

## Background

**Maternal and child health (MCH) remains a major global challenge:**

- 700+ maternal deaths/day; 90% in LMICs
- 80%+ pediatric deaths occur in LMICs
- Sub-Saharan Africa: >50% of <5yo deaths

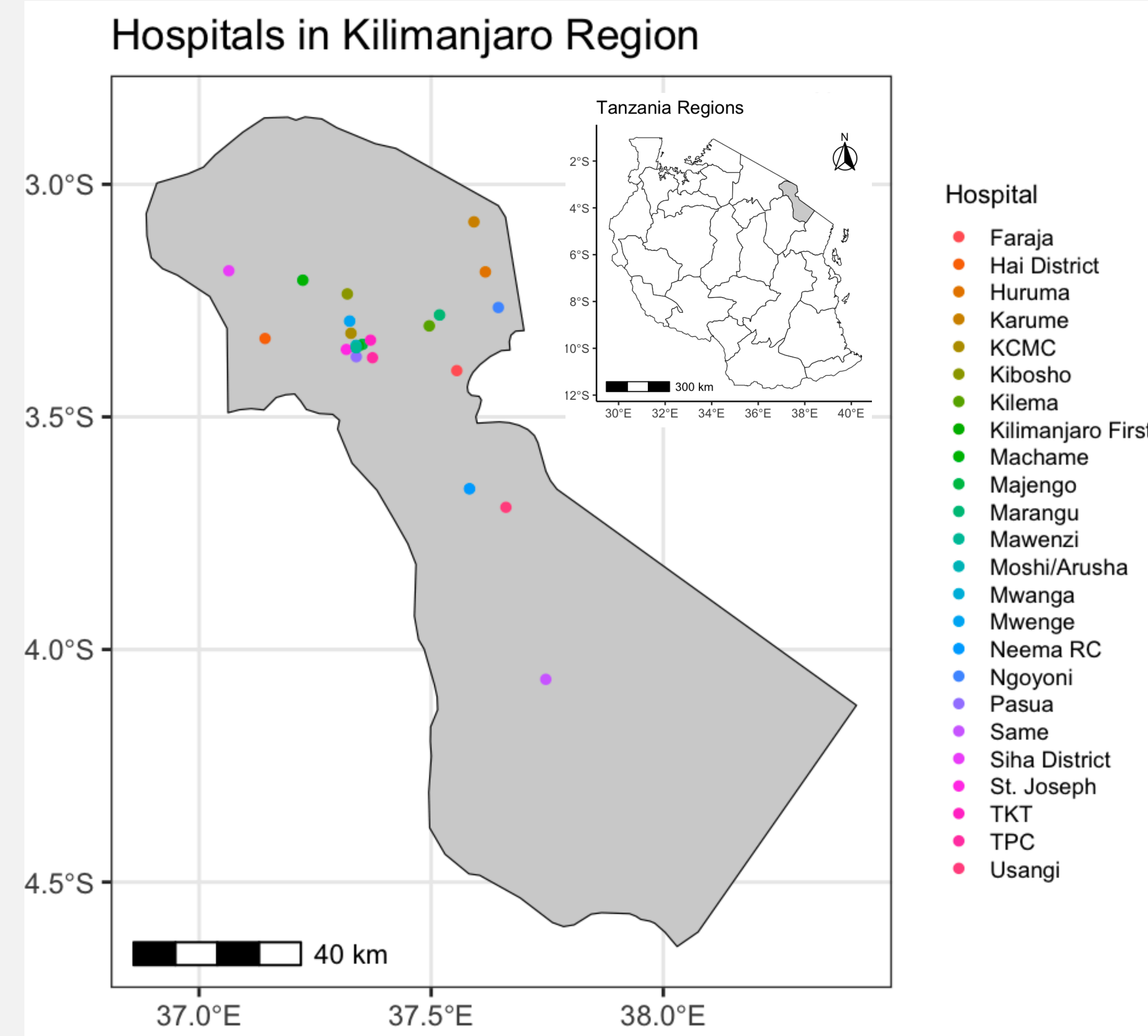
**Emergency departments in these settings face high mortality rates**, and delays in the referral system and limited resources further impact outcomes. These challenges also take a **heavy emotional toll** on healthcare providers, who have little access to support.

**Research Gap:** Limited understanding of the specific barriers in MCH emergencies, including challenges frontline providers encounter, and the support systems available during and following emergencies.

## Objectives

Explore **healthcare workers' experiences managing MCH emergencies** in Kilimanjaro, Tanzania, to identify **structural and emotional** barriers to care, as well as determine areas in which **care and support** can be improved for **patients and families**.

