Strategies to improve postnatal care in Kenya: A qualitative study

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A R T I C L E   I N F O

Keywords:
Postnatal care
Strategies for healthcare improvement
Nominal Group Technique

A B S T R A C T

Introduction: Postnatal care is the most neglected aspect of maternal care globally. Midwives, postnatal mothers and their families pay little attention to postnatal care, assuming that physical recovery is always guaranteed when a mother has had a normal pregnancy and childbirth. Unfortunately, preventable complications occurring during this period are considered the major causes of maternal and neonatal morbidity and mortality. The aim of this paper is to describe the strategies that can be implemented to improve postnatal care in Kenya.

Methods: A qualitative descriptive study, using a nominal group technique to gather the data was used to identify strategies that can be implemented to improve postnatal care in Kenya. The national and provincial reproductive healthcare coordinators, as the relevant stakeholders, formed the population and unit of analysis.

Findings: Thirteen strategies to improve maternal care, specifically postnatal care, were initially listed, of which six were ranked as the highest priorities by participants. Following the steps of the nominal group technique, six of these strategies were eventually considered to be very important. Capacity-building initiatives, quality data management, quality assurance processes, human resource management, supportive supervision, and the coordination of postnatal care services were ranked as priority strategies that needed to be implemented. The operationalisation of the guidelines developed by the Ministry of Health, Kenya, through the identification of strategies, was a unique feature of the study.

Recommendation: It is essential that departments of health implement these strategies to improve the health provided to postnatal mothers and their babies.

Précis: Crucial strategies to improve postnatal care are capacity building, data management, quality assurance, human resource management, supportive supervision and coordination.

1. Introduction and background

Maternal and infant mortality are important health indicators for any society, and their importance has compelled the secretary-general of the United Nations (UN) to set up a commission to monitor and evaluate these two indicators (World Health Organization (WHO), 2011a). An integral part of the prevention of maternal and infant mortality is the quality and extent of postpartum care rendered.

Postnatal care encompasses a number of activities aimed at monitoring, counselling and rendering healthcare to a mother up to 6 weeks after birth (Ministry of Public Health and Sanitation, Kenya, 2012; Warren, Shongwe, Waligo, Mahdi, & Mazia, 2008). During this period, the physical and emotional needs of the mother are addressed by a midwife in partnership with other healthcare providers, including community healthcare workers, obstetricians and paediatricians.

Unfortunately, the postnatal period is the most neglected aspect of maternal care globally, notwithstanding it being an ideal time to perform interventions to improve the health of both the mother and the baby (Bixby Center for Global Reproductive Health, 2011). The majority of postnatal mothers do not seek care owing to the assumption that physical recovery is always smooth after a normal pregnancy and delivery, while others assume that they do not need special care because they are not sick (Daher, Estephan, Abu-Saad, & Naja, 2008; WHO, UNICEF, United Nations Population Fund, & World Bank, 2010).

Despite the assumption that they do not need special care, 830 women globally die daily as the result of two major preventable diseases, namely postpartum haemorrhage and postpartum infection, which are both encountered during the postnatal period and can be prevented if optimal postpartum care is rendered (WHO, 2015).

Efforts to address maternal morbidity and mortality are based on 3

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https://doi.org/10.1016/j.ijans.2018.08.003
Received 6 March 2018; Received in revised form 31 July 2018; Accepted 23 August 2018
Available online 24 August 2018
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of 17 sustainable development goals (United Nations, 2015). Firstly, poverty may prevent women from seeking postnatal care because they cannot pay for such services or for transport to and from places where these healthcare services are rendered. Goal number 3 seeks to ensure healthy lives, also during the postnatal period, for both the mother and her baby. Achieving gender equality and empowering all women (goal number 5) would assist women who seek maternal services and postnatal care. All global departments of health and all healthcare providers that are responsible for rendering these services should develop and implement strategies that would help them to achieve these goals. Community healthcare workers, midwives, obstetricians and pediatricians all share an equal responsibility to contribute to postpartum care.

In 2004, the Ministry of Health in Kenya developed guidelines to improve and strengthen postnatal care by increasing the timing and assessments within the six weeks after childbirth. These guidelines were implemented and piloted in 2005 (Mwangi, Warren, Koskei, & Blanchard, 2008). Despite the fact that 80% of healthcare facilities in Kenya can offer the full spectrum of maternal care, including postnatal care, only 42% of women give birth in a healthcare facility (Akunga, Menya, & Kabue, 2014). Of the 52% that give birth at home, assisted by unskilled birth attendants, only 19% will receive postnatal care (Akunga et al., 2014). The challenges facing postnatal care still contribute to high maternal and neonatal mortality rates in Kenya despite the implementation of guidelines in 2005 and remain a cause for concern.

To improve the postnatal care provided to mothers and their babies, a number of strategies have to be implemented by governments’ national departments of health to combat the complications encountered by millions of women during and after childbirth (United Nations Population Fund, 2009).

2. Methods

2.1. Aim

The aim of this report is to describe the strategies that stakeholders consider to be important to improve postnatal care in Kenya.

2.2. Design

A qualitative descriptive study, utilizing Health Systems Research as motivation and the Nominal Group Technique (NGT) for data gathering, was selected to identify priority strategies. Data on the current status of postnatal care in Kenya as well as the challenges experienced by midwives and hospital management were gathered by means of checklists and questionnaires (Chelagat, 2014). These results (Chelagat, 2014) were then shared with the NGT participants prior to the discussion to ensure that the service providers also had a voice in the development of strategies and that the participants had scientific evidence from a formal study conducted (Chelagat, 2014) as well as personal experience in the postnatal service field to assist them in the development of the strategies. The Nominal Group Technique was used owing to the very nature of the process as a problem-solving, consensus-seeking method that allows all participants an equal voice and the opportunity to present ideas without feeling threatened or intimidated (Delbecq, Van de Ven, & Gustafson, 1975). The technique also eliminated the influence of the researcher – who is an experienced and trained facilitator – on the group dynamics. The structured group work that took place enabled the researcher to obtain multiple inputs from all participants.

2.3. Study population and sampling

The study population consisted of five national and eight provincial reproductive health coordinators who were responsible for maternal and neonatal programs in the country. Total population sampling was done as all the national and provincial reproductive health coordinators volunteered and formed the unit of analysis. They were supported by the government – a fact which contributed to their willingness to participate and their active involvement.

2.4. Exploratory interview

An exploratory interview was conducted with the purpose of testing the research question before the commencement of the NGT. Nurse educators from a local university were conveniently selected and asked to volunteer to participate. The following instruction was given to the group: “Please write down the strategies that can be implemented to improve postnatal care in Kenya.” The participants were allowed to generate strategies in silence and to list their strategies one at a time in a round-robin manner. When the lists were exhausted, the facilitator concluded the NGT session because the ideas raised by participants were proof enough that the correct question had been asked and that the NGT would provide the researcher with the needed information.

3. Ethical considerations

Approval from the ethics committee of the custodian university and permission from the Division of Reproductive Health were obtained. Participants also signed the informed consent form. Other ethical requirements observed throughout the study included respect for people, beneficence and justice. The right to self-determination, privacy, confidentiality, and the right to be protected from harm and discomfort were adhered to (Brink, Van der Walt, & Rensburg, 2006; Grove, Burns, & Gray, 2013).

4. Trustworthiness

Trustworthiness was ensured by addressing credibility, dependability, conformability and transferability (Botma, Greeff, Mulaudzi, & Wright, 2010). Credibility of the data was ensured by inviting the key people involved in maternal and neonatal care to participate in the NGT. Rules of the NGT were explained to the participants and the step-by-step process was followed to ensure dependability of results. The manner in which the NGT was conducted aided in the conformability of the results as the facilitator maintained a neutral position and acted objectively throughout the NGT process. Regarding transferability, the results may or may not be applicable to other settings, depending on the context of potential users.

5. Data collection process

The NGT was conducted on a date, time and venue agreed upon by all participants and the facilitator. The NGT was facilitated by an experienced and trained facilitator. The data collected between 2012 and 2013 in a study by Chelagat (2014) providing evidence of the current status of postnatal care in Kenya as well as the challenges experienced by midwives and hospital management were shared by means of a Microsoft Office® PowerPoint presentation. The NGT was then utilized in 2014 to gather the data, which were then captured on a flip chart by the scribe.

