

## What is the ALERT project about?

Insufficient reductions in maternal and neonatal deaths and stillbirths in the past decade are a threat to achieving *Sustainable Development Goal 3*. Overcoming the knowledge-do gap to ensure implementation of established evidence-based interventions will be key.

**Our ALERT** project targets the intrapartum care period and aims to develop and evaluate a multifaceted health system intervention to strengthen the implementation of evidence-based practices and responsive care in sub-Saharan African hospitals. The project will take place in 16 hospitals in Benin, Malawi, Tanzania and Uganda.

The intervention will include four main components: (see also figure 1):

- i) end-user participation through narratives of women, families and providers of midwifery care to ensure a co-design of the intervention
- ii) competency-based midwifery training as part of capacity building
- iii) quality improvement, supported by data from a clinical perinatal e-registry and
- iv) empowerment and leadership mentoring of maternity unit leaders

We will evaluate the intervention through a *stepped-wedge design* complemented by a *realist process evaluation* and *economic evaluation* to estimate scalability and costs. The perinatal e-registry will provide data for i) the quality improvement and ii) the impact evaluation.

## ALERT Consortium Partners



M4H

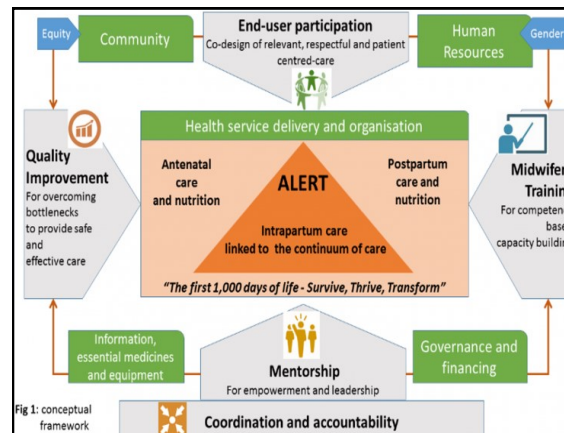


Fig. 1: Conceptual framework

## Project Funder



The ALERT project is funded by the European Commission's Horizon 2020 (No 847824) under a call for Implementation research for maternal and child health.



# ALERT

**A**ction **L**everaging  
**E**vidence to **R**educe  
perinatal mor**T**ality  
and morbidity in sub-  
Saharan Africa



Benin : Midwife, Mother & Baby in Athiémé .Use Granted

Preliminary results of a multi-country study in Benin, Malawi, Tanzania and Uganda

See also two publications:

<https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-024-06606-9>

<https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-024-06777-5>

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## Formative work in Tanzania within ALERT

### Methodology

**Aim** To inform the intervention development of ALERT

**Study design** Qualitative in-depth interviews (IDIs) and Focus Group Discussions (FGDs) with 18 mothers, 26 healthcare workers and 10 companions (patients' escorts), 36 hours of observation in maternity wards in February 2021.

**Facility and participant selection** Two of the four participating hospitals were selected. Purposeful selection of participant was done to maximize variability. For providers of midwifery care, we considered experience, gender, age, cadre and education. For mothers we selected extreme of ages, primigravids, repeat pregnancy, different delivery modes (normal birth, instrumental and CS), mothers with desirable and adverse outcomes such as having a neonate admitted for prematurity or birth asphyxia.

**Ethics and data collection procedure** Women and companions were approached and recruited within 24- 48 hours of the baby's birth. All participants gave informed written consent. Experienced qualitative researchers from MUHAS conducted the interview in Kiswahili, observing privacy and confidentiality. Ethical clearance was obtained from MUHAS, AKU and NIMRI.

**Analysis** The analysis used thematic data analysis. Triangulation was done using the different experiences of mothers, companions, and providers of midwifery care.

### Selected findings

#### Poor interactions between patients and relatives during the admission

Women are usually escorted to the health facility by a relative, and they are usually directed to the labour ward. As they enter the labour ward, companions are immediately sent away for logistic tasks. There are minimal interactions/conversation during the reception and no introductions. Often, there is a one-way interaction and women are not allowed to ask or explain anything.

*"A woman slowly walks in, carrying a big bag and a plastic basin. Sister B says, "Welcome. Which pregnancy?" The woman whispers "The third". Sister B says "Ok, go there" and points at cubicle 2."*

Participants perceived that the reception is a crucial area to build good rapport and trust between provider and woman and can further determine the quality of interactions throughout labour period.

*"I think from the beginning women have poor perception of nurses; they come here already provoked. This perception begins from the reception they received during admission. If she was received harshly there will be problems in cooperation later... Good communication build trust and makes a woman feel she is in a "safe place". Women need to be comfortable with service provider."*



Tanzania: Nurse/Midwife and Mother —Use Granted

#### Triage and fetal-maternal assessments are inconsistently done during the admission process

When the registration process is completed, all women have an initial assessment in the labour ward. There is variability on the tools and contents used for assessment; one hospital had a triage tool which was not exhaustive; another hospital did not have a tool.

#### Regular monitoring is hindered by too many patients or difficult situations like patients sharing a bed

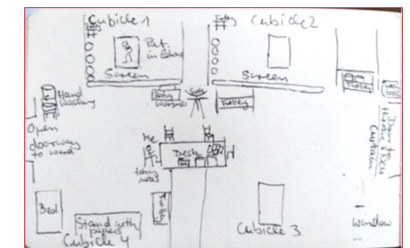
Frequency of follow up and time spent per patients depends on the number of patients and staff available. Staff recognise that spending "standard time period" per patient is not possible as different women have different needs. They reported difficulties to do regular monitoring due to physical space and bed when patients share a bed

*"We (healthcare workers) cannot stay in one place for long time, for example there are three beds in the delivery room and we are two, then you find those patients from theatre, from normal delivery, ..."*

#### Poor Responsiveness to women's needs / Women who demand attention are neglected

Health workers are unable to respond to women's needs, even when they are being called. They express to usually be overwhelmed and cannot afford to stand near one woman for long time.

*"Some patients think that we (HW) are the problem. There are instances...sometimes mothers think that the provider is the source of her pain. ..."*



Tanzania: A typical set-up of the labour room