

Investigating the Continuity of Maternal Healthcare for Pregnant Women and New Mothers in Sub-Saharan Africa: A Systematic Review.

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Review question

Question 1: What are the barriers and facilitators to the continuity of maternal healthcare for pregnant women and new mothers in Sub-Saharan Africa?

Question 2: What are the effects of continuous maternal healthcare on maternal and neonatal outcomes in Sub-Saharan Africa?

Question 3: What are the effectiveness of the interventions implemented to promote the continuity of maternal healthcare for pregnant women and new mothers in Sub-Saharan Africa?

Searches

A systematic and comprehensive search will be conducted in electronic databases, including African Journals Online (AJOL), African Index Medicus (AIM), PubMed, Embase, CINAHL The search strategy will employ relevant keywords and Medical Subject Headings (MeSH) terms, and it will be meticulously adapted to each database's unique requirements to maximize the retrieval of pertinent literature. The search will only cover studies done in English language. Publication date restrictions will be applied, ensuring a broad and inclusive scope to capture all relevant studies related to maternal healthcare continuity in Sub-Saharan Africa. The selected date range will encompass research published from January 1, 2000, to September 30, 2023. This timeframe balances comprehensiveness while considering the most recent developments in the field.

None

Types of study to be included

Included:

Quantitative Studies

- Randomized Controlled Trials (RCTs): These will be included to assess the impact of interventions on maternal healthcare continuity.
- Non-Randomized Studies: This category encompasses non-randomized controlled trials, interrupted time series, controlled before-and-after studies, and cohort studies. These will be eligible to explore the effects of various healthcare strategies on maternal healthcare.

Qualitative Studies:

- All qualitative study designs will be considered, focusing on understanding the barriers and facilitators to the continuity of maternal healthcare for pregnant women and new mothers.

Mixed Methods Studies:

- Research that combines both quantitative and qualitative components, offering a comprehensive view of maternal healthcare issues in Sub-Saharan Africa, will also be included.

Excluded:

- Unpublished studies (e.g., conference abstracts, trial protocols)
- Animal studies

Condition or domain being studied

This systematic review investigates the continuity of maternal healthcare for pregnant women and new mothers in Sub-Saharan Africa. The review focuses on healthcare services and interventions aimed at improving maternal and neonatal outcomes.

Participants/population

Inclusion Criteria:

- Pregnant women and new mothers in Sub-Saharan Africa
- All age groups
- Studies conducted in community settings and healthcare settings in Sub-Saharan Africa

Exclusion Criteria:

- Studies conducted outside of Sub-Saharan Africa
- Non-human studies

Intervention(s), exposure(s)

This review includes interventions and exposures related to maternal healthcare in Sub-Saharan Africa. These may include but are not limited to:

- Continuous antenatal care
- Postnatal care
- Skilled birth attendance
- Access to healthcare facilities

Comparator(s)/control

Where relevant, this review compares the effects of continuous maternal healthcare with:

- Discontinuous or irregular maternal healthcare

- No maternal healthcare

Context

This review considers studies conducted in community and healthcare settings in Sub-Saharan Africa. The context includes various countries in Sub-Saharan Africa, diverse healthcare facilities, and different socioeconomic settings

Main outcome(s)

Primary Outcome:

Continuity of maternal healthcare, measured as the proportion of pregnant women and new mothers who received continuous care throughout the maternal healthcare continuum.

Timing: Throughout pregnancy and the postpartum period.

Measures of effect

Effect Measures: Proportions, percentages, or odds ratios.

Additional outcome(s)

Secondary Outcomes:

- Maternal mortality rates
- Neonatal mortality rates
- Maternal morbidity rates
- Neonatal morbidity rates
- Utilization of maternal healthcare services

Timing: As relevant to each outcome

Measures of effect

Effect Measures: As relevant to each outcome

Data extraction (selection and coding)

Selection and Coding Procedure:

- To ensure thoroughness, two authors will independently conduct the screening of titles and abstracts.
- Studies that pass this initial screening will proceed to full-text review, which will be conducted by two authors independently.
- Detailed documentation of the reasons for excluding any studies at the full-text review stage will be maintained.
- In addition to primary search results, reference lists of included studies will be manually screened.
- For the data extraction process, relevant information such as study design, characteristics of the study population, and outcome measures will be systematically recorded. If any data are missing or incomplete, it will be explicitly noted.