The four steps to conduct a nominal group as described by Delbecq et al. (1975) were followed. These are 1) silent generation of ideas, 2) round-robin listing of ideas, 3) discussion of ideas, and 4) voting and ranking of ideas. One NGT that lasted for 3 h was conducted to identify the strategies that were then validated through consensus.

6. Data analysis

Data analysis was done simultaneously with the data collection and, owing to the very nature of the NGT, all participants were actively involved in the analysis process. The facilitator followed a step-by-step approach and, together with the participants, clustered the strategies...
into themes and subthemes. The scores that each strategy obtained were also calculated, after which the ranking was completed and the priority strategies confirmed.

7. Results and discussion

The ability to provide good and equitable healthcare services for all people depends on many factors, including the performance of the healthcare system (Muraguri, 2013). In recent years, however, the global health field has focused on disease and population-specific programs, with little attention being paid to health systems. This has resulted in dysfunctional health service delivery and inequitable financing, especially in low-resourced countries. The challenge of creating affordable and high-quality health systems is universal, but the problems encountered are especially acute in developing countries such as Kenya (Muraguri, 2013). Complications after childbirth, which can be prevented if optimal postnatal care is provided, still contribute to the maternal mortality rate (WHO, 2015). Although the focus of this study was on strategies to improve postnatal care, it was not possible to exclude the strategies inclusive of maternal and neonatal care in general.

The themes (strategies) and the subthemes (strategies placed under the main strategy) identified are illustrated in Table 1 and were the strategies prioritized by the participants, all of whom were stakeholders in the healthcare delivery system in this specific African context. Healthcare systems that are concerned with the improvement of service delivery need to prioritize their capacity-building initiatives if progress in service delivery, for example in postnatal care, is to be achieved. It is not surprising that the need for capacity building was ranked as the most important strategy to improve postnatal care in Kenyan hospitals.

7.1. Capacity building (Priority 1)

Capacity building through training plays a vital role in improving delivery of healthcare, in both developed and developing countries (Awofeso, 2013). Capacity building by training was identified as the strategy that could cut across all levels, from top management to community health workers in the field of healthcare services. This training has to focus on placing postnatal care in a central position in maternal and newborn care. The management component of every unit of clinical practice, such as maternity and postnatal units, should be more competent than the other categories of healthcare workers so as to enable these managers to act as consultants in postnatal care (Stevens, 2013). The management component therefore needs to undergo regular training in the form of professional development.

It is of utmost importance that midwives responsible for postnatal care should also be competent. They should be critical thinkers who can make informed decisions about patient care (WHO, 2011a). According to the participants, formal education for an advanced degree in maternal care services needs to be initiated.

Continuous training (professional development) for healthcare workers should be provided. Continuous training is an essential component of capacity building because of the constant and dynamic changes in patient care. Such training should be supported by regular clinical supervision in an attempt to improve the quality of postnatal care (Awofeso, 2013). If postnatal care is to be improved, all staff responsible for the care need to be competent.

In Kenya, community health workers play a critical role in the provision of Level 1 healthcare and they are instrumental in educating households on issues of health. If they could be trained to provide health education on postnatal care, they could become a valuable resource (Haver, Brieger, Zoundrana, Ansari, & Kagoma, 2015). Community workers therefore have to be trained to provide postnatal follow-up care.

7.2. Data management

The participants (national and provincial reproductive coordinators) were of the opinion that the management of data is a very important strategy that would be instrumental in improving postnatal care. To ensure that data management is well organized, all 3 steps – data collection or documentation, data analysis, and the dissemination of research findings or reports – should be attended to in all healthcare delivery facilities. All visits must be incorporated in the process of reporting on maternal and child health, and postnatal care must be included in the monitoring and evaluation indicators in the district health information systems.

Data that are well captured, analyzed and disseminated serve as the basis for evaluating the quality and appropriateness of healthcare. Data obtained from patients’ records are a prime source of information about patients’ characteristics and responses to interventions, and are essential in assessing the quality of care (American Nurses Association Board...
of Directors, 2006). Documentation, however, acts as evidence of the accountability of every healthcare member in the delivery of care and should be done correctly. Implementation of proper data management will therefore greatly contribute to improve postnatal care in Kenyan health facilities (Hughes, 2008). Support needs to be provided to ensure that this documentation is done correctly.

