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CONTINUOUS LABOUR SUPPORT IN PUBLIC HEALTH FACILITIES IN NIGERIA: MIDWIVES PERCEPTIONS AND ATTITUDES

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Disclosure slide

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Outline

- Overview
- Research Problem
- Purpose
- Methodology
- Results
- Discussion
- Conclusion

Overview

- Pregnancy and childbirth is normal physiological events
- Also period of great emotional, psychological and cultural significance for women and their families.
- Childbirth experience is influenced by :
 - a sense of security,
 - perceived control,
 - experiences of prior deliveries,
 - involvement in decision-making, the nature of organisational care and
 - quality of support during labour

Overview contd

- Traditionally in all cultures across the globe, women usually gave birth surrounded by family members and with the support of other women
- This valued family ritual and traditional support during childbirth is associated with a positive childbirth experience.
- The shift of childbirth from home to the hospital, the traditional childbirth practice has been subsumed by technological interventions.
- Several studies have documented the re-emergence and contribution of CLS mostly in developed countries
- Implementation and practice has remained the exception rather in most developing countries, particularly Nigeria.

Research Problem

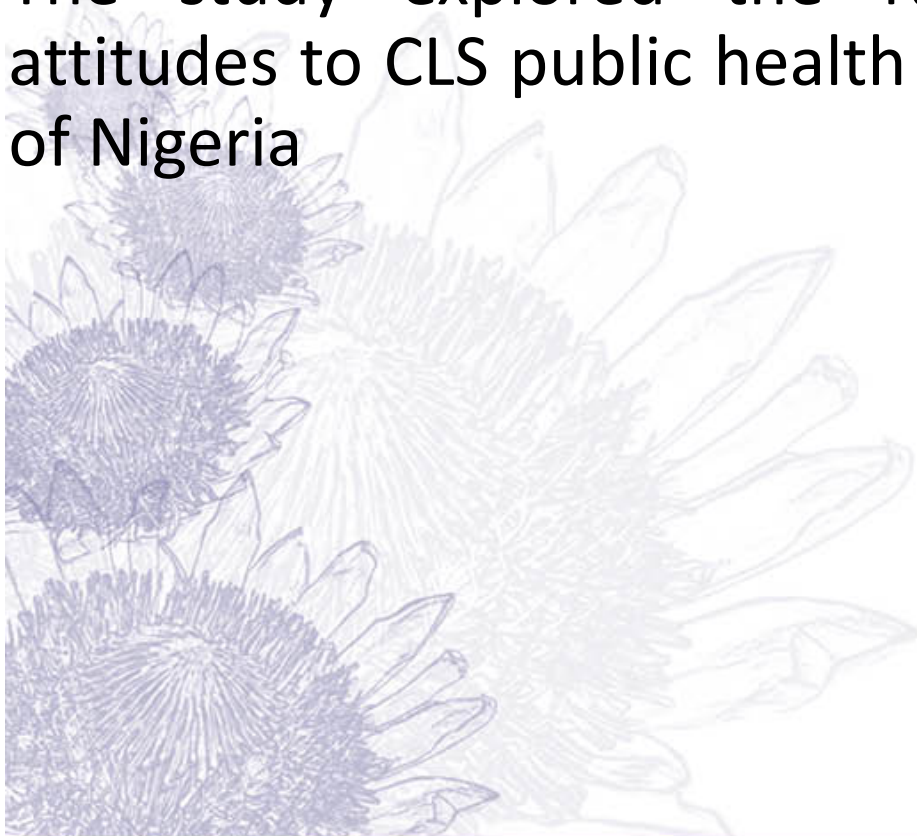


- Worldwide, a woman dies every two minutes from pregnancy or childbirth-related causes
- Nigeria ranked 2nd after India in maternal deaths .
- Two-thirds of all Nigerian women deliver outside of health facilities (why?)
- Studies have revealed the desire of Nigerian women to have CLS from their social networks
- CLS practice is rare in Nigeria, especially in public health facilities.
- Implementation of CLS in public hospitals requires a standardized framework to influence policy, neither of which exists in Nigeria.

