

A Framework to Improve Postnatal Care in Kenya

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Abstract: The study was conducted in three phases between August 2011 and March 2014. The aim of the study was to develop a framework to improve postnatal care in Kenya.

Objectives: The specific objectives of this study were to: Determine the current state of postnatal care in Kenya, identify strategies that can be employed in Kenyan hospitals to improve postnatal care and develop a Framework that will aid in improving postnatal care in Kenya.

Methods: This study was done in three phases. Phase 1 was the determination of factors contributing to the current state of postnatal care services in Kenya. Data collection during this phase was accomplished through a self-administered questionnaire by 258 midwives plus a checklist used in 37 hospitals to assess the availability of physical resources required in the provision of postnatal care. The Nominal Group Technique was used among 13 Reproductive health coordinators in phase 2 to identify the strategies they deemed if employed would improve postnatal care in Kenyan hospitals. The third phase was to develop a Framework to aid in improving postnatal care in Kenya.

Results: Shortage of midwives exists in all the hospitals, Midwives received incomplete orientation on being posted to the maternity units/postnatal wards, Policies and guidelines were inaccessible and that cultural and religious beliefs of clients were deemed to have some influence on the provision of the postnatal care. The identified strategies in phase 2 were capacity building, data management, quality assurance human resource management, supportive supervision and coordination of postnatal care services

Conclusion: A framework to improve postnatal care was developed

I. Introduction

Postnatal care involves all the procedures or activities which are performed on women in the first 42 days after completion of the third stage of labour. Similarly, the care provided to babies during the first 28 days of life, constitutes an important component of postnatal care (Kenya Ministry of Public Health and Sanitation 2012:12; Warren *et al.* 2008: Online; Kay-Petersen and Nzamba 2004:17-3). Postnatal care is an integral aspect of maternal care, given that childbirth and the immediate postpartum period represent a major transition in a woman's life. If not managed well, this period may be a critical and life threatening time for both the mother and the baby (Kenya Ministry of Public Health and Sanitation 2012:18; Sines, Syed, Wall and Worley 2007: Online).

The main purpose of postnatal care is to promote and maintain the health of the mother and her baby as well as creating an environment that offers essential support to the extended family and the community (WHO 2010b: Online; Kay-Peterson and Nzama 2004: 17-3). This support covers physical, mental and emotional needs as well as addressing socio-cultural issues that may affect their health and wellbeing. First time parents usually require more attention and support, especially on parenting and responsibilities (WHO 2010:Online).

Maternal mortality can occur either during the antenatal, intrapartum or postnatal period. However, strategies to reduce maternal mortality have focused on the antenatal and the intrapartum periods (Ministry of Health, Kenya 2006: 52). Maternal mortality can be reduced with improved postnatal care by skilled health care professionals, the majority of whom are the midwives in many low and middle income countries (Senfuka 2012: Online; UNFPA 2011: Online). Maternal mortality is greatest during the postnatal period which remains the most neglected stage of maternal care especially in the Low and Middle income countries(LMICs) Kenya included (Safe motherhood 2011: Online).

Objective

The aim of the study was to develop a Framework to improve postnatal care in Kenya.

Specific Objectives

The specific objectives of this study were to:

- Determine the current state of postnatal care in Kenya (Study Phase 1)
- Identify strategies that can be employed in Kenyan hospitals to improve postnatal care (Study Phase 2)
- Develop a Framework that will aid in improving postnatal care in Kenya (Study Phase 3)

II. Methods

In phase 1 a survey was adopted to describe the current state of postnatal care observed in Kenyan hospitals. A literature review was done to aid in the development of a valid questionnaire and checklist to be used in data collection. A self-administered questionnaire by 258 midwives plus a checklist was used in 37 hospitals to assess the availability of physical resources required in the provision of postnatal care.

Data collection in phase 2 was done in two sessions. In session 1, the researcher presented data obtained from phase 1 which was followed by presentation of challenges faced in the utilisation of postnatal care presented by the thirteen National and the Provincial Reproductive Health coordinators. In session 2, the researcher utilised The Nominal Group Technique (NGT) among the coordinators to determine the strategies that could be used to develop a Framework to improve postnatal care in Kenya. The NGT is a consensus seeking method that allows each participant the opportunity to present their ideas without feeling threatened or intimidated. (Van Brenda 2005:2; Dobbie, Rhodes, Singer and Freeman 2004:402-406; University of Vermont 1996: Online; Welbeck, Van de Venn and Gustafson 1975:33; Centre for Rural studies 1998: Online).

