Caring for the Carers is an activity aimed at reducing work-related stress—a major driver of disrespect and abuse (D&A) during facility-based childbirth.

WHY DEBRIEFING SESSIONS?

Pregnancy, labor and delivery are expected to be joyous moments for the mother, her family and the service providers. However, this is not always the case due to maternal complications or even death.

Maternity units often have high workloads. This, coupled with lack of professional support for staff and providers, poor governance and leadership, may lead to work-related stress. These lower-level critical incidents can accumulate and contribute to staff stress, burnout and emotional exhaustion which ultimately prevent them from providing quality care. Findings from a Kenya baseline survey in 13 health facilities showed that providers are indeed working under stressful conditions.

“You work very hard and no one ever appreciates you... wait until something bad happens to the mother the supervisor only blames you and even tells ..... utaona (you will see). Supervisors do not listen....They do not want hear you, perhaps it is because you lacked supplies which they [supervisors] should have given you”

—MIDWIFE, DISTRICT HOSPITAL

The Heshima project developed a package of interventions at the policy, facility and community level. The project tested the use of debriefing sessions as an approach to reduce stress related drivers of D&A at the individual and team levels in order to promote RMC.

This intervention is part of the respectful maternity care (RMC) Resource Package developed by the partners of the Kenya Heshima Project and focuses on policy, health system and community levels. The package includes the most effective interventions, and provides practical, low cost, and easily adaptable strategies for facilities and communities to reduce disrespectful and abusive treatment during childbirth. RMC refers to the humane and dignified treatment of a childbearing woman throughout her pregnancy, birth, and the postnatal period.
OBJECTIVES

The main aim of these sessions is to increase teamwork, group support and cohesion in the maternity unit.

1. To promote opportunities to share reactions and feelings
2. To identify avenues for further assistance if required e.g., medication, legal redress, alternative dispute resolution or individual counseling
3. To support individuals with coping mechanisms to overcome experiences related to trauma or critical incidents

FACILITATING DEBRIEFING SESSIONS

The facilitator can be a counselor or professional peer who helps the group process the information being shared. This may include nurses/midwives, psychologists or hospital chaplains. The facilitator should have the professional skills to guide the established process that will help group members recover from their distress. The facilitator assesses the need for individuals who might benefit from further individual counseling and will make recommendations for individual follow-up.

EFFECTIVENESS

Over 130 service providers from maternity units took part in at least one debriefing session with four facilities institutionalizing the intervention. This became one of the most appreciated interventions for health care providers in dealing with drivers of D&A. One facility has fully incorporated this activity as a part of their routine services to promote RMC.

PERSONAL EXPERIENCES

“In the past, the psychologist in this facility mainly focused on patients’ support and did very little in reaching the staff that required psycho-socio care” —FACILITY MANAGER

“In this maternity ward, when you report on duty you work without a break... shifts may not be followed because there is no way you can leave a mother in a critical time of need you just continue working” —MIDWIFE IN A DISTRICT HOSPITAL

“Sometimes my nurses experience burnout related to work and workload and sometimes related to outcomes like a maternal death. And it really puts them in a situation where they are not able to cope” —SENIOR NURSING OFFICER, DISTRICT HOSPITAL

“Since we started these debriefing sessions, teamwork has improved” —MATERNITY IN CHARGE

“These debriefing sessions make us feel that it’s not about achieving targets for skilled birth attendants but someone also cares for us” —PROVIDER IN MATERNITY UNIT

CONCLUSION

These debriefing sessions have proven to be a feasible intervention to support health providers. Psychological debriefing improves staff wellness and thus contributes to individual and team performance. It can easily be adapted and replicated within the existing health structures with minimal resources.

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