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BRIEF COMMUNICATION

Maternal and child health research focusing on interventions that involve consumer participation

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Use of health institutions by mothers and their children in low-income countries has not shown major improvement in recent years [1]. Many organizations have begun to investigate patient and family-centered models of care, considering consumer involvement as a key issue in improving population health. Evidence supporting the implementation of “community interventions”—interventions that do not take place in health facilities—to reduce maternal and perinatal mortality is increasing [2,3].

We conducted an analysis of the current research taking place in maternal, neonatal, and child health to search for interventions focusing on consumer involvement. To identify high-quality research we used The Cochrane Library database of Systematic Reviews (Issue 4, 2007), which represents a comprehensive compilation of worldwide research focused on interventions. Our main interest was to identify randomized controlled clinical trials that assessed the effectiveness and safety of interventions. The search strategy included 2 Cochrane Review Groups (CRGs): Pregnancy and Childbirth; and Neonatal. As there is not an established “Child Group,” we performed

a search of the other 49 CRG reviews related to children from 0 to 5 years, excluding neonates.

To identify research focused on consumer involvement, we developed a classification that identified 2 categories related to consumer independence:

- Category 1: interventions that can be conducted at an individual level with no assistance from the health system, for example, food fortification, oral hydration; and
- Category 2: interventions that require minor assistance from the health system, for example, the consumer needs to go to a health facility or a drug store for an intervention that can be easily obtained (e.g. vaccines, vitamin supplements).

The other 3 categories were for interventions requiring the participation of the health system, regardless of its complexity. We made a distinction between interventions where consumer involvement is a factor and when it plays no role:

- Category 3: interventions are provided by the health system, but the consumer could improve the outcome by early identification of a problem and be assisted by the health system (e.g. corticosteroids in preterm labor, interventions for infant eating disorders);
- Category 4: interventions provided by the health system, but where knowledge and participation of the consumers can influence the healthcare system (e.g. support during labor, family-centered care for children in hospitals); and
- Category 5: interventions with no participation from the consumer (a health system decision); for example, intensive care interventions, cesarean delivery surgical technique, treatments for chronic diseases in childhood.

Within the Pregnancy and Childbirth CRG interventions 62.4% (174 of 279) of the reviews were classified as category 5. Only 6.8% of the reviews focused on interventions conducted solely by an individual consumer. From the Neonatal CRG, 94% (236 of 250) of the reviews were classified as category 5; the majority of them were related to neonatal intensive care. From the reviews relating to children, 234 reviews were obtained and, of these, 166 (70.9%) were classified as category 5 and 7.7% were interventions that the family alone could apply to the child (Fig. 1).

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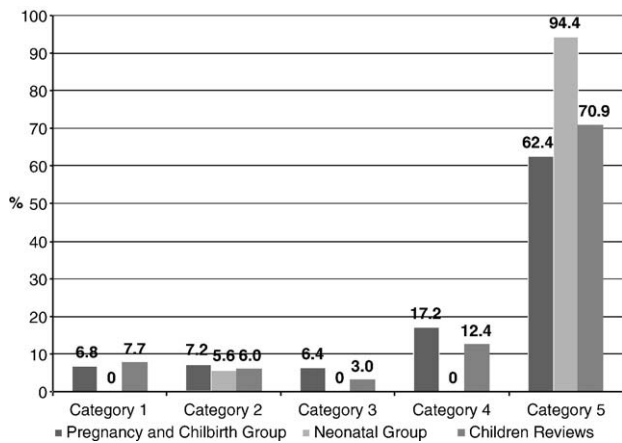


Fig. 1. Classification of Cochrane Reviews from the Pregnancy and Childbirth Group (279 reviews), Neonatal Group (250 reviews), and reviews of children from 0–5 years excluding neonates (234 reviews), according to the provider's involvement in care. Key: Category 1, no assistance from health system; Category 2, minor assistance from health system; Category 3, consumer knowledge of early identification of the problem could improve the outcome; Category 4, knowledge and participation by the consumers could assist the health system; Category 5, no participation by the consumer.

Any classification can have some limitations and overlap in the different categories. However, extremes of the classification show quite different patterns.

This analysis shows that maternal and child research is seldom focused on interventions that can be conducted solely by the consumers. The vast majority of research is performed on interventions that are solely in the realm of the providers. Maternal and child health research needs to be directed toward innovative interventions involving consumer participation, particularly those that can be implemented in middle- and low-income countries where the accessibility and quality of the health systems are poor.

Conflict of interest

We declare that we have no conflicts of interest.

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