Barriers to Access to Postnatal Care at Six Hours and Six Days in West Nile, Uganda

A team of experts highlight the role of postnatal care in Reproductive health in West Nile, Uganda.

Introduction

The postnatal period is critical in the continuum of care, with the timing and quality of care received by the mother and new-born being key. Almost half of the maternal deaths occur within the first 24 hours and during the first week following delivery. Uganda's Ministry of Health (MoH) recommends a minimum 24-hour stay in the health facility after delivery. According to ministry guidelines, the mother and newborn are expected to be reviewed at six hours, six days and six weeks.

The primary aim of this paper is to assess the key bottlenecks that affect postnatal care at six hours and six days; address the barriers as well as evaluate the platforms used to track and document postnatal care for mothers at six hours and six days and how they can be improved.

Accessing postnatal care at six hours and six days in West Nile, Uganda
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Study design

The study adopted a mixed-method approach using quantitative and qualitative data as follows:

Quantitative data	The Household Baseline survey in West Nile was conducted under the UNICEF Health System Strengthening (HSS) study. Secondary data from the National Health Management Information Systems (HMIS).
Qualitative data	24 Key Informant Interviews (KIIs) from midwives and District Health Team (DHT) members.

Study result

Objective 1: Estimate the percentage of mothers and newborns who received Post Natal Care (PNC)
at six hours and six days

A total of 91,488 live births were registered in 2019 in 16 catchment districts, with 62 per cent (56,658) from intervention and 38 per cent (34,830) from the counterfactual districts. The reported proportion of mothers and neonates receiving PNC within six hours was higher in the counterfactual (77%) compared to intervention districts (58%).

	6 hours			6 days		
	Intervention	counterfactual	Total	Intervention	counterfactual	Total
All mothers	76	57	133	27	28	55
More than half	6	2	8	32	9	41
About half	6	1	7	13	10	23
Less than half	5	2	7	16	14	30
None	37	26	63	42	27	69
Total	130	88	218	130	88	218

Objective 2: Identified key bottlenecks affecting postnatal care for mothers at six hours and six days

Bottleneck	Actions to address
A.Human Resources (Number of midwives) **Midwives reported staffing gaps vis-à-vis the workload.**	
"You find one midwife in the maternity ward covering all shifts. She spreads her arm thin by discharging mothers, going to the theatre to receive babies, and offering medications. So, you find that this midwife would be torn apart and would not have time to really observe these mothers."	Provision of additional staffing. "To offer this packageverwell [requires] at least two staff per shift. One staff member will handle antenatal and family planning and the other postnatal and delivery. Then, at night, one can concentrate on observation while the other is on deliveries and other conditions."
In some cases, mothers eventually left without receiving services, which discouraged subsequent visits.	Identification of a focal person to be responsible for postnatal services to ensure the service is provided in time, which will reduce the long waiting time for mothers at health facilities.
B. Attitudes	
Lack of motivation **Midwives revealed that sometimes they forget to attend to mothers or do not follow ministry of health guidelines due to busy schedules.** **"In the case where midwives are two, one feels since the mother has delivered, there is no need to her.They think if she has problems, she will come back yet there could be a mother bleeding severely."**	**Training and mentorship for midwives** The need to strengthen capacity through training was highlighted.
Lack of awareness: "I think mothers don't have enough information, or if they do, they don't prioritise attending postnatal days." **Poor documentation: The documentation of PNC within six days was poor in some intervention districts, which leads to inadequate follow-ups.** **Health workers' negative attitudes towards mothers: "Sometimes staff treated patients improperly, which demotivated them."**	**Awareness creation:** Participants suggested educating mothers and other community members about the availability and importance of PNC services at six days in health facilities. Community outreaches/dialogues and using media (radios), as well as the involvement of key stakeholders such as VHTs and TBAs are crucial in increasing awareness. **Incentives:** The provision of incentives such as mosquito nets and soap to mothers has boosted morale and enhanced mothers' attendance of PNC at six days. Likewise, promising support for further education enhanced staff morale. **Improving follow-up:** Follow-up of mothers in their communities by professional health workers is important. "If it were possible, it would be better for the midwife to follow the mother on the sixth day if they stay extremely far. For example, today I delivered seven mothers which means on the sixth day I will have seven mothers to follow up, including those who deliver during the day – 10 mothers who can be followed up in a day."
C. Limited equipment, supplies and infrastructure	
Limited bed space and inconsistent availability of equipment and supplies such as PNC registers and functioning blood pressure machines.	**Improving the supply chain:** Having in place updated equipment inventory as well as routine monitoring of commodity stock levels. Availability of PNC registers and documentation tools.
Stock out of essential supplies, such as vaccines and equipment for immunization, demotivated health workers and mothers from PNC utilization. Additionally, due to the lack of space at health facilities, mothers end up sitting under trees or squeezing in the corridors; this discourages their peers from visiting the facilities for PNC.	Improving follow-up: Follow-up of mothers in their communities by professional health workers was viewed as important.
D. Low awareness and knowledge among midwives and mothers/caretakers	

