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# A scoping review protocol: Mapping the range of policy-related evidence influencing maternal health outcomes in a fragile, low-income country

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## Abstract

**Aim:** The aim of this scoping review is to map the range of policy-related evidence influencing maternal health outcomes and determine the cultural and contextual factors influencing maternal health in Myanmar, a low-income, fragile setting.

**Design:** Eligible studies identified will include maternal health-related policies, policy documents and research. All types of health-related policies aimed at targeting population health and well-being influencing maternal mortality and morbidity will be considered.

**Methods:** This scoping review has been developed using the Joanna Briggs Institute recommendations. The database search will include MEDLINE, CINAHL, Web of Science, Cochrane Library and the grey literature. Documents published in English and Burmese in the past 10 years will be included. Numerical data will be extracted and summarized in diagrammatic form, and a descriptive format will be used to present narrative accounts. Funding approval was granted by the Economic and Social Research Council in January 2020. This protocol was registered with OSF registries (Open-ended Registration) on 30 March 2021.

**Discussion:** Little is known about which strategies work best as there is less evidence related to health policy and contextual factors in which maternal health care is delivered in fragile, low-income settings. Understanding the context of maternal health is key to the planning and implementation of effective maternal health services designed to address women's needs.

**Impact:** This review will map the range of policy-related evidence influencing maternal health outcomes in Myanmar and will underpin future large-scale research in other low-income and fragile settings. The results of this scoping review will provide recommendations for developing and improving practice and education for nurses and midwives working in resource-restricted contexts.

## KEYWORDS

community, cultural context, health service provision, health-related policy, maternal health, midwifery, nursing-led education, social enterprise

## 1 | INTRODUCTION

Maternal and population health is a challenge for all health care providers and to a greater extent in low-income countries. The health of the mother is known to strongly impact family and community health; therefore, understanding the contextual factors influencing maternal health is key to the planning and implementation of maternal health services. However, little is known about which strategies work best; moreover, there is less evidence about health policy and the context in which maternal health care is delivered in low-income countries. One such low-income country of particular significance in this regard is Myanmar.

Myanmar, a low-income and fragile setting, is a country which possesses a unique cultural and ethnic diversity and is rich in natural resources. The terrain is made up of highlands in the east, mountains in the west with plains in the central region. Its four largest rivers are over 1200 mi long and are the livelihood of its inhabitants. With 135 recognized ethnic groups and a wide variety of social and political ideologies, Myanmar has been in political and organizational transition from a military dictatorship towards a form of ethnic federalism for the last decade (Bünthe et al., 2019; South, 2018). Adverse living conditions (Wai et al., 2015) and lack of transport together with a shortage of health services impact upon peoples' lives (Daniels & Abuosi, 2020). Poor education, early marriage and traditional beliefs compound the difficulties faced by those endeavouring to provide health care (Dennis et al., 2007; Gasseer et al., 2004; Raman et al., 2016; Renfrew et al., 2014). Furthermore, the economic momentum of the country is significantly impacted by the multidimensional factors cited above, thus negatively affecting peoples' well-being and health (CSO, 2020; Tin et al., 2010). This situation can be described as a fragile setting which is known to contribute significantly to global and principally maternal mortality rates (Baba et al., 2020; Blencowe et al., 2016; Gopalan et al., 2017).

## 2 | BACKGROUND

The most recent maternal mortality rate (MMR) in Myanmar is recorded at 289 per 100,000 live births. However, in remote areas, the MMR is estimated to be 721 deaths per 100,000 (Loyer et al., 2014). The country is making headway towards improving health through the introduction of a universal health care system and meeting the fifth Millennium Development Goal (MDG) (WHO, 2018, 2019; Singh et al., 2018). However, a lot remains to be done to provide maternity services that are fit for purpose and in keeping with the Sustainable Development Goals (SDG) (Singh et al., 2018; Tin et al., 2010).

International support is available, and numerous health systems are at present taking steps to improve health service provision in Myanmar (Singh et al., 2018). Nevertheless, a strategy that values people and

### Summary Statement

#### Why is this review needed?

- There is a specific need to understand policy context in Myanmar to inform planned educational interventions.
- Maternal and population health is a challenge for all health care providers especially nurses and midwives working in low-income, fragile countries.
- The health of the mother is known to strongly impact family and community health; therefore, understanding the context of maternal health is key to the planning and implementation of maternal health services.

takes account of their the social, cultural and community context is more likely to be sustainable (Singh et al., 2018). Co-producing health is about styling the local and existing social, community and health support systems and services that people use and involves working with people to support them improve their health and well-being (Cahn, 2004) In this context: fragile setting (Gopalan et al., 2017), poor health care and high maternal mortality rates, a long-term, tailored and sustainable solution to maternal health care provision is needed (Onarheim et al., 2016; Singh et al., 2018).

