

Tackling causes of maternal mortality in Uganda, mixed method research into guidelines' adoption.

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Introduction

Maternal mortality remains highest in sub-Saharan Africa, where postpartum hemorrhage, preeclampsia and sepsis constitute most common causes. This partnership project between Cambridge Global Health and Ugandan side has a long-term goal of reducing maternal mortality through improving care. After adoption of national guidelines in Uganda, this stage of the project focused on identifying local barriers and facilitators for guideline use.

Objectives

To identify modifiable factors that prevent adherence to guidelines, as a method to improve care.

Methods

We used mixed methods to assess guideline use and adherence in three major conditions associated with maternal mortality: preeclampsia, PPH and sepsis.

Thorough review of 40 cases' notes for each condition was performed, using randomly selected patient files in two maternity hospitals in Kampala, Uganda during 2023. Data were extracted into predesigned proforma, then transferred to Excel for analysis.

We then conducted structured interviews with twelve interviewees from each hospital to include senior doctors, residents and midwives. Written consent was obtained and recording, and transcription was performed using Otter.ai. Thematic analysis was then performed using transcripts and summaries.

Focus group discussion was conducted to consolidate results. We then delivered a feedback session where results were shared with stakeholders and future steps discussed and agreed.

Results

The notes review illustrated wide variation in adherence rates to individual components of management, ranging between 2-90%. There were also inconsistencies between hospitals with regards to documentation.

Thematic analysis of interviews identified 3 main areas of challenge: work staff (knowledge gap, attitude and culture), the health system (limited resources, high workload, and time constraints) and guidelines (lack of accessibility and training). Key solutions identified included regular training, case debriefs in morning teaching meetings, staff support and engagement, administrative support and improved accessibility through summaries and posters at point-of-care.

Conclusions

Although the use of guidelines is feasible, continuous support is needed to enhance adherence and adapt their use to local settings.