

Written report NFOG Fund NF 14037

Pre-dissertation seminar and workshop in Dar es Salaam, Tanzania

The purpose with this trip was to disseminate and discuss findings from my PhD project and thesis with the title 'What about the Mother? Rising Caesarean Section Rates and their Association with Maternal Near-Miss Morbidity and Death in a Low-Resource Setting' with doctors and midwives working in Dar es Salaam, where the data had been collected. After arriving to Dar es Salaam on the 9th of January, I spent the first two days working with my main supervisor Dr. Birgitta Essén and preparing my presentation. On the 12th of January, we met with our Tanzanian co-workers to discuss and make the final arrangements for the upcoming workshop the next day.

The workshop/scientific symposium had the theme 'Improving Quality of Obstetric care at Muhimbili National Hospital' and was held on the 13th of January. The symposium gathered doctors as well as midwives working at Muhimbili National Hospital, but also at other peripheral institutions in Dar es Salaam including the regional hospitals. Approximately 55 persons attended the symposium, including the Executive Director of Muhimbili National Hospital and the head of the Department of Obstetrics and Gynaecology. The first three presentations discussed challenges related to maternal mortality, care during delivery, and maternity care at the peripheral hospitals. Thereafter, I presented the findings from my thesis, followed by a discussion and question session. After this, pre-intervention audit results to improve the accuracy of caesarean section indications were presented by a PhD student colleague. After his presentation, we had group discussions, where the staff was asked to find ways in which obstetric care could be improved and the problems identified in our studies could be addressed. The outcomes of these discussion were documented and presented for the whole group, and will be used to plan the intervention.

The workshop was very well arranged and much appreciated by the participants. I got a chance to disseminate the findings of my PhD project to the staff, and I received a very positive response on my work, as well as some feed-back in terms of critical questions. The symposium was covered by the media (both television and newspapers), and there were articles related to the symposium in the newspaper the next day. I hope that the symposium, including my own presentation, might stimulate reflections and discussion among the staff, and guide the up-coming intervention to improve the quality of obstetric care.

Helena Litorp

PhD candidate, Department of Women's and Children's Health, Uppsala University, and resident in Obstetrics and Gynaecology, Uppsala University Hospital, Sweden.

Abstract presented at the symposium

In recent decades, there has been a seemingly inexhaustible rise in the use of caesarean section (CS) worldwide. The overall aim with this thesis is to explore the effects of and reasons for an increase in the CS rate at a university hospital in Dar es Salaam, Tanzania.

In *Study I*, we analysed time trends in CS rates and maternal and perinatal outcomes between 2000 and 2011 among different obstetric groups. In *Study II*, we documented the occurrence and panorama of maternal 'near-miss' morbidity and death, and analysed their association with CS complications. We also strived to determine if women with previous CS scars had an increased risk of maternal near-miss, death, or adverse perinatal outcomes in subsequent pregnancies. *Studies III and IV* explored women's and caregivers' in-depth perspectives on CS and caregivers' rationales for their hospital's high CS rate.

During the study period, the CS rate increased from 19% to 49%. The rise was accompanied by an increased maternal mortality ratio (odds ratio [OR] 1.5, 95% Confidence Interval [CI] 1.2–1.8) and improved perinatal outcomes. CS complications accounted for 7.9% (95% CI 5.6–11) of the maternal near-miss events and 13% (95% CI 6.4–23) of the maternal deaths. Multipara with previous CS scars had no increased risk of maternal near-miss or death compared with multipara with previous vaginal deliveries, and a lower risk of adverse perinatal outcomes (adjusted OR 0.51, 95% CI 0.33–0.80). Both women and caregivers stated they preferred vaginal birth, but caregivers also had a favourable attitude towards CS. Both groups justified maternal risks with CS by the need to 'secure' a healthy baby. Caregivers stated that they sometimes performed CSs on doubtful indications, partly due to dysfunctional team-work and a fear of being blamed by colleagues.

This thesis raises a concern that maternal health, interests, and voices are overlooked through the CS decision for the benefit of perinatal outcomes and caregivers' liability. An overuse of CS should be seen as a sign of substandard care and preventing such overuse needs to be among the key actions when formulating new targets for the post-2015 era.

