Lay Health Worker Home Visits To Care For Preterm And Low Birthweight Neonates In South Africa: A Rapid Qualitative Evidence Synthesis

Sara Cooper, Idriss Kallon, Denny Mabetha, Amanda Brand, Tamara Kredo, **Shakti Pillay,** Gugu Kali, Willem Odendaal

Oral Presentation

7 September 2024

GELA is supported by the European and Developing Countries Clinical Trials Partnership (EDCTP) under the EDCTP2 programme (grant number RIA2020S -3303-GELA).
EDCTP is a public-public partnership between countries in Europe and sub-Saharan Africa, supported by the European Union

BACKGROUND

Preterm And Low Birth Weight (LBW) Burden in SA and WHO Guidelines

Burden in South Africa (SA)

- UNICEF-WHO LBW prevalence: 17.2% (2000), 16.6% in 2012 and 2020
- Preterm birth complications, including LBW, leading cause of neonatal mortality

2022 World Health Organisation (WHO) Recommendations for Care of Preterm or LBW Infant

Recommendation C.3 (New)

- Home visits by trained health workers recommended to support families to care for preterm or low-birth-weight infant
- (Strong recommendation, moderate-certainty evidence)

GELA
Global Evidence • Local Adaptation

AIMS

- To synthesise qualitative evidence on views and experiences of home visits for families with preterm and LBW babies in SA to identify factors influencing acceptability, feasibility and equity

- To inform development of a SA National Guideline recommendation as part of the Global Evidence, Local Adaptation **(GELA)** project

GELA
Global Evidence • Local Adaptation

METHODOLOGY

Study Design

- Rapid Qualitative Evidence Synthesis (QES)
- Thematic analysis
- Assessment of study quality and confidence

Studies for Inclusion

- Qualitative methodology;
- SA home visit programmes;
- Exploring views and experiences of any stakeholder involved in, or affected by home visit programmes

GELA
Global Evidence • Local Adaptation

RESULTS

STUDIES

- 16 studies included

SETTINGS

- 5 provinces: Western Cape, Eastern Cape, Gauteng, Free State, KwaZulu Natal
- Rural and urban

PARTICIPANTS

- Mothers, lay health workers, supervisors, community members, key informants

PROGRAMMES

- Philani Mentor Mother (n=9)
- National/Provincial Department of Health (n=4)
- PROMISE-EBF (n=2)
- Ububele Mother-Baby Home Visiting project (n=1)

RESULTS: CAREGIVER ACCEPTANCE

Facilitators

Knowledge, skills, psychosocial support **(High Confidence)**

Reduced clinic visits **(Very Low Confidence)**

Access/ Relationships - Facility **(Moderate Confidence)**

Barriers

Distrust Lay Health Workers **(High Confidence)**

Stigma **(Moderate Confidence)**

GELA
Global Evidence • Local Adaptation

RESULTS: LAY HEALTH WORKERS ACCEPTANCE

Facilitators

Empowerment and validation **(Moderate Confidence)**

Employment and Convenience **(Moderate Confidence)**

Barriers

Boundaries and emotional burdens **(High Confidence)**

Training, supervision, and support **(High Confidence)**

Logistical issues **(High Confidence)**

Human resource-related issues **(Moderate Confidence)**

CONCLUSION

- Prematurity is the leading cause of neonatal mortality
- SA has many successful home visitation programmes for other health conditions
- This review synthesises the complex and interacting contextual factors that impact caregivers' and providers' acceptability and feasibility of home visits for preterm and LBW babies
- Review findings also highlight the limitations related to logistics, human-resources and infrastructure in implementing a successful programme
- Even with political will, the feasibility and sustainability of adding preterm and LBW care packages to existing home visit programmes is uncertain, without addressing inequity, resource constraints and complex contextual factors relevant to our setting

THANK YOU

FOR MORE INFORMATION ABOUT GELA AND TO CONTACT US

- +27 21 938 0508
- **Email:** gela@mrc.ac.za
- **Facebook** Global Evidence Local Adaptation
- **Youtube** @GELAchild
- **Twitter** @CochraneAfrica

GELA
Global Evidence • Local Adaptation

References

1. World Health Organization. UNICEF-WHO. Low birthweight estimates. Levels and trends 2000–2015 Geneva: WHO; 2019 (https://apps.who.int/iris/bitstream/handle/10665/324783/WHO-NMH-NHD-19.21-eng.pdf?ua=1)

2. SA National Department of Health. South African Maternal, Perinatal and Neonatal Health Policy South Africa: SA National Department of Health; 2021

3. Ramokoloi V, Malabaii T, Rhodaiii N, Kauchaliiv V, Gogai A. A landscape analysis of preterm birth in South Africa: systemic gaps and solutions. South African Health Review. 2019:133-44

4. WHO recommendations for care of the preterm or low birth weight infant. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO. (https://www.who.int/publications/i/item/9789240058262)

5. Lewin S, Glenton C, Lawrie TA, Downe S, Finlayson KW, Rosenbaum S, et al. Qualitative Evidence Synthesis (QES) for Guidelines: Paper 2 - Using qualitative evidence synthesis findings to inform evidence-to-decision frameworks and recommendations. Health research policy and systems. 2019;17(1):75.

6. Lewin S, Booth A, Glenton C, Munthe-Kaas H, Rashidian A, Wainwright M, et al. Applying GRADE-CERQual to qualitative evidence synthesis findings: introduction to the series. BioMed Central; 2018.

GELA
Global Evidence • Local Adaptation