Phase 3 was the development of the Framework to improve on postnatal care in Kenya. This phase of the study was accomplished in three steps. In step1, the researcher undertook a literature review on Framework development and developed a draft Framework which was presented to the National and Provincial Reproductive Health coordinators for validation in step 2. The third step was the development of the final Framework incorporating inputs from coordinators obtained during the validation

Ethical considerations

The conduct of nursing research requires not only expertise and diligence, but also honesty and integrity. Conducting research, ethically starts with identification of the study topic and continues throughout to the publication results from this study (Burns and Grove, 2005: 176; Babbie 2004:63-66). Ethical approval of the study was sought from the Ethics Committee of the Faculty of Health Sciences of the University of the Free State. Similarly, ethical clearance was sought from the Institutional Research and Ethics Committee (IREC) at the Moi University School of Medicine as well as from the Moi Teaching and Referral Hospital. Formal approval to conduct the study was granted on 28th July, 2011 approval number **FAN: IREC 000675**.

Permission to carry out the study was also sought from the administration of all the hospitals that took part in both the pilot and the main study before data collection process commenced. The nature and the purpose of the research were explained to the respondents to ensure their informed consent. The midwives were made aware that the information obtained was to be used in the developing of a Framework to be implemented in order to improve postnatal care.

The researcher made it clear that there would be no remuneration for participating in the study. After reading through the information document, that clearly stated that there were no risks in participating in the study, informed consent was obtained from the midwives.

The researcher respected the individuals' rights to safeguard their personal integrity and therefore participating in the study was voluntary any respondent was free to withdraw from the study at any time. The respondents were assured of confidentiality as no names or personal identification numbers were reflected on the questionnaires. Throughout the study, the principles of beneficence, doing good and non-maleficence no harm to the respondents, was maintained. These ethical considerations were applied during all three phases of the study, the publication and dissemination of results.

III. Results

Data analysis of phase 1 revealed that shortage of midwives exists in all the hospitals utilised for the study with a nurse midwife ratio of more than 10. It was further observed that midwives received incomplete orientation on being posted to the maternity units/postnatal wards hence their inability to provide quality postnatal care services. Policies and guidelines were reported to be inaccessible by a majority of the midwives and that cultural and religious beliefs of clients were deemed to have some influence on the provision of the postnatal care.

In phase 2, the Nominal Group Technique a qualitative study design used among 13 Reproductive health coordinators to identified six strategies they deemed if employed would improve postnatal care in Kenyan hospitals .The six strategies identified in order of priority are capacity building, data management,

quality assurance, human resource management, supportive supervision and coordination of postnatal care activities.

Table 1 The strategies voted as the most important

Strategy Number	Six strategies voted as the five most important strategies	Marks scored
1	Capacity building	46
2	Data Management	30
3	Quality assurance	19
3	Human resource management	19
4	Supportive supervision	15
5	Coordination of postnatal care activities	13

The third and final phase of the study was the development of a Framework to aid in improving postnatal care in Kenya.

Framework Development

Development of the framework was accomplished by triangulating the results obtained from Phases 1 and 2.

Table 2 Data on findings of Phases 1 and 2

Results from Phase 1: Questionnaire and Checklist	Identified strategies during Phase 2: The Nominal Group Technique
Shortage of Midwives and incomplete orientation	Human resource management
	Supportive supervision
Inaccessibility of policies and guidelines	Quality assurance
Insufficient knowledge and lack of continuous education	Capacity building
Influence of cultural and religious beliefs	
	Data Management
	Coordination of postnatal care

The Framework development was guided by the Theory of Change Logic Model which describes the casual linkages that are assumed to occur from the start of the project to the goal attainment (Frechtling 2007: 5; Taylor-Powell and Henert 2008: 4). The components of the Theory of Change logic by Kellogg (2004: 28) are the problem or issue, community needs, desired results, influential factors, strategies and assumptions (Kellogg 2004: 28).

The problem in this study is the neglected postnatal care as identified by the researcher through a review of postnatal care literature and unpublished reports on care provided to postnatal mothers at the Moi Teaching and Referral Hospital. The community, as far as this study is concerned, is the Division of Reproductive Health charged with the provision of postnatal care.

