

Co-design Workshop Approach: Barriers and Facilitators of Using IV Iron in Anaemic Pregnant Women in Malawi - A Qualitative Study

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Abstract : Background: Anaemia has significant consequences on both the mother and child's health as it results in maternal haemorrhage, low childbirth weight, premature delivery, poor organ development, and infections at birth and hence the need for treatment. In low-middle income countries, anaemic pregnant women are recommended to take 30 mg to 60 mg of elemental iron daily throughout pregnancy which are often poorly tolerated and adhered to. A potential alternative to oral iron is intravenous (IV) iron which allows the saturation of the body's iron stores quickly. Currently, a randomised controlled trial on the Effect of intravenous iron on Anaemia in Malawian Pregnant women (REVAMP) is underway. Since this is new in Africa and Malawi is the second country to implement it, its acceptability to both the providers and end-users is not known. Suppose the use of IV iron during pregnancy would be acceptable in Malawi, it could change how we treat and manage pregnant women with anaemia and be scaled up throughout Malawi to improve maternal and child health. Objectives: To identify the barriers and facilitators of implementing IV iron in the Malawian healthcare system and identify 'touchpoints' and co-develop strategies to support and inform the implementation of the trial Methodology: A qualitative study was conducted with policymakers, government partners, and health managers through in-depth interviews to identify barriers and facilitators relating to the implementation of IV iron in the health system of Malawi. From the interviews, touchpoints were identified that formed the basis of the discussion in further discussing the barriers and suggested solutions in the co-design workshops with the community members and the health workers, respectively. We purposively recruited 20 health workers (10 male, 10 Female). 20 community members (10 male, 10 female) were recruited randomly. Data was collected through group discussions and interactive sessions and was recorded through audios, flip charts, and sticky notes. We familiarized ourselves with the data and identified themes. Results: Two co-design workshops were conducted with different community members and different health worker carders. Identified individual factors included lack of knowledge about anaemia, lack of male involvement, the attitude of health workers and patient non-compliance with appointments. Community factors included myths and misconceptions about IV iron, including associating the use of IV iron with vampirism and covid 19 vaccination. Health system factors identified were a shortage of staff and equipment, unfamiliarity with IV iron and its cost. Discussion: The use of IV iron, as suggested by the community members and health workers, demands civic education through bringing awareness to end-users and training to providers. Through these co-design workshops, community sensitization and awareness, briefing and training of health workers and creation of educational materials were done.

Keywords : acceptability, IV iron, barriers, facilitators, co-design

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