KENYA WORKSHOP 1 ON STRENGTHENING EVIDENCE BASED MIDWIFERY PRACTICE

OLIVE GARDENS, NAIROBI

02-04 SEPTEMBER 2013
INTRODUCTION

This is a report of the first in a series of four workshops aimed at building the capacity of Kenyan midwives in area of research. It is anticipated that by the end of the project period participating midwives will have developed research skills and begin to enhance evidence based practices at their work settings. This workshop introduced participants to the concept of research, how to develop research questions, how to conduct literature reviews and how to critique research works.

The discussions in this workshop also appreciated the barriers to change but participants were encourages to slowly but progressively develop strategies to utilize research findings in their practice.

About the Participants

Twenty midwives with different levels of experience were drawn from across the country to participate in this project. Out of the twenty, three were identified to spearhead research activities in Kenya with support from their facilitators.

Workshop format

A variety of methods were used to deliver the workshop. Group activities, large group discussions and presentations by facilitators were employed.

The Facilitators

The facilitators for this workshop included:

1. Prof. Tina Dame Lavender- Professor of Midwifery at the University of Manchester
2. Prof. Grace Omoni- Professor University of Nairobi, Director School of Nursing and also Chairperson of LAMRN.
3. Dr. Sabina Wakasiaka- Senior Lecturer University of Nairobi
Day 1: 2nd September 2013

Session 1: Introduction and welcome remarks

Dr. Sabina Wakasiaka did the welcome remarks. She took the opportunity to welcome all the participants to the workshop. She was also glad that all those from out of Nairobi had arrived safely.

After praying as requested by one of the participants, she led the midwives into an ice breaking activity.

Rules and regulations

Participants agreed on the following rules and regulations to guide the smooth running of this three day workshop.

- All participants should have their phones on silent.
- Have mutual respect for each other.
- Respect time and the time keeper was Anne Nendela
- Have an energiser when people’s energy levels are low.
- Prayer at the beginning and at the end of the day.

Session 2: Introduction of LAMRN

Prof. Grace Omoni took the opportunity to share with the participants about the history of the Lugina Africa Midwives Research Network (LAMRN), the progress made to date and what is expected for the future. She said that the network began in the 1990s as Africa Midwives Research Network (AMRN). Many countries in Africa were members but eventually some countries in the region pulled out due to various reasons. Helen Lugina was one of founding members of AMRN. She worked tirelessly for years to keep the network running. AMRN got small grants to train midwives in research. When the network got a grand for two years from Department for international Development (DFID-UK) it was agreed that it should be re-launched as LAMRN in memory of Dr. Helen Lugina who passed away in 2007.

At this point there was a moment of silence in remembrance of Helen Lugina.

Prof. Omoni explained that with this grant LAMRN is back and energised and we are ready to build the capacity of midwives in Africa through training in research. Currently LAMRN draws its membership from six countries namely; Kenya, Malawi, Tanzania, Uganda, Zambia and Zimbabwe.

During this project period, participants learned that there will be four workshops in each of the six countries. The twenty midwives who have been selected in each country will be part of this project for the two years. They will undergo training in the four different workshops. Out of the 120 Midwives, 18 will be selected after the first workshop to prepare research papers which will be published and presented during the midwives conference which will be held in January 2015.

In conclusion Prof. Omoni once again welcomes the midwives and urged them to grab this opportunity and take the training serious as it will support them in their role as a practitioner. At the end of the two years it is hope that the midwives will be more confident and experienced to make decisions in their labour wards instead of shifting this responsibility to doctors.
Session 3: About the LAMRN program

Prof. Tina Dame Lavender then took the time to explain the details for the LAMRN project to the participants. She emphasized that LAMRN is not a new entity; there is a rich history behind it which forms a good foundation for now and in the future.

She noted that the goal of LAMRN is:

“To develop a thriving, collaborative, sustainable, midwifery research network with the capacity and skills to strengthen evidence-based practice thus improving care for women and babies”.

The project objectives are as follows:

1. To identify research priorities based on Millennium Development Goals (MDGs) through a Delphi approach.
2. To use the priorities to conduct research activities alongside training.
3. To develop a collaborative research partnership.

Prof. T. Lavender went on to explain the partnership that makes up LAMRN: The partnership is led by a senior midwife in each country, Enid Mwebeza (Uganda), Dr. Margaret Maibolwa (Zambia), Angela Chimwaza (Malawi), Prof. Grace Omoni (Kenya), Dr. Christina Rawdon (Zimbabwe) and Rose Laisser (Tanzania). Selected professors from the University of Manchester will buddy the leading midwife in each country.

She also explained the important roles of the 20 midwives for each country using the following questions that were tackled at as group work.

1. How do you see your role in LAMRN?
2. How will you contribute?
3. What do you want to gain?

Group 1

Role in LAMRN

1. Actively participate in research.
2. Cascading capacity building.
3. Implementing research findings/evidence-based midwifery practice.
5. Resource mobilization for instance for research funds.

Contribution

1. Resource mobilization.
2. Cascading/capacity building on research skills.

Gains/benefits

1. Knowledge, skills and attitude change.
2. Become research champions.
3. Improve quality of care-through Evidence Based Practice.
4. Reduced mortality and morbidity rates.
Group 2

Role in LAMRN

1. To learn
2. Share experience
3. Research an implementation of evidence based practice.
4. To train, mentor and support.
5. To promote the wellbeing of women, families and greater community.

Contribution

1. Mentor and be friends with other midwives.
2. Identify research priorities, publish papers and share ideas.
3. Identifying strengths, weaknesses, opportunities and identify them. Utilise these for benefit.
4. Protocols and policies.

Gains/benefits

1. Experiences, confidence, knowledge and skills.
2. Friendships through exchange programmes.
3. Scholarships
4. Pride, sense of achievement and cascade to future generations.

Group 3

Role in LAMRN

1. Be a change agent.
2. Active participation in the research process.
3. Active networking.
4. Research resource mobilisation.

Contribution

1. Use research findings to improve practice, care and outcome of patient.
2. Share results and provide support.
3. Train others to undertake research.
4. Monitor and evaluate research activities.

Gains/benefits

1. Learn how to carry out/ conduct research.
2. Learn how to use research results to improve practice
3. Gain skills on how to disseminate research findings.
4. Network to improve health for all.

Group 4

Role in LAMRN
1. Participate in identifying research priorities.
2. Conduct actual research.
3. Disseminate our research findings in our facilities and with our colleagues.
4. Train other midwives and impart skills on evidence-based practices.

**Contribution**
1. Conducting the research.
2. Disseminating/implementing research findings
3. Imparting skills to other midwives.

**Gains/benefits**
1. Experience/expertise to conduct research.
2. Reduce maternal morbidity and mortality through evidence-based practice trainings.
3. Access to resources (online materials, journals, mentorship for publications).
4. Funding for the research projects.

**Session 4: Evidence based practice**

The objective of this session was to orient participants on the concept of evidence-based research. Participants did some group work in order to support further understanding and make clarifications on this concept. Group work was guided by the following questions: (1) What is evidence (2) what do you base your decisions on in practice. The following are the results from the five groups.

**Group 1**

**Question 1: What is evidence?**
- Something tangible
- A product of research/investigation.
- Accurate/real
- Precise and tested.

**Question 2: What do you base your decisions on in practice?**
- Experience
- Routine practice
- Research
- Women’s experiences

**Group 2**

**Question 1: What is evidence?**
- A product of research (objective and subjective).
- Scientifically proven information.
- Factual information.

**Question 2: What do you base your decisions on in practice?**
- Evidence.
- Experience
- Tradition
- Culture
- Norms and laws
- Guidelines and policies
- Patients rights and wishes
- Practice (routine)
- Research

Group 3

**Question 1:** What is evidence?
- Something that has been researched scientifically and proven to work (it is safe)
- It is practical and real.
- It can be replicated.

**Question 2:** What do you base your decisions on in practice?
- Experiences (routine and instructions)
- Tradition (the way we usually do it)
- Research findings (AMSTL, BBI, baby friendly initiatives, Prevention of Mother to Child Transmission)
- Clinical guidelines.

