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Original article

The obstetrical referrals of the Aképé medico-social center in southern Togo: Referred patients' relinquishment and pregnancy outcomes

Les références obstétricales du centre médico-social Aképé, au sud Togo : Renoncement des patientes référées et issue des grossesses

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Résumé

Objectif : préciser les renoncements des références et les préférences des centres d'accueil. Méthodologie : il s'est agi d'une étude transversale et descriptive du 1er aout 2018 au 31 juillet 2020. Etait inclue toute gestante ou parturiente admise à la maternité du centre médico-social Aképé dont l'état de santé ou celui du fœtal avait nécessité une référence vers une autre maternité, et qui avait refusé d'aller dans ladite maternité. Les données ont été collectées à partir d'une fiche d'enquête et le traitement des données a été faite par les logiciels Epi info 7.2.

Résultat : la fréquence de référence au centre médico-social Aképé était de 38,1%. Parmi ces référées 48 patientes avaient participé à l'étude. L'âge moyen de ces référées était de 30 ans avec des extrêmes de 15ans et 50ans. Elles étaient en majorité des revendeuses, de niveau d'instruction primaire. Les principaux motifs de références étaient la prééclampsie (22,92%), l'asphyxie perpartum (12,50%), utérus cicatriciel (12,50%). Les motifs du renoncement à la référence étaient l'insuffisance de moyens financiers (32,67%), le mauvais accueil (29,70%), la peur de la césarienne (9,90%). Ces patientes avaient préféré d'autres centres de santé. Les raisons de cette préférence seraient un meilleur accueil (39,57%), le coût abordable des prestations (33,33%) et la proximité de l'hôpital (25%). Ces difficultés liées à la référence avaient occasionné 4,16% de décès maternel et 12,5% de décès périnatal.

Conclusion : la réorganisation du système de référence et la subvention de tous les soins obstétricaux d'urgence devraient permettre l'amélioration du pronostic maternel et néonatal. Mots-clés : renoncement à la référence, urgence obstétricale, cms aképé, Togo.

Abstract

Objective: describe referral waivers and reception center preferences.

Methodology: This was a cross-sectional and descriptive study from 1 August 2018 to 31 July 2020. It included any pregnant woman or parturient admitted to the maternity ward of the Aképé medico-social center whose state of health or that of the foetus required a referral to another maternity ward, and

who had refused to go to the said maternity ward. The data were collected from a survey form and the data processing was done by the Epi info 7.2. software.
Result: The frequency of referral to the Aképé medical-social center was 38.1%. Among these referrals, 48 patients participated in the study. The average age of these referrals was 30 years with extremes of 15 years and 50 years. They were mostly sellers, with primary level education The main reasons for referral were pre-eclampsia (22.92%), perpartum asphyxia (12.50%), scarred uterus (12.50%). The reasons for not referring were lack of financial means (32.67%), poor reception (29.70%), fear of caesarean section (9.90%). These patients had preferred other health centers. The reasons for this preference were better reception (39.57%), the affordable cost of services (33.33%) and the proximity of the hospital (25%). These referral difficulties resulted in 4.16% of maternal deaths and 12.5% of perinatal deaths.
Conclusion: The reorganisation of the referral system and the subsidisation of all emergencies obstetric care should lead to an improvement in maternal and neonatal prognosis.
Keywords: renunciation of referral, obstetrical emergency, cms aképé, Togo.

Introduction

Reducing maternal mortality is a priority objective for healthcare systems worldwide. The situation is particularly alarming in low-income regions. In 2015, 303,000 women died during or after pregnancy or childbirth, most of them in sub-Saharan Africa [1]. Like these countries, maternal mortality remains high in Togo, at 401/10,000 NV according to the EDS III and PNDS 2018-2022 [2,3]. One of the solutions to achieve a reduction in maternal deaths is to improve the quality and access of women to obstetric care during pregnancy and childbirth. Indeed, the introduction of a referral system could alleviate the difficulties of caring for pregnant women and parturients in front-line health facilities, thus providing access to quality care. In northern Nigeria, in the state of Kebbi, the introduction of a referral system helped to halve the maternal death rate in 5 years [4]. Previous studies in Africa have focused more on evaluating the referral system and the management of these patients [5-7]. Thus, although the referral system contributes to improving maternal and neonatal health indicators, we are obliged to note the refusal of some referrals to use referral facilities as part of the continuum of care. In order to gain a better understanding of the difficulties faced by referrers, we undertook this study to identify the reasons for referral refusal, their preferences and the impact of refusal on pregnancy outcome.