There is incontrovertible evidence from many policy spheres to show that improving health care requires scrupulous political choices (Singh et al., 2018; Tin et al., 2010), as does policymaking in maternal health interventions (Blencowe et al., 2016). The individual culture and infrastructure of some low-income countries may mean that policies and stratagems from other countries may not fit or be transferable to them (Burchett & Mayhew, 2009; Frankenberg et al., 2009). Furthermore, these countries do not have the means nor the capacity to effect policies that have demonstrated significant outcomes elsewhere (Burchett & Mayhew, 2009), and as well as this, evidence on maternal health policies in low-income countries is scarce (Blencowe et al., 2016).

However, there is consensus on the economic benefits of investing in maternal health services and use of a policy approach (Haynes et al., 2018; Singh et al., 2018; Tin et al., 2010). Healthy mothers can better provide for their children and their communities, which in turn leads to a more productive and prosperous livelihood for all. This scoping review of both the policy and research findings related to maternal health provision may be used as a vehicle to improve maternal and population health. It goes further than the individual to communities, seeking to find sound and deliberate developmental options for maternity and health care systems that will be fit for purpose and also be sustainable (Banke-Thomas et al., 2019; Maung et al., 2020; Onarheim et al., 2016; Starbird et al., 2016).

There is little available information about the models of maternity care and how these are used in Myanmar. Moreover, the country possesses a unique ethnic, cultural, contextual richness and diversity (Milkowska-Shibata et al., 2020). Understanding maternal health needs and the links to cultural and contextual factors in this setting is key to the planning and implementation of future, sustainable, maternal health service provision (Scott & Danel, 2016; Singh et al., 2018). The distinctive, multifaceted (Geo-Political, Economic and Psycho-Social) and evolving circumstances in Myanmar make this an imperative.

### 3 | DESIGN

A scoping review methodology has been selected here. This is because the method allows the drawing together of all relevant information which has not previously been merged in this way (Peters et al., 2020). We will draw together the relevant information to achieve the aim of our review (Peters et al., 2020). In addition, this scoping review will map the existing health-related policies, policy documents and research findings to determine the cultural and contextual factors influencing maternal health and well-being in the unique context of Myanmar.

As far as we know, policies, policy documents and research findings focusing on maternal health in Myanmar, and more specifically on determining the cultural and contextual factors influencing maternal health, have not been synthesized, which justifies the need for this work. This scoping review will synthesize the available evidence on various maternal health-related policies, policy documents and research findings. It will provide an overview in the much-needed field of women's and maternal health in a fragile setting, with a unique emphasis on the contextual factors that influence maternal health in Myanmar. The outcome of this scoping review will determine the range of current maternal health-related policy evidence in Myanmar and map this knowledge for future research in other multi-ethnic and fragile settings.

#### 3.1 | Aim

The aim of this scoping review is to map the range of policy-related evidence influencing maternal health outcomes and determine the cultural and contextual factors influencing maternal health in Myanmar, a low-income, fragile setting.

## 4 | VALIDITY AND RELIABILITY

### 4.1 | Participants

This scoping review will focus on individuals (pregnant women, mothers, women, adults, children, babies and neonates), families and subpopulations (ethnicity, communities, age and groups) and communities and society.

### 4.2 | Concept

All maternal health-related policies, policy documents and research findings will be included. To be considered as a policy, policy-related document or research finding, we will consider the description provided by Haynes et al. (P. 149) (Haynes et al., 2015).

**Policy:** A formal statement or action plan developed by a government agency or statutory body in response to an identified problem. This includes state-wide or national legislation, policies, programs, directives, protocols, guidelines, and service models.

**Policy document:** A review, report, discussion paper, draft or final policy, formal directive, program plan, strategic plan, ministerial brief, budget bid, service agreement, implementation plan, guideline, or protocol with a focus on health service or program design, delivery, evaluation, or resourcing

**Research findings:** Analyses of quantitative or qualitative data, or theory, found in peer reviewed papers, technical monographs or books, or in grey literature such as internal studies and evaluations, and reports on authoritative websites

This review aims to capture all current maternal health-related policy evidence in low-income countries linked to care or prevention, we are not merely aiming at treating maternal health or the provision of emergency obstetric care. Therefore, policies, policy documents and research findings aimed at women's health, antenatal care and education, birth, emergency obstetric care interventions, women's well-being and social enterprise will also be included in the review.

