

Acceptability of the NASG for Management of Obstetric Hemorrhage in a Rural Mexican Public Health System

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Global Experiences with the Non-pneumatic Anti-Shock Garment: A New
First Aid Device for Saving Mothers' Lives from Obstetric Hemorrhage

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Maternal Mortality in Puebla and Oaxaca, Mexico

- Higher than national average
- Hemorrhage is first cause of maternal deaths
- Indigenous, poor, isolated communities
- Limited access to health care
- Low use of evidence-based practices



IMSS Oportunidades

- Mexican Institute of Social Security services for rural and economically disadvantaged communities (not enrolled in any form of social security system)
- Network of primary health services (UMR) and rural hospitals (HR)



Study Design

- **Efficacy of NASG (May 2004-Aug 2005)**
 - Low number (n= 20) of enrolled study participants
 - Sub-optimal quality of reporting
 - Possible NASG use without reporting
- **Qualitative exploration of NASG acceptability (Oct 2004- Aug 2005)**

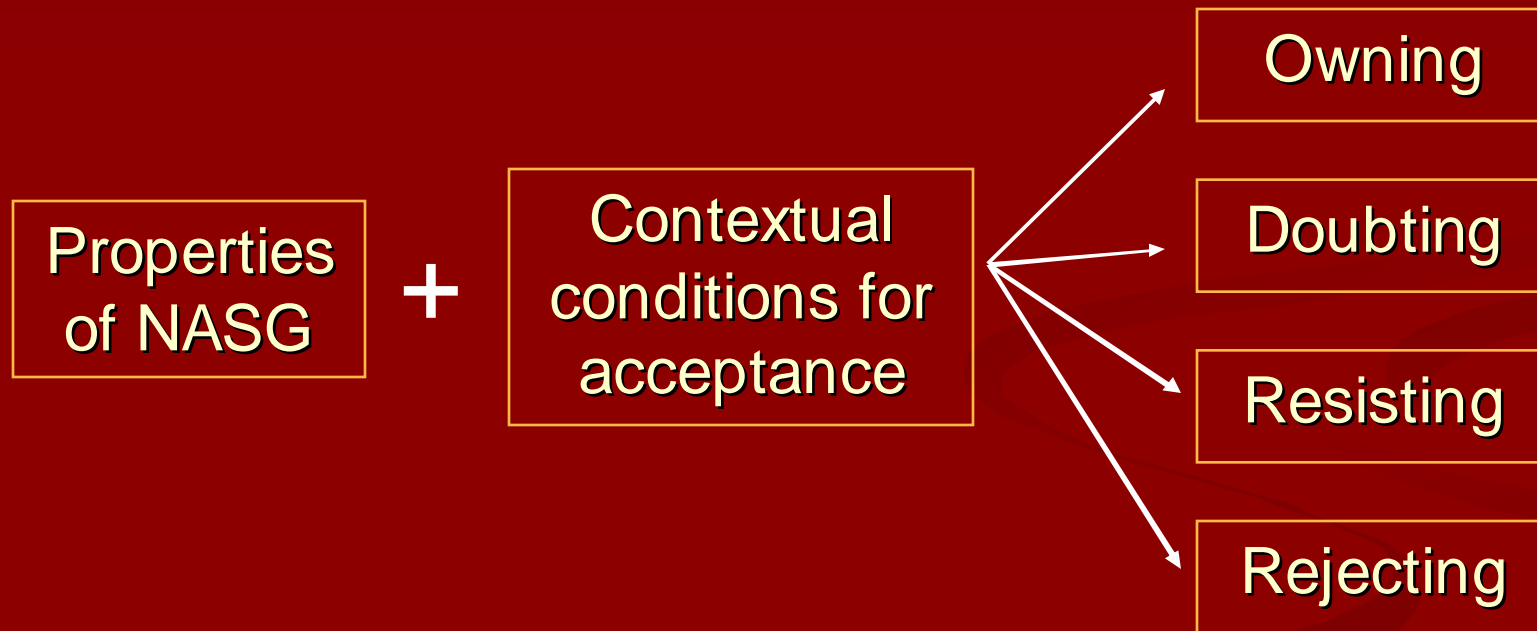
Acceptability of NASG in Mexico: Qualitative study methods

- Semi-structured interviews (n=70) conducted in UMRs, HRs and central offices in Oaxaca, Puebla and Mexico City

Profession	n
Nurse/Auxiliary	10
Medical student	6
General practitioner	15
Specialist (certified or resident)	22
Administration	17
Total	70

Acceptability of NASG in Mexico: Results

Trajectories of NASG acceptance / rejection



Acceptability of NASG in Mexico: "Owning" Trajectory

- Immediate acceptance regardless of understanding mechanisms or witnessing its use
- Most common in UMRs
- Conditions related to UMR that led to OWNING:
 - greater need
 - direct training
 - small facility
 - low staff turnover
 - connectedness to community

Acceptability of NASG in Mexico: “Owning” Trajectory

“...she [the patient] was stable at all times and that made me feel much calmer, and also I felt that the fact she had the NASG on was going to prevent her from further hemorrhage...”
auxiliary nurse in Puebla



Acceptability of NASG in Mexico: “Doubting” Trajectory

- Initial skepticism following the training but witnessing the first case with the NASG resulted in acceptance
- Most frequently observed trajectory
- Conditions that led to DOUBTING:
 - ❖ competing resources
 - ❖ larger facility with rapid staff turnover
 - ❖ type of professional training (medical vs. nursing)

Acceptability of NASG in Mexico: “Doubting” Trajectory

“In the beginning I was very doubtful... I thought: ‘what is this?’ but after getting to know the NASG better, after having experience with it and seeing how patients recover, I think the NASG is excellent,”

a DOUBTFUL HR director



Acceptability of NASG in Mexico: “Resisting” Trajectory

- Opposition using NASG even after witnessing a successful case, acceptance after a series of cases
- Most common in HRs
- Conditions that led to RESISTANCE:
 - hierarchical structure and negative personality traits
 - less open to modifying current practice
 - lack of peer-reviewed evidence that NASG works

Acceptability of NASG in Mexico: “Resisting” Trajectory

HR director commenting on a RESISTANT
obstetrician:

“...he’s been working for many years. He’s old and doesn’t have a good disposition... if we cannot convince our obstetrician, even if our GPs or nurses want to use the NASG, the decision depends on him. What we need is a change in attitude, but that’s going to be hard because he’s been in practice for too long.”

Acceptability of NASG in Mexico: “Rejecting” Trajectory

- A combination of doubting and resistance without ever accepting the NASG
- Typically specialist doctors from tertiary facilities
- Context that led to REJECTION:
 - ❖ “tertiary level mentality”
 - ❖ no training
 - ❖ interrupted or incomplete observations of recovery

Acceptability of NASG in Mexico: “Rejecting” Trajectory

A REJECTING doctor from an MOH tertiary hospital in Oaxaca :

“I don’t know exactly how it works because I have only seen two patients with it. I would have to witness a case where a patient in shock is actually stabilized with the use of the NASG. The patients I’ve seen have been stable when they arrive at the hospital and are not bleeding anymore”

Implications for Implementation of NASG in Health Systems

- NASG, while simple and easy to use, still needs:
 - continuous supportive supervision
 - tailored trainings for different:
 - types of providers
 - patient loads (volume)

Implications for Implementation of NASG in Health Systems

- Necessary to have early attention from influentials to overcome resistance
- Acceptance issues may be overcome as stronger evidence from efficacy trials is generated and NASG is incorporated into pre-service curricula

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