

# Overcoming Delays in the Treatment of Obstetric Hemorrhage: A Qualitative Study of the Non- pneumatic Anti-Shock Garment (NASG) in Nigeria

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# How can we overcome delays in the application of the NASG in facilities in Nigeria?

# Research Question

*How do patient and provider perspectives on the NASG affect delays in application?*

# Study Design: Focus Groups and Semi-structured Interviews

- Providers
- 7 facilities in Kano, Nigeria
- 10 Focus Groups/ 134 providers
- Semi-structured focus group guide
- 5 provider semi-structured interviews
- Patients and Families
- 3 facilities in Kano, Nigeria
- 6 patients, 4 family members
- Semi-structured interviews

# Qualitative Analysis

- Mixed qualitative methods
  - Grounded Theory
- Coding and retrieval
  - Atlas ti.
  - By hand
- Theoretical Framework: Diffusion of Innovation

# Provider Demographics

**Table 1a. Demographics Characteristics of Study Participants (n=134)**

Demographic	Doctors	Nurses	CHT/Substaff	Total
Attendance (Range=3-27)	38 (32.7%)	80 (58.1%)	16 (9.2%)	134 (100%)
Men	28 (73.7%)	6 (7.5%)	0 (0%)	34 (25.4%)
Women	10 (26.3%)	74 (92.5%)	16 (100%)	100 (74.6%)
Ave Age (Range=25-52)	35.3±3.8	40.3±2.6	39.5±5.7	38.1±3.0
Ave Yrs of Training (Range=3-24)	7.1±0.8	4.8±0.9	13.6±13.0	6.3±2.1
Ave Yrs in Profession (Range=0.83-32)	7.0±2.6	18.6±4.0	13.2±6.0	13.5±4.5
Ave Yrs at Facility (Range=0.08-29)	3.7±2.7	8.1±5.0	8.6±5.7	6.2±3.4

# Provider Focus Groups Results :

## *WHY are there DELAYS in Application?*

- Family resistance needs to be overcome
- Providers do not use it or see it being used often enough to instinctively use it
- Sometimes there are not enough NASGs for all patients needing them
  - "Sometimes providers tend to have so many patients that it escapes your mind that you are so busy. You are trying to resuscitate like three or four dying patients at the same time. It escapes your mind to use the garment. By the time you already remember it, the woman is already being resuscitated with IV fluids and you might think maybe ok she's getting better now, I might wait for the next woman who needs the garment"
- Not enough staff are trained because trainings are not held frequently enough
- Staff need retraining and supportive supervision





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# Patient Interview Results:

- Many patients think the NASG is too hot and too tight.
- Patients said they should be informed about why the NASG is being used as soon as possible (before application, or when revived from shock).
- Patients suggested that lack of knowledge about the NASG caused delays and suggested that:
  - Patient NASG education is necessary antepartum so that patients know what to expect.
  - Relatives of patient should be an integral part of the management of OH with the NASG.
  - Media should be used to increase community awareness of the NASG.

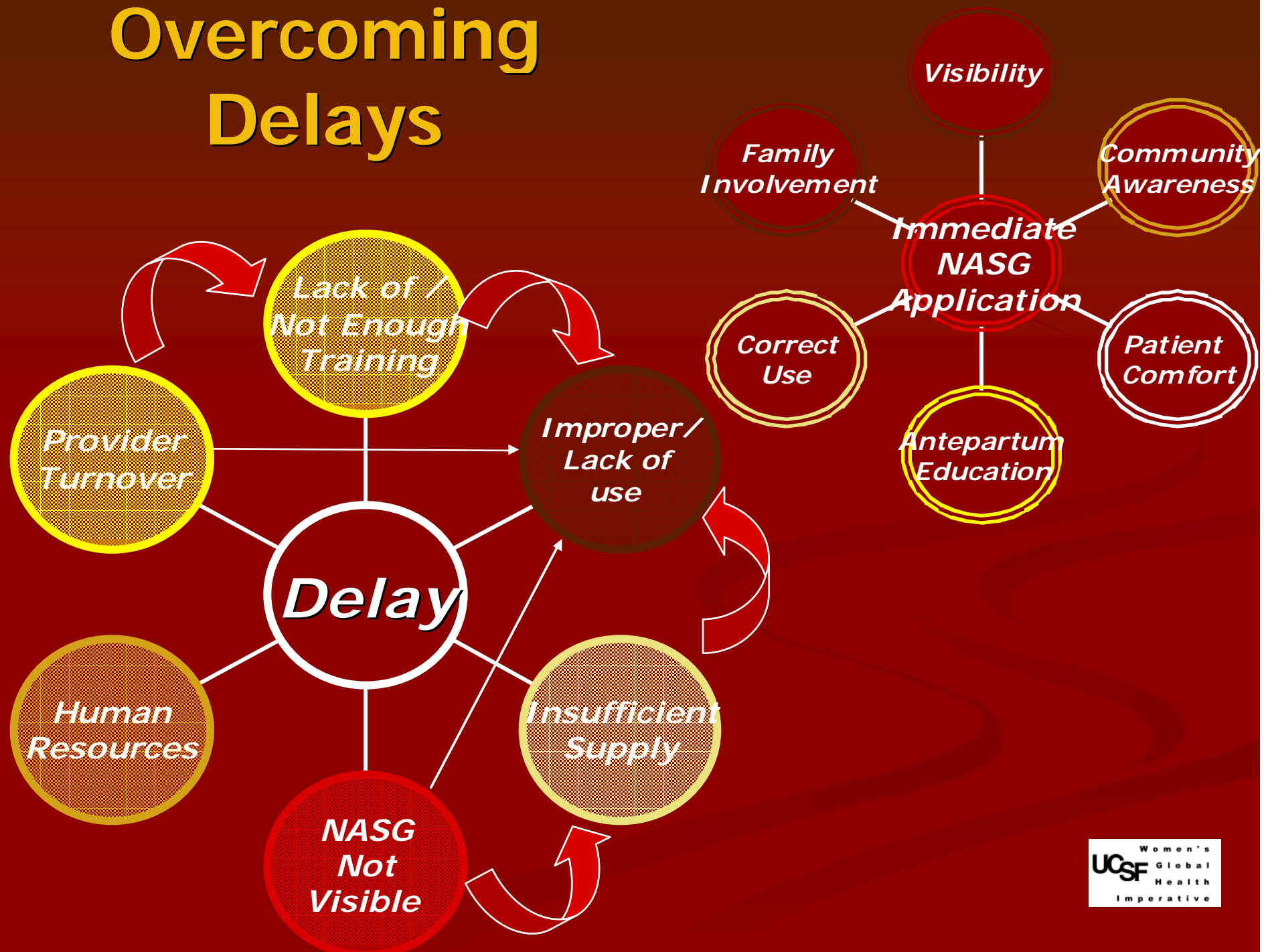
***“I felt I was tied very tight, but besides that I felt normal.”***

***“I woke up and asked my sister why this was on me, and they said it was because of my bleeding. I asked about my baby and they said that I lost my baby.”***



***“I told the doctor to remove the garment because my stomach was painning me, but the doctor explained that the garment was helping me and not to cry.”***

# Overcoming Delays



# Discussion

How can we overcome delays in the application of the NASG in facilities in Nigeria?

- As with all medical innovations, in order for the use of the NASG to be optimized, it is necessary to evaluate and consider the perspectives of healthcare providers and the community at large.

# Recommendations

- Media campaigns
- Community outreach and involvement
- Integration of the family into use of NASG
- Adequate supply of NASG
- Trainings and re-trainings
- Supportive supervision

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