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

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Malawi Report 2021

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Malawi

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

In Malawi, the stillbirth rate is reported at 16.3 per 1,000 births. Responding to international targets, Malawi 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 Malawi, the programme is led by Professor Angela Chimwaza, LAMRN focal lead and chair at the University of Malawi.

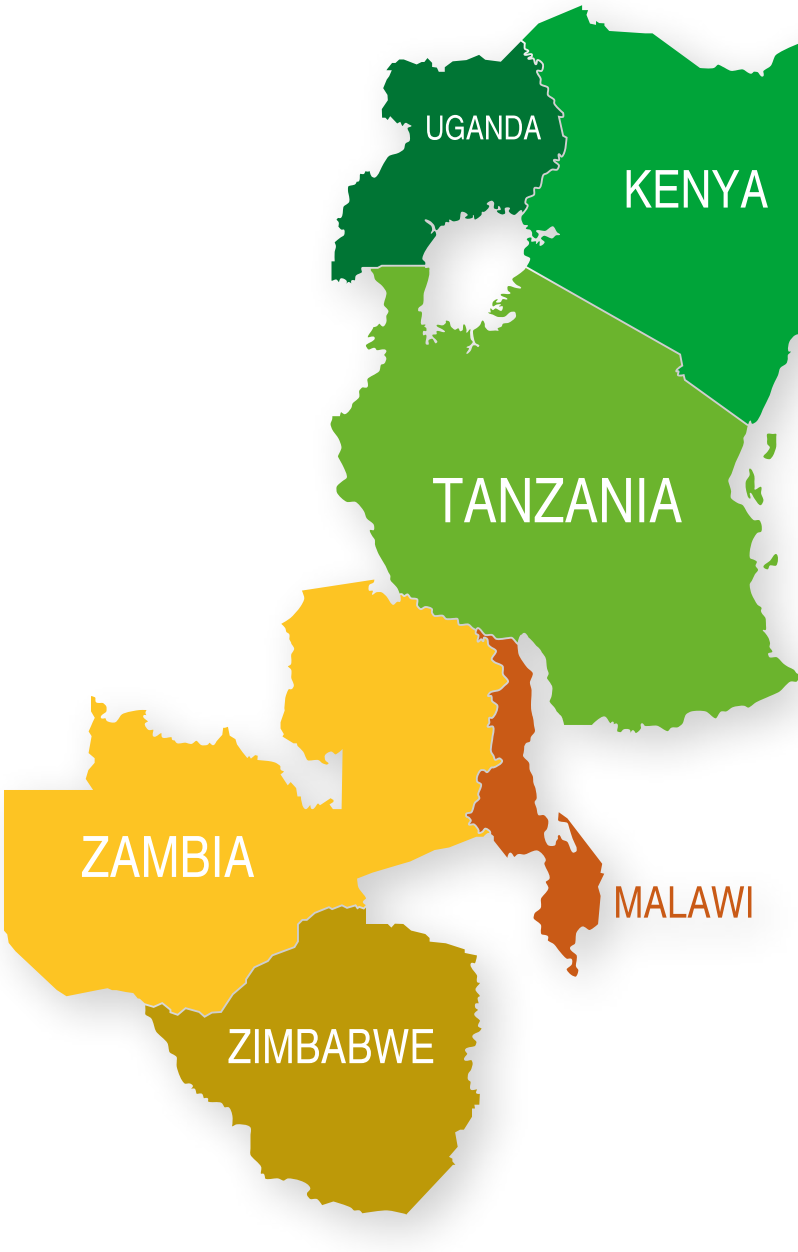
Our research has focused on addressing the critical lack of research surrounding ending preventable stillbirths and providing appropriate support to bereaved parents in sub-Saharan Africa.

Research assistant Chisomo Petross presenting results of LAMRN Malawi

Taking on this work has been an empowering experience, giving midwives the confidence that they can make a real difference to women and their babies in the future.

The research has had a huge impact on the lives of many.

Professor Angela Chimwaza, LAMRN Chair and lead for Malawi



The research programme addressed two main themes:

1 - Stillbirth prevention

2 - Developing bereavement care and support for parents

Our work in Malawi:

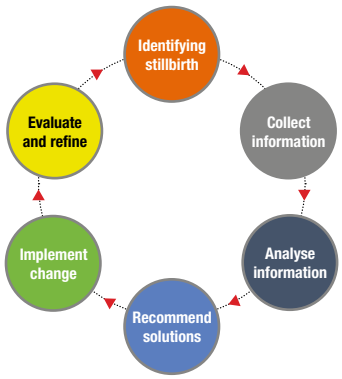
Theme 1 Stillbirth prevention

1.1 Better care for women at risk

Many stillbirths could be prevented using existing maternity and childbirth interventions and strategies.

Embedding clinical audit of stillbirths in Malawi

The recently developed WHO audit tool was used to review the care provided to 478 women who experienced stillbirth at Bwaila District Hospital, Lilongwe and Queen Elizabeth Central Hospital, Blantyre during July 2018 – Nov 2019.



The audit cycle identified inconsistent performance in several important standards. These included antenatal assessment of baseline blood pressure and haemoglobin, recording of blood pressure and urinalysis during labour and auscultation of fetal heart prior to caesarean section. Limited record-keeping during admissions was also noted. The subsequent action plan included mentorship, training, introduction of checklist/aide memoires and improving supply of equipment. Outcome: Re-audit demonstrated increased performance across most standards and increased understanding, capabilities, and willingness amongst health workers to continue audit.

> *It has been a great experience following through the audit cycle in the stillbirth audit. I love it when midwives call me 'checklist' or 'partograph' because I knew how familiar they are to the quality indicators we were pushing to achieve. Today, I am happy for the progress we have made so far in improving care for women giving birth, and I encourage all players to continue their great work.*
>
> ***Chisomo Petross, Research Assistant***

Student midwives playing the Dignity game

1.2 Exploring maternity and childbirth care to improve access, uptake and quality for all

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 improved outcomes.

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 maternity care 'Dignity'. Initial testing, including 43 midwives and 53 student midwives in Malawi, 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 recognised as 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, 16 family members, community leaders, and 10 health workers in Malawi. 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. Contextual 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 parent's needs.

It's so important for families to have someone to talk to who is not medical and knowing that I have been through the same thing and understand their feelings and beliefs, can really help.

Milcah Mwamadi, CEI Lead for Malawi

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)

Lack of preparation and education for health workers was a major theme arising from exploratory work across the 6 LAMRN countries. Therefore, 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 accompanying preparatory 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 4 countries, including 31 midwives and 31 students in Malawi. 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 the views of those most affected by the death of a baby 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.

In Malawi, the CEI group have engaged with hospital managers at Queen Elizabeth Central Hospital, Blantyre, to allocate specific rooms for parents who experience stillbirth.

Impact

The NIHR Global Health Research Group on Stillbirth Prevention and Management in sub-Saharan Africa and LAMRN Malawi 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.

On a larger scale, by working closely with the Ministries of Health and non-governmental organisations in each country we have already seen important changes taking place, from informing national strategies and guidelines for stillbirth reduction, to triggering medical inquiries in hospitals with high numbers of stillbirths.

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 Malawi 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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