Methodology

This was a cross-sectional, descriptive study from August 1er 2018 to July 31 2020, at the Centre Médico-Social (CMS) d'Aképé located 25 Km from Lomé. Included were all pregnant women or parturients admitted to the maternity ward of CMS Aképé who had been referred and who had signed a discharge refusing the center to which she should be referred. Not included were all pregnant women or parturients who met the inclusion criteria and refused to participate in the survey. Data were collected in three stages:
-Initially, we collected the names of referred patients, the reason for referral and the referral center in a "referral discharge register" at the Aképé CMS.
-We then searched for these patients in the community (at household level) using the "home visit" approach, with the support of community health workers.
Finally, we administered the pre-established questionnaire to these patients after obtaining their permission.
The parameters studied related to frequency, socio-demographic data, referral data, maternal and fetal outcome.
Data processing was carried out using Epi info version 7.2, Excel 2013 and word processing with Word 2013.

Results

Frequency

During our study period, 101 patients were referred out of 265 deliveries at CMS Aképé. The frequency of referrals was 38.1%. Of those referred, 54 met our inclusion criteria, i.e. 53.46% of referrals. Forty-eight patients agreed to take part in the study, i.e. a participation rate of 88%.

Socio-demographic data

The average age of the patients was 30, with extremes of 15 and 50. The 30-35 age group was the most represented, accounting for 27.08% of cases. The majority of patients (45%) had a primary school education. Nearly 41.76% of patients were resellers.

Data linked to references

- Reference reasons

Forty-three patients (89.6%) had come to CMS Aképé on their own for various reasons. Five patients (10.4%) had been referred from maternity homes for pathological pregnancies. After clinical examination on admission, they were referred to higher-level maternity hospitals according to the health care pyramid. In 89.58% of cases, the referring hospital was the CHU Sylvanus Olympio. The reasons for referral are shown in Table I below.

- Reasons for dropping out of the referral center

The reasons for refusing to go to the referral center were financial problems in 32.6%, followed by poor reception at the referral center in 29.7%. Table II shows the reasons for turning away from the referral center.

- Reasons for preferring other hospitals

Despite refusing to go to the proposed referral centers, patients nevertheless preferred to go to other centers. The reasons for this preference were dominated by good reception (39.57%), proximity (33.33%) and lower cost of services (25%).

Maternal and fetal outcome of referral center abandonment

- Maternal prognosis

In 39.58% of cases, these patients had given birth by caesarean section. The main complications are listed in Table III.

- Fetal prognosis

Perinatal asphyxia was found in 10.41%, prematurity in 6.25% and neonatal infection in 4.16%. The perinatal death rate was 12.5%, with 8.33% stillbirths and 4.17% neonatal deaths.

Table I: Distribution of patients by reason for referral

Reference patterns	Number (n)	Percentage (%)
Preeclampsia	11	22,92
Other pathological pregnancies	5	10,42
Fetal asphyxia	6	12,5
Scarred uterus	6	12,5
Threat of premature delivery	4	8,32
Shrunken basin	3	6,25
Elderly Primigeste	3	6,25
Seat and primacy	2	4,17
Multiparity	2	4,17
Fetal macrosomia	2	4,17
Stationary expansion	2	4,17
Third trimester hemorrhage	2	4,17

*Pathological pregnancies: pregnancy plus asthma (2), pregnancy plus sickle cell disease (2) and pregnancy plus diabetes (1).

Table II Distribution of patients according to the reasons for discontinuation from referral center

Reasons for dropping the referral center	Number (n)	Percentage (%)
Insufficient financial resources	33	32,67
Poor reception at the reception center	30	29,70
Fear of Caesarean section	10	9 ,90
Fear of dying	5	4,96
Doubts about competence	3	2,97
Delayed care	3	2,97
Product theft and resale	2	1,98
Transportation problems	2	1,98
Bad memories	1	0,99

Table III: Maternal complications related to referral center renunciation

Maternal complications	Number (n)	Percentage (n)
Eclampsia	4	8,33
Perineal tears	2	4,16
Delivery hemorrhage	2	4,16
Asthmatic attack	1	2,08
Hysterectomy for uterine rupture	1	2,08
Maternal death	2	4,16

Discussion

Frequency

The frequency of referrals was 38.1%. This high rate of referrals from the Aképé CMS is due to the fact that it is a first-level care center in the health care pyramid, whose technical facilities and available staff do not allow it to manage pathological pregnancies and labor abnormalities.