Group 4

**Question 1:** What is evidence?
- Proof beyond reasonable doubt that something is real; actually occurred.
- Facts that show on thing works better than another.
- USHAHIDI.

**Question 2:** What do you base your decisions on in practice?
- Experience.
- Acquired knowledge and skills.
- Evidence based practice (AMSTL, shaving, use of enema etc.)
- Research

Group 5

**Question 1:** What is evidence?
- Anything presented in support of a fact, of which may be strong or weak.

**Question 2:** What do you base your decisions on in practice?
- Facts – research findings.
- Experience- through working for many years.
- Consensus – agreement on issues.
- Knowledge and skills
- Standard operating procedures
- Tradition.

While consolidating the discussion, the facilitator defined ‘evidence’ as “information given to establish fact”, “scientific evidence of effectiveness which is the result of rigorous, objective, scientific enquiry”. She said that we need evidence for decision making purposes and to promote best practice. She said that most of the time as midwives we are caught up in our daily routines and we don’t stop to observe what is going on in our work environment. Collecting evidence is about being observant.
“Evidence based practice” (EBP) is an approach to decision making in which the clinician uses the best evidence available, in consultation with the patient, to decide upon the option which suits the patient best. The facilitator noted one important aspect of EBP; that it is about using rather than doing research.

The question “what are the barriers to evidence based practice?”

Following was the feedback from the audience:

- Lack of resources to implement our research findings
- Senior people are the ones who go to big conferences/trainings
- Attitude: Some people don’t like change. If I don’t like the evidence I will not use it.
- Culture: In some cultures men are not supposed to be present when their wives are giving birth.
- Environment is not conducive; e.g. to support companions for woman in labour.
- Ignorance: If you don’t know and you don’t have access to
- Sometimes the evidence itself can be a barrier.

Session 5: Translating evidence into practice

In this afternoon session facilitated by Prof. Grace Omoni, there was a discussion on the practical guidelines and practices that are evidence based that midwives use on a regular. During this session participants engaged in group work guided by the question:

“Identify at least three clinical practices that we employ that are evidence-based”. The feedback presented from the five groups was as follows:

**Group 1**
- Aseptic technique
- Active Management of Third Stage of Labour (AMTSL)
- Birth positions
- Feeding during labour/caesarean section
- Ambulation during labour and after caesarean section
- Retained catheters for patients who have prolonged labour
- Antibiotics to patients with prolonged rapture of membranes
- Kangaroo mother care
- Exclusive breastfeeding for the first six months.
- Administration of Folic acid during Ante-Natal Care.
- Use of partograph.

**Group 2**
- AMTSL
- Lamaze exercises to hasten labour by promoting foetal descent and to reduce pain.
- Deep breathing exercises to reduce pain.
- Aseptic techniques during procedures to prevent infections.
- Administration of ENEMA.
- Catheterisation for mothers with prolonged labour to reduce chances of RVF and VVF.
Group 3

- AMTSL: The evidence says that this prevents PPH
- Use of partograph to help detect and prevent obstructed labour. A partograph detects prolonged labour and checks the status of the baby.
- Kangaroo mother care: This prevents hypothermia for the newborn, increase weight and promotes bonding especially in premature babies.

Group 4

- Rooming in.
- AMSTL
- Partograph use to monitor labour.
- Having a birth companion (relatives of husband) present during labour and childbirth.
- Not restricting women in labour in bed (ambulation)
- Allow comfortable position during delivery.
- Magnesium sulphate (MgSO4) use for PET/E

Group 5

- AMSTL (10 IU oxytocin, delay cord clamping for 2-3 minutes after delivery)
- Use of partograph to assess progress of labour.
- Early initiation of B/F to promote bonding, involution of the uterus and reduce hypoglycaemia.