The short and long term outcomes, planned outputs and possible impact of the programme are the desired results in this Framework (Kellogg 2004:14, 24, 31). These desired results are the perspectives of the researcher which were subject to changes when the participant’s suggestions are incorporated at the validation meeting. Influential factors are potential challenges or opportunities that might impede or facilitate the expected change needed to improve (Kellogg Foundation 2004: 30). These factors were derived from literature and the researcher’s perspective, but were subjected to change with the input from the participants (National and Provincial Reproductive Health Coordinators) during the validation meeting.

Strategies are best practices that are deemed helpful in achieving the expected results which, for this study, is improved postnatal care. The strategies were identified by Reproductive Health Coordinators in Phase 2 as earlier stated. Assumptions are the beliefs behind how and why the suggested strategies will work in a certain community which, in this study, is the Division of Reproductive Health charged with the provision of postnatal care (Kellogg Foundation 2004:12).Below is a template of the Theory of Change Logic Model showing the linkages of the different components.

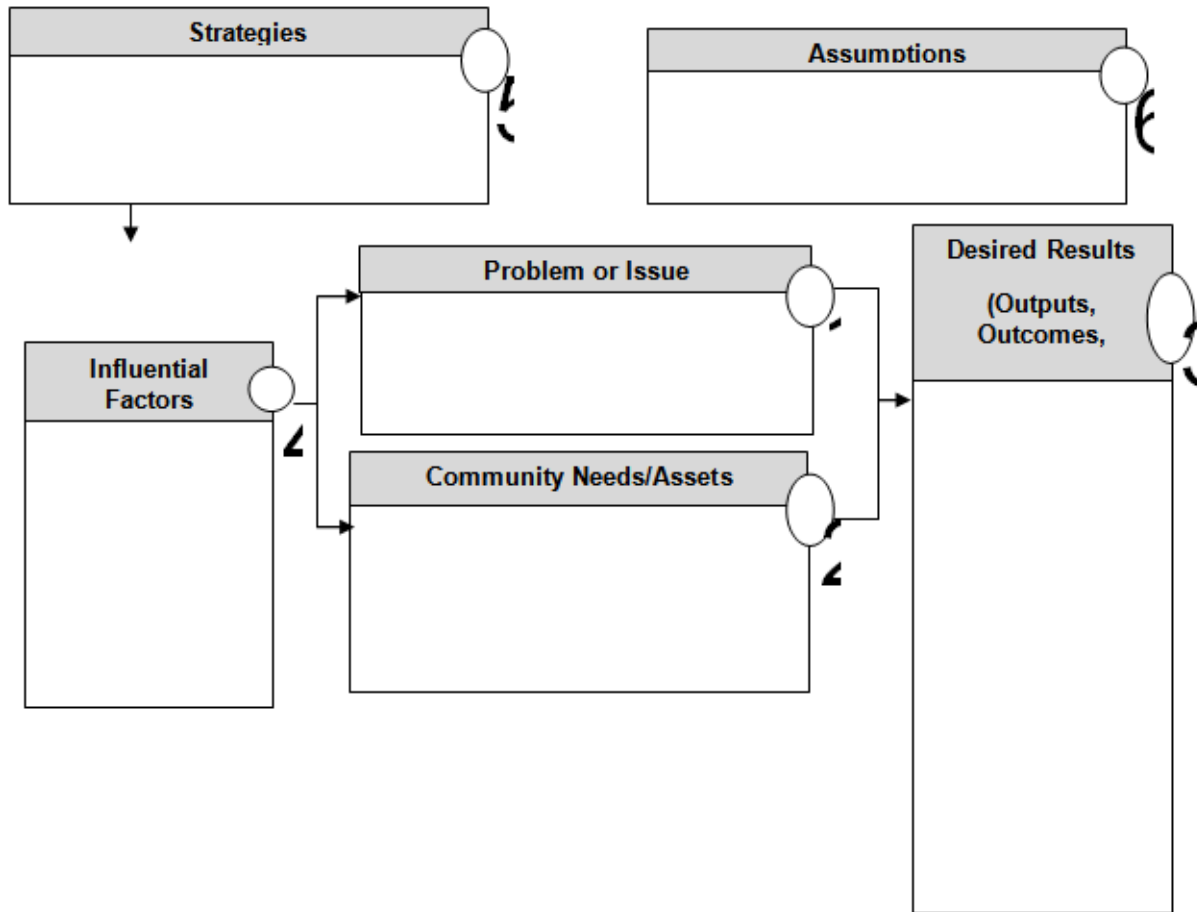
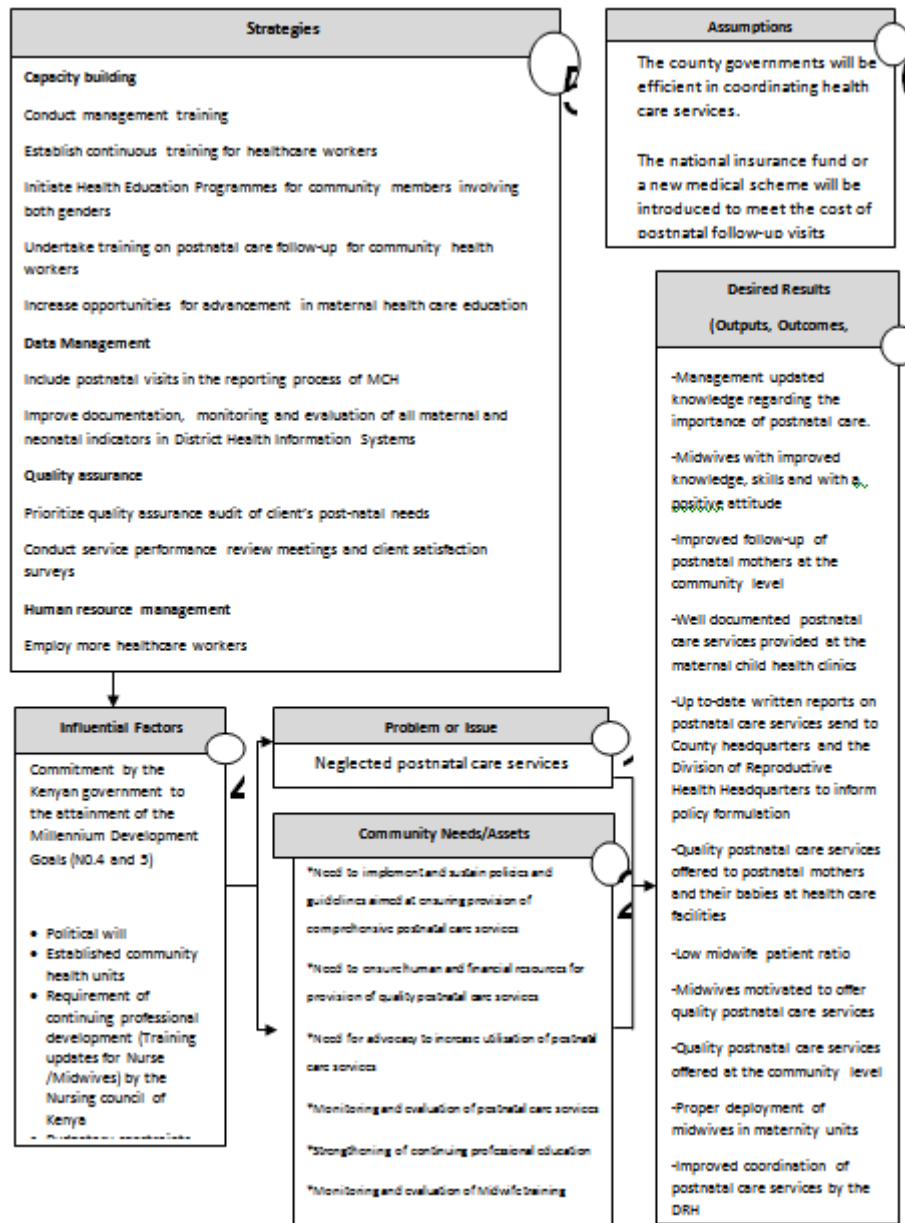


Figure 1 Theory of Change Logic Model template (Kellogg 2004:28)

Apart from the strategies which were identified during the NGT in phase 2, information on the other components of Theory of Change Logic Model on the draft Framework are the inputs of the researcher derived from literature.



The stakeholders who are the Reproductive Health coordinators added their expert input to the components of the Theory of Change Logic Model during the validation process leading to a complete Framework aimed at improving postnatal care in Kenya. The input of the stake holders added are indicated in blue.