## Setting



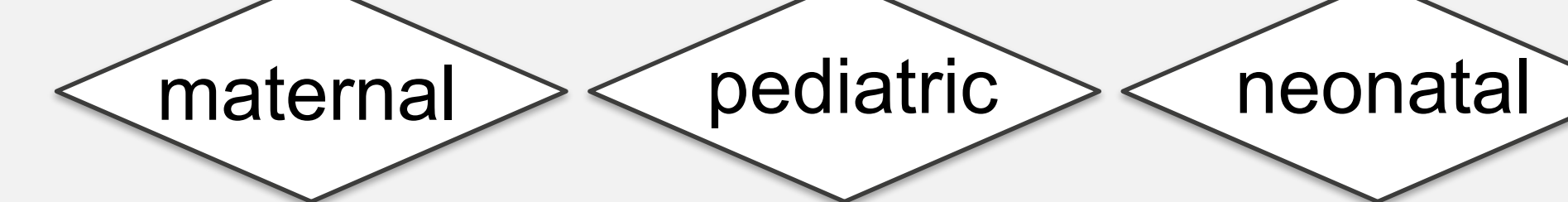
- Both urban and rural populations
- Includes all levels of the health system
- Reflects the diverse geographic, demographic, and infrastructural characteristics of the region
- Follows typical referral pathways

