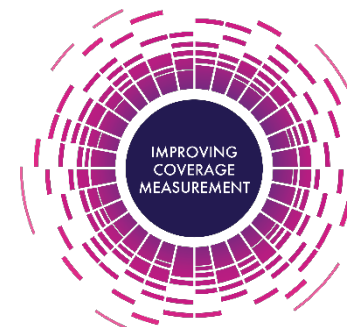


VALIDITY OF REPORTING OF INTERVENTIONS DELIVERED DURING THE INTRAPARTUM AND POSTNATAL PERIOD

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Research Questions

Can accurate information on the care received by women during:

- Labor and delivery,
- Immediate postnatal period (w/in 1 hr of birth),
and
- During a return postnatal visit

...be obtained from women in a survey?

Study Overview

- Study 1 – labor, delivery and immediate postnatal care (PNC) (within 1 hour of birth)
 - Exit interview and household follow-up in Kenya
- Study 2 – return PNC visit (24hrs – 10 weeks of birth)
 - Exit interview in Kenya and Swaziland



Photo by Flynn Warren, courtesy of the Population Council
Tigoni District, Kenya

Study 1 Design - Kenya

Baseline:

1. Direct Observation of Labor & Delivery Care
(2 health facilities in Kenya)
2. Exit Interview with Women at Discharge (includes DHS/MICS questions) N=606



13-15 month period

4. Follow-up: Re-interview Women at Home

- Same questions as exit interview N=515
- Qualitative interviews with subgroup (N=20)

3. Determine validity of self-reports immediately following birth

6. Compare validity over time

5. Assess validity of self-reports at 13-15 months post-birth

Aspects of Intrapartum & Immediate PNC Measured

- Skilled birth attendance - type of provider(s) who attended
- Initial client assessment - blood pressure, checks HIV status
- Respectful care
 - Encourages/assists woman to ambulate during labor, allowed to drink liquids/eat, support person present
- First stage labor
 - Uterotonic for induction or augmentation of labor, artificial rupture of membranes
- Second & third stage labor
 - Uterotonic received for PPH (injection 1-3 minutes following delivery), episiotomy, caesarean section
- Immediate postnatal period (within 1 hr)
 - Health checks for mother, newborn thermal care, breastfeeding

What aspects of labor & delivery care can women recall 13-15 months postpartum?

4 of 34 maternal health indicators met both individual and population accuracy criteria at both baseline and follow-up

INDICATORS	Individual Accuracy ++ (AUC>0.70) + (0.60<AUC<0.70)	Population Accuracy (0.75<IF<1.25)	Decline in Accuracy from Baseline?
A support person is present	+	+	No
Main provider during delivery was a nurse/midwife	+	+	No
Cesarean operation	++	+	No
Low birthweight infant	++	+	No

Which immediate PNC Interventions can women report with accuracy?

Immediate PNC for Mother	Individual Accuracy Baseline Follow-up	Population Accuracy Baseline Follow-up
After delivery of placenta, provider firmly massaged lower abdomen to help womb become firm	- -	- +
<i>In the first physical examination after delivery, did the provider...</i>		
Look for or ask you about bleeding	- -	- +
Check your blood pressure	- -	- +
Do a perineal exam	- -	- -
Take your temperature	+ -	- +
Check belly to see if it was becoming firm (<i>involution</i>)	- -	+ -

R0 = Exit interview at hospital discharge; R1 = Re-interview 13-15 months postpartum.

Individual Accuracy: - = AUC < 0.60; + = 0.60 < AUC < 0.70; ++ = 0.70 < AUC; Population Accuracy: + = 0.75 < IF < 1.25;

Qualitative Interviews: How Difficult is it for Women to Recall Immediate PNC?

- Relative to interventions received in the first stage of labor, women had difficulty recalling immediate postnatal care, particularly for the mother

“You know that time [after the birth] I was over excited so after the caesarean section I was happy to see my child like this and I gave God my thanks, so I cannot know because once I saw the baby I was tired so whatever happened after that I don’t know”.

