

Strategies to improve interpersonal communication along the continuum of maternal and newborn care: a scoping review and narrative synthesis

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Background

Effective communication is crucial in maternal and newborn care (MNC) but lacks a comprehensive overview. The Feldman- Stewart and Brundage's communication framework is useful for illustrating how interpersonal communication works.

Effective communication can serve three different goals (Ong et al):

- Facilitating the exchange of information
- Creating a good interpersonal relationship
- Enabling the inclusion of patients and families in decision making

Objective

To map and categorize implemented strategies for improving interpersonal communication between health workers, women and their partners within MNC up to 42 days after birth.

Methods

Domain

MNC plus related domains in sexual and reproductive health care.

Eligibility Criteria:

Exclusions: Studies related to mass communication, group communication, one-way communication, interprofessional communication, and communication between mothers and babies. Additionally, studies involving intervention packages with overall objectives unrelated to improving communication were excluded.

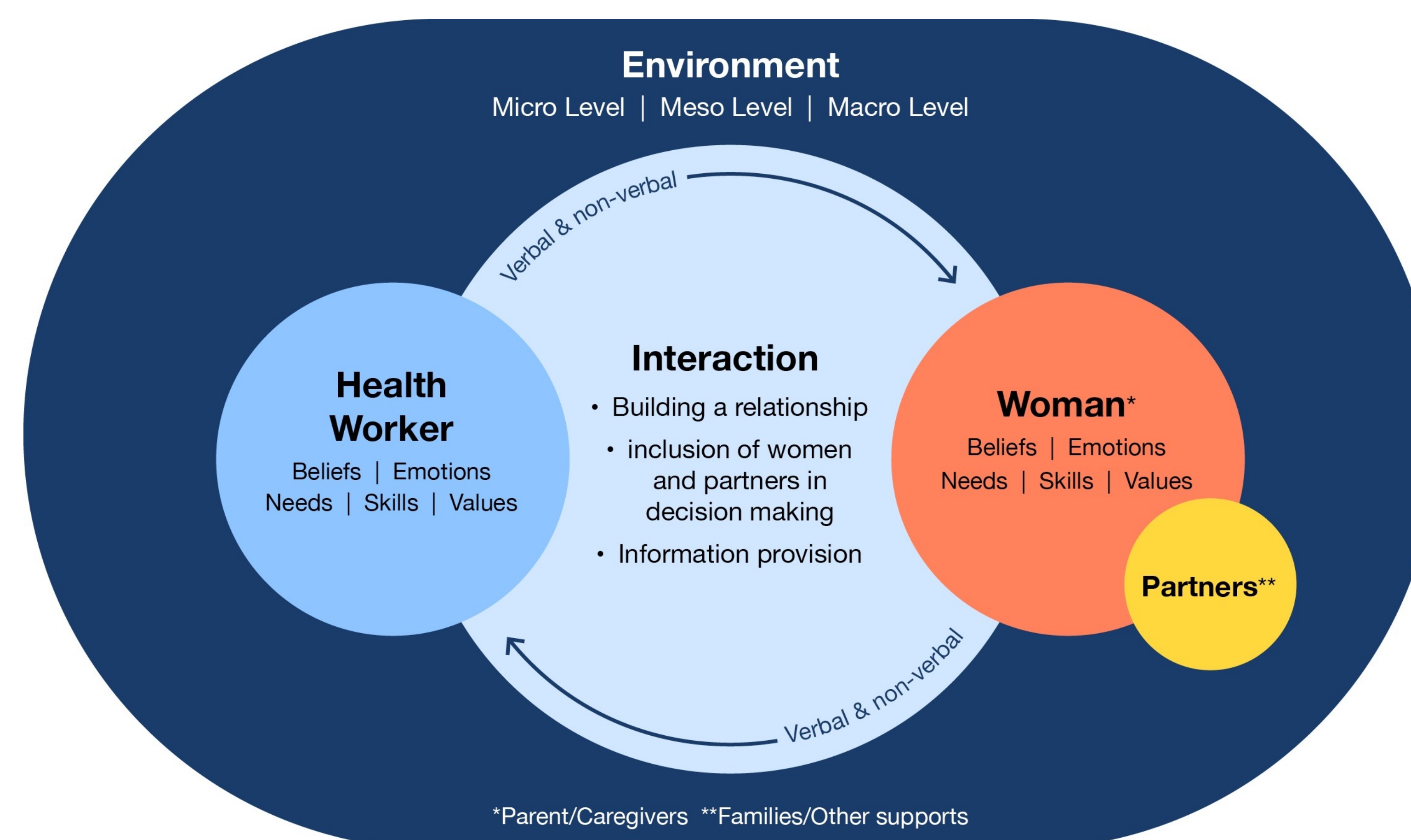
Sources: 11 sources were used including PubMed/Medline, EMBASE, CINAHL, SCOPUS, PsychINFO, Anthropology PLUS, African Journals Online (AJOL), and Global Health Library.

Search terms: Related to 'communication', 'health workers', 'MNC or related SRHR domains', 'women and families' and 'intervention'.

Selection Process Two independent reviewers screened articles, and any discrepancies were resolved through consensus.

Data extraction: Using a standardized pre-piloted form.

Data synthesis: We summarized key characteristics and categorized different interventions into the three communication goals.



Results

138 articles studied, highlighting 128 strategies.

Most interventions in high-income countries (n=95, 74%), with 33 (26%) in LMICs.

Goals: Info exchange (n= 98), relationship-building (n=58), involving women/partners in decision-making (n=41).

Two strategy types: Health worker training (n=81), tools for interpersonal communication (n=67).

We updated the Feldman-Stewart and Brundage framework for interpersonal communication based on findings.

Conclusion

This review provides a novel classification for designing strategies, measurement tools, and evaluation studies aimed at improving interpersonal communication between providers and women and their families.

Prioritizing information exchange is common, but fostering interpersonal relationships and involving women and families is crucial for patient-centered MNC communication.

A learning agenda, vital in low-resource areas with high maternal and newborn mortality, offers practical guidance for quality of care improvements.



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