## Methods

**Sites:** 24 facilities (primary, secondary, and tertiary).

**Participants:** healthcare workers with experience in MCH emergencies.

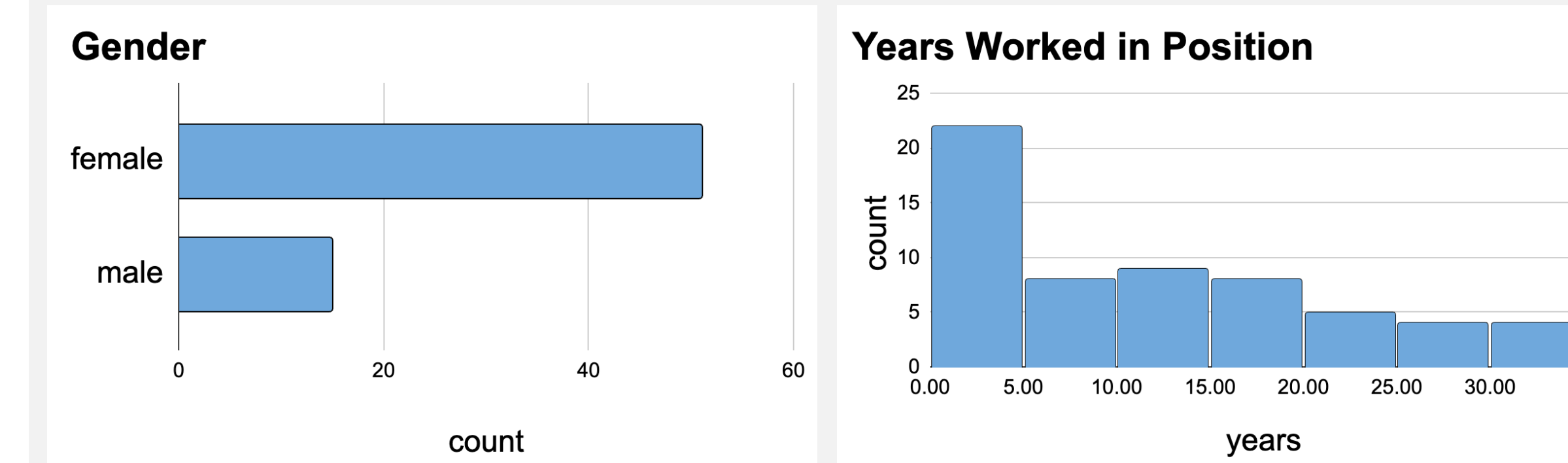
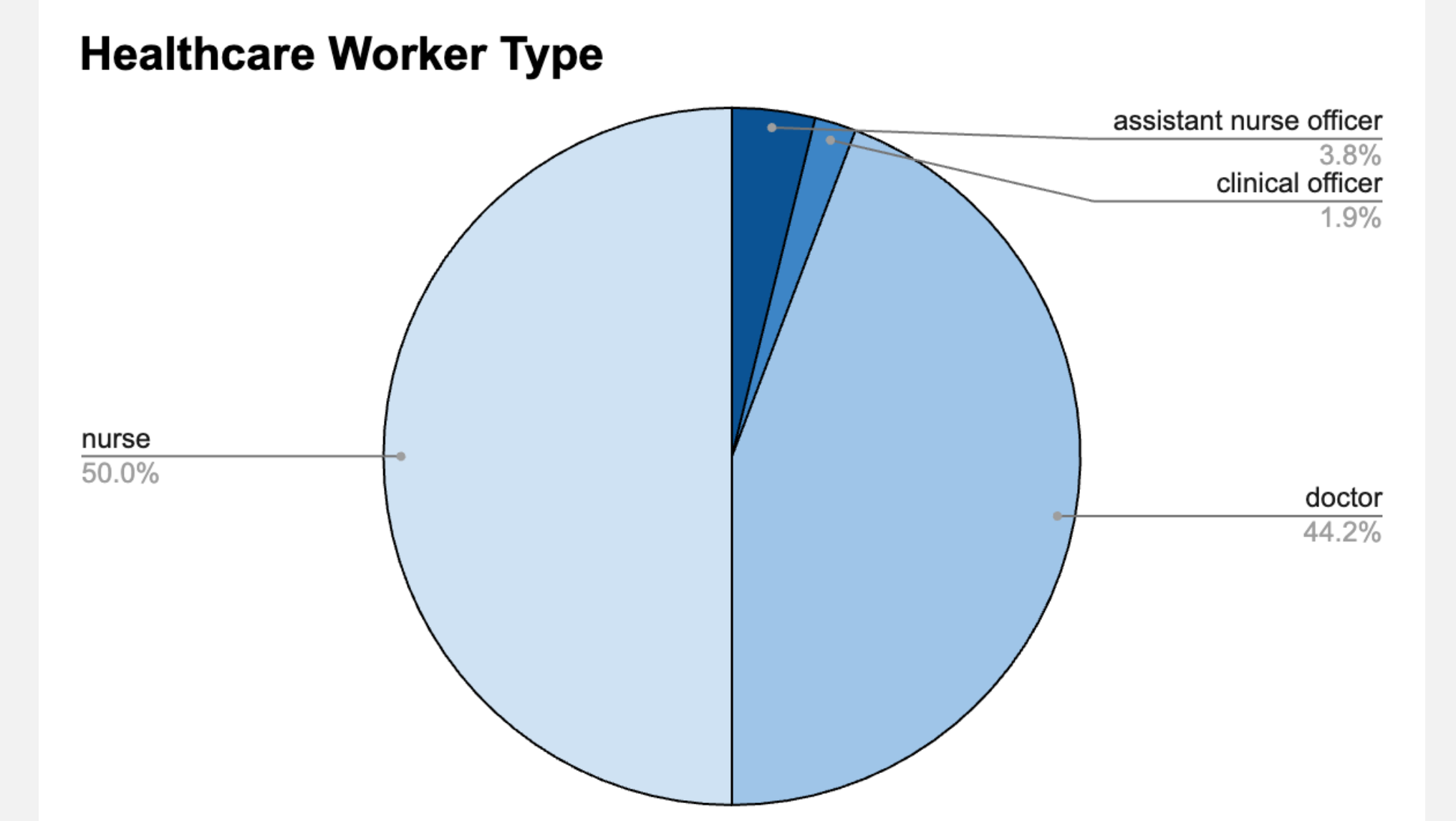
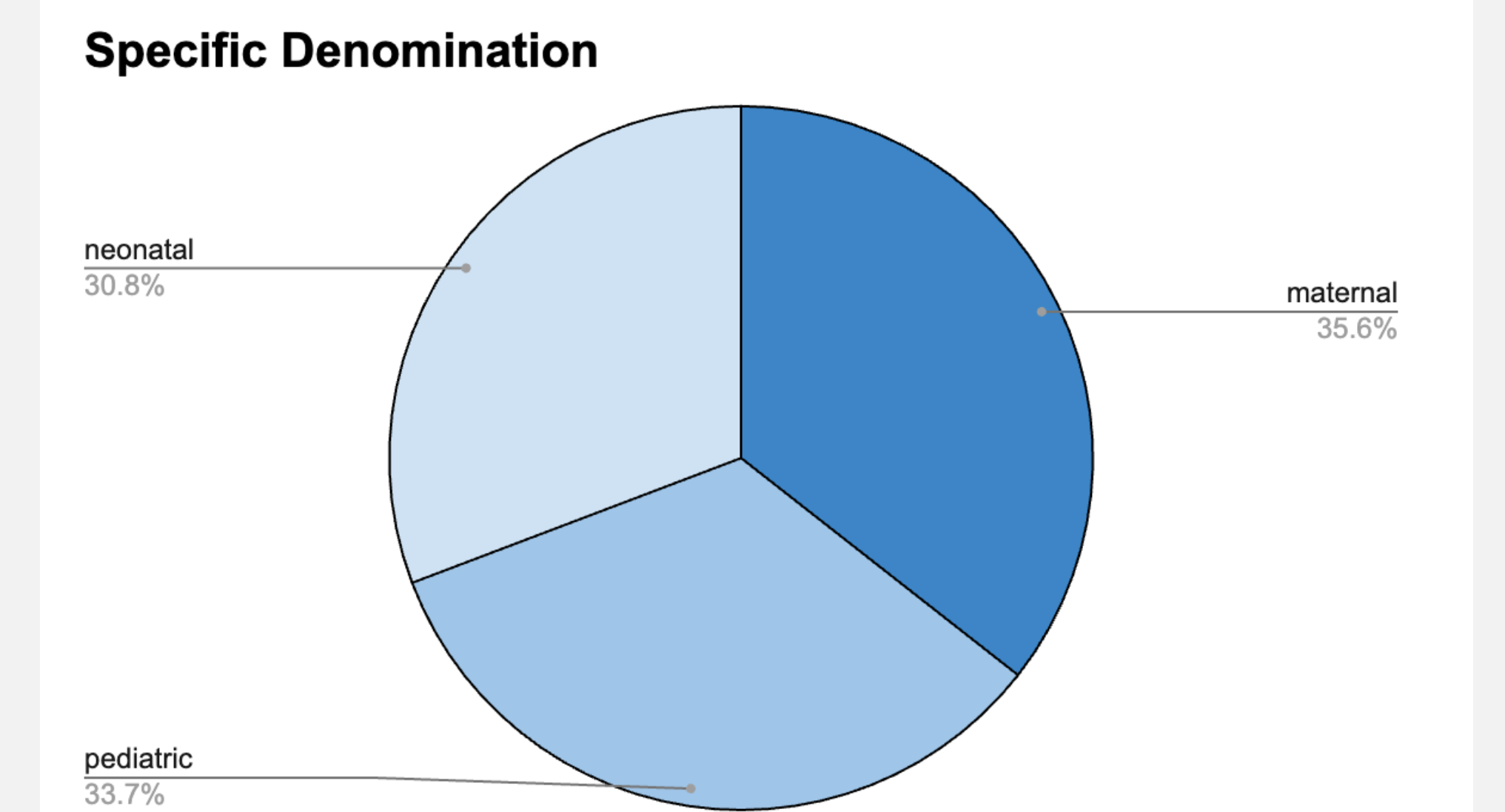
**Design:** Qualitative, semi-structured focus group discussions (FGDs).



