

Researchers

Dominic Montagu
University of California, San Francisco

May Sudhinaraset
University of California, Los Angeles

Nadia Diamond-Smith
University of California, San Francisco

Kubai Edward Ikiugu
Marie Stopes Kenya

Olivia Nuccio
Marie Stopes International

Staff

Ginger Golub
Country Director, Kenya

James Opot
Associate Research Manager

Timeline

2016-2018

Sample Size

7 health facilities

Research Implemented by IPA

Yes

Nakphong et al. BMC Pregnancy and Childbirth (2022) 22:465
https://doi.org/10.1186/s12884-022-09962-2

BMC Pregnancy and Childbirth

RESEARCH **Open Access**

Access to support during childbirth?: women's preferences and experiences of support person integration in a cross-sectional facility-based survey

Michelle K. Nakphong^{1*}, Patience A. Atiani², James Opot³ and May Sudhinaraset⁴

Abstract
Background Integrating support persons into maternity care, such as making them feel welcome or providing them with information, is positioned to increase support for women and improve birth outcomes. Little quantitative research has examined what support women need and how the healthcare system currently facilitates support for women. We introduce the Person-Centered Integration of Support Persons (PC-ISP) concept, based on a review of the literature and propose four PC-ISP domains—Welcoming environment, Decision-making support, Provision of information and education and Ability to ask questions and express concerns. We report on women's preferences and experiences of PC-ISP.
Methods We developed PC-ISP measures based on the literature and applied these in a facility-based survey with 1,138 women after childbirth in six health facilities in Nairobi and Kiambu counties in Kenya from September 2019 to January 2020.
Results We found an unmet need for integrating support persons during childbirth. Between 73.6 and 93.6% of women preferred integration of support persons during maternity care, but only 45.3–77.9% reported to have experienced integration. Women who reported having a male partner support person reported more PC-ISP experiences (OR 1.3; 95% CI 0.02, 0.23) than those without. Employed women were more likely to report having the opportunity to consult support persons on decisions (aOR 1.26; 95% CI 1.07, 1.50) and report that providers asked if support persons should be informed about their condition and care (aOR 1.20; 95% CI 1.07, 1.35). Women with more providers attending birth were more likely to report opportunities to consult support persons on decisions (aOR 1.53; 95% CI 1.08, 2.15) and that support persons were welcome to ask questions (aOR 1.84; 95% CI 1.07, 2.94).
Conclusions Greater efforts to integrate support persons for specific roles, including decision-making support, bringing communication and advocacy, are needed to meet women's needs for support in maternity care.

*Correspondence: michelle.nakphong@ucsf.edu
¹Department of Biostatistics and Epidemiology, University of California, San Francisco, San Francisco, CA, USA
²Innovations for Poverty Action, Nairobi, Kenya
³Department of Community Health Sciences, Keightley School of Public Health, University of Witwatersrand, Johannesburg, Johannesburg, South Africa

BMC **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

Academic Paper

Improving Patient-Centered Care for Maternal Health and Family Planning Services in Kenya

Abstract

Negative experiences in medical facilities can deter women from accessing delivery, family planning, and post-abortion care services and adhering to recommended treatment. In Kenya, researchers are evaluating the impact of quality improvement interventions on improving patient-centered care for delivery and family planning services.

Policy Issue

Patient-centered care is responsive to individual preferences, needs, dignity, and values, and seeks to improve communication between the provider and patient. Poor patient-centered care can deter women from accessing delivery, family planning, and post-abortion care services. It can delay initiation and adherence to antenatal-care, reduce family planning uptake, and reduce adherence to recommended treatment, including contraception. A growing body of research suggests women in developing countries experience disrespectful, abusive, or neglectful treatment when receiving maternal health services. These experiences of poor patient-centered care have been found to dissuade many women from accessing future health services, leading to poor health outcomes. This study investigates the effectiveness of quality-improvement teams to improve person-centered care for maternal health, family planning, and abortion services.

Context of the Evaluation

The intervention activity is being led by experts from Jacaranda Health, a private social enterprise aiming to make pregnancy and childbirth safer for women and newborns by transforming maternity care in East Africa. The project is targeting women aged 15-49 years who recently delivered, received family planning services, or underwent an abortion. The 2014 Kenya Demographic and Health Survey estimated the maternal mortality ratio at 362/100,000 live-births.¹ Using maternal health services such as antenatal clinics and assistance from skilled professionals during deliveries can lead to reductions in maternal mortality through early detection and management of potential complications. However, less than 50 percent of women in Kenya have four or more antenatal care (ANC) visits as recommended by the World Health Organization.²

Details of the Intervention

[Note: This study is not a randomized controlled trial.]

Researchers are using a quasi-experimental design to investigate the impact of quality improvement interventions on improving patient-centered care for delivery and family planning services in Kenya. Out of seven hospitals in the Nairobi area, the quality improvement interventions will take place at four hospitals chosen by patient volumes, location, and with the input of county officials. The other three hospitals will serve as the comparison group.

The intervention consists of three three-month quality improvement cycles over a two-year period applied independently in both the maternity and family planning wards of each facility. Each hospital has created a quality team including clinicians, support staff, and administrators that are trained on collaborative quality improvement methods based on techniques developed by the Institute for Healthcare Improvement.

Over the two-year study period, researchers will conduct patient and provider surveys at the three treatment hospitals every three months. Researchers will survey up to 50 family planning and 50 maternity patients as well as 90 providers after each quality improvement cycle (1,200 patients and 360 providers). The final quality improvement cycle will be evaluated through a follow-up survey across all seven hospitals (1,000 patients and up to 200 providers).

Results and Policy Lessons

Results forthcoming.

Sources

¹ Statistics, Kenya National Bureau of, Ministry of Health/Kenya, National AIDS Control Council/Kenya, Kenya Medical Research Institute, and National Council for Population and Development/Kenya. 2015. "Kenya Demographic and Health Survey 2014." <http://dhsprogram.com/publications/publication-fr308-dhs-final-reports.cfm>.

² Kitui, John, Sarah Lewis, and Gail Davey. 2013. "Factors Influencing Place of Delivery for Women in Kenya: An Analysis of the Kenya Demographic and Health Survey, 2008/2009." *BMC Pregnancy and Childbirth* 13 (1): 40. doi:10.1186/1471-2393-13-40.

July 27, 2018