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

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Zimbabwe Report 2021

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Globally, around 2 million stillbirths occur every year – one every 16 seconds. Every baby who dies before or during birth leaves 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.

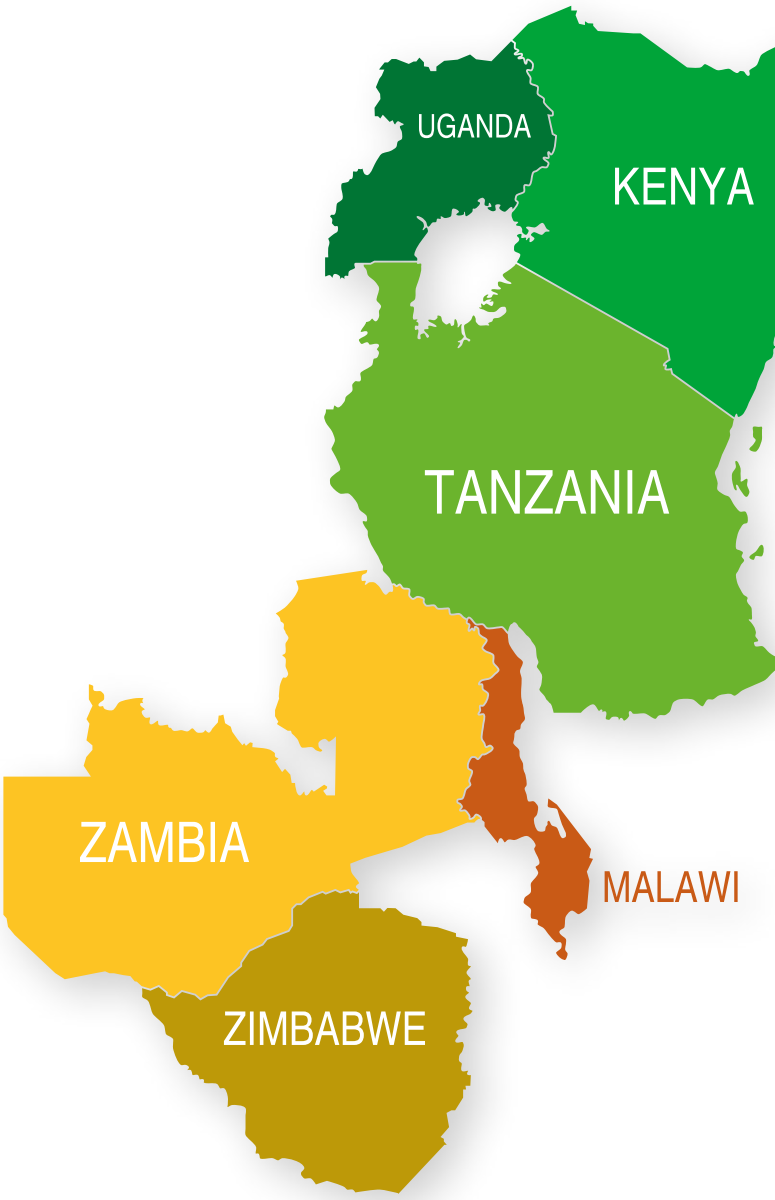
In Zimbabwe, the stillbirth rate is reported at 16 per 1,000 births. Responding to international targets, Zimbabwe aims to reduce this rate to less than 12 per 1,000 women by 2030.

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 Zimbabwe, the programme is led by Kushupika Dube, LAMRN focal lead at Mpilo School of Nursing, Bulawayo.

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.

Midwives are best placed to lead this work as they work closely with women and families at every stage. Not only have we been able to work on some vitally important research in Zimbabwe, we've been able to improve the research skills and capability of midwives across the LAMRN network, raise the profile of midwives and encourage them to lead with confidence to make a real difference to women and their babies now and long into the future.