**Data Collection:** FGDs in Kiswahili, audio-recorded, transcribed, translated, and de-identified.

**Analysis:** Inductive thematic analysis in Dedoose; team-developed coding framework; illustrative quotes selected.

## Demographics



## Preliminary Results

"We are expected to complete a partograph when monitoring a pregnant woman, but our facility hasn't received any training yet. **Receiving this training would greatly improve our ability to provide quality care.**"

"Many [patients] rely on traditional treatment because of **cost, cultural beliefs, or lack of awareness** which frequently leads to dangerous complications."

"When a patient under my care dies, **I strive to remain composed but internally, it's devastating.** I find myself thinking, 'What if this happened to me or someone close to me?' If there was something I could have done to prevent their death, the emotional weight can make it difficult to continue working that day."

### Resources, Equipment, & Training

### Treatment

### Healthcare Worker Emotional Impact

### Referral Systems

### Death & End of Life Communication

### Support Systems

"To reduce delays in urgent referrals, **M-mama should consider allocating ambulances and drivers daily** to specific facilities."

"We don't have a special room, so after a death of a patient, **we find the quietest available space** whether the doctor's office or an unused room to sit with the family and inform them of what has happened."

"It could be very beneficial if families received psychological support when available. Currently, **there is no reliable place to refer someone** for such help after a loss."

**Preparedness Gaps:** Equipment shortages often require adaptations and referral to higher-level facilities.

**Training Needs:** Staff need more hands-on emergency and pediatric training.

**Transfer Barriers:** Delays occur due to transport, costs, family refusal, or procedural requirements.

**Emotional Impact:** Managing emergencies and deaths causes stress; staff use coping strategies like prayer and peer support.

**Debriefing & Support:** Debriefing is inconsistent; structured support for staff and families is needed.

## Next Steps

1. Complete remaining collection and **analysis of FGDs.**
2. Continue survey collection for **parallel quantitative study** to complement findings.
3. Use findings to **inform future interventions**, such as:
  - Communication guides for HCWs
  - Debriefing protocols after emergencies or deaths
  - HCW mental health programming
  - Integrated support for both HCWs and patients' families after death

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