Group Antenatal Care is associated with Increased Uptake of Intermittent Preventive Treatment of Malaria in Pregnancy among Women in Nigeria, Compared to Routine Antenatal Care

Secondary Analysis of a Cluster Randomized Controlled Trial

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Roll Back Malaria – Malaria in Pregnancy Working Group
20th Annual Meeting
Maputo, Mozambique February 12-14, 2019

Authors have no conflicts of interest to declare.
Overview

• Background
  › Gaps in antenatal care (ANC) and coverage
  › Impact of malaria in pregnancy (MiP)

• Methods

• Results

• Conclusions
Current Antenatal Care Experience: Lots of women, little time

Globally, during period 2007–2014, 64% of pregnant women attended the WHO-recommended minimum four contacts for ANC.

Long waits
Short visits
Often low quality

Average ANC visit 3–4 min 90 seconds of education (all visits)

ANC = opportunity cost for women (low return on investment)

Low ANC attendance

Little health impact
What matters to women?

• Systematic scoping review to identify ANC processes/outcomes important to women
  › All continents except Australia represented (n=1264 women) were included

• Meta-theme: Women want and need a positive pregnancy experience
  1. Maintain physical and sociocultural normality
  2. Maintain healthy pregnancy for mother, baby (prevent/treat risk, illness, death)
  3. Effective transition to positive labor and birth
  4. Achieve positive motherhood (maternal self-esteem, competence, autonomy)

• Review suggested framework for future ANC
  › Clinical practices (interventions, tests); relevant, timely information; psychosocial/emotional support
  › Practitioners with good clinical/interpersonal skills within high quality health system

Downe et al., BJOG, 2016.
Background: Malaria in pregnancy

• Every year, MiP contributes to ~20% of stillbirths in sub-Saharan Africa
  › Plus 10,000 maternal deaths globally

• WHO recommends in areas with malaria risk
  › Insecticide-treated nets (ITN)
  › Intermittent preventive treatment of MiP with sulfadoxine-pyrimethamine (IPTp-SP)
  › Typical ANC interventions

http://www.who.int/malaria/areas/high_risk_groups/pregnancy/en/
Group ANC:
Same women, same providers, different model of care

At first visit, women of similar gestational ages are placed in cohorts of 8-12 women to receive scheduled care during 1 ½–2 hour meetings, with 3 key elements:

1. CLINICAL ASSESSMENT
2. PARTICIPATORY, FACILITATED LEARNING
3. PEER SUPPORT

Cai ling et al., Cochrane Database Syst Rev., 2015.
Evidence on G-ANC

• 1993 CenteringPregnancy model pioneered by a US midwife
  › Process driven, empowerment-based, control on materials and model fidelity
  › Designed for literate population attending frequent ANC (>10 visits) in high income countries

• Manant and Dodgson integrative review (2011)
  › 12 studies: 10 quantitative, 1 mixed, 1 qualitative
  › **Increased knowledge, satisfaction with care, improved breastfeeding initiation/continuation**
  › No change in maternal health, but increase in gestational age at birth and birthweight

• Cochrane Review: group vs conventional ANC (2015)
  › 4 RCT (2 US; 1 Sweden; 1 Iran) most analysis based on 1 study, high variability
  › No difference in PTB or birth weight, initiation of breastfeeding
  › Increased satisfaction – 5x higher compared to individual care

• Hale (2014): PPFP
  › Significantly higher PPFP use at 3, 6, 9, 12 months PP
Transferability to Low Resource Settings

• Primary purpose of the Gates grant is to study the transferability of the CenteringPregnancy model to low resource settings.

• The Group ANC model of care may address the ongoing issues found in ANC in low resource setting that have yet to be addressed adequately, including but not limited to attendance, compliance with care, platform for preventative measures, etc.