SCIENTIFIC PROGRAMME

Opening 08:30 – 09:00	
08:30 – 08:40	Welcome note Head, Obs/Gyn - Dr. Mathew Kallanga
08:40 – 08:45	Opening Remarks Ag. Executive Director
08:45-09:00	Preamble – Equity in Reproductive Health Ass. Prof. Birgitta Essen
Session I 09:00 -10:10	Quality of obstetric Care in Dar es Salaam Public Hospitals
Chairperson: Dr. Angela Thomas	
09:00 – 09:15	Maternal Mortality at a National Referral hospital Dr. Matilda Ngarina
09: 20 – 09:35	Experiences and challenges of care during delivery at Muhimbili National Hospital Sr. Gloria Mkusa
09:40 – 09:55	Experiences and challenges of care at maternity Unit in Temeke Hospitals Dr. Fatma Suleiman
10:00 – 10:10	Questions and Comments
10:15 – 10:30	Tea break
	Group photo
Session II 10:35-13:45	Determinants of trends and outcome of Cesarean deliveries
Chairperson: Dr. Matilda Ngarina	
10:35– 10:40	Tanzania-Sweden collaboration Ass Prof. Birgitta Essén
10:45 – 11:15	‘What about the Mother?’ Rising Caesarean Section rates and

11:15– 11:25	their Association with Maternal Near-miss Morbidity and Death in a Low-resource Setting Dr. Helena Litorp
11:30 – 12:00 12:00 – 12:10	Criteria Based Audit of management of obstructed labour and fetal distress at Muhimbili National Hospital - Pre intervention audit results Dr. Andrew Mgaya
Group discussions	
12:20 – 12:50	Strategies to improve rational use of cesarean section and management of obstructed labour and fetal distress
13:00 – 13:45	Feedback from group discussions
13:45 – 14:30	Lunch
Session III	Open contribution
Chairperson: Dr. Jepleet Mrema	
14:35 – 14:55	Ten years of seasonal variation in pre eclampsia and eclampsia at Muhimbili National Hospital: what have we learnt? Peter Wangwe
15:00 – 15:20	Challenges in management of abruption placenta – a review Dr. Ephrem Mrema
15:20 – 15:30	Questions and Answers
15:35 – 15:45	Key messages and a way forward Dr. Mathew Kallanga
15:50 – 16:00	Closing Remarks Ass. Prof. Projestine Muganyizi
16:00	Evening Tea

The donated books that include 533,520 for Physics, 533,520 Chemistry, 666,480 for biology and 766,480 mathematics are all for Ordinary Level.

The books have a total value of 25m/- Deputy Minister of State, Prime Minister's Regional Administration and

students. students to one book to two

"These books are an outcome of President Jakaya Kikwete tour to the United States of America where he requested US President Barrack Obama to assist with science books. Soon we shall ensure that the ration is one to one -

be found selling the donated books.

Majaliwa added that for trials -the three municipals of Dar es Salaam have already received their books totaling to 68,923. He said the target is to ensure that all the municipals get their books as soon as possible. For his part Samataba said he would ensure that the books reach their destinations on time.

MNH notices rapid rise in caesarean deliveries

By correspondents
Lucy Mlula and
Prisca Majaliwa

THERE has been a rapid increase of caesarean deliveries at the Muhimbili National Hospital (MNH), according to its Acting Executive Director, Agnes Mtawa.

She said this yesterday in Dar es Salaam during the Obstetric Symposium for improving Obstetric care at the hospital.

She told the symposium that the caesarean deliveries increased from 19 percent in 2000 to 50 percent in 2011. This calls for a careful review as the matter contributes to increased mortality rates, she cautioned, continuing:

"Caesarean sections have been a life saving procedure, but the irrational use of caesarean section leads to increased morbidity and sometimes mortality."

She said currently there are ongoing researches and auditing indication of increased caesarean deliveries as the process of exploring maternal experience.

She said the review to be conducted should find out the attitudes and perceptions of health care providers towards caesarean section.

She explained the challenges that the Obstetrics

and Gynecology department faces in achieving quality obstetric care are weak health infrastructure and inadequate human resources.

Others are weak referral system, lack of equipment and supplies as well as poor incentives to health care providers.

She said although for the past ten years maternal mortality rates in Tanzania have been decreasing, they have not yet reached the recommended Millennium Development Goals (MDGs).