The dissemination of research results and the documented data in reports supply stakeholders with relevant information that they can use to assess the status of postnatal care. Implementation of quality data management will greatly contribute to improved postnatal care in health facilities (Hughes, 2008).

7.3. Quality assurance

Quality assurance in healthcare is healthcare providers' pledge to the public that they will work towards achieving an optimal and achievable degree of excellence. Strategies must include a quality assurance dimension. The participants in this study voted it the third most important strategy. Quality assurance in healthcare facilities depends on three parameters, namely 1) quality infrastructure, 2) quality process, and 3) quality outcome.

Quality infrastructure includes the conditions that exist in a hospital, and also such concerns as the state of the buildings and environmental sanitation. Quality process depends on skilled and experienced personnel, such as midwives and, to a lesser extent, on infrastructure. Quality outcome depends on both quality infrastructure and quality process (Galadanci et al., 2011). Prioritizing patients' needs is an important aspect of quality assurance and entails doing the right thing at the right time. For this reason it was suggested that quality assurance audits must be done. An audit instrument must be developed to ensure that quality assurance audits (Salam, Lassi, Das, & Bhutta, 2014) provide valid and reliable results.

The emphasis on quality assurance is of course aimed at improvement in care, and thus at the improvement of client satisfaction (Fund & Sklar, 2012). A client satisfaction survey must be conducted, as was identified by the participants.

Service performance meetings must be conducted to establish whether the expected outcomes regarding patient satisfaction and quality care are achieved. These meetings must be designed to ensure that personnel are aware of and participate in all quality-related functions, changes, updates, revisions and verification activities.

7.4. Human resource management

Human resource management, together with quality assurance, was voted the third most important strategy. Effective human resource management is a fundamental principle of health systems performance (Salam et al., 2014) that deals with issues related to people, including compensation, employment, performance management, organizational development, safety, wellness, benefits, employee motivation, communication, administration, and training (Heathfield, 2017).

Human resource management has been affected by a shortage of midwives and other healthcare providers, especially in sub-Saharan Africa. Insufficient human resources have seriously impeded progress towards the achievement of the health-related Millennium Development Goals as such shortages negatively impact on service delivery (Brown & Gilbert, 2012; Ministry of Health Rwanda, PMNCH, WHO, World Bank, AHP, and participants in the Rwanda multistakeholder policy review, 2014). According to Dogba (2007), the shortage of midwives is the greatest impediment to proven strategies in the fight against maternal and perinatal mortality. In Kenya, the national public sector nurse or midwife to population density varies between 1.2 per 1,000 to as low as 0.08 per 1,000. This is extremely low, as the WHO considers any member country with less than 2.28 per 1,000 as deficient (Wakaba et al., 2014). The scarcity of human resources, especially of nurses and/or midwives, is associated with maternal and neonatal mortality (Ministry of Health Rwanda, PMNCH, WHO, World Bank, AHP, and participants in the Rwanda multistakeholder policy review, 2014). The participants emphasized that an immediate strategy should be to employ more healthcare workers, specifically midwives. These midwives should be deployed correctly, as the effective employment of midwives contributes more to the quality of maternity care than the number of midwives (Sandall & King Edward’s Hospital Fund for London, 2011). Shortages in the existing workforce can also be addressed by giving incentives to those allocated to difficult areas like the North Eastern Province of Kenya (Naicker, Plange-Rhule, Tutt, & Eastwood, 2009). Giving incentives could prevent understaffing in these areas. This is important, as understaffing has been identified as the greatest hindrance to the take-up of maternal care services (Tao, Huang, Long, Tolhurst, & Raven, 2011).

The remuneration of healthcare workers in all healthcare sectors must be aligned to improve the retention of midwives.