Session 6: Determining research priorities using the Delphi Technique

Participants learned that Delphi is a structured, systematic, interactive and forecasting process that seeks to establish priority research issues. The main features of Delphi are that it relies on a panel of experts and is aimed at building consensus for successful policy making. It is based on the assumption that group judgements are more valid than individual judgements. In facilitating this session, Prof. T. Lavender explained a set of ten steps for the Delphi process. For illustration purposes she noted that before coming for this workshop participants had received and provided responses to the round 1 questionnaire. Out of the 60 questions presented in the questionnaire midwives were supposed to identify 10 questions which they felt should be given main priority for research. She analyzed the responses in order to determine commonalities. All the questions that were chosen by 10% or less of the participating midwives were removed. After this cut, 43 questions remained. During the workshop participants were given the second round of questionnaire containing these 43 questions. For each of the questions, the participating midwives were to again indicate what they would consider as their main priority research topics. At the end of this process consensus was built and questions 38, 42 and 43 were established as main research priorities for Kenya.

DAY 2: 3RD SEPTEMBER 2013

Session 1: Recap of Day 1

One of the participating midwives, Mrs. Raheli Mukhwana did the recap of day 1’s activities.

Session 2: Narrative Vs systematic review-Overview.

This session was facilitated by Dr. Sabina Wakasiaka and Prof. T Lavender. Dr. Wakasiaka began by presenting a summary of the differences between narrative and systematic reviews. She began by
noting that conducting reviews is an important skill that every researcher must develop. The main differences between the two are that while narrative reviews are broad in scope, systematic reviews are focused in scope and use a more rigorous well defined approach. Narrative reviews do not specify the sources and search criteria; systematic reviews are comprehensive and explicit about their sources and search criteria. While narrative reviews are qualitative in nature systematic reviews are quantitative. Additionally, while any inferences made in a narrative review are sometimes evidence based; in a systematic review any inference made is typically evidence based.

After this introduction participants got into their groups for an exercise guided by the question:

“What skills are required to conduct a narrative or systematic review?”

The following is the feedback from the group activity.

**Group 1**
- Reading skills (scanning, identifying key points and summarizing)
- Critical thinking skills: This is the ability to process thought from a wider perspective to a specific priority area.
- The ability to objectively appraise literature.
- Analytical skills: The ability to process available information, arrive at a conclusion and then take decisive action.
- Good writing skills.
- Grouping and separation skills (of data)
- Questioning skills
- Interviewing skills
- Excellent communication skills.
- Computer skills and specifically ability to search information over the internet.
- Good reporting skills.
- Good listening skills.
- Data analysis skills

**Group 2**
- Patience and commitment
- Skills in critical thinking
- Time management skills
- Computer skills (Accessing databases and conducting internet searches)
- Analysis and data- synthesis skills
- Good reading skills
- Ability to read widely (books journals, guidelines and from the internet)
- A skill in knowing what is relevant and what is not relevant.

**Group 3**
- Academic writing skills
- Computer skills particularly searching for literature online.
- Exploration skills
- Data collecting skills
- Data analysis skills.
- Wider reading skills.
- Critical analysis skills
• Ability to summarize and disseminate findings.
• Statistical skills.

**Group 4**
• Ability to identify a research topic
• Ability to set up objectives.
• Skills to identify relevant literature- journals, books, manuals, websites among others.
• Computer skills
• Skills to draw information from available literature/ reading materials.
• Analytical skills and ability to synthesize the search literature.
• Ability to relate the analyzed data to the research question.
• Writing and reporting skills.

**Group 5**
• Reading skills
• Critical thinking skills (ability to critique and look at issues from different perspectives).
• Analytical skills (attention to details, ability to synthesize information and identify gaps).
• Ability to focus on a research topic.
• Internet skills/ information searching ability.

The facilitator added that the skills a good researcher needs to have in order to carry out a systematic review include:

• Learning how to define topics for exploration: She said that not every issue is researchable.
• A prospective researcher should seek to acquire skills of literature searching and retrieval.
• They should also develop the ability to analyze and synthesize data.
• They should also seek to become adept at writing and reporting.

**Narrative Vs systematic Review-The Process**

This second part of session 2 was facilitated by Prof. T. Lavender from the University of Manchester. She began by noting that before midwives undertake research, it would be important to learn how to conduct systematic or narrative reviews. Reviewing is about searching what research work has already been done in the same field.

