

A Snap Shot Assessment of Obstetric Care at Rural Hospitals of Mozambique, 2015.

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Introduction: Mozambique prioritizes mother and child health programs in accordance to the World Health Organization recommendations. Critical to the program are interventions to guaranteeing services availability and readiness, especially for a cascade of complex emergency obstetric care. Serving large catchment areas, rural hospitals (RH) in Mozambique are the first level of care where comprehensive response to perinatal complications is delivered. Hence, Ministry of Health policies prioritize RH for being skilled and equipped to address major causes of maternal and perinatal complications. We aimed to characterize complicated obstetric cases admitted to, and assess commodities and equipment readiness at, selected Mozambican rural hospitals.

Methods: A cross-sectional (snap shot) approach was employed to enroll consecutively the last 10 complicated obstetric or neonatal cases cared for at each of the rural hospitals from Inhambane (South), Zambezia (Center) and Cabo-Delgado (North) provinces in Mozambique (n=90 cases). Obstetric cases were profiled by criteria based audits. Services readiness for the continuum of perinatal care (antenatal through post natal) were assessed using H4+ partnership structured surveys on commodities and equipment, for which composite indices in % were constructed. Indices computation and descriptive data analyses were done on SPSS version 20.

Results: Mean age of enrolled cases was 23 years (SD= 7.2 years), 95% (86) had antenatal care, 83.3% (75) required Cesarean-section, being 93% (83) admitted to RH in stable clinical condition. HIV information was not recorded for 46.7% (42) of cases, being 18.8% HIV positive among those with recorded results. Records indicated that 50.6% of delivered babies were females, being 16.5% (13) low birth weights newborns. Proportion of main complications are described on figure 2. The audit found that in 23% (18) of cases, complications could have been predicted early, even so, overall 87.6% had adequate management after being admitted to hospitals. Anamneses was performed in 67% (60) of cases, obstetric assessment in 70% (63) of cases, continuous obstetric monitoring in 64% (58) and clinically indicated laboratory assessments in 56% (51). Figures 1, 2 and 4 show respectively the health workers attending complicated cases, main diagnosis and indices of readiness conformity within the continuum of care and tracer support services.

Fig1. Admission Periods of Audited Obstetric Cases, Rural Hospitals, Mozambique, 2015

