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Case Study

Standardized antenatal care for a mother with recurrent stillbirths leads to a positive outcome: A case study from Child Health and Mortality Prevention Surveillance (CHAMPS) Ethiopia.

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Summary

Stillbirths remain a global health challenge with serious emotional, medical, and social implications. In Ethiopia, stillbirth rates are among the highest in the world. Studies attribute the persistence of these losses to several factors, including poor access to healthcare, untreated infections, maternal health complications, and socioeconomic inequalities. Proven interventions include early access to good quality antenatal care (ANC), promoting delivery by skilled birth attendants, and offering mental and health support to families with a prior stillbirth.

The Child Health and Mortality Prevention Surveillance program in Ethiopia facilitated linkage to care for mothers with recurrent stillbirths through its Data-to-action initiative. In subsequent pregnancy, the mother is assigned to a feto-maternal specialist for close monitoring of her health and that of the baby. Regular ANC check-ups, blood pressure monitoring, nutritional counselling, grief counselling, advanced ultrasound screenings and transportation costs are covered by the program.

This comprehensive care has resulted in reduction of subsequent stillbirths for mothers enrolled in this programme. Scaling up these focused interventions in Ethiopia may result in significant reductions in the number of stillbirths.

Introduction

Recurrent stillbirth, which refers to the repeated loss of pregnancy after 28 weeks, is a global health challenge with serious emotional, medical, and social implications. Annually, 2 million pregnancies worldwide end up stillborn, with a significant burden in low-income countries, particularly in regions like sub-Saharan Africa and South Asia (1). Conditions such as gestational diabetes, hypertension, and infections increase the risk of stillbirth. Managing these risks, alongside improving maternal healthcare and access to prenatal services is crucial in reducing stillbirth rates in resource limited settings with stillbirth rates.

Interventions that reduce stillbirths include improving prenatal care, promoting delivery by skilled birth attendants, and offering mental health support to families experiencing loss. Monitoring maternal health closely in subsequent pregnancies after a stillbirth is essential, as the risk of recurrence can remain elevated without specialized care.

Objective

Through the CHAMPS data-to-action programme, CHAMPS supported women with recurrent stillbirths to access high-quality antenatal care.



Intervention

CHAMPS Ethiopia facilitates linkage to care for women with recurrent stillbirths through its activities in Data-to-Action (Impact and Engagement). Once a woman with recurrent stillbirths is identified, she is counselled to enroll for ANC during her subsequent pregnancy and linked to the appropriate health facilities facilitated by CHAMPS. Women are linked to a health facility for regular ANC follow-up, assessment, and support. Transportation costs to and from the health facilities, fees for checkups, and prescription medication are covered by CHAMPS Ethiopia.

A Case Example

Mawerdi*, a 28-year-old woman from Negaya Kebele, Haramaya, Eastern Ethiopia, had faced significant heartbreak in her quest to become a mother. She had experienced four pregnancy losses, from six pregnancies over a 5-year period. Mawerdi's repeated losses affected her emotionally and raised concerns about her reproductive health. The stigma surrounding stillbirths in her community added to her distress, as she faced judgment from others who were unaware of her struggles.

“During casual incident [Whenever we had an argument], my neighbours voiced against [ridiculed] me saying ‘our land got full of burying your stillbirths’ but now I smile when I saw[see] those people. I do not want to hold grudges against anyone; thanks to Allah and CHAMPS my sad days are over now.”

Support provided for Mawerdi¹

Medical Investigation and Support

- Upon receiving informed consent from Mawerdi to conduct MITS after her fifth pregnancy ended in a stillbirth, the program analyzed all relevant samples to determine the cause of death of her child.
- The CHAMPS decode results indicated intrauterine hypoxia as the cause, primarily due to preeclampsia—a hypertensive disorder in pregnancy. After communicating the cause of death to the family, the program linked Mawerdi to a private maternal & childcare clinic for further investigations and a complete health check.

¹Name changed

Antenatal Care (ANC)

During Mawerdi's ANC journey, several conditions were identified and managed to ensure the safety of both the mother and her fetus. She had a history of hypertensive disorders (preeclampsia and eclampsia), which posed significant risks for her current pregnancy. To address this, her doctor prescribed aspirin, which she took throughout her pregnancy to prevent pregnancy-induced hypertensive disorders. In the later stages of pregnancy, fetal growth restriction was observed. The physician closely monitored mother and child, and she was referred to Hiwot Fana specialized comprehensive university hospital for delivery to ensure the baby's safety.

Additionally, moderate anemia was diagnosed and treated with iron supplements, while an infection was managed using antibiotics. To further support her health and the baby's development, Mawerdi was also given folic acid and monthly vitamin supplements to prevent neural tube defects and for healthy fetal growth. Recognizing the psychological impact of her past experiences, Mawerdi received emotional support through grief counseling.

“Regular ANC follow-up was the key contributing factor. High-risk mothers—those with conditions like diabetes, preeclampsia, or eclampsia—can achieve safe deliveries with consistent ANC follow-up.

Identifying risk factors early and intervening promptly can save both the mother and child.” A word from the Feto-Maternal specialist who managed Mawerdi's Case. These targeted interventions, combined with regular ANC follow-ups, led to the successful delivery of a healthy baby.

Impact of interventions

As a result of the comprehensive care, Mawerdi successfully carried her pregnancy to term. On May 28, 2024, she gave birth to a healthy baby girl by cesarean section. Her journey inspired change within her community. Currently, she actively teaches her pregnant neighbors about the importance of regular ANC follow-ups to ensure a healthy outcome for the mother and her baby.

Mawerdi's baby was fully vaccinated as per the national vaccine schedule, and exclusively breastfed.

'Throughout my pregnancy, I didn't pay for anything—not for the doctor's visits or the medications. CHA [CHAMPS] provided everything I needed, including transportation from my village to the clinic and back. Whenever I ran out of pills, I would call them, and they would send more right away.'

- A word by Mawerdi, translated from her local language.

Lessons learned

The intervention demonstrated that:

1. It is possible to provide comprehensive pregnancy and reproductive health and support in rural Ethiopia at a minimal cost.
2. These proven interventions targeted at high-risk women can result in significant reductions in stillbirth rates
3. Financial barriers hinder women from accessing ANC; by covering costs associated with prenatal care, CHAMPS ensured that Mawerdi could access necessary medical services.

Recommendations

The lessons learned from Mawerdi's case highlight the multifaceted approach needed to support women with recurrent stillbirths. By integrating holistic care, addressing financial barriers, fostering community engagement, and empowering pregnant women through educational community based programs can significantly improve maternal health outcomes.

References

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