Interview Questions & Notes:
Dr. Astrid Christoffersen-Deb

About Astrid (research bio, practitioner bio): **Practitioner *and* Researcher *and* Department Lead**

- BC Women's Hospital, Medical director of population and global health
- OB/GYN, providing high-risk maternity care, at a *community* prenatal care centre, and the Early Pregnancy Assessment *Clinic*, and on the *hospital* Maternity unit.
- Doctorate in Social Anthropology
- Western Kenya for 7 years
    - co-founded the AMPATH MNCH Innovations Team in 2014 - multidisciplinary, 30 people, OB/GYN, Anthropology, Midwifery, Nursing, Data Science, Pharmacy, Public Health, Biz
    - Research projects focus on Access to Care, Maternal/Infant Mortality, Diagnostics and Community Engagement.
- Research Theme: Healthy Starts
- Research Group: Global Health and Innovations
- **Research Areas, Childbirth, Diabetes, Health Facilities, Pregnancy**

Questions

Landscaping Call Oct 2022

Recording:

Current antenatal care process as an OB overseeing patient care

- **Pregnancy Tracking:** How do you currently track a woman's pregnancy history? Their visit timeline?
    - In Canada? Provincially, we each have an antenatal record - either people fill out by hand, or fillable PDF. At different times in the pregnancy it gets saved as a PDF and sent to the hospital where the pt is scheduled to deliver. Created by Perinatal Services BC, 2012 → then only recently updated in 2021 http://www.perinatalservicesbc.ca/Documents/Form/Antenatal-Record-1-and-2.pdf Way of organizing information about the patient into 2 sheets. Patients don't carry it, or see it, and have no way of access it. They have to know by memory what's on there.

        - Terrible system - we fax them all in at 36 weeks, but if something happens between 36-39 weeks, how to you make sure it's accessible? Dumb to keep faxing in. Wish available in an online portal.
    - States: Everyone has some variation on this form, because it's very handy in days where we used to fill out by hand → Now it's just mirrored exactly as fillable PDF, mirrored that exactly.
    - In Kenya? Very different. Complicated - 96-98% of people have only 1 visit. Q. county, rural vs urban, very diverging rates of how many ppl complete classic 4 visits vs the new 8 visits. WHO goal since 2016 = 4 visits is not enough time to improve ppls experience of care or i.d. Issues in the preg that would warrant higher amt of visits. Not aware of anyone being able to implement this, because there are no appointments for PNC - you have to show up, get there early, and wait your turn. No "we will now see you in 4 weeks". Whereas in Can we have clear sched seeing them q. 4-6 weeks, starting at 8-12 wks, 16 wks, 22, 26-28, 32, 35, 37, 38, 39, variations on this timing. Before they leave we give them an appointment.
    - Care is very lowest level, most basic Ppl. Why? Just a HUGE number of people. Ppl move around: Go to low level, save up money to go to bigger or private site - might go to private for 1 visit rather than public for 3 visits.
    - Pregs are mostly uncomplicated, unmedicalized, women have very little say, it's something that happens *to* you. Non consent, lack of contraception, poor education. In that context, 8 visits absurd compared to conception experience. → PPl w/ highest rates of non-consensual sex show up least for care. Or women who've had 4-5 kids and have surprise preg at 41, never show up for care.
    - Group Visits: Have continuity of provider, always seeing the same person. Chamas are not supposed to replace going to facility, but they do go over medically relevant topics. Supposed to create trust with the system itself (like trust bridge?).
        - Vs. South in Canada: Prenatal care program: they join group based on EDD. Means they come in early enough you've figured out their EDD and put them in a group, ideally by 24-28 weeks - capture them when they show up for the ~28wk visit. Created spreadsheet in excel when their next apptmight be based on EDD.
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- **Health Facilities Referrals:** What do you think of the "refer to hospital" etc workflows in the ANC guidelines? How does this normally happen in the field (at a low acuity center)?
    - Theoretically: Supposed to be an ambulance at each of these facilities to do a transfer. Sometimes gov't ensures $$ to pay for fuel or driver, but mostly, there's not. So people have to take a bodaboda or pikipiki to hospital themselves. Can idspendsary call X number so we get a transfer? Only works if they're sending them in an ambulance, and can call someone at the hosptial. Normally they say: "Your blood pressure is high, you should go to a higher level". Might have a little exercise book, where the last doc may have written BP measurement and protein +++. No one expecting them.