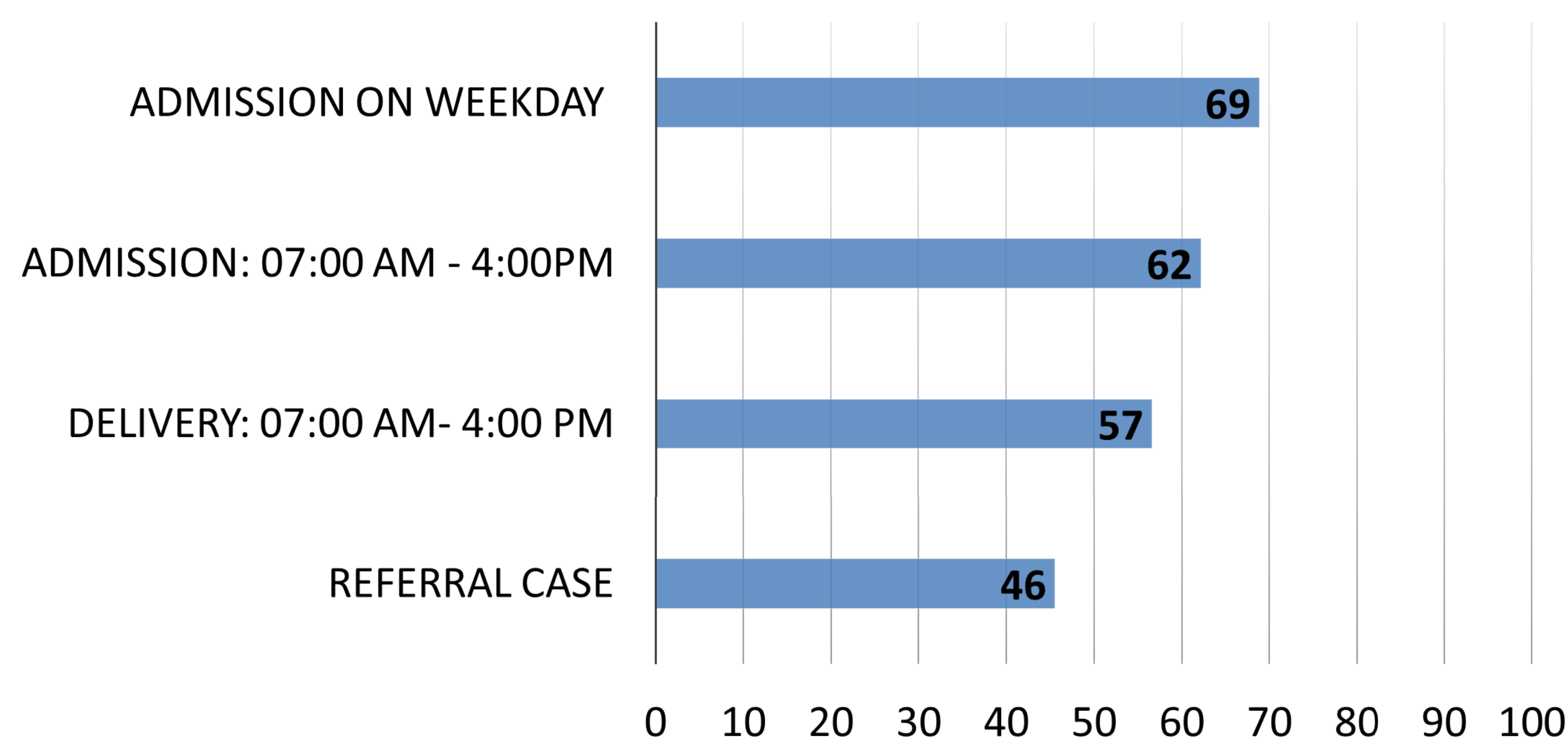


Fig3. Human Resources Involved in Provision of Care to Audited Obstetric Cases, Rural Hospitals, Mozambique, 2015