Reasons for dropping out of the referral center

More than half (53.46%) of referred patients refused to go to the referral hospital. The main reason for refusing to go to the referral center was financial problems (32.6%). The socio- economic precariousness of the population means that, when a referral is announced, the patient is obliged to return home, while waiting for her family and friends to raise the money needed to pay for treatment at the referral center. Another difficulty is the lack of financial resources to enable them to find their own means of transport (ambulance, cab or motorcycle cab). This situation is due to the fact that childbirth is very rarely prepared by women and their families. Even if some of them did manage to prepare for the birth, this was approximately the amount needed to cover the costs, with a small margin; the possibility of a complication requiring referral was not foreseen. Expenses already incurred at the center also contribute to this situation in some cases. The absence of health insurance for these patients, most of whom are resellers, could also explain these facts. Nevertheless, in addition to the C-section subsidy introduced in 2010, WEZOU

is a government program designed to guarantee free essential maternity care for all pregnant women and newborns. These government subsidies go a long way towards alleviating the financial difficulties of emergency obstetric and neonatal care. It is therefore up to maternity care providers to make pregnant women more aware of childbirth preparation during educational sessions. The introduction of micro health insurance schemes for the informal sector could help to overcome this problem for those who do not have health insurance. Finally, extending health insurance to all segments of the population would also help to overcome this problem.

Poor reception (29.60%) is another reason for refusing to go to the reception center. Reception is a privileged moment for listening and providing information to patients and their families, fostering a relationship of trust that is fundamental to the hospitalization experience. What's more, the quality of this welcome is a guarantee of satisfaction and adherence to treatment. The poor reception reported by patients seems to be related to the experience of other women in large centers. This impression of a poor welcome is difficult to grasp in large centers, where there is often a congestion of emergencies and an overload of work. This can lead to a burnout syndrome that can overshadow a good reception. Nevertheless, despite the workload, staff should make an effort to welcome pregnant women and parturients, to ensure a positive experience of pregnancy and childbirth. An effort should also be made to increase the number of qualified staff in large hospitals, to reduce work overload and help improve reception in these centers. Other reasons, such as fear of Caesarean section and fear of dying, were found in 9.90% and 4.96% of cases respectively. The equation of the referral with death and Caesarean section, as found in our study, would have led women and their families to refuse the referral. Lack of communication and misunderstanding of the reasons for referral by patients and their families could explain these situations. For Houngnihim R.A. et al in Benin [8], women often lack information about the reasons for their referral. Communication about the referral is a factor in pregnant women's adherence. Hence the importance of communicating better and providing all necessary information about referrals to patients and their families. Providers are also responsible for educating pregnant women during prenatal consultations about childbirth and the importance of performing a Caesarean section in the event of an abnormality.

Other health centers were preferred because of their proximity. In 89.58% of cases, patients were referred to the Sylvanus Olympio University Hospital , some thirty kilometers from Aképé. Indeed, the CHU-SO is the national referral hospital par excellence, which justifies its choice in the majority of cases. Nevertheless, referral should be made in a well-defined way, respecting the pyramid of care, to enable rapid access to care. However, the lack of technical facilities and qualified staff in higher-level local centers means that referrals are not always respected.

Maternal and fetal outcome

The abandonment of the referral center would have repercussions on maternal and child health. In fact, this situation was marked by high morbidity and mortality. The maternal death rate was 4.16%. Bouvier-Colle et al [9] found that the risk of death for a referred woman was eight to fifteen times higher than for a woman who came on her own. According to Djanhan [10], this is more likely to be due to delays in evacuation to the best-equipped centers. This rate, found in our study, is linked to the delay in leaving the CMS Aképé, for financial reasons in the majority of cases.

The perinatal death rate was 12.5%, with 8.33% stillbirths and 4.17% neonatal deaths. This high rate of perinatal death is thought to be due to the delayed departure of the Aképé CMS. According to Prual [11], effective means of monitoring the mother and fetus during labor, in particular the use of partograms in all maternity units, should help reduce perinatal mortality in Africa. In our context, labor and fetal monitoring were no longer possible given the conditions under which referral was carried out. Awareness-raising and refresher courses on obstetric emergencies for

providers in charge of maternity units in remote areas will need to be continued, so that they can refer these patients in good time, given the difficulties of referral.

Conclusion

Referrals to CMS Aképé were high. But more than half of those referred refused to go to the referral hospital. Insufficient financial resources, poor reception and the perception that referral was synonymous with Caesarean section or death were the obstacles. These difficulties were compounded by high maternal and perinatal morbidity. Reorganizing the referral system and subsidizing all emergency obstetric care should improve the prognosis of obstetric referrals.

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