As a way of introduction, she then took the participants through the process of developing research topics. The process is as follows:

1. Come up with clear a research question. A way to guide the midwives in coming up with a research issue is to think of the words “what”, “why”, “when”, “how”, “where” and “who”.
2. Then define your methods.
3. State any analytical techniques to be used.
4. Outline your criteria for assessing quality.
5. Then get the work peer reviewed.

The reason why we do a research is because everybody needs good quality information so that patients can make the best decisions about their treatments. It was noted that a systematic review forms the beginning part of the research process and it summarises evidence, assesses the quality of the evidence and provides reliable evidence to guide clinical decisions.
The process for conducting a systematic review is as follows:

1. Have a clear review focus.
2. Plan the review
3. Reduce bias
4. Enhance transparency
5. Be open to reviews from peers
6. Avoid duplication.

Your review should have

1. A title
2. The background
3. The objectives
4. Outcomes
5. Methods used

Participating midwives learned a method of developing a suitable title for their research. (PICO)

**Population**

**Intervention**

**Context/comparison**

**Outcomes**

According to PICO method, once the research issue is clear then define what population is affected by this issue. Examples of populations include: Adolescent girls, the youth, breastfeeding mothers, pregnant women.

After identifying what population is affected by the issue, we must answer the questions

- **“What intervention would we want to have?”**
- **“What condition is it for?”**
- **“What important outcomes do we want to achieve?”**

In order to enhance understanding of the PICO concept, participants got into their groups and looked at questions as selected by the facilitator from the second round questionnaire. From the question they were to:

- Determine the population in question,
- What intervention is to be employed,
- How it applies to their context
- The outcomes to be achieved as a result of the intervention.

**Group 1: questions 22 and 43**

**Q22. “What interventions are effective in supporting male partner involvement in labour care?”**

**P-** Male partners

**I-** Support

**C-Labour care**
O-Male involvement

Q43. “Does focused antenatal care (FANC) improve clinical outcomes?”

P- Pregnant mothers
I- FANC
C- Clinical outcomes
O- improved ante-natal care

**Group 2: question 8**

“What interventions reduce sepsis in intra-partum and postnatal care?”

P- Mothers, women in labour/ post natal care
I- Procedures, treatments, precautions
C- Labour and post-natal care
O- Reduced rates of sepsis, illness, disease, infections and mortality of mothers and babies.

**Group 3: question 37**

“What are the experiences of women after giving birth to a premature baby?”

P- Women, mothers
I- Pre-term birth/ delivery/ pre-term labour before 37 weeks
C- Term birth, mature labour after 37 weeks
O- Experiences, feelings, perceptions, satisfaction levels, impact.

**Group 4: question 38**

“What are women’s attitudes, knowledge and experiences of obstetric fistulas?”

P- Women living with fistula
I- Preventive measure against prolonged labour including catheterization
C- Fistula clinic at Kenyatta National Hospital
O- Improved knowledge and skills for the health professionals including midwives. Women with fistula re-assured.

**Group 5: question 21**

“What do teenagers and young adults in schools know about reproductive health?”

P- Teenagers, adolescents, youth, young adults
I- Knowledge and awareness creation
C- Private/ public schools; rural/ urban schools
Increased levels of knowledge and awareness of reproductive health matters. Utilization of Reproductive health services (family planning, abortion care and safe sex information)

Session 3: Conducting a literature review.

This third session is a build up of the previous session. Once participants had an appreciation for the differences between a narrative Vs a systematic review and how to conduct a systematic review, Prof T. Lavender took them through the process of conducting literature reviews. The purpose of conducting a literature review, participants learned, is to search for evidence to support their research issue. During this session, participants learned the steps involved in conducting a literature review; searching techniques and principles. It was also noted that both published and unpublished research should be looked at during the review. This includes journal articles, books or book chapters, conference papers, documents like policy briefs, for instance World Health Organization (WHO) guidelines, government documents and policies.