Study 2: PNC Interventions Received 24 Hours – 10 weeks After the Birth

- Kenya and Swaziland, 2009 - 2012

1. Direct Observation of Health Visit

12 health facilities in Kenya (KE); 8 in Swaziland (SZ)

- **KE:** Central/ Eastern provinces (N=545)
- **SZ:** Lubombo, Manzini, Shiselweni regions (N=319)

2. Exit Interview with Women on Received Care at Facility Discharge

- Women ages 18 - 45 years who consented
- Visiting facility for health check for themselves and/or their infant (aged >24 hrs – 10 wks)

Assess
validity
of self-
reports

Aspects of Maternal Care Measured at a Return PNC Visit

13 indicators in Kenya and 15 indicators in Swaziland related to:

- Maternal physical exam
- Maternal danger signs advice
- Return to fertility and birth spacing information
- Family planning methods discussion / provision

Routine PNC: Physical Examination of Mother

INDICATORS	Kenya	Swaziland	Met Both (AUC & IF)
	Individual Population-level Accuracy	Individual Population-level Accuracy	KE SZ
Take blood pressure	++ +	+ +	KE
Examine breasts	++ +	++ +	KE SZ
Examine abdomen	++ +	++ +	KE SZ
Examine vagina	+ +	++ +	SZ
Check anemia (pallor or refer for HB test)	++ +	- +	KE
Screen for cervical cancer	NA NA	+ -	NA

KE = Kenya; SZ = Swaziland; NA = Insufficient sample size for country

Individual Accuracy: – =AUC<0.60; + = 0.60<AUC<0.70; ++ = 0.70<AUC

Population Accuracy: + = 0.75<IF<1.25

Routine PNC: Health Counseling for Mother

INDICATORS	Kenya	Swaziland	Met Both (AUC & IF)
	Individual Population-level Accuracy	Individual Population-level Accuracy	KE SZ
Ask about excessive bleeding	++ +	- +	KE
Discuss danger signs after birth	++ +	- +	KE
Discussed STIs or HIV/AIDS	++ +	- +	KE

KE = Kenya; SZ = Swaziland; NA = Insufficient sample size for country

Individual Accuracy: – =AUC<0.60; + = 0.60<AUC<0.70; ++ = 0.70<AUC

Population Accuracy: + = 0.75<IF<1.25

Routine PNC: Return to Fertility & Family Planning Counseling

INDICATORS	Kenya	Swaziland	Met Both (AUC & IF)
	Individual Population-level Accuracy	Individual Population-level Accuracy	KE SZ
Discuss how soon after delivery a woman can get pregnant	+ +	- +	-
Discuss return to fertility	+ +	- -	-
Discuss benefits of birth spacing	++ +	+ +	KE
Discuss return to sexual activity	++ +	+ -	KE
Discussed a FP method	++ +	- +	KE
Received any modern FP method	NA	++ +	NA SZ
Explains advan/disad of chosen FP method	NA	+ +	NA -

Individual Accuracy: – =AUC<0.60; + = 0.60<AUC<0.70; ++ = 0.70<AUC

Population Accuracy: + = 0.75<IF<1.25; NA = Insufficient sample size for country

Conclusions – Intrapartum Care

- Few indicators of labor and delivery care are reported with high validity.
- Labor and delivery care indicators that were reported with accuracy mostly related to care received between the first stage of labor and the birth.
- The few indicators that were validly reported at baseline generally maintained recall accuracy over time.
- Indicators of immediate postnatal care were generally not likely to be reported with accuracy.

Conclusions – Routine PNC

- Women are able to report (more) accurately on maternal PNC interventions received at a return visit
- The same is true for newborn PNC indicators (*not presented*)
- 10/13 maternal PNC indicators in KE and 5/15 in SZ met high individual and population-level accuracy criteria
- 5 PNC indicators met moderate or high criteria in both countries

Whether during the PNC consultation the provider...

- Checked the woman's blood pressure
- Did a breast exam
- Examined the woman's abdomen
- Examined the woman's vagina
- Discussed the benefits of birth spacing

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