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BACKGROUND

- The postpartum period, particularly the first 48 hours, is a vulnerable and critical time for mother and baby¹.
- Estimates show that 34% of women access postpartum care services within the recommended 48 hours after giving birth in Tanzania².
- Only 42% of newborns received checks within 48 hours after birth.
- Over 50% of maternal deaths occur within the first 24 hours of birth².
- Nurse-midwives and obstetricians are two main providers of postpartum care in Tanzania².
- 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)^{3,4} 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: Transcripts translated to English; Discourse analysis³ used to examine beliefs, values and practices.

FINDINGS

Space

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



Photo Retrieved from: <https://www.voanews.com/a/africa-maternity-leave/3889161.html>

“For these 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)



<https://www.girlsglobe.org/2016/09/12/11-maternal-health-in-tanzania-inside-maternity-africa/>

“That is difficult even to the provider if you attend the patient and space became small you may get difficult to provide service in that bad environment. We would like each patient should have her own bed.” (NM 8)



<https://mobile.thecitizen.co.tz/news/Why-health-care-challenges-in-Tanzania-do-not-go-away/2304482-3509084-format-xhtml-al2r4z/index.html>

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 6)



<http://fondation-sanofi-espoir.com/en/ngo-improved-service-for-safe-midwifery-tanzania.php>

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)



http://health.bmz.de/events/in_focus/Ensuring_mothers_and_babies_health_in_Tanzania/index.html

“...we have some complaints because some of them (women) depend on those supplies. We tell her (the women) the truth that we do not have enough supplies so we request that they go and buy them. We write the prescription and they go and buy.” (NM 8)

Government Responsibility

~Contradictions between government message and support~

“The community is confused because the Government is saying that the care of mother and child especially the mother is free that is how it is announced in Parliament and in the media, but if you come here is not, so mothers are told to buy some of the things, at that point the community is confused and if told to buy might say this is corruption and it is really true so in that politics now has been included in our profession.” (OB 6)



<https://www.whiteribbonalliance.org/2017/12/07/wra-tanzania-efforts-result-in-50-budget-increase-for-maternal-newborn-health/>

“In terms of the services, maybe if our government would actually be organized I guess there could be possibility; the Government would help us so that everyone gets those services and not mothers in the media or in parliament where they say everything is free while not. Yet a care provider might be prescribed medication. I may go around looking for drugs, and find none so I have to go and buy. So the government should stop politics and help us with these issues and be available. Because when we talk about medicines others say I don’t have money I will check tomorrow or the day after tomorrow, there are possibilities of not getting the drug because some have low economic status. So if all these thing could be readily available there could be no problems.” (NM 7)

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 and needs.

¹ World Health Organization. (2013). WHO recommendations on postnatal care of the mother and newborn 2013. World Health Organization, pp.1–72. Retrieved from: http://apps.who.int/iris/bitstream/10665/97603/1/9789241506649_eng.pdf.

² Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), [Tanzania Mainland], Ministry of Health (MoH) [Zanzibar], National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF. (2016). Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015-2016. Dar es Salaam, Tanzania, and Rockville, Maryland, USA: MoHCDGEC, MoH, NBS, OCGS, and ICF. Retrieved from <http://www.nbs.go.tz/>

³ Aston, M. (2016). Teaching feminist poststructuralism: Founding scholars still relevant today. Creative Education, 7(15), 2251–2267. doi:10.4236/ce.2016.715220

⁴ Weedon, C. (1987). Feminist practice & Poststructural theory (2nd ed.). Oxford, UK: Blackwell Publishers Inc.