Participants listed some of the government policy documents including: Policy on breastfeeding, Prevention of Mother to Child Transmission of HIV (PMTCT) of HIV and cervical cancer screening guidelines. They also listed the challenges that they face in accessing most of these documents. They noted that policy meetings are attended by top managers who are not the practitioners and as a result information is not shared and circulated to the midwives. They also said that while these documents are eventually distributed to hospitals, they are kept in storage or by the registrars. Prof. Omoni advised midwives to be proactive in finding these policy documents and also to educate other midwives who do not get opportunities to attend such workshops.

Participating midwives also learned about where to look for literature; this includes: electronic databases, reference lists, hand searching and citation searching. They also appreciated the use of KEY WORDS a strategy employed to help in narrowing down the search and eliminating irrelevant information.

In concluding the presentation, Prof. T. Lavender took participants through the process of writing down a review. There is a system to it which must be followed by anyone intending to conduct a professional review.

For illustration purposes, midwives got into their groups where using the Cochrane library they used KEY WORDS to find some literature.

Session 4: Critiquing the literature

This last session for this workshop was aimed at creating an appreciation among participating midwives on the technique for critiquing literature. By way of introduction the presentation defined the term critical appraisal as the assessment of evidence by systematically reviewing its relevance, validity and results to specific situations. The purpose of critical appraisal was given, the process of how to critique and an appraisal checklists and tools were shared with participants.

To demonstrate and support understanding, participants were presented with research work that had been carried out and in their groups they were to critic these works. They were to use a tool titled ‘10 questions to help you make sense of randomised controlled trials’. These 10 questions considered the following broad issues that a critical appraisal must look at. 1) Is the study valid? 2) What are the results? 3) Will the results help locally?
DAY 2: 3rd SEPTEMBER 2013

Out of the twenty midwives identified to participate in the project in Kenya, three were selected to spearhead research activities. They include Grace Omollo, Jerusa Omari and Anne Nendela. Raheli Mukhwana was co-opted to the group and will work with Anne Nendela. On day three, facilitators organized a session for them. Prof. T. Lavender outlines the aims of this session as follows:

- Help them select a research topic.
- Identify any training needs.
- To review the past two days to see whether they understood the discussions and to make clarifications.
- Plan on how they would do their literature reviews using key words so that they can access relevant papers only.

She also reiterated that they will get support they need to be able to carry out their research activities especially from Prof. Omoni and Dr. Wakasiaka. They will begin by putting together some research papers for them to refer to. The professors also promised to share ethics forms for them to develop an appreciation for. They will also be supported in publishing their literature reviews in the African Journal on Midwifery and such other platforms.

To this end, it was noted that midwives have a lot of experiences but which is never documented. It was time the state of affairs changed; this is an opportunity for them to share their work and experiences.

**Background of the midwives**

After the brief by Prof. Lavender, each of the midwives presented a short career profile especially as it related to research work. From their presentations it was noted that they each have experience in the area of research, particularly in data collection. They have all been involved in collecting data for other medical professionals who have not recognized their contributions in the past. Grace Omollo and Anne have gone beyond data collection and have been involved in research projects both at their respective stations of work and with other organizations. Jerusa, on the other hand has a lot of data on fistula work that she coordinates at her place of work.

Both Prof. Omoni and Dr. Wakasiaka will be travelling to her region to support fistula work and will provide support to Jerusa especially on analysing the data she has collected. The areas where they also need capacity development are 1) data analysis 2) Ethics and the protocols involved 3) Team work.

They were advised that they should not refuse to work with doctors but they should assert that they should be acknowledged for their contribution. They were also advised to also recognize other people that will contribute to the successful completion of their research work.

Midwives were encouraged to work with others as a team; one could work on the quantitative aspects and the other on the qualitative angle.

**Research themes**

Each of the midwives selected a research theme based on their area of interest.

1. Fistula- Jerusa Omari
2. Focused Ante-natal care (FANC) - Grace Omollo.
3. Impact of free maternity services in Kenya. – Anne Nendela And Raheli Mukhwana
Each of the midwives took time to develop their research question based on what they had learned during the workshop.

1. What is the experience of midwives on the care of obstetric fistulas in Kisii and Nyamira counties?

2. What are the midwives and women’s experiences on focussed ante-natal care in Nakuru Provincial Hospital?

3. What is the impact of free maternity services at Kenyatta National hospital in Nairobi?