Risk of bias (quality) assessment

Considering the inclusion of both quantitative, qualitative, and mixed-method research papers, tailored risk of bias assessment tools suitable for the respective study designs will be employed. For quantitative studies, including randomized controlled trials (RCTs), the Cochrane risk of bias tool will be utilized. Furthermore, for qualitative research, the Critical Appraisal Skills Programme (CASP) tool for qualitative research will be applied. In cases where mixed-method studies are included, a combined approach will be adopted, utilizing both the Cochrane risk of bias tool for quantitative components and the CASP tool for qualitative components. This comprehensive and multifaceted approach to risk of bias assessment will ensure the credibility, reliability, and validity of the included evidence, effectively addressing the diversity of study designs within the systematic review.

Strategy for data synthesis

To synthesize data from Quantitative Studies, particularly Randomized Controlled Trials (RCTs) and Non-Randomized Studies, a structured methodology will be implemented. The approach for quantitative data synthesis entails a comprehensive examination of study design, sample size, intervention details, outcome measures, and effect sizes. Data extraction forms will be meticulously designed to systematically capture these critical elements. Additionally, we will extract information concerning each study's methodology and conduct quality appraisal using the Cochrane risk of bias tool. The integration of data from RCTs and Non-Randomized Studies will allow for a thorough analysis of the impact of interventions and healthcare strategies on maternal healthcare continuity. This comprehensive approach will enable the synthesis of both types of quantitative data to provide a holistic understanding of the subject matter.

A narrative synthesis approach will be employed to synthesize findings from various qualitative studies incorporated into this review. The essence of narrative synthesis lies in presenting the results thematically in a narrative form, allowing for an in-depth exploration of the key themes and findings. As this review does not intend to employ meta-analysis, the Synthesis Without Meta-analysis (SWiM) reporting guidelines will be adopted to present the qualitative findings systematically. This will facilitate a structured analysis of findings, presenting the essential outcomes and summarizing the main themes. The primary findings extracted from each qualitative study will be documented in tabular format to provide a concise overview. Additionally, the pertinent themes that emerge during the process of data synthesis will be extensively discussed to illuminate the nuanced aspects uncovered within the reviewed qualitative research.

We will start by extracting and analyzing the quantitative components of these studies, which may include RCTs and Non-Randomized Studies. Similar to the quantitative approach described earlier, we will carefully examine study design, sample size, intervention details, outcome measures, and effect sizes. This structured analysis will provide insights into the impact of interventions and healthcare strategies on maternal healthcare continuity within the context of Sub-Saharan Africa.

Simultaneously, we will also extract and synthesize qualitative data from these mixed methods studies, focusing on understanding the barriers and facilitators to maternal healthcare continuity. The narrative synthesis approach, as described for the purely qualitative studies, will be applied to these components of the mixed methods studies. This method will allow for thematic presentation and a narrative exploration of the qualitative findings.

Analysis of subgroups or subsets

None planned

Contact details for further information

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Organisational affiliation of the review

None

Review team members and their organisational affiliations

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Type and method of review

Systematic review

Anticipated or actual start date

01 October 2023

Anticipated completion date

30 June 2024

Funding sources/sponsors

None

Grant number(s)

State the funder, grant or award number and the date of award

None

Conflicts of interest

Language

English

Country

England, Nigeria

Stage of review

Review Ongoing

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

MeSH headings have not been applied to this record

Date of registration in PROSPERO

08 November 2023

Date of first submission

24 October 2023

Details of any existing review of the same topic by the same authors

None

Stage of review at time of this submission

Stage	Started	Completed
Preliminary searches	Yes	No
Piloting of the study selection process	No	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions

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