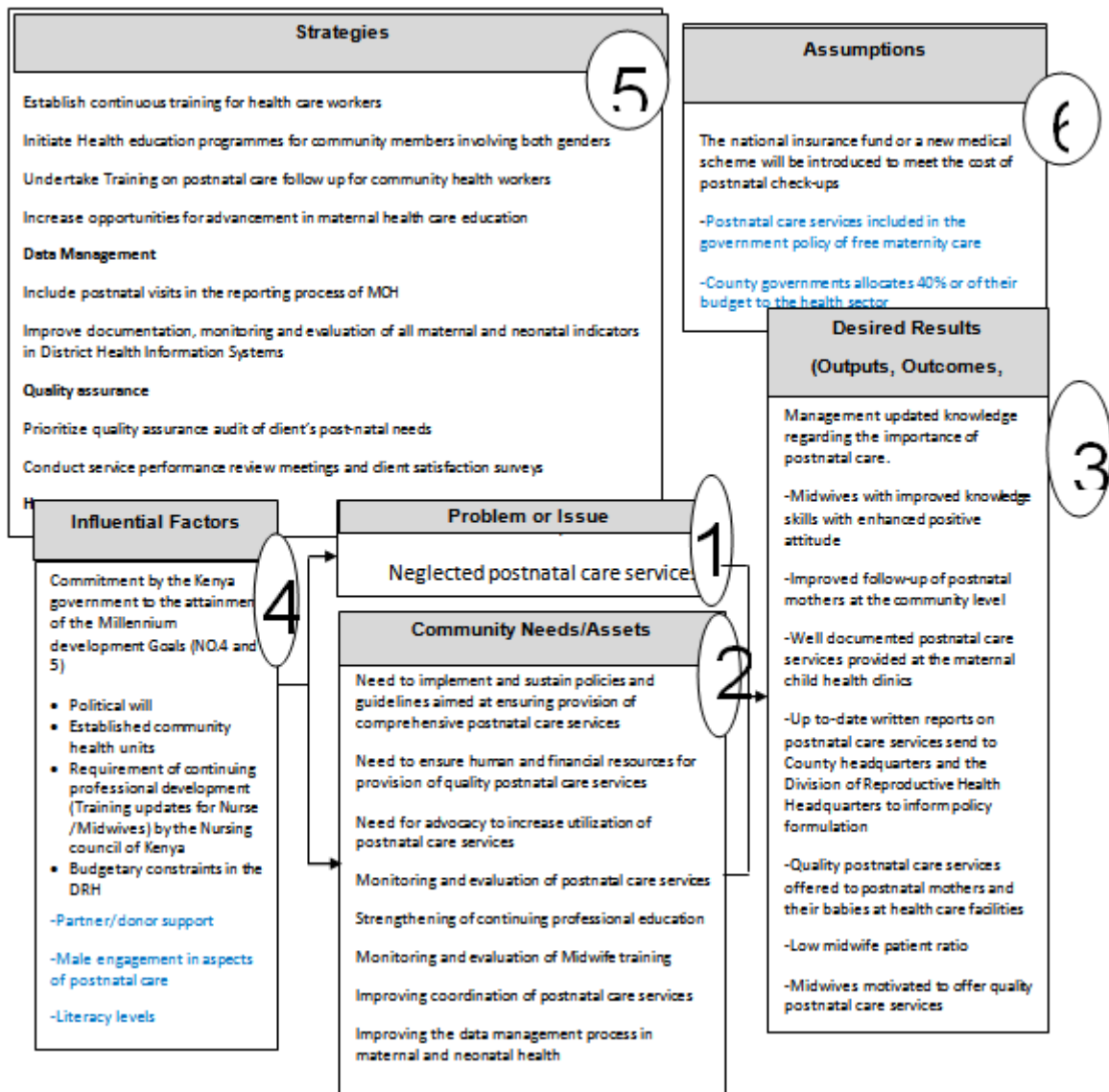


Figure 3 Completed Framework

IV. Conclusion

The steps undertaken in the development of this framework were resource intensive as it was accomplished in three phases. Participation of the stake holders both at the National and Provincial level was key in the process of Framework development .The completed framework has been disseminated to the Division of Reproductive Health and other partners .It is hoped that this Framework will be incorporated in to the strategies to improve postnatal care in Kenya.

V. Recommendations

Recruitment and retention of midwives at both the National and county levels of government to address the shortage of midwives observed in all the hospitals.

Efficient supply of drugs, material supplies and equipment to aid in the provision of quality of care to the postnatal mothers.

Further research involving other providers of postnatal care and the postnatal mothers need to be undertaken because the Midwives in Phase 1 were the only healthcare providers involved in the study.

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