made, areas of agreement and disagreement, and insights into participants' perceptions of priorities and their rationale for selecting them.

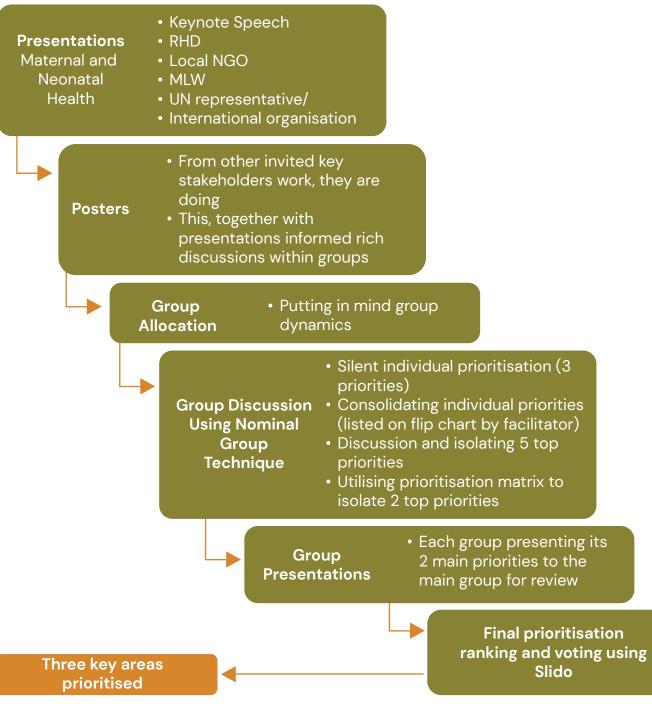
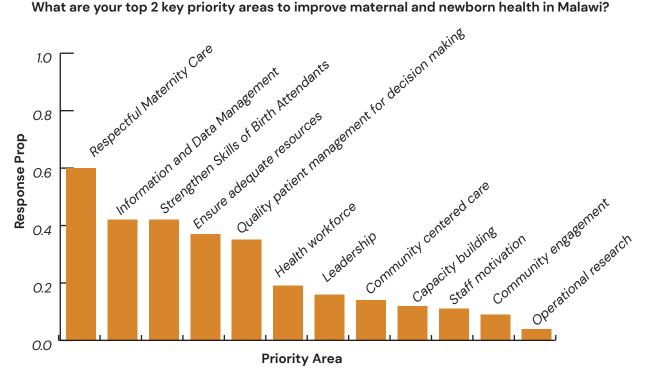


Figure 2: Prioritisation process

KEY FINDINGS & CONCLUSION

Individual prioritisation produced 233 priorities which were subsequently reduced by group prioritisation to 104 priorities through merging of similar priorities. Then groups applied the prioritisation matrix which further reduced priorities to 40. The top two priorities were selected from each group. This resulted in 12 priorities in the final shortlist. These 12 priorities were reduced to 3 by the whole group using Slido voting (Figure 3). We also captured the rationale why these three were selected.



What are your top 2 key priority areas to improve maternal and newborn health in Malawi?

Figure 3: Summary of prioritised areas

RESPECTFUL MATERNITY CARE

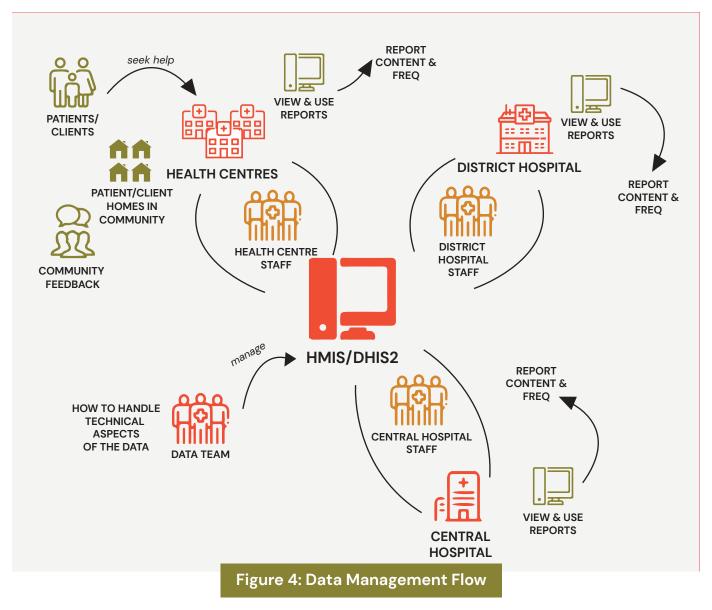
Respectful maternity care (RMC) was the top priority area identified to improve maternal and newborn health in Malawi. It was argued that the fact that RMC encompasses everything a woman needs to have a positive pregnancy and childbirth experience, it is the pillar of health care that will help in addressing negative behaviours like attitude problems the healthcare workers (HCWs) show to mothers. RMC also addresses infrastructure issues that compromise women's privacy. Disrespectful care is a barrier to institutional delivery which consequently hinders utilisation of skilled birth attendants.7 The RMC charter states that care during childbirth should encompass basic human rights of respect, dignity, confidentiality, information, and informed consent, the right to the highest level of health that is reasonably attainable, and freedom from discrimination and from all forms of mistreatment.⁷ A woman's emotional well-being, choices, and preferences, including the right to have a companion of her choice during labour and childbirth, should be acknowledged and respected.⁷

"Respectful maternity care encompasses the attitudes of the nurses, of course the working environment that they are in, so once we deal with that, then I think we will have quality maternal care."

WORKSHOP PARTICIPANT



It was argued that with good data, health care workers will be able to monitor progress and effectiveness of efforts that have been invested. Information and data management are crucial components of health systems. It is among top priorities as it helps with monitoring resources and indicators and prompts necessary actions to improve the quality of care and outcomes.



"Making sure that information and data management beyond the aspects of completeness, timeliness, and other data quality issues and including existence of a proper feedback loop between the top and the bottom including communities, this will reinforce behaviour in terms of improving whatever is happening on the ground."

WORKSHOP PARTICIPANT

STRENGTHENING SKILLS OF BIRTH ATTENDANTS

Our participants explained that strengthening skills of birth attendants was important because they are integral to the provision and improvement of care and are frequently the first persons that pregnant mothers interact with. It is a key strategy for averting maternal mortality by early management of most obstetric complications.

"Birth attendants are key in improving maternal and neonatal care because they offer services to pregnant mothers, if they lack appropriate skills, they will not be able to deliver the necessary care in the facilities."

WORKSHOP PARTICIPANT

POLICY IMPLICATIONS

RMC needs to be defined and contextualised for Malawi with clear action points at every stage where a woman interacts with the healthcare system. There is a need to raise awareness regarding the need for RMC and its 12 elements for both health care workers and women in the community through advocacy, campaigns, and IEC materials. Empowerment of women is necessary to support the delivery of respectful of maternity care; women must feel able to demand the care they deserve. Strategies are needed to motivate healthcare workers to deliver RMC. Approaches might include strengthening disciplinary measures to HCWs failing to comply with RMC principles to ensure accountability, provision of adequate resources to enable HCWs to provide optimal care to their patients and hence improve their job satisfaction, intensifying performance management systems and supervision, and considering increases in pay and staffing numbers. A strategy to improve rights-based and respectful maternal care must be instituted to improve the quality and outcomes of maternal and child health and staff motivation:

- Train healthcare workers on delivering women-centered, gender-sensitive, rights-based maternal care. These trainings should be taken up by all cadres of maternal health workers.
- Institute patient feedback mechanisms.
- Raise awareness about women's rights in childbirth, including the rights to bodily autonomy and informed consent as essential elements to quality of maternal care.

While we improve data management by ensuring that the data generated is complete, accurate, timely and of high quality, the ability to use data for decision making needs further strengthening. Healthcare workers need to be trained to interpret and make use of the data that is locally collected at their facilities. The feedback loop for information should extend to respective communities for them to appreciate their performance in maternal health indicators. Data generated at a facility level should inform operational and implementation research questions that can be addressed locally. Furthermore, using data to give feedback to staff will encourage the provision of RMC as they see where there are areas that need improvement, or where they have successfully improved outcomes.

While in-service training has been extensively implemented and promoted, there is a need to explore other strategies of improving skilled birth attendant skills at facility level such as use of skills lab and mentorship programmes. Skills training will also address poor management of obstetric emergencies due to "inadequate monitoring", "prolonged abnormal observations without action" and "lack of obstetric emergency skills as reported in the recent maternal death report under review. Providing HCWs with skills motivates them, gives them job satisfaction, and might enhance RMC.

SUMMARY OF KEY RECOMMENDATIONS

Based on the evidence discussed in this brief, Malawi needs to undertake various reforms outlined below to effectively support these three priority areas:

- The RHD in MoH and partners to increase awareness and support implementation regarding the twelve RMC elements for both HCWs and women in the community through advocacy, campaigns, and IEC materials.
- The RHD in MoH and partners should institute strategies to improve rights- based and respectful maternal care and support its implementation. These may include training HCWs on delivering women centered care and respecting their rights and patient feedback system.
- The RHD in MoH and facility leadership in MNH departments to strengthen performance management systems and disciplinary measures to HCWs failing to comply with RMC principles to ensure accountability.
- The RHD in MoH and facility leadership in MNH departments to ensure that human and material resources are adequate and consider fair remuneration to motivate staff.
- The RHD in MoH, facility leadership in MNH departments and partners to strengthen use of locally collected data in making decisions for providing quality maternal/newborn care.
- The RHD in MoH to institute clear guidelines on how to provide feedback to the community on maternal and newborn outcomes.
- Training institutions, partners and RHD in MoH to promote facility based in-service trainings to improve skills of skilled birth attendants through supporting the scaling up of mentorship sessions and constituting of skills labs in the facilities.

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Ending Preventable Maternal Deaths: Three priorities for maternal health Policy Brief

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