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Disrespect and abuse during childbirth in district Gujrat, Pakistan: A quest for respectful maternity care

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Background: Disrespectful and abusive practices at health facilities during childbirth discourage many women from seeking care at facilities. This may result in increased maternal morbidities and mortalities. Despite severe impacts, such practices remain hidden and are rarely reported in developing countries. Pakistan is one of the countries with the highest burden of maternal, newborn and infant mortalities in South Asia. Nationally 61% of women use facilities for the delivery of their first child but not for subsequent children. This study was carried out to assess the prevalence and determinants of disrespect and abuse (D&A) during childbirth in rural Gujrat, Pakistan.

Methods: A cross-sectional household study was conducted in tehsil Kharian of district Gujrat. Data was collected using an interview based questionnaire from women who had a live birth within last two months (n=360). The D&A scale was based on standard Maternal and Child Health Integrated Programme indicators developed by USAID. This identifies where D&A has occurred during childbirth, (objective D&A), even when women don't report that they experienced D&A (subjective D&A). Multiple logistic regression was used to examine the determinants of reported D&A.

Findings: Almost objective D&A occurred during childbirth for almost all women (99.7%). However, only 27.2% reported the subjective experience of D&A. The most common objective D&A was violation of women's right to be informed and make her own choices (97.5%), followed by abandonment of care (72.5%) and non-confidential care (58.6%). The main determinant of subjective D&A was facility based childbirth (OR= 13.49; 10.1-100.16) and lower socio economic strata (OR= 2.89; 1.63-5.11). The risk of subjective D&A in public health facilities was twice that in private health facilities. Women who reported subjective D&A were more likely to opt for changing the place of childbirth for next time (OR = 4.37, 95% CI= 2.41-7.90).

Interpretation: D&A during childbirth is highly prevalent, although under-recognized by women in Pakistan. High prevalence of subjective D&A at facilities, and particularly at public facilities, may be a reason for underutilization of this sector for childbirth. Maternal health policies in Pakistan need to be revised based on the charter of respectful maternity care.

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Failures in the emergency obstetric and neonatal care referral chain lead to high rates of intrapartum stillbirth in southwestern Uganda

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Background: Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) services are an essential component of maternal and child health care. When failures or inadequacies exist in CEmONC systems, poor outcomes such as high maternal mortality and intrapartum stillbirth rates persist. An estimated 40,000 stillbirths occur in Uganda per year. The Saving Mothers Giving Life initiative (SMGL) has implemented a surveillance system known as Birth Weight and Age-at-death Boxes for Intervention and Evaluation System (BABIES) in several Ugandan districts. We assessed intrapartum stillbirth of normal weight babies in Kibaale District using the BABIES methodology.

Methods: Trends in birthweight proportionate and birthweight specific mortality were examined from 2012-2015 at all CEmONC capable facilities in Kibaale. We conducted case-specific review of all intrapartum stillbirth cases at two facilities. Key staff were also interviewed at these locations.

Findings: The largest proportion of fetal deaths in CEmONC capable facilities occurred during the intrapartum period. Observed birthweight specific intrapartum stillbirth rates of for infants weighing greater than 2500grams during 2012-2015 were 25.7, 23.4, 21.2, 20.9 per thousand, respectively. Referral status was significantly associated with intrapartum stillbirth ($p =< 0.0001$). Kagadi Hospital (the district referral center), and St. Ambrose Charity Health Centre were identified as contributing over 75% of all deaths with facility specific rates of 22.2 per thousand and 74.2 per thousand in 2015 respectively. Systematic review of records for individual intrapartum stillbirth cases at both facilities in 2015 revealed challenges with the CEmONC referral chain. 62.5% of intrapartum stillbirth cases at St. Ambrose Health Centre were referrals from Kagadi Hospital, and 86.7% of the time the patient was admitted with an undetectable fetal heart rate. Major human resource strains and poor intrapartum monitoring at Kagadi Hospital were identified as reasons for late referrals to the lower level private facility and poor outcomes at both health facilities.

Interpretation: These findings suggest a need for restructuring of the CEmONC referral chain in the greater Kibaale region of Uganda, and programs to increase quality of care during delivery.

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A National Cervical Cancer Screening Program in Haiti

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Program/Project Purpose: In Haiti, cervical cancer is the leading cause of cancer and cancer-related death due to the lack of

widespread screening. Haiti has the highest prevalence of cervical cancer in the Western Hemisphere. With the Ministry of Health, we strived to create an effective, national cervical cancer screening program in efforts to increase the rate of early detection of cervical cancer and prevent invasive cervical cancer amongst women in Haiti.

Structure/Method/Design: Following WHO standards, the Haiti cervical cancer prevention algorithm is HPV-based, but substitutes visual inspection with acetic acid (VIA) coupled with cryotherapy in a "see and treat" fashion when HPV is not possible. Innovating Health International and the Haitian Ministry of Health received a grant to roll out VIA/cryotherapy at 8 of the largest hospital in each geographic department through training nurses in obstetrics at each facility. In addition, we are implementing colposcopy with loop electrocautery excisional procedure (LEEP) at the four largest cities, performed by obstetricians. Finally, two HPV-testing machines (careHPV) were donated to test women through vaginal self-swabs in two partner sites across the country, with a system of sample delivery and reporting. Training was completed by Haitian nurses and physicians at their home institution. The first of many steps is currently underway with the primary goal of training 1 hospital in each geographical departmental, 8 in total, throughout Haiti. A dedicated VIA/cryotherapy training nurse was employed to provide a week-long training to nurses and doctors at each hospital. Screening has already completed in 4 of 8 locations.

Outcome & Evaluation: Each location is recording and reporting monthly demographic data on all screened patients. Cost data is also being tracked. Adjustments will be made as necessary. Data collection is on-going for number of women screened by each modality and location, prevalence of cervical dysplasia, number of women treated, treatment adherence, and HPV prevalence. Final data will be reported in April.

Going Forward: The program aims to sustain its VIA/cryotherapy, LEEP, and HPV vaginal self-swab programs with the ultimate goal of increasing accessibility to female reproductive cancer care throughout Haiti.

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