

OEP6334

Care-seeking for maternal morbidity in Northern Nigeria: A qualitative study

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Introduction Historically, maternal morbidity within community settings has been a neglected domain of safe motherhood relative to maternal mortality. Consequently, very little is known about how women and their families seek care for maternal ill-health, which significantly influences health outcomes. This study aimed to identify care-seeking behaviours for maternal morbidity in a region bearing a high burden of maternal health issues.

Methods We conducted seven focus group discussions, 21 in-depth interviews and 10 family interviews between December 2015 and June 2016 in Yola, North-east Nigeria. Married women who gave birth within the past two years were sampled purposively from the community to include a range of socio-demographic characteristics and morbidity status. All sessions were semi-structured and audio-recorded. The focus groups and in-depth interviews were transcribed. Data were analysed thematically at both explicit and latent levels and organised in NVivo 10.

Results Women and their families managed maternal morbidities at home or through the formal health system. At home, they used regimens obtained from lay knowledge, traditional sources or pharmacies. For women who had home deliveries, delayed placental expulsion came out strongly as a morbidity that families would initially manage at home using a number of improvised strategies. Traditional medicine was used for therapeutic reasons and for morbidities perceived as having a spiritual cause, which were seen as undiagnosable and untreatable by doctors. Care was also sought in health facilities and, in a few cases, a health personnel was summoned home to provide care with interventions such as drips, injections and drugs. Factors that determined which care-seeking options were used included severity of the morbidity, familiarity with the morbidity and/or treatment, perceived cause of the morbidity, affordability and perceived efficacy of the option; perceptions of severity and familiarity were key drivers of seeking medical care. Educational level, age and gravidity/parity also influenced care-seeking. Approaches to care-seeking included usage of: one option exclusively, different options in a step-wise fashion, multiple options simultaneously.

Conclusion Care-seeking for maternal morbidities is varied, with several patterns of care-seeking behaviours. As women and their families act promptly on morbidities deemed severe, changing perceptions of severity could therefore improve care-seeking and health outcomes. A step-wise usage of options implies that women may delay care-seeking and eventually reach health facilities too late. Certain home-based treatment strategies raise important safety concerns. Exploring maternal morbidity within community settings provides valuable insights that would have been missed in a facility-based study.

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How do women feel about having diabetes in pregnancy– an evaluation

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Objectives To understand antenatal women's experiences of having a diagnosis of diabetes and how they feel lifestyle and monitoring recommendations affect them.

Methods Pregnant women in a combined obstetric endocrine clinic with a diagnosis of diabetes (from May 2017) were asked to complete an anonymous questionnaire assessing their experiences of having diabetes in pregnancy managed in accordance with NICE guidelines

Results The questionnaire was completed by 100 women; 85% ($n = 85$) had gestational and 15% ($n = 15$) pre-existing diabetes. Only 5% ($n = 5$) had not made changes to their diet following review in the clinic, with 62% ($n = 62$) making substantial changes to their diet. The cost of food shopping was the same or less for 66% ($n = 66$) and 73% ($n = 73$) reported that their family were eating more healthily. 52% ($n = 52$) of women were exercising more following the advice received. When asked about their experiences of capillary glucose testing during pregnancy, 44% ($n = 44$) reported they felt pressure to have perfect readings in their diary and 24% ($n = 24$) admitted to 'made up' entries. Reasons for making up readings included concern that the readings were too high and that readings had been missed. Overall, 35% ($n = 35$) of women reported that they thought about their diabetes often and were worried about it.

Conclusion The impact of lifestyle changes, monitoring and treatment strategies for pregnant women that develop diabetes is substantial and affects the wider family. Evaluation of the experiences of women in individual units is imperative to ensure an optimal holistic approach to the care provided.

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Recovery after gynaecological surgery

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Aim To review the outcomes of patients after elective major gynaecological surgery using current preoperative protocols in a tertiary hospital. With reference to enhanced recovery after surgery (ERAS) protocols, we seek to modify perioperative pathways to improve the outcomes as a prospective study.

Methods All elective major gynaecological procedures for September 2017 in Kandang Kerbau Hospital (KKH), were reviewed for their preoperative ASA status, haemoglobin level, co-morbidities. Postoperative outcomes in terms of duration of hospital stay, complications during and after their hospital stay, and readmissions were looked into to help stratify potential areas