Knowledge gaps: Insufficient awareness and practice of standardised PNC services by both midwives and mothers. Mothers' desire to be discharged: Some mothers forced midwives to discharge them.	**Strengthening education on PNC and birth preparedness:** "There is a need to stress the importance of postnatal care both to the mothers and the health workers." **Enhancement of community initiatives:** This was particularly important in targeting mothers in distant places and involved community dialogues with midwives, as well as targeted fathers.
E. Cultural awareness and beliefs	
Negative cultural beliefs: The cultural requirement for the grandmother to be present at initiation of breastfeeding affected PNC services, particularly breastfeeding, at six hours.	**Community awareness** "We have been doing community dialogues addressing different things, including culture."
Cultural norms and practices: In some districts, mothers are not allowed to go out until the baby's umbilical cord has healed, thus preventing mothers from seeking PNC services at six days. **Influence of TBAs:** While MoH policy bans traditional birth attendants (TBAs), they continue to deliver mothers in communities. *"There are some TBAs that tend to delay with the mothers and when they see things getting out of hand then they refer them to our nearest health facility. Sometimes this referral is after six days."*	**Tracking and reminding mothers using SMS messages:** Given the inadequate transport and heavy workload of midwives that limits them from reaching mothers in their communities, using SMS messages to track mothers to attend PNC on Day Six would be vital. **Promote and educate TBAs:** Continuous support to orient TBA to promote delivery and PNC at health facilities.

Objective 3: Platforms used to track PNC for mothers at six days and how they helped to track and document PNC at six days

Platforms used	How they helped to track
Home visits by Village Health Teams (VHTs) The most widely used platform for tracking PNC at six days was the home visits by VHTs. "VHTs are supposed to know who has given birth in the community so that they can easily follow up with the midwife." Nonetheless, midwives reported that the VHT home visit system was wanting: "The VHTs were not sending mothers for postnatal care. They only send them for antenatal care."	**Reminders during home visits** While mothers' awareness of PNC at six days was still low, midwives noted that reminders about PNC at six days were reiterated during home visits. However, limited access to health facilities due to limited transportation undermines the efficacy of the reminder system.
Use of telephone calls and SMS This platform was reported to have been used in 13 districts. *"For mothers who have phones when a midwife has not gone to the community, we call them or their partners to remind them to come."* However, the use of SMS was noted to have worked below expectations. *"I don't know whether it needs more facilitation, but it wasn't helpful."*	**Quick access to mothers via telephone calls** The midwives reported quicker access to mothers because of the use of telephones and VHTs. "Calling enabled us to reach some mothers, but it also had limitations… airtime, sometimes you find you have no airtime for calling or telephones are switched off."
Meeting of VHTs and health workers The midwives said the health facility quarterly meetings presented opportunities for sharing information, evaluating work carried out, tracking PNC and seeking guidance. *"There are meetings with VHTs, where they share with them their experience, challenges and plans for the next quarter. Solutions to their challenges are discussed and reported to the higher authority."*	**Accompanying mothers to health facilities** Enhanced tracking of mothers was noted to have revealed mothers that required additional support from their VHTs. Some VHTs reported escorting mothers to health facilities to ensure they arrived. More availability and use of the PNC reporting forms and files supported VHTs/health facilities in working together on data collection, documentation and reporting.

Objective 4: Key considerations for tracking and documenting postnatal care services

Tackling the barrier of communication by using telephone calls and SMS to track Postnatal care for mothers. Photo Credit: © UNICEF/UN0563581/Abdul

Strengthening the capacity of human resources
Village Health Teams (VHTs) play a pivotal role in supporting home visits and community approaches. For instance, midwives worked closely with VHTs to reach mothers and babies at the parish level to promote reproductive health awareness, referral to health facilities and follow-up on Post Natal Care (PNC) visits. Recognition for and appreciation of VHT activities by health workers should not be neglected so that VHTs feel motivated and proud that their voluntary work in the community matters.

In addition, regular refresher training of VHTs to enable them track targeted mothers and newborns in a timely and qualitative manner will enable them to competently support mothers. Midwives also suggested using SMS reminders for appropriate follow-up on PNC services. More importantly, adequate incentives, such as a monthly stipend and transportation allowance, would enable VHTs and health workers to promote community outreach activities.

Mapping mothers for health promotion and education
Mothers in West Nile have a tendency to migrate, which hinders the current system of tracking and follow-up. Therefore, adequate mapping of mothers and reproductive women is necessary to provide continuous education on reproductive health. Antenatal care registers/cards are also effective tracking tools for midwives and mothers as well as essential in promoting community awareness of PNC visits.

Conclusion

The findings from this study revealed that PNC use and access by mothers and neonates at six hours and six days is not universal in the West Nile and Northern Uganda districts and that the quality of PNC services varies. Inadequate human resource skills in health facilities, inappropriate and/or insufficient logistics, and cultural obstacles are the major challenges to PNC visits at six hours and six days.

Uganda has a long history of making efforts to enhance the scope and quality of Reproductive Maternal, New-born, Child and Adolescent Health (RMNCAH) services. Overall, antenatal care and service delivery have been prioritised, while lagging behind in terms of pre-conception and postpartum care.

Insufficient human resources can be attributed to the low rate of health workers per capita as well as health worker knowledge, skills, attitudes, and work culture. Most interviewed District Health Teams (DHTs) and midwives highlighted that the workload surpassed the capacity of the staff even when staffing norms were above 75 per cent. Adequate staffing should be based on Workload Indicators of Staffing Need (WISN) advocated by the Ministry of Health Human Resource Division and partners. Continuous effort is required to mitigate the underlying causes of low postnatal care visits to reduce risk factors for mothers and their babies.

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