"Currently the maternal mortality rate is 478 per 100,000 which is still far from the recommended MDGs for reducing maternal mortality," she explained

She said something should be done to reduce the maternal mortality rate in order to reach the recommended MDGs of reducing it by two thirds. It is supposed to be less than 200 per 100,000 births, she further said.

Mtawa said the MNH reported the maternal mortality ratio of 1500 per 100000 births. There are factors which contribute to the high number of deaths which can be avoidable and controlled, she said.

She mentioned them as lack of medication for proper treatment and investigations for proper diagnosis. In

addition, there is the issue of delayed referrals which increase the number of maternal deaths, she said.

Meanwhile, the CCBRT specialist for children and women, Fatma Suleiman, said the mortality rate at Mwananyamala, Temeke and Ilala regional hospitals was still a big challenge.

She said the reason behind the deaths was lack of enough blood in their banks.

She mentioned other challenges as lack of working facilities and a limited number of specialists, nurses and midwives.

She said in order to solve the problem the government should cooperate with the hospitals by financing and motivating specialists.

However, pregnant women should also attend clinics early in order to make it easy for the hospital to assist them, she said.

She explained that many pregnant women were aware of the importance of attending clinics and almost 90 percent of them do so.

The MNH head of maternal department, Mathew Killanga, said in order to improve obstetrics care the government was trying to provide awareness and skills concerning maternal health care to traditional nurses so that they may be able to handle patients effectively.



TRIAL RUN: Gas-fa market in Dar es Salaam

for the implementation of Mtwara - Ruvuma River Water Supply Project, in Beijing China. Witnessing (behind the PS) is the Minister for Water, Prof Jumanne Maghembe, and officials from Tanzania and China. (Photo by a Correspondent)

Muhimbili battles to curb maternal mortality

By LAWRENCE
RAPHAELY

MUHIMBILI National Hospital (MNH) has called for more collaborative efforts in reducing maternal mortality rates as their current mortality ratio stands at 1,500 per 100,000 births which is far from the national rate of 478 per 100,000 births.

The call was made yesterday by the Acting Executive Director of MNH, Dr Agnes Mtawa, while opening a one-day symposium which brought together health experts from MNH and other health centres from Dar es Salaam and Coastal region to discuss ways on how to improve the Quality of Obstetric care at the facility.

She said that despite the fact that the maternal mortality rate has been steadily decreasing in the country, the current national rate of 478 per 100,000 births is also still not satisfying compared to the Millennium Development Goal (MDG) of reducing maternal mortality by two thirds of less than 200 per 100,000.

"On the side of MNH, the maternal mortality rate is 1,500 per 100,000 births of which it is higher than the national rate and far from the millennium goals.

Therefore, something needs to be done so as to reduce this situation."

She said that being a national referral hospital, MNH receives more serious cases hence higher rates of maternal near miss and deaths but, there are several identified contributing factors that can be avoidable at all levels of the referral system.

"Lack of medication for proper treatment and lack of investigations for proper diagnosis are among factors that the hospital is striving to address," she said, adding that there is also an issue of delayed referrals, as exemplified by the high number of maternal deaths occurring within 30 minutes of arrival.

She added that there are other several challenges in achieving Quality Obstetric care, including, weak health infrastructure, inadequate human resource, weak referral system, lack of equipment and supplies and poor incentives to health care providers.

Dr Mtawa, therefore, said that other contributing factors to poor obstetric can be addressed with collaborative efforts through practising evidence-based care, use of management guidelines, updating knowledge

and skills of healthcare providers and good customer care.

On the other hand, Dr Mtawa said that the use of caesarean section during delivery has become a scare among mothers and the society at large as indeed, irrational use of it leads to increased morbidity and sometimes mortality, despite of it being a lifesaving procedure.

"A rapid increase of use of caesarean section among women during delivery is alarming and needs careful review," she observed.

The Head of the Department of Obstetrics and Gynecology, Dr Mathew Kallanga, said low understating of obstetrics as well as lack of enough personnel is among other factors contributing to high mortality rate.

"More education is still needed in helping the society to understand the issues related to family planning, so as to make sure that we achieve the Millennium Goal of reducing mortality rate by two thirds," he said.

He also said that the aim of that symposium was to impart knowledge on determinants of best outcome in obstetric care at MNH and formulate action oriented recommendations that are realistic to the local setting.