    - Vs in N. America: Pt transfer is usually embedded in emergency services, is a vast, complex thing to figure out how you match need to available, close services, and vehicle availability. BC has looked at how Australia, Georgia State do this b/c similar geographical dispersion. SO complicated - if she receives a pt transfer here, operator calls both docs, gets them on the line, the docs talk to each other, that person is calling the flights.
- A few decision support examples:
    - Rule Sampling for Astrid Discussion https://docs.google.com/spreadsheets/d/1fuJfyz6GaqDdcUwGffI4oLfnElSOvhvuVNmqo8i6bVA/edit#gid=681026672
    - how do you normally do patient education for a topic like this?

Content Decision Making in Canada, in Kenya as a Medical Director overseeing care recommendations/protocols

- Why do you think it took so long to update the BC ANC record (2012→ 2021)?
- Who and what is involved in updating care protocols? (eg new guidelines come out)
    - In Canada:
        - At BC Womens - hospital, clinic?
        - At South Birthing Program/Centre?
    - In Kenya:
        - At MTRH?
        - With CHWs?

Specific discussion items on SMART Guidelines

- What do you already know about the ANC SMART Guidelines?
- Some folks have been surprised that the SMART guidelines are needed at all. They ask “don’t clinicians already have all this stuff in their heads?” What do you think about this? Have you had experiences where SMART guidelines probably would have changed the outcomes?
- Back to CDS examples:
    - High acuity, urgent: Pre-eclampsia
    - Red Flags
    - Nice-to-Know
    - Tasks
    - Info
    - Education
    - Pt education: ____ → how do you normally do patient education for a topic like this?

Wrapping Up:

- Anything else you think we should know?
- Anyone else you think we should talk to?
- Book a time for mid Oct, between 8-10am, 8-10pm, **M-Th**

Intro Call Sept 30 2022

Who: Astrid, Grace
Recording: https://iu.mediaspace.kaltura.com/media/t/1_1c1rnpnj?st=375&ed=2241

- **Upcoming Kenya Opportunity:** She will be in Kenya Nov 4-17 → consider research plan → she would need to i.d. ANC lead at MTRH → could arrange for a workshop w/in that time window. Would likely need some $ compensation for attendees, e.g. $50.
- **Past experience w/ WHO ANC Guidelines**
    - Knows postpartum ones → had to review "WHO Postpartum care" - 1st release in 20 yrs. Very different than what had existed previously.
    - Context: in 2012, used ANC pkg from WHO to create a job aid, put on phone for CHW, what to do when seeing post-partum mother, 3-4 antepartum visits.
    - Guidelines were a series of checklists, for each visit. Built themselves.
    - "This is great!" → response to seeing the spreadsheet with decision support rules. "We had to focus, write ourselves [back in 2012]"
    - Doesn't use WHO Antenatal guidelines in Canada
- **Advice: Focus on Nurses**
    - Her advice: Think less about the CHWs → so much already done on this. Overwhelmingly, their [CHWs'] goal is just to get you [patient] to a facility. Recent trial "CLIP trial" in Ug, India = failed to prove impact of CHW in ANC care, +++$$$.
    - → Recommends: Deliberate decision to focus on Nurses, staff providing prenatal care (normally primarily done by nurses in public health care system)
    - Just get the patients to a facility. Any danger signs —> GO IN! *(GP Note: This explains why so many decision support rules in the ANC DAK are just "refer to a facility")*
- GP Note: Overall she needed more clarity around, ***What are we hoping to achieve?***
- Next call: Oct 14th at 9am-10am.