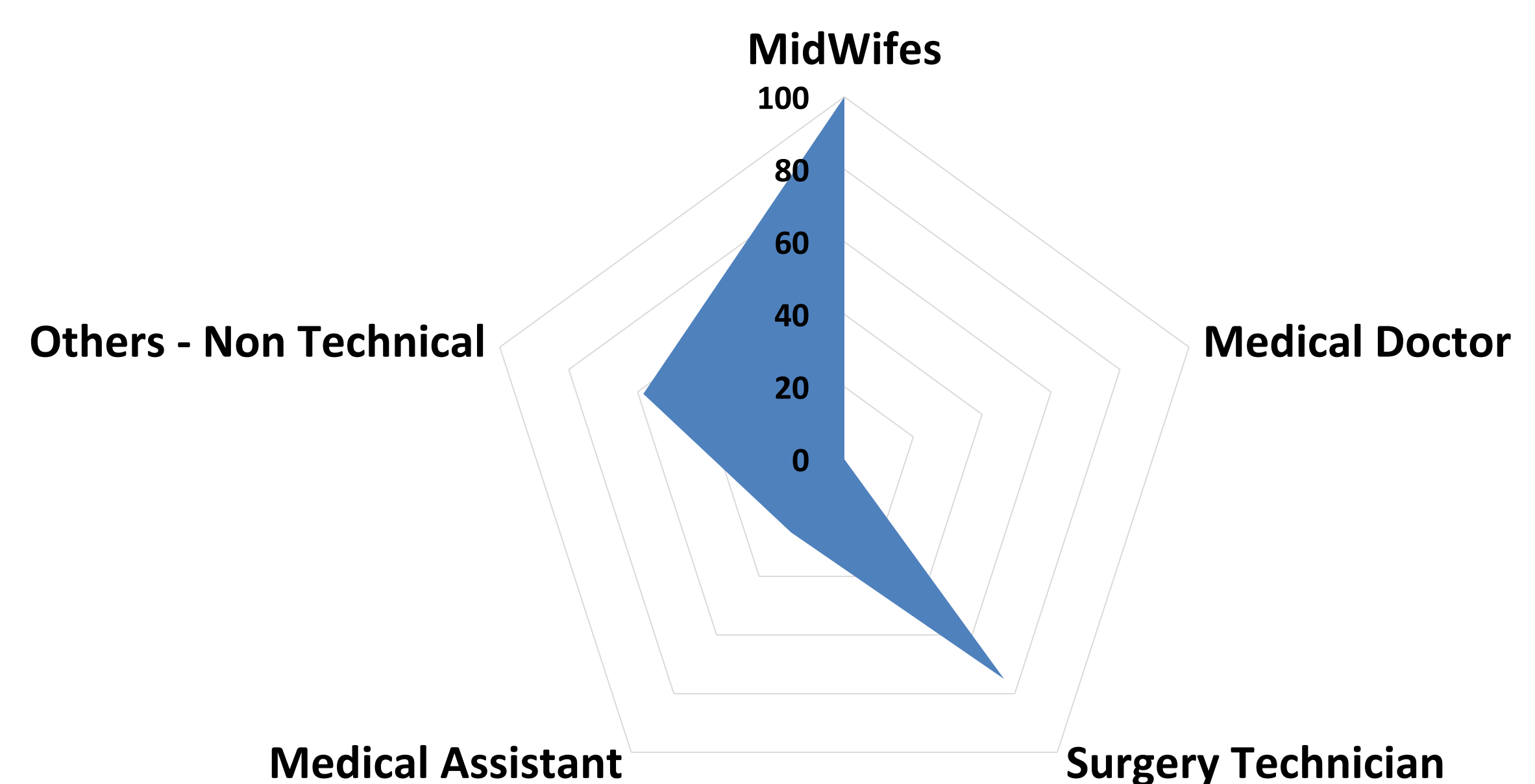


Fig2. Frequency (%) of Main Syndromic Diagnosis Among Audited Obstetric Cases (n=90), Rural Hospitals, Mozambique, 2015.

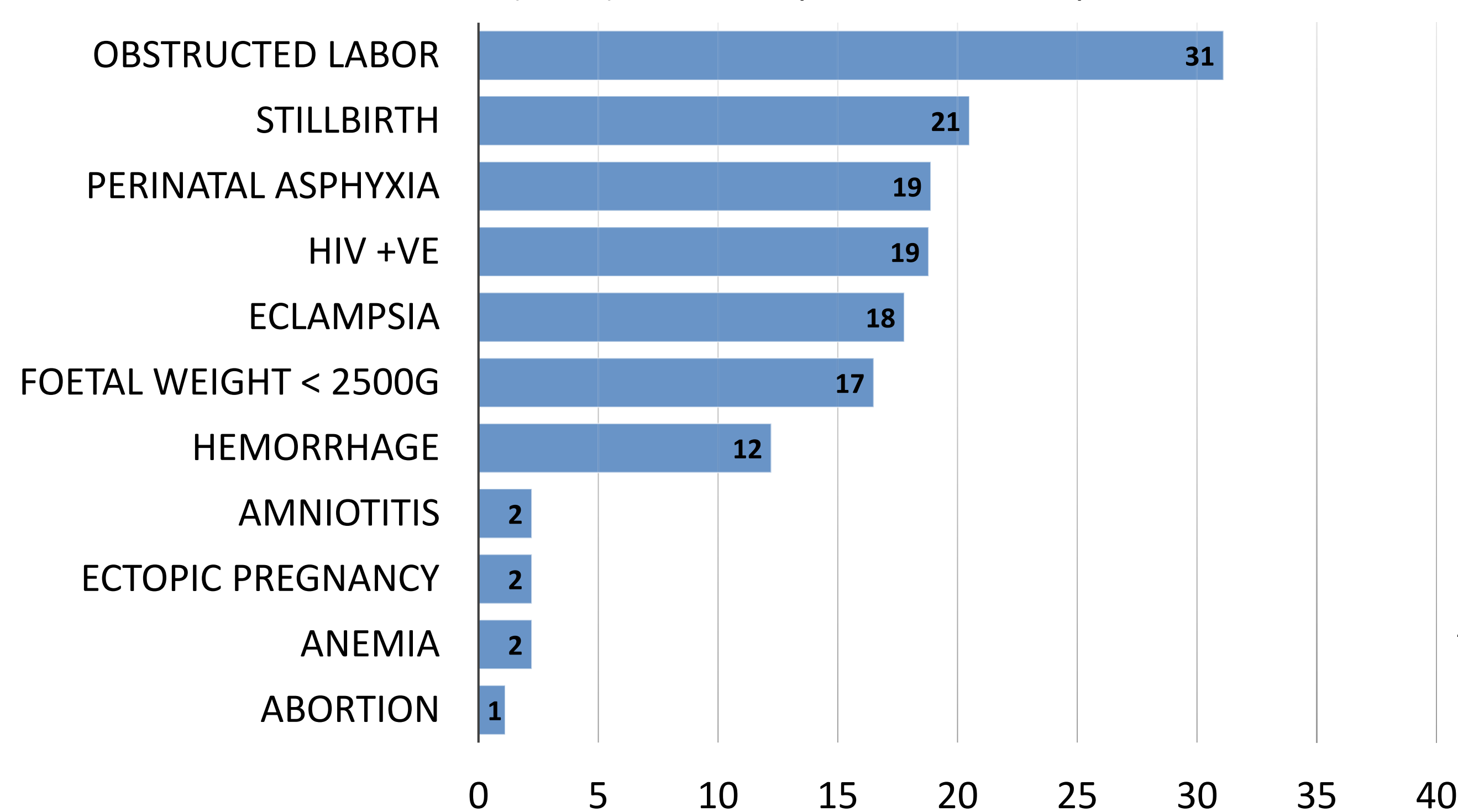
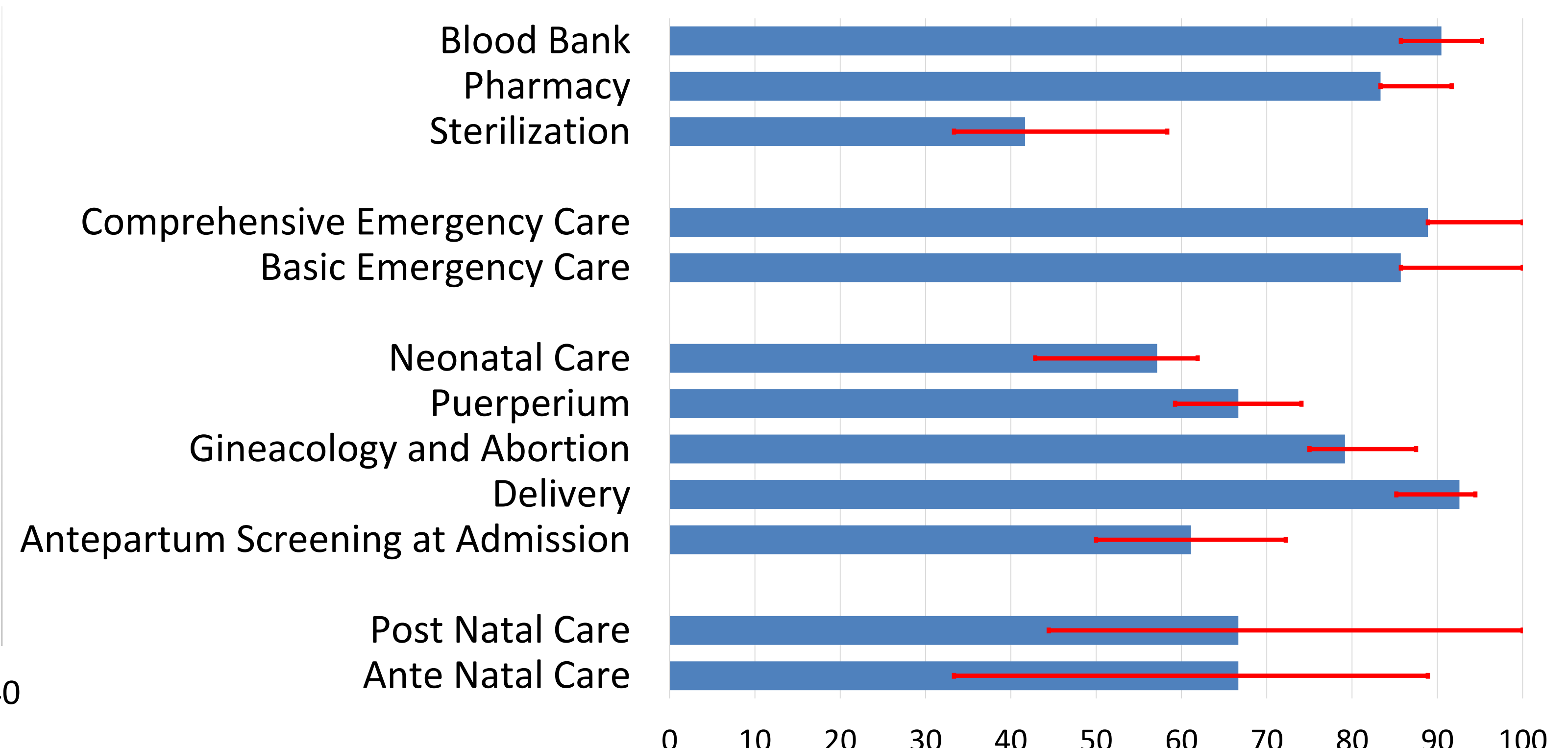


Fig4. Services Readiness Conformity Indices (%) Median (P25th and P75th - Bars), Rural Hospitals, Mozambique, 2015



Conclusions and Recommendations

Despite maternal and child health being a priority in Mozambique, the study results suggest that relatively young women are still facing manageable obstetric complications in rural Mozambique, in a context of high HIV prevalence. Substantial access to antenatal care occur, and large proportion are being admitted to hospitals in overall stable medical condition, during normal working hours and weekdays. Even so, opportunities for screening HIV are missed, the proportion of stillbirths and low birth weight is substantial, and, paradoxically, services are much ready for the period of delivery and for solving complications than to screen and promptly detect it; in addition, unskilled staff are involved in care whilst some skilled staff such as Medical Doctors are not. Overall a third of complicated cases do not receive the adequate clinical monitoring as per protocols. Strengthening of the continuum of perinatal care is still required and recommended through systemic approach, despite being sustainability-challenging overtime. "One fits-all facilities" and vertical solutions shall be avoided.

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