### 4.3 | Context

All contexts will be considered eligible and will include, however not be restricted to, the home, hospitals, health care facilities, clinics, birthing centres, school settings, public places and any indoor or outdoor community facility.

#### 4.3.1 | Inclusion criteria

Studies describing the characteristics of maternal health-related policies, policy documents or research findings impacting any Myanmar health care service provision will be included. World Health Organization (WHO), United Nations (UN) and Non-Governmental Organization (NGO) reports and summaries, national and regional policy documents and the literature which aims at reducing the risk factors of maternal mortality

will also be included. Documents published in English and Burmese in the past 10 years will be included, as, over the last decade, the WHO and its member states in South East Asia envisage universal health coverage, strengthening maternal and childcare became a key component of this agenda, thus impacting wider health policy approaches in Asia (WHO, 2018, 2019).

#### 4.3.2 | Exclusion criteria

Countries which are not low income will be excluded from this scoping review.

### 5 | ETHICAL CONSIDERATIONS

The data in the proposed scoping review will be centred on published articles. Ethics approval is not needed as the documents in the review are freely available.

Ethics approval was given by the University Research Ethical Committee, and funding of this study was by the Economic and Social Research Fund and United Kingdom Research and Innovation. Funding approval for this project was granted in January 2020.

### 6 | REVIEW QUESTIONS

*What health policy or research topic is referred to in the literature? (based on Hodges Health Career Model) (Jones, 2017):*

- Person-centred or specific
- Physical (hospitals, clinics, health centres and birth centres)
- Economic
- Political
- Sociocultural
- Educational (e.g., health education)

*Who or what groups are the focus of the literature?*

- Individuals (pregnant women, mothers, women, adults, children, babies and neonates)
- Family
- Subpopulations (ethnicity, communities, age and groups)
- Settings (home, health centre, maternity, hospital, rural communities and urban)
- Society

*How is equity addressed in the health policy or health research literature?*

*How effective, overall, was the research intervention or the policy implementation?*

*What facilitated the achievement of the research goals or the enactment of the policy?*

*What difficulties were encountered by the researchers or the policymakers?*

Quantitative studies such as randomized controlled trials, experimental, quasi-experimental, descriptive, cohort studies and case studies or case reports may be considered.

Qualitative research that focuses on qualitative data including those employing designs, such as phenomenological, feminist, grounded theory and ethnographical approaches, will be taken account of. This list is not exhaustive. Systematic reviews may also be incorporated depending on the research question. Maternal health-related policies and policy documents from government or governing bodies may be incorporated in the review.

### 7 | METHODOLOGY

The proposed scoping review will be conducted in accordance with the JBI methodology for scoping reviews, and these recommendations endorse a wide-ranging and inclusive approach to the literature search (Peters et al., 2020). The development of the search strategy is taking place in collaboration with a librarian. A preliminary search, Cochrane library, MEDLINE (Ovid) and CINAHL (Complete), for systematic and scoping reviews on similar topics was conducted on 25 February 2021, and no scoping reviews were found.

A comprehensive search of electronic databases will be carried out by A. H. Peer-reviewed publications related to maternal health policies will be sought using online search engines: MEDLINE (Ovid), CINAHL Complete (EBSCO Host), Web of Science (ISI) and Cochrane Library (Wiley). Key information sources will include WHO and United Nations Educational, Scientific and Cultural Organization (UNESCO). Documents published in English and Burmese in the past 10 years will be included. Relevant works in CENTRAL and PROSPERO will be identified and will also be accessed.

The scoping review reporting methods outlined by the Preferred Reporting for Items for Systematic reviews and Meta-Analysis Protocols (PRISMA-P) using the scoping review extension (PRISMA-ScR) will be employed. The PRISMA-ScR checklist will be included in the review results paper.

Key search terms will comprise those obtained via Medical Subject Headings (MeSH), and "maternal health or maternity care or maternity service" will be used in conjunction with "policy or policies or guideline\* or strateg\* or law," relating to "maternal morbidity or maternal mortality or near miss." Reference lists of relevant systematic reviews and others will be gleaned out to find any further studies of consequence for us that may not have been previously obtained.

The search strategy (available as Table 1) will be carried out using the search terms related to each of the topics of interest. These

**TABLE 1** Search strategy

1. (maternal health or maternity care or maternity service\*)[.mp multi-purpose] or (Maternal Welfare or Maternal Health or Maternal Health Services)[MeSH]
2. (policy or policies or guideline\* or strateg\* or law)[.mp multi-purpose] or (Policy or Health Policy or Health Care Reform or International Health Regulations or Nutrition Policy or Guideline)[MeSH]
3. (maternal morbidity or maternal mortality or near miss\*)[.mp multi-purpose] or Maternal Mortