Feasibility of Task Sharing: Primary Screening of Obstetric Fistula Clients by Midwives at a Fistula Treatment Site, Uganda

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Uganda Context

Maternal Health

- Total fertility rate (TFR) is 5.4

  Source: UDHS, 2016

- Maternal mortality ratio (MMR) is336 per 100,000 live births

  Source: UDHS, 2016

- Estimated national prevalence of obstetric fistula is 2%
  - Varies by region with the highest prevalence in Western Region at 4%

  Source: UDHS, 2011

Health Worker Shortage

- Health worker to population ratio: 1:1,298
- Nurse/midwife to patient ratio: 1:11,000
- Doctor to patient ratio: 1:24,725
- WHO recommends:
  - Doctor to patient ratio: 1:800
  - Health worker to population ratio: 1:1,298

  Source: Uganda National Development Plan 2010/11-2014/15

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Fistula Care *Plus* (FC+) Project

- Five-year (2013-2018) USAID-supported fistula repair and prevention project
  - Builds on, enhances, and expands the work undertaken by the Fistula Care project (2007-2013)
- **Goal**: To strengthen health system capacity for fistula prevention, detection, treatment, and reintegration in 5 priority countries:
  - Bangladesh, Democratic Republic of Congo, Niger, Nigeria, and Uganda

- Partners with ministries of health, faith-based and nongovernmental organizations, and other international and national collaborators

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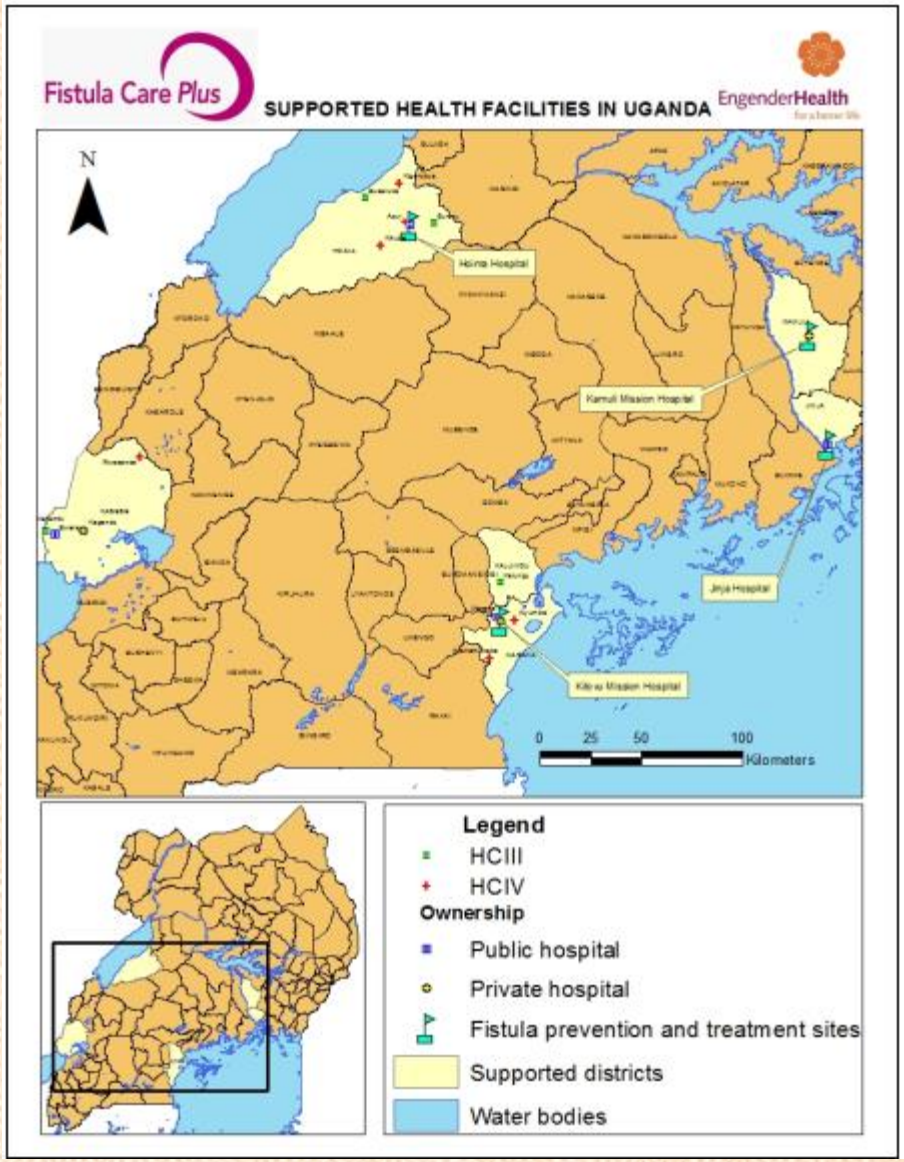
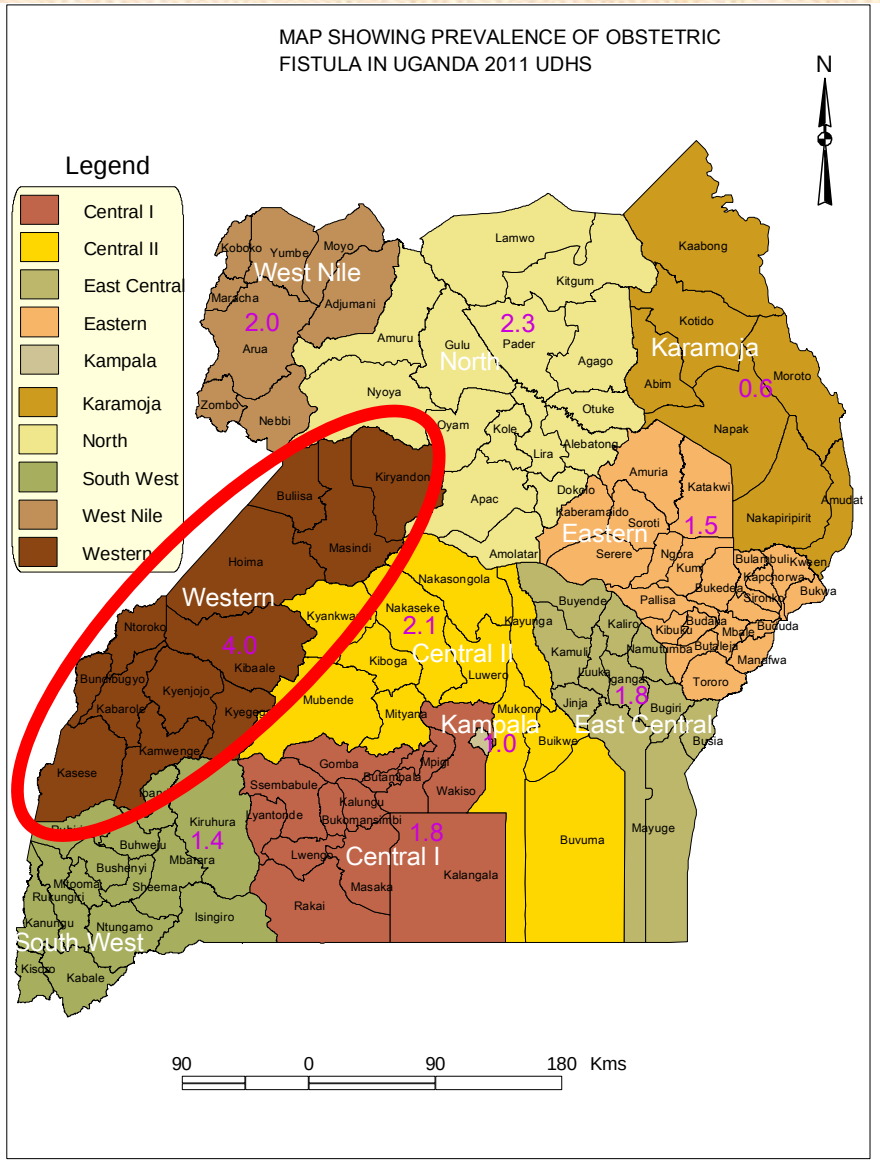
FC+ in Uganda

- Works in 6 Districts
- Supports 13 prevention-only sites (lower-level health care facilities)
- Supports 4 fistula treatment sites
  - **Hoima Regional Referral Hospital**
  - Jinja Regional Referral Hospital
  - Kamuli Mission Hospital
  - Kitovu Mission Hospital



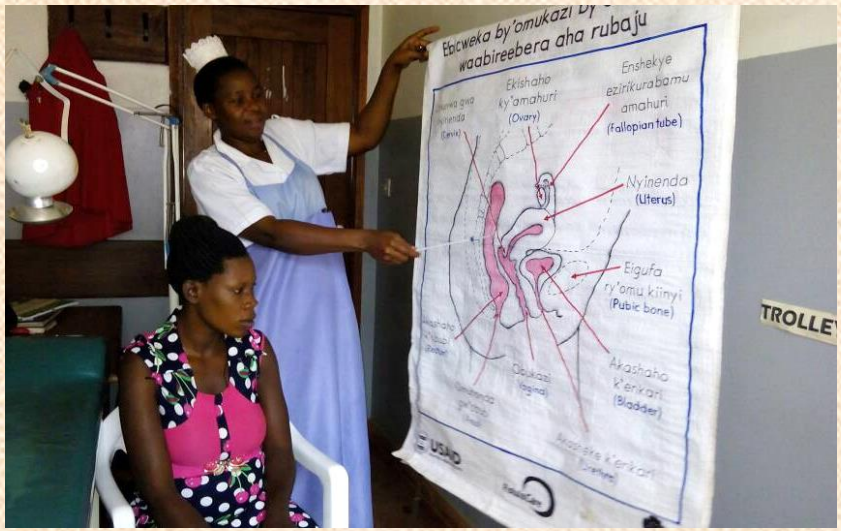
Hoima Regional Referral Hospital (RRH)

