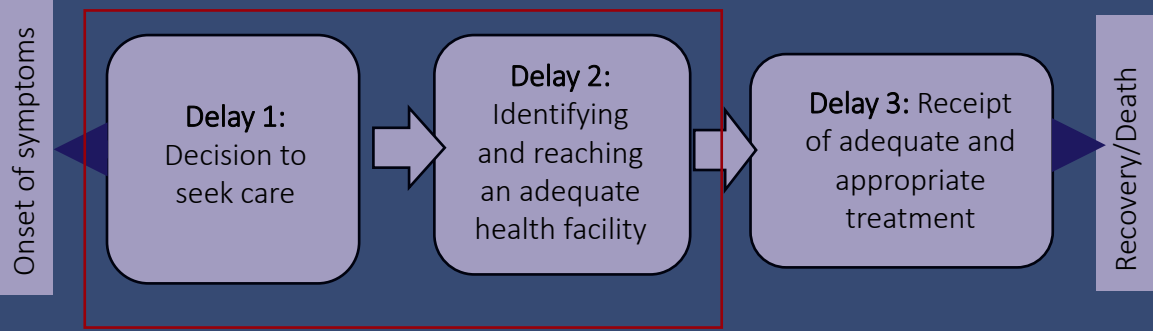


The pathway to care for women experiencing severe abortion-related morbidity: qualitative results from the AMoCo study, Jigawa State, Nigeria

Ann M. Moore¹, Tamara Fetters², Timothy Williams³, Estelle Pasquier⁴, Joy Kantiok⁵, Claire Fotheringham⁶, Onikepe Owolabi⁷, Laitu Jatau³, Bill Powell², Catrin Schulte-Hillen⁸, Daphne Lagrou⁹, Huiwu Chen¹⁰

¹Guttmacher Institute, New York, USA; ²IPAS, Chapel Hill, USA; ³Epicentre, Dutsse, Nigeria; ⁴Epicentre, Paris, France; ⁵Epicentre, Jahun, Nigeria; ⁶Médecins Sans Frontières (MSF), Sydney, Australia; ⁷Vital Strategies, New York, USA; ⁸MSF, Geneva, Switzerland; ⁹MSF, Bruges, Belgium; ¹⁰MSF, Paris, France



Quotes related to the pregnancy loss:

Religious beliefs that it is the will of Allah that she lose the pregnancy

I believe what happened was predestined by Allah [...] I would say that the bleeding was as a result of an illness that Allah has bestowed upon me. (Age 24, 4th pregnancy, 16 weeks gestation, near-miss, living in an area affected by natural disaster)

Use of herbs to fortify body/treat general problems

*I: Why did you take the herbs?
R: [...] I took herbs such as rubutu, herbs for protection from evil people. There was another herb gotten from a tree ... There are many herbs that I took that I cannot remember. I hardly take herbs when I am healthy but when I am sick, that is the only time that I make use of those herbs. (Age 40, 11th pregnancy, gestational age missing, potentially life threatening, not living in an area affected by natural disaster)*

Quotes Related to the First Delay:

Reason for the pregnancy loss is not something that can be addressed by modern medicine

The reason I did not go to the hospital was that [...] the people around were saying that it was the influence of an evil spirit. They said a lot of people suffer from the evil spirit possession and that even though we decide to go to the hospital, they [healthcare providers] would not be able to detect what was happening to me or the name of the sickness. (Age 30, 9th pregnancy, gestational age missing, near-miss, lives in an area affected by natural disaster)

Decision-making steps: who must be consulted and who has authority to decide

They [husband and mother-in-law] were thinking it was not serious that I had to sleep in my blood while the bleeding persisted till the next day. (Age 20, 2nd pregnancy, 12 weeks gestation, near-miss, lives in an area affected by natural disaster)

Quotes Related to the Second Delay:

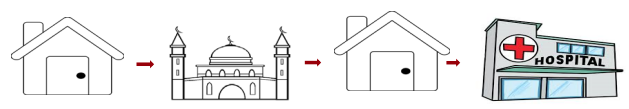
Time to be seen in lower level facilities caused delays

When we arrived [at a lower-level facility], the man that oversees the patient card was not on his seat [...] When he returned, we got the patient card then we joined the queue with the rest of the patients who came to see the doctor. We waited up till La'asar [prayer time] before we were able to see the doctor. [...] He wrote on a paper and directed us to this place [referring to Jahun Hospital]. (Age 24, 4th pregnancy, 16 weeks gestation, near-miss, living in an area affected by natural disaster)

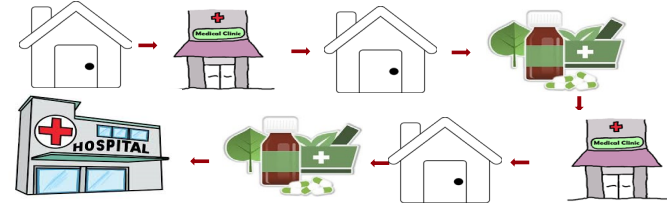
Referral procedures are weak/inadequate

When we arrived [at a lower level health facility], I had a contraction in my lower . [...] They asked, "How old is it?" I replied, "6 months." And they said "You people should go to Jahun. You are staining the whole place with your blood. You can go now." [...] They were supposed to give us a car that would convey us here [...], it was difficult for them to attend to us because we did not come with a paper from the other hospital [referring to the referral form]. (Age 24, 2nd pregnancy, 19 weeks gestation, potentially life threatening, induced abortion reported in the quantitative interview, living in an area affected by natural disaster)

Simple pathway to care example



Complex pathway to care example



Conclusion

These barriers result in severe morbidity in fragile contexts where life is already difficult and extremely physically demanding

The ways to address first and second delay in this context include:

- Improved health literacy not only with the woman herself, but also with her husband and other elders in her household
- Increase access to comprehensive abortion care at lower level facilities by providing training to providers and distribution of commodities required
- Improve the infrastructure which exists to transport individuals between facilities, e.g. facilities could reimburse transportation costs for all individuals who arrive to the health facility OR provide pregnant women transportation coupons

More research is needed regarding potential abortifacient properties of traditional herbs and remedies

Acknowledgements: We would like to thank the patients, the country study team, MoH and MSF in Jahun, the medical providers at Jahun Maternity Ward, and the national and international investigators.

Financial support came from ELRHA and the Dutch government with institutional support from Ipas, MSF, EpiCentre and the Guttmacher Institute.

The study protocol was approved by the MSF ERB and the Institutional Review Board of the Guttmacher Institute, and the ethics board of Jigawa State.

Introduction: The study was motivated by a need to understand the severity of abortion complications in fragile or conflict-affected contexts.

- Nigeria ranked 14th country (out of 178) on the Fragile States Index in 2020
- Maternal mortality ratio: 1026/100,000 live births in Jigawa State

Qualitative interviews at Jahun Hospital:

- 61 in-depth interviews
- All interviews were conducted in Hausa, audio recorded and transcribed into English

Trigger of the complication/symptoms:

- Religious beliefs that all is the will of Allah
- Use of traditional herbs or religious remedies

First delay--deciding to seek healthcare:

- Delay in recognizing symptoms of pregnancy and pregnancy loss
- Religious beliefs that all is the will of Allah
- Use of traditional herbs/providers to treat symptoms
- Belief that the reason for the pregnancy loss is not something that can be addressed by modern medicine
- Decision-making steps: who must be consulted and who has authority to decide

Second delay--Factors that influence arriving at an appropriate obstetric facility:

- Poor economic status
- Lack of access to passable roads/poor road network
- Time to be seen at lower level facilities caused delays
- Lower level facilities are not treating complications
- Referral procedures are weak/inadequate

