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An implementation strategy for a midwife-led education programme of biomass smoke reduction among pregnant women and postnatal mothers in Uganda

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AIM

Over 90% of people in rural Uganda are exposed to biomass smoke, with women averaging 7 hours' exposure per day. Biomass smoke is associated with poor pregnancy outcomes such as neonatal deaths, respiratory infection in infants and adult lung disease.

Our aim was to design and test an implementation strategy to introduce an education programme for midwives to educate pregnant women and community health workers in four healthcare facilities.

Method:

In an implementation study with a series of plan-do-study-act cycles, project teams from Plymouth University and Makerere Lung Institute co-developed existing education materials from a lung health programme in Masindi District, and adapted them for use by midwives in Jinja District. Teams included midwives, paediatricians, obstetricians and researchers.

Results:

In 2015, a team from the UK and Uganda met with stakeholders ranging from national experts to local healthcare teams, including all levels of healthcare workers. It was concluded that there was national need and political will to implement the project.

In 2016, a workshop was held with ten local midwives to discuss the dangers of biomass fuel during pregnancy and early life. Pre- and post-knowledge questionnaires for midwives were designed. Existing educational materials, such as posters, leaflets and flipcharts, were redesigned, reflecting new content and key messages.

These materials were professionally produced by a Ministry of Health educator and tested in the community. In November 2017, midwives in two health centres were observed delivering the education. Final changes to the materials were made to reflect feedback from community midwives, other health professionals, and health experts. These have now gained Ministry of Health approval.

Conclusion:

Biomass smoke exposure is a potent cause of harm to women and the children exposed in utero, with major consequences for their health throughout life. The innovative midwife exposure-reduction intervention using materials produced by the team will be delivered and evaluated within the existing health service between February – May 2018.

Declaration of Interest

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The authors declare no conflicts of interest.