Preprint

Effectiveness of Maternal Referral System in Tanzania: A Mixed Method Study

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Abstract

Background: Poor accessibility of emergency obstetric care services contributes to severe morbidity and high maternal mortality. Variations in the capacity of providing Emergency obstetric care by different levels of public health facilities highlights the fundamental role of maternal referral system. There has being no significant changes in the maternal mortality for the past 15 years despite the feasibility of interventions within the limited resources hospital settings. There is still a paucity of evidence on the effectiveness of the obstetric referral process in reducing maternal mortality. This study was conducted to determine referral reasons, referral delays and communication barriers influencing referrals of women with obstetric complications in order to evaluate the effectiveness of the maternal referral system. Methods: A descriptive cross-sectional design employing mixed methods approach was used to evaluate effectiveness of the maternal referral system. A 7 weeks prospective study was conducted at Muhimbili National Hospital. Quantitative data were collected through reviewing referral slips of 426 women referred from various health facilities due to obstetric complications in the peripartum period and admitted in the labour ward, postnatal ward, ICU and high dependant ward. Analysis was done using SPSS. Qualitative data was collected using 9 semi-structured in-depth interviews with nurse-midwives and obstetricians who were selected purposively, and data was analysed with qualitative content analysis. Results: A total of 426 records of referred women with obstetric complications were reviewed. Most documented reasons for referral were hospital based (62%), which included theatre being busy (25.1%), unavailability of blood (11.3%) and lack of equipment and inadequate supplies (10.3%). 60.3% accounted for delayed referrals. The study identified referral-receiver communication barriers which include inconsistent use of phones before referral, unsatisfactory referral form documentation and inadequate feedback mechanism. Conclusion: The study demonstrates lack of both human and non-human resources required for provision of health care services in the referring facilities. It identifies high proportion of late referrals and deficiencies in the referral process which illustrate ineffective referral system.