- Public hospital
- Located in Western Region, which has highest fistula prevalence in country
  - Estimated fistula prevalence of 4%, compared to 2% nationally
- Supported by EngenderHealth since 2012
- Substantial health care worker shortages at Hoima RRH
  - As of March 2011, 251 out of 337 staff positions were filled, leaving 85 positions vacant



Rationale for Fistula Screening Task-Shifting

- Given high patient-to-doctor ratio for specialized conditions, such as obstetric fistula, skilled cadres of health workers, such as midwives, can conduct primary fistula screenings
- Decrease time spent by doctors screening clients to confirm fistula existence
- Increase efficiency of health workforce resources



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Task-Shifting Fistula Screenings from Doctors to Midwives

In 2012, FC, in collaboration with Uganda MoH, supported implementation of a primary screening model managed by midwives at Hoima Regional Referral Hospital

- **Goal**: To reduce the burden on fistula surgeons who perform fistula repair surgeries by promoting task-shifting of screenings to midwives
- 2 fistula trained surgeons couched/mentored 3 midwives on how to conduct fistula screenings of patients with incontinence, building midwives' clinical assessment capacity to screen for fistula

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Task-Shifting Fistula Screenings from Doctors to Midwives (*con't*)

- Training used a mentoring and coaching model and was based on surgeons' knowledge and expertise
- After training, midwives were stationed in the primary screening area of hospital
- Midwives were provided with equipment (e.g. angle lights)
- Before each treatment camp, a one day 'refresher' is held

Methodology

- Reviewed 592 records from patients seeking care at Hoima between 2013-2016
- Compared outcome of primary screening by midwife to surgeons' secondary diagnosis at point of surgical treatment in operating theatre

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Findings

53% of midwives' screening outcomes were found to be accurate

Diagnosis	# patients diagnosed by midwives	# patients diagnosed accurately by midwives (*matched with surgeon diagnosis*)	% of patients accurately diagnosed by midwives
1st degree tear	1	1	100%
2nd degree tear	20	10	50%
3rd degree tear	87	23	26%
4th degree tear	87	69	79%
Cystocele	36	17	47%
RVF	59	28	47%
VVF	247	145	59%
Uterine prolapse	32	19	59%
Stress incontinence	23	0	0%
Total	**592**	**312**	**53%**

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Discussion

- Preliminary analysis demonstrates midwives have the capacity to diagnose with varying competencies
  - Midwives particularly strong in diagnosing 4th degree tears (79%)
- Agreement between surgeons & midwives varied by condition
  - Conditions with < 50% diagnosis accuracy: 3rd degree tears (26%); Cystocele (47%); RVF (47%); Stress incontinence (0%)
- Evidence suggests midwives can develop competencies in diagnosing fistula and other gynecological conditions, if mentored/coached & provided with necessary clinical equipment
- Transfer of expertise, skills, and work-load to midwives in resource-constrained settings can significantly reduce waiting time for clients and reduce patient caseload/backlog

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Challenges

- Few midwives were mentored and coached – not enough with capacity to screen
- On job coaching does not include in-depth characteristics of other gynecological conditions
- Staff turnover – one of the three trained midwives retired
- Experienced midwives taken to build capacity of midwives in other treatment facilities, leaving a human resource gap
- Workload is overwhelming during fistula camp (pooled effort)

Recommendations

- Fistula screening programs should undertake thoughtful consideration for how to build capacity for good-quality screening through task-shifting
  - Research shows that screening with inadequate quality can lead to delays in appropriate care and costs to vulnerable women
  - Programs promoting task shifting must be designed carefully to avoid amplifying this problem, while trying to make screening more efficient
- Develop and roll out a tailored curriculum for midwives to address the human resource gap that exists for specialized conditions like obstetric fistula
- Conduct further research into task-shifting to understand feasibility from all stakeholders – policy makers, implementers, and beneficiaries
- Development partners should support such innovations to address existing human resource gaps

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Acknowledgements

- Uganda Ministry of Health
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- EngenderHealth – NY and Uganda
- Hoima Regional Referral Hospital staff, especially midwives & fistula surgeons

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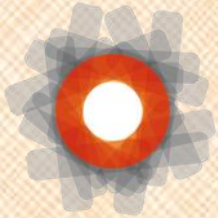
Fistula Care Plus Partners



Maternal Health Task Force