• Also has the potential to provide different service delivery needs than a high resource setting, including prevention and treatment of malaria in pregnancy.
Integrated platform for patient-focused MiP interventions

An example of picture cards used to facilitate learning

At first visit:

• LLIN use and IPTp included in participatory learning, problem solving and goal setting

At each visit

• Self-assessment re-enforces problem recognition and care seeking

• Longitudinal group registry verifies LLIN ownership and use

• IPTp given (6x total)
Study setting: Nigeria and Kenya

- Most populous country in Africa with ~191 million
- High average total fertility rate: 5.5 children per woman
- Uptake of ANC is low
- Nasarawa State
  - 40.1% deliver in a facility

- Total population ~51 million
- Total fertility rate: 3.9 children per woman (lower than E. Africa avg of 4.7)
- Uptake of ANC is low—ANC4 is 57.6% nationally
- Facility-based delivery rate is 61.2% nationally
  - 62.9% is Machakos County and 69.5% in Kisumu County
Objectives

• We investigated whether study arms differed with regard to the following
  › Uptake of MiP interventions
    » IPTp-SP
    » Use of ITN for mothers and infants
  › Diagnosis of malaria infection in pregnancy
Methods

• Data from cluster randomized controlled trial of G-ANC vs. routine ANC
  › Funded by the Bill and Melinda Gates Foundation
  › Nigeria (Nasawara state) and Kenya (Machakos, Kisumu)
  › Two phases (pregnancy and first year after birth)
  › Phase 1: 9/2016 to 8/2017
• 20 paired facilities/country
  › n=2,101
Methods

• ANC refresher training for providers at control and intervention sites
  › No changes made to standard ANC content in national guidelines

• Intervention sites trained on G-ANC model

• SP supplies provided equally to all sites and delivered by directly observed therapy

• Study staff did training, transcription of data, analysis, but NOT delivery of care
Methods

• Participants tested for malaria if presented with fever of ≥37.5 F and no other obvious cause

• **IPTp-SP** administration data collected via record abstraction

• **Malaria** endpoints confirmed by immunochromatographic rapid diagnostic tests
  › Abstracted from client facility cards and laboratory registers

• **Net use** data collected via interview at 3-6 weeks postpartum
G-ANC Trial results: Better retention in ANC

Figure 1. Attendance at Four or More ANC Visits
(p=<0.001)

- Powered to see 15% increase in facility based birth and 10% increase in PPFP at 1 year
- Retention in ANC measured via facility register data

Grenier et al., Allies in Maternal and Newborn Care: Strengthening Services Through Maternal Immunization, Amsterdam, 2018.
## Results: Doses of IPTp-SP Received

### Table 1. Receipt of IPTp-SP doses among Nigerian women in G-ANC study

<table>
<thead>
<tr>
<th></th>
<th>Whole Cohort (n=1,018)</th>
<th>G-ANC Arm (n=510)</th>
<th>ANC Control (n=508)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2+ IPTp doses</strong></td>
<td>775 (76.1%)</td>
<td>467 (91.6%)</td>
<td>308 (60.6%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td><strong>3+ IPTp doses</strong></td>
<td>530 (52.1%)</td>
<td>347 (68.0%)</td>
<td>183 (36.0%)</td>
<td>0.05</td>
</tr>
<tr>
<td><strong>4+ IPTp doses</strong></td>
<td>351 (34.5%)</td>
<td>268 (52.6%)</td>
<td>83 (16.3%)</td>
<td>0.004</td>
</tr>
<tr>
<td><strong>5+ IPTp doses</strong></td>
<td>189 (18.6%)</td>
<td>146 (29.6%)</td>
<td>43 (8.5%)</td>
<td>0.034</td>
</tr>
</tbody>
</table>

