Experiences of Nurse-Midwives and Obstetricians Delivering Postpartum Care with Limited Resources in Tanzania

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BACKGROUND

- The postpartum period, particularly the first 48 hours, is a vulnerable and critical time for mother and baby.¹
- Estimates show that 34% of women access postpartum care services within the recommended 48 hours after giving birth in Tanzania.²
- Only 42% of newborns receive checks within 48 hours after birth.
- Over 50% of maternal deaths occur within the first 24 hours of birth.³
- Nurse-midwives and obstetricians are two main providers of postpartum care in Tanzania.³
- There are few qualitative research studies that have examined the postpartum care provided by nurse-midwives and obstetricians.

RESEARCH PURPOSE AND QUESTIONS

Purpose:
- It is imperative that we examine how nurse-midwives and obstetricians experience the personal, social and institutional aspects of maternity care and how they work with mothers as well as within the system.

Question:
- What are the experiences of nurse-midwives and obstetricians in the provision of postpartum care in Tanzania.

METHODOLOGY

Feminist Poststructuralism (FPS)¹,³ guided the study by examining:
- Gendered power relations
- Subjectivity; Agency; Social and institutional discourses
- Beliefs, values and practices

DATA COLLECTION AND ANALYSIS

Participants:
- Nurse-midwives or obstetricians providing postpartum care to women in one of three selected centres; minimum one year experience; read, speak and understand Kiswahili.
- Sampling: Purposeful – 3 regional hospitals: Temeke; Mwananyamala; Amana
- 3 obstetricians; 10 nurse-midwives

Collection: Face-to-face semi-structured interviews (60-90 min) in a private location conducted in Kiswahili.

Analysis: Transcripts translated to English; Discourse analysis¹ used to examine beliefs, values and practices

FINDINGS

Space

- Lack of space did not support recommended 24 hour stay-


"For those who have come from labour they have to stay here for up to 24 hours. But because of overcrowding, we assess the mother for six hours then we let her go. But legally she has to stay up to 24 hours and if you let them (stay) for 24 hours until tomorrow it will be disastrous, they will be four people up to five in a single bed." (NM 7)

Staffing

- Staff ratios lead to rushed assessments-

"In fact it is also a challenge, a challenge right now. But we are grateful, (even though) health professionals are not sufficient. You will find that sometimes you work until tired (because there are not sufficient providers). You can come here and see so many (providers) but we are not really many in connections with number of patients. Few nurses, doctors not enough. That’s the truth." (OB 4)

Equipment

- Lack of functioning equipment and supplies inhibited care-

"...sometimes problems of equipment might cause a delay of the service such as resuscitation." (OB 4)

Conclusion and Recommendations

- Limited resources put mothers and newborns in dangerous situations.
- Unpredictable availability of resources and lack of space for delivery of postpartum care must be addressed.
- Funding must be allocated to postpartum services.
- Staff shortage needs to be addressed through additional education and training as well as health human resources planning.
- Improved collection and reporting of postpartum health outcomes.

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