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

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Kenya Report 2021

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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 Kenya, the stillbirth rate is reported at 19.7 per 1,000 births. Responding to international targets, Kenya 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 Kenya, the programme is led by Professor Grace Omoni, LAMRN focal lead at the University of Nairobi.

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.

This project has opened the door for higher learning and dissemination of study outcomes. Midwives in Kenya are now on the first track, conducting midwifery research, led by midwives. They are unstoppable. I feel so privileged to have been part of this team.

Dr Sabina Wakasiaka, Africa Regional Coordinator, Stillbirth Group

The research programme addressed two main themes:

1 - Stillbirth prevention

2 - Developing bereavement care and support for parents

Our Work in Kenya:

Theme 2 Developing bereavement care and support for parents

The death of a baby before or during birth is recognised as among the most traumatic life events for parents. Around 70% of women suffer depressive symptoms and 30% will develop prolonged grief which can seriously affect mental health. Partners are also impacted, with increased risk of relationship and family breakdown. In LMICs culture and traditions may increase stigma and isolation and women may also experience physical morbidity from traumatic birth eg obstetric fistula. There is very little understanding of parents' experiences, care and the support offered in sub-Saharan Africa.

PHASE 1 DEVELOPMENT WORK

Parents' and health workers' experiences of care and support after stillbirth (qualitative study in Kenya and Uganda)

A study of the lived experiences of 195 mothers and fathers who had experienced the death of their baby and health workers who provided care in five facilities in urban and more rural areas in Kenya and Uganda. Despite some positive reports, women and families were not adequately supported by health workers after the baby's death. Health workers felt unprepared for this aspect of their work and did not receive adequate support from organisations. Some beliefs and cultural practices in communities compounded trauma, increased isolation and stigma, particularly for women.

Womens' experiences of stillbirth complicated by obstetric fistula (qualitative study in Kenya)

We explored the lived experiences of 20 women affected by the 'double tragedy' of stillbirth and obstetric fistula. Results indicated these women face additional psychological, social and economic challenges. Specific and targeted strategies are required to reduce stigma and assist in reintegration.

Stillbirths have social and cultural implications for parents, and I realised I needed to do more for them. We identified bereavement champions and peer supporters as a way to provide individualised care. This is the first step in the right direction and with time I know we will be much better in providing the care that these women need.

Raheli Mukhwana, LAMRN Midwife and Research Assistant, Kenyatta National Hospital, Nairobi

PHASE 2 INTERVENTION DEVELOPMENT AND TESTING

Improving bereavement care and support (feasibility study Kenya and Uganda)

With input from CEI and stakeholder groups in Kenya and Uganda, we identified improving care in facilities and postnatal community support as target areas for improvement. The intervention included training health worker volunteers from maternity and neonatal units as 'bereavement champions' who would work to identify area for development and promote good practice in facilities. Women with previous experience of stillbirth willing to provide support to others would be trained as peer supporters, enabling women to be offered access to telephone support in the first few weeks after the death of their baby.

The feasibility of research to evaluate the intervention was assessed with 44 women in Kenya and Uganda, recruited after the bereavement champion group was introduced, who were offered peer support. Their experiences and outcomes were compared with 56 women cared for in the same hospitals, before the change was introduced. Despite COVID 19 interrupting the research, women were willing to take part and stay in the study until completion. Initial data suggests overall positive experiences of the intervention and a few improvements which could be made in a larger trial.

Development of a support package for women experiencing obstetric fistula and stillbirth (participatory action research in Kenya)

The research team engaged with women, stakeholders and clinicians (n=37) to explore the issues around these co-morbidities. Exploratory data identified challenges around communication around stillbirth and diagnosis of the fistula, access to follow up and treatment, lack of health worker knowledge and understanding, social and economic consequences of fistula including relationship breakdown, isolation, stigma and poverty. A co-production process is underway to develop a package of interventions in five main areas: communication, capacity development for health and community workers, accountability and facility environment, support and sensitisation. Examples of interventions being considered include training packages, information campaigns for partners and communities, and peer support groups.

Bereavement champions and peer supporters in Nairobi.

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 Kenya, engagement with Kenyatta National Hospital's management and stakeholders' advocacy work has led to four private rooms of the Maternity Unit being set aside for bereaved parents and a dedicated counsellor appointed. Bereavement champions have also created a cabinet to facilitate parent contact to say goodbye to their stillborn baby before going home.

On a larger scale, by working closely with the Ministries of Health and non-governmental organisations we have already seen important changes taking place, from informing national strategies and guidelines for stillbirth reduction in Kenya, and ensuring stillbirth is prioritised on the maternal and newborn health agenda.

I am delighted to work with LAMRN and LSTM on this project. In our community people don't talk about these issues: fistula and stillbirth, yet it is a big problem both at community level and at a national level. Left alone it may take generations to change, but I believe that together we can improve the lives of our sisters, mothers and friends.

Sarah Omache, Minister in Charge of Health Services, Kisii County

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 at all levels.

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 Kenya 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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