Sharing MITS Results with Mothers and its Impacts on Health-Seeking Behavior and Delivery Outcomes in Subsequent Pregnancy: Findings from CHAMPS Bangladesh

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Background

• The Child Health and Mortality Prevention Surveillance (CHAMPS) network tracks the preventable causes of under 5 child deaths globally.
• 7.7% neonatal deaths and 10.3% stillbirths could be prevented by improved health-seeking behavior: CHAMPS Data
• In Bailakandi, a rural sub-district of Bangladesh, CHAMPS conducts minimally invasive tissue sampling (MITS).
• An expert panel identifies causes of death and preventive recommendations after reviewing all reports & records.
• The results and recommendations, such as using quality antenatal care (ANC) and future health-seeking behavior guidelines, are shared with the mothers.

Objectives

• To assess the changes of pregnancy-related health-seeking behavior and delivery outcomes in subsequent pregnancies following sharing of MITS results and recommendations with mothers.
• To compare ANC care between mothers whose babies underwent MITS and those who had a child death but did not participate in MITS.

Methods

• We enrolled mothers between September 2017 and February 2022 in Bailakandi
  • Cases: Mothers of babies who have undergone MITS
  • Comparison: Mothers who had a child loss in the same facilities within 6 months but couldn’t be approached for MITS and didn’t get information about the cause of death or prevention messages
• Data source:
  • Health and Demographic Surveillance System (HDSS) database
  • Pregnancy Surveillance System (PSS) database
• Data collection procedure:
  • Pregnancy data were collected at the 42nd days of the post-partum period after child delivery.
  • Data were analyzed and summarized in numbers & percentages.

Results

• ANC seeking percentage increased in the subsequent pregnancy among MITS cases mothers than the comparison group, which stayed static. [Figure-3]
• Comparatively Increased adequacy of ANC (≥ 4 visits) & timely initiation of ANC in the subsequent pregnancy of MITS mothers’ group. [Table-1]

Conclusions

• Limitation: Small number of mothers was possible to include. Missing data for some variables among both groups.
• Our preliminary findings highlight coverage and timeliness of ANC increased following result sharing in subsequent pregnancies, and other mothers who did not participate MITS did not have any changes in care.