DLHS Research Snapshot
Cheryl Moyer, MPH, PhD, Works on Maternal & Newborn Mortality in Ghana

“My work aims to identify and address some of the non-medical factors that can impact survival for mothers and their newborns in sub-Saharan Africa, specifically Ghana.”

The Problem: While the clinical and biomedical causes of death in mothers and babies in developing countries is understood, less is known about the underlying social and cultural factors that can make the difference between dying and surviving. Healthcare providers knowing how to resuscitate a newborn is not enough to move the dial on newborn mortality in the face of high rates of home deliveries, norms that steer families to traditional medicine providers, and mores that prevent women from seeking newborn care without their husband’s or extended family’s permission.

The Promise: In the future, clinicians and the global health community will appreciate the importance of addressing social and cultural factors alongside biomedical solutions.

The Project: PREMAND (PREventing Maternal And Neonatal Deaths) is a recent study done in rural northern Ghana. Moyer’s team prospectively identified all maternal and newborn deaths and “near-misses”- those who nearly died but ultimately survived a life threatening event. Extensive information was recorded on not only the biomedical features of each event, but also the social and cultural factors surrounding the event, a technique called “social autopsy.” This attempts to unpack the social and cultural factors that play a role in maternal and newborn outcomes.

Preliminary analysis suggests that women having the strongest voice in decision making regarding whether or not to seek care for a sick newborn can significantly impact a baby’s chance of survival, even after controlling for distance to facility, education, and a host of other factors that would seem to be important in predicting outcomes. These and other findings will be cycled back to the Ghana Health Service.

Learning Health System in Action: By engaging with the global community and expanding understanding of social and cultural ‘predictors’ of poor maternal and newborn outcomes, that information can be fed to the providers, who can then be trained to take these factors into account. Robust community feedback via the use of local ‘durbar’ – where the entire community gathers to discuss issues – has already been an essential vehicle for sharing PREMAND’s preliminary findings on the importance of the maternal voice directly with the communities themselves.

The Bottom Line: Improving maternal and newborn outcomes in sub-Saharan Africa requires more than biomedical interventions, but instead demands a multi-faceted approach that includes community members and a deep understanding of locally-relevant social and cultural factors that impact who lives and who dies.

Cheryl A. Moyer, MPH, PhD is Associate Professor of Learning Health Sciences and Associate Professor of Obstetrics and Gynecology – University of Michigan

KEY WORDS
Near-misses
Neonatal
Maternal
Community
Prevention
Empowerment