7.5. Supportive supervision

Supportive supervision is the cultivation and maintenance of a harmonious working relationship. The aim of supportive supervision is to improve the morale of workers and to enhance job satisfaction (Smith, 2011). Supportive supervision uses a practical system of objective measures to foster improvement in the performance of procedures, in personal interaction and in the management of healthcare activities (Smith, 2011). Although 88% of the midwives involved in the study indicated that they had adequate supportive supervision, the participants (the reproductive health coordinators) still ranked this strategy as the fourth important one that needed to be emphasized.

Supportive supervision in postnatal care in the Kenyan healthcare delivery system is one of the pillars of maternal and newborn health (Ministry of Public Health and Sanitation, Kenya, 2012), it is a process that promotes quality at all levels of the health system by strengthening relationships within the system. Supportive supervision in the health sector entails dealing with healthcare personnel to establish goals, to identify and correct problems, to monitor performance and to improve the quality of services proactively. The supervisor, in collaboration with the supervisee, addresses identified problems on the spot to prevent negative routine practices (Darj, 2003). Supportive supervision also provides an opportunity for the managers or supervisors to recognize good practices, and help healthcare workers to maintain their high level of performance (Children’s Vaccine Program at PATH, 2003). Evidence has shown that there are benefits that result from supportive supervision. Midwives and other healthcare providers, knowing that they could be supervised at any time, strive to provide the best care they can to their clients or patients.

7.6. Coordination of postnatal care

Coordination of postnatal care activities was voted the fifth most important strategy in the improvement of postnatal care. The efficiency and effectiveness of coordination depend on the match between the needs of the population, on the one hand, and the skills and scope of practice of services providers on the other hand.

The coordination of healthcare service delivery to include postnatal care needs to be strengthened, given that the Kenyan healthcare system has been decentralized and operates on 6 levels of care (Darj, 2003).

All postnatal care must be coordinated, a multisectoral approach must be established and stakeholders should lobby for the formulation of a policy to aid the deployment of midwives in the maternity units to ensure that they are deployed where they are needed most.

8. Conclusion

Postnatal care is an integral component of maternal healthcare even...
though it is the most neglected aspect of care. Improving maternal health and reducing maternal mortality has been an issue of great concern, especially in low- and middle-income countries where about 99% of maternal deaths occur. Every woman in sub-Saharan Africa has a 1 in 16 chance of dying during pregnancy and childbirth, compared to a one in close to 4 000 risk in the higher-income countries (Unicef, 2016).

National and district health coordinators actively participated in the research and rated six very important strategies that can improve postnatal care. Management, midwives and community workers urgently need to be trained. Both professional development initiatives and a formal advanced degree in maternal services must be established.

To improve data management, support must be rendered to ensure accurate data capturing and reporting. Postnatal care must also be included in the monitoring and evaluation indicators in the district health information systems.

Quality assurance was rated as an important strategy and must include quality audits, patient satisfaction surveys and meetings during which outcomes can be shared and actions to improve can be formalized.

Human resources pose a very big concern and strategies must be implemented to appoint more competent midwives. These midwives must be correctly deployed and fairly remunerated.

According to the stakeholders, midwives in practice must be supported by supportive supervision initiatives, as this would improve postnatal care. Postnatal care should also be effectively coordinated to improve the care rendered during the postnatal period.

The facts that all stakeholders voiced their opinions; that the Kenyan guidelines were operationalized by identifying applicable strategies for postnatal care; and that implementation of the strategies could lead to a standardized approach to postnatal care in Kenya, added to the significance of the study.

A combined effort by stakeholders to address the six important strategies could change the face of maternal mortality in Kenya as might be the case in other low income countries around the globe.

9. Limitation of the study

The decision not to collect data from the patients themselves at health centres where postnatal care is rendered, was addressed through the inclusion of midwives rendering the service in phase one of the study as well as all the national and provincial reproductive health coordinators during phase two. These participants were able to identify the challenges faced in the provision of postnatal care in their provinces, which included the healthcare centres.

10. Future research

Research that focuses on the implementation of the above-mentioned strategies and the impact on postnatal care should these strategies be implemented, is paramount.

Acknowledgement

The authors would like to thank the Kenyan Ministry of Health, which sponsored the reproductive health coordinators’ attendance of the nominal group technique sessions.

Conflict of interest

The authors have no conflicts of interest to disclose.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at https://doi.org/10.1016/j.ijans.2018.08.003.

References