Kushupika Dube
LAMRN Zimbabwe Stillbirth Project Lead



The research programme addressed two main themes:

1 - Stillbirth prevention

2 - Developing bereavement care and support for parents

Our work in Zimbabwe:

Theme 1 — Stillbirth prevention

Many stillbirths could be prevented using existing maternity and childbirth interventions and strategies. Understanding of the medical, pregnancy, individual and social factors increasing the risk of stillbirth in sub-Saharan Africa is currently incomplete.

PHASE 1 DEVELOPMENT WORK

Identification of factors associated with stillbirth (Cross-sectional cohort study)

We conducted a prospective study of 1,779 postnatal women birthing in Mpilo Hospital, Bulawayo. Results demonstrated that stillbirth in the index pregnancy had a strong association with a previous history of stillbirth, maternal medical complications and fewer than four antenatal visits. Women experiencing stillbirth tended also to have lower socio-economic status and less formal education.

We found that women with previous stillbirth were 19 times more likely to have another stillbirth, while those in high-income countries are five times more likely

Outcome: Having a previous stillbirth increases the risk of recurrence, therefore increasing antenatal monitoring and support for women with history of stillbirth is a potential strategy to reduce poor outcomes.

PHASE 2 INTERVENTION TESTING

Feasibility of a specialist antenatal clinic for women in subsequent pregnancy following stillbirth: 'Thembani Clinic'

Women who become pregnant after a previous stillbirth are at greater risk of having another poor outcome, therefore increased antenatal visits, continuity of care and psychological support may be particularly beneficial for this group.

'Thembani' (meaning hope) was developed from the joint efforts of LAMRN Zimbabwe in collaboration with the clinical team at Mpilo Hospital and the CEI Group. Women with a previous stillbirth have been offered regular access to a dedicated antenatal clinic, run by the same team of midwives, review by an obstetrician and opportunity for regular ultrasound assessment of fetal wellbeing.

More than 90% of women remained engaged until the end of the study

To assess the feasibility of a large-scale trial, 28 pregnant women who had previously experienced a stillbirth were recruited and offered care in Thembani. Their care and outcomes were compared to a similar group (n=24) of women experiencing usual care in the hospital, before introduction of the clinic. The primary outcome for feasibility was willingness to participate and stay in the research until completion. Recruitment targets were met and 96% of participants were retained until study completion. All but one woman who attended Thembani birthed a live baby. Midwives and doctors involved expressed feeling more satisfied by the care they were able to give to women and felt that the service would improve outcomes.

Outcomes: A wider evaluation of the effectiveness of the 'Thembani' clinic appears feasible, the intervention was acceptable to staff and women. The hospital management have confirmed their intention to continue the clinic following the research.

Midwives and doctors are more alert in the identification and monitoring of women with previous history of stillbirth; mothers with previous stillbirths were given an opportunity to meet and discuss their experiences when they lost their babies, while midwives and obstetricians were able to identify nursing gaps and act on them for positive birth outcomes.

Locadia Gotora
Maternity Matron, Mpilo Central Hospital, Bulawayo

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. There is very little understanding of parents' experiences and care and support offered in sub–Saharan Africa.

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 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 workshop also 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, nurses and students across four countries, including 39 midwives from Zimbabwe. Initial feedback has been extremely favourable with more sites requesting to take part in the programme across the network.

This was an incredibly well thought out project to develop midwives and their research capacity. Involving women as participants in research and ensuring woman-centred care throughout has shown real respect to a long-suffering group and the Thembani Clinic in particular is a fantastic outcome – I am very happy to see what this is bringing for women.

Christina receiving her lifetime achievement award at the 2018 LAMRN conference

Dr Christina Mudokwenyu-Rawdon, Midwifery Research Consultant, Harare/ Stillbirth Group Advisory Board

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.

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 Zimbabwe, engagement with service managers at Mpilo Hospital, Bulawayo, has resulted in a continuation of the Thembani Clinic beyond the research and an increased awareness of the need of parents who experienced stillbirth at hospital and in the community.

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 Zimbabwe 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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