### Table 1. Receipt of IPTp-SP doses among Kenyan women in G-ANC study KENYA KISUMU COUNTY ONLY

<table>
<thead>
<tr>
<th></th>
<th>Whole Cohort (n=419)</th>
<th>G-ANC Arm (n=211)</th>
<th>ANC Control (n=208)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2+ IPTp doses</strong></td>
<td>775 (76.1%)</td>
<td>163 (77.3%)</td>
<td>150 (72.1%)</td>
<td>.590</td>
</tr>
<tr>
<td><strong>3+ IPTp doses</strong></td>
<td>530 (52.1%)</td>
<td>156 (73.9%)</td>
<td>116 (55.8%)</td>
<td>.100</td>
</tr>
<tr>
<td><strong>4+ IPTp doses</strong></td>
<td>351 (34.5%)</td>
<td>131 (62.1%)</td>
<td>77 (37%)</td>
<td>.056</td>
</tr>
<tr>
<td><strong>5+ IPTp doses</strong></td>
<td>189 (18.6%)</td>
<td>97 (46%)</td>
<td>27 (13%)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>
Malaria infection detection and ITN receipt - Nigeria only
(Kenya Phase 1 data undergoing analysis)

Table 2. Malaria detected by RDT during follow-up

<table>
<thead>
<tr>
<th></th>
<th>Number of malaria cases/person-years</th>
<th>Incidence per 100 person-years</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANC Control</td>
<td>131/381.0</td>
<td>0.34</td>
</tr>
<tr>
<td>G-ANC Arm</td>
<td>71/382.5</td>
<td>0.19</td>
</tr>
<tr>
<td>Whole Cohort</td>
<td>202/763.5</td>
<td>0.26</td>
</tr>
</tbody>
</table>

No significant difference detected in malaria incidence between G-ANC and control arms

Table 3. ITN receipt in pregnancy and use at 3-6 weeks postpartum

<table>
<thead>
<tr>
<th></th>
<th>Whole Cohort (n=1,018)</th>
<th>G-ANC (n=510)</th>
<th>ANC (n=508)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received ITN during pregnancy</td>
<td>993 (97.5%)</td>
<td>503 (98.6%)</td>
<td>490 (96.5%)</td>
<td>0.46</td>
</tr>
<tr>
<td>Mother slept under ITN last night</td>
<td>717 (70.4%)</td>
<td>372 (72.9%)</td>
<td>345 (67.9%)</td>
<td>0.18</td>
</tr>
<tr>
<td>Infant slept under ITN last night</td>
<td>807 (79.3%)</td>
<td>422 (82.7%)</td>
<td>385 (75.8%)</td>
<td><strong>0.02</strong></td>
</tr>
</tbody>
</table>
Strengths and Limitations

• Strengths
  › Good study retention
  › Data from real public sector ANC sites
  › RDT-confirmed endpoints for malaria

• Limitations
  › Trial not designed to test difference in malaria-related interventions and outcomes between control and intervention arms
  › Blinding not practical
  › Gestational age estimation challenging, assumed onset time of pregnancy imprecise
  › Client-reported and service delivery documentation data subject to reporting bias
  › Possible but unlikely that interventions were received outside of study
Conclusions

• First study to suggest G-ANC in low-resource settings
  › Improves IPTp-SP coverage
  › May improve ITN use for infants – critical (malaria responsible for 61% <5 mortality in Nasarawa)

• No clear impact on malaria diagnosis

• Results support further study of G-ANC as platform to improve coverage of other interventions
Future Directions

• Can model be scaled? Can it be further optimized?
• Appears sustainable for now...
  › All 10 intervention sites continue to offer G-ANC after conclusion of study and with no additional financial support
• Phase 2: Postnatal mothers, 1st year of life for infants
  › Post-partum family planning initiation/continuation
  › Breastfeeding
• New settings, including Ethiopia
  › Harvard ENAT study (PI: Lee) – birthweight outcomes

Lorna Othola, a nurse at Ahero Sub-County Hospital, displays a card showing how to hold a breastfeeding baby

https://hub.jhu.edu/2017/08/16/jhpiego-nigerian-newborn-health-program/
Acknowledgments

BILL & MELINDA GATES foundation

G-ANC
Group Antenatal Care

JOHNS HOPKINS
BLOOMBERG SCHOOL of PUBLIC HEALTH

Credit: Jhpiego
Thank you!