Purpose



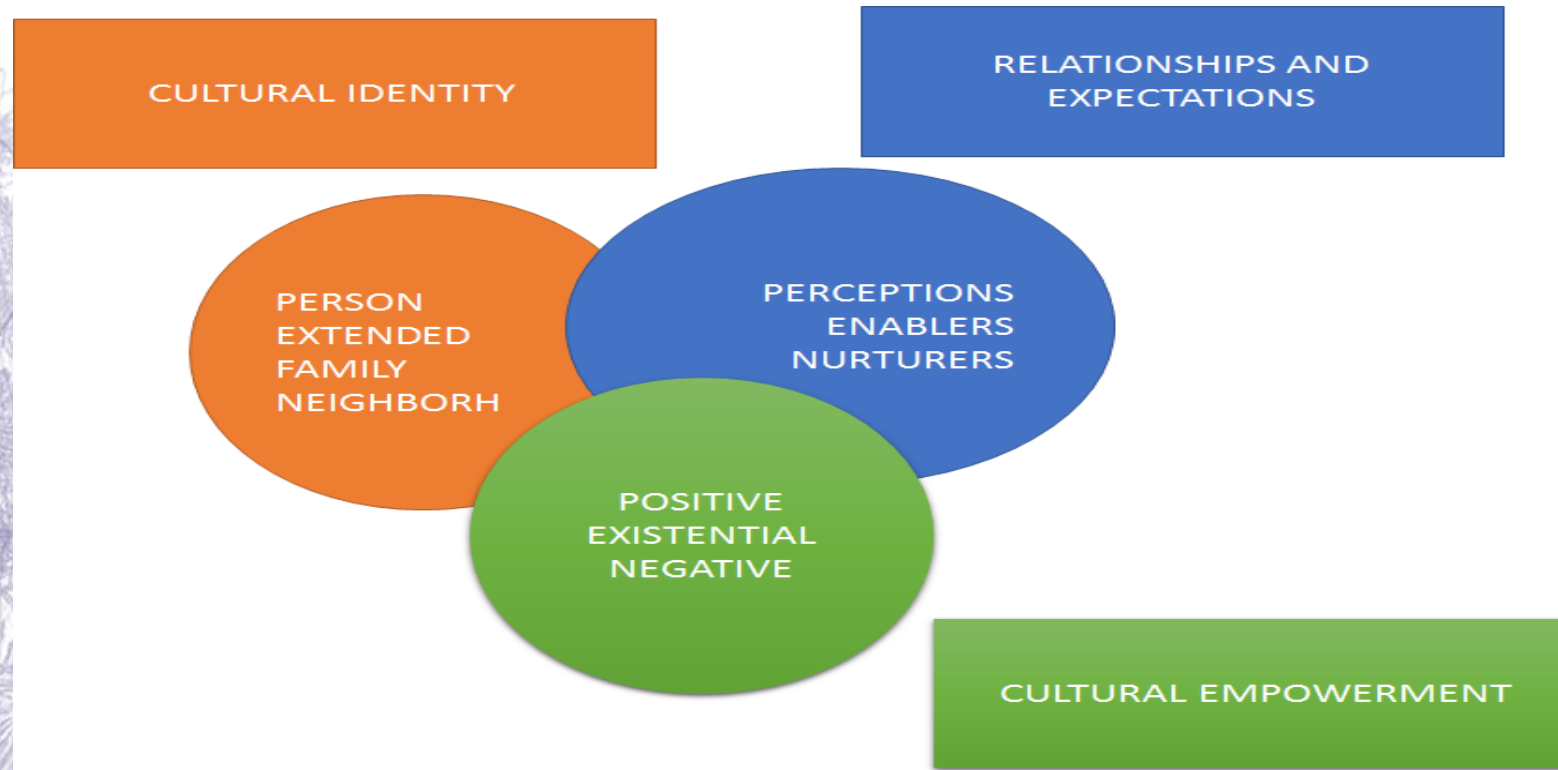
- The study explored the Nurse-Midwives perceptions and attitudes to CLS public health facilities in the South-West region of Nigeria





Theoretical Framework

- AirhihenbuwaPEN-3 cultural model

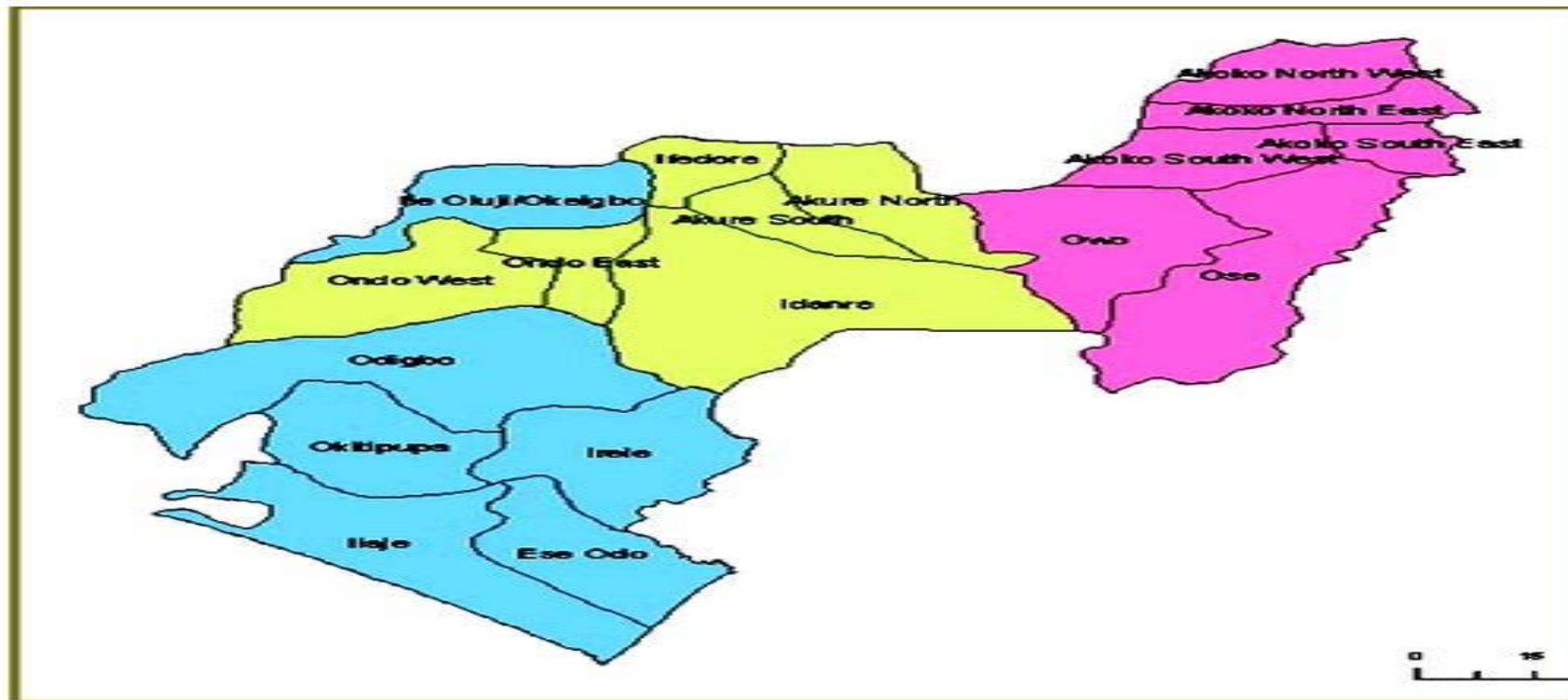




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Study setting

- Ondo state is one of the six states in the South-West Nigeria



Methodology

Study design

- A qualitative, exploratory and descriptive design

Study population

- Registered Nurse-Midwives

Sampling method

- Purposive sampling was adopted with total sample of 45 Nurse-Midwives

Inclusion criteria

Nurse-midwives with at least two years' working experience at the obstetrics and gynecology unit

Methodology

Data collection

- Data collection period : From September 2014 to April 2015.

Data collection process:

- Consent and FGD Binding Form was filled in by each participant
- 8 audio-taped FGD sessions done by the researcher and 2 assistances
- Semi structured interview guide
- Field notes

Methodology

Data analysis

- Tesch's content analysis

Trustworthiness

- Credibility, Conformability, Transferability, dependability
- Consensus with independent coder and dependability audit

Ethical approvals

- Research Ethical Review Committees of the University of Western Cape , South Africa .
- Research Ethical Review Committees of the Hospital Management Board, and the Mother-and-child Hospitals Ondo State, Nigeria.
- Informed written and verbal consent

Results



- Based on the purpose of the study, themes and sub themes were generated:
 - Perception about CLS
 - Non-existence/intermittent practice
 - Perceptions about introduction of family CLS in public health facilities
 - Attitude toward CLS

Results



Purpose	Themes	Sub-themes
1 : Perceptions about CLS	Theme: 1 Non-existence/intermittent practice	<ul style="list-style-type: none">• Family CLS is not part of current hospital policy and not routinely practiced• Occasional/ discretionary practice
	Theme: 2 Introduction of family CLS in public health facilities	<ul style="list-style-type: none">• Midwives perceived that CLS can be introduced, tested and implemented in public health facilities



Purpose	Themes	Sub-themes
2 : Attitude toward CLS	Theme 1 Benefits of CLS as driver for positive attitude	<ul style="list-style-type: none">• Promotes love, sense of belonging and bonding• Psychological support• Improves patient cooperation and reduces nurses' stress• Enhances family planning
	Theme 2 Drivers of negative attitude	<ul style="list-style-type: none">▪ Perceived risks / challenges• Women-related challenges• Facility-related challenges

Results



Purpose	Themes	Sub-themes
Attitude toward CLS cont..	Theme3: Acceptable Values	<ul style="list-style-type: none">▪ Trust and cultural dynamics▪ Religious exclusivity▪ Educational influence
	Theme 4: Enablers for CLS practice in public health facilities	<ul style="list-style-type: none">• Government involvement/ policy• Health facility structure• Resources (personnel ,physical structure and equipment)• Safety/ Security measures• Orientation and training of CLS persons• Advocacy

Results



Purpose 1 : Perceptions about CLS

Theme 1: Non-existence/intermittent practice

“It’s not been in practice in this hospital since its inception.....”(FGDMA1)

“Is not part of the hospital policy but, is just using one’s discretion to judge what is happening at any time, for instance if we are having a woman who is not cooperating on the labour couch in the labour room ,we can invite the husband or the parent in to come and talk to her and give her some psychological support, the person she can trust anyway.” (FGDME 3)

Results



Perceptions about CLS

Theme 2 : Perceptions about introduction of family CLS in public health facilities

“...with the few we have done here, you will see the joy in the husband...that see the way the baby is coming out and everything...you know they are doing everything together.....” (FGDMG 5)

“...the policy is a good idea if government can make provision in terms of the instruments and staff too because we have shortage of staff and at the same time the instruments we have is inadequate for us to make use of....” (FGDME4)

Results

Attitude toward CLS

Theme 1 : Benefits of CLS as driver for positive attitude

“...of course it promote bonding, it makes the woman feels emotional support with the family members, and maybe the husband is there, some women says they want their husband to be there to feel the measure of pain they feel” (FGDMB 1)

“...it even reduces the stress that the nurses or the care-givers pass through during this period”(FGDMB 2)

“....it does work because in family planning sometime if the husband and wife come together, even you too will enjoy the counseling.’ (FGDME 2)

Results

Attitude toward CLS

Theme 2: Drivers of negative attitude

“We don't have a private ward, we have many patients, many women in the ward and in a case when you invite maybe the husband to stay inside, there are many naked women there.....also they won't be able to expose due to the husbands' presence there” (FGDMA 6)

“...at times many of these relatives they do more harm than good, most cases you see many of these relatives coming into labour ward with herbal concoction.....with local Pitocin.....”(FGDMA 2)

“You will not be free to divulge any informationthey won't be free to open up, especially to doctors when they come” (FGDMA 1)

Results

Attitude toward CLS Theme3: Acceptable Values

“We have different patients and even some patients will tell you, I don’t want any relative.....just leave them alone, they don’t trust anybody that is around” (FGDME 1)

“We consider the patient’s religion.....the right of our patient, they have the right to their religion...when a woman in purdah is in labour, even they don’t want.... beside the health care giver that is attending to

Look at this issue of polygamy, when the man has about 2 to 3 wives, if he doesn't go with the first wife, and maybe the younger wife is the one he likes most and he has to follow the younger one, that will generate a kind of hatred.” (FGDMB 2)

“the patients we attend to here, the majority of them are illiterates, so if it is somebody that is learned and you feel will understand the language you are speaking, when you explain to them that ah this, this, this and this is not good for your wife or your relative, some of them do understand when they are educated”(FGDMG 5)

Results



Attitude toward CLS

Theme 4: Enablers for CLS practice in public health facilities

“Our government also has a role to play because I don't think this policy can really come to reality without bringing in the government.....(FGDMB 5)

“.....if there are more buildings and we have antenatal wards, postnatal wards and labour room separate it can help, and more staff....(FGDME 4)

“...when such concept is being introduced... each room can be secured using CCTV cameras so that at least the nurses at the nursing stations can be able to monitor each room right from the nursing station....”(FGDMA 2)

“ relative that are to stay with patient need to be well health educated prior to labour especially during antenatal clinic..”(FGDMA 4)

Conclusion

Positive childbirth experience can only be achieved when maternity services are rendered in an atmosphere that is culturally acceptable to the women in labour.

CLS during childbirth will ensure culturally adequate maternity health care, improve the therapeutic relationship between health providers, and women and their families, as well as enhance the positive birth experience in public maternity health facilities.

This may also bring an increase in the utilisation of public health maternal health services and a reduction in the maternal mortality rate

Conclusion



- This study affirmed that CLS is not part of current hospital policies in public health facilities in Nigeria and not routinely practiced although desperately needed as it support the cultural practices of Nigerian people.
- Despite few identified practices that leads to negative attitudes, the nurse-midwives seemed to have a positive attitude towards the introduction of CLS based of the benefit derived from the few discretional practices acknowledged occasional practice

Recommendations



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- Implementation of CLS in public health facilities depends largely on all stakeholders acceptance and government's involvement , hence the necessity for a standardized framework and protocol that protect the cultural beliefs and values of all stakeholders .
- There is also need for a written policy statements about CLS, reorganization and rehabilitation of existing structure, orientation and training of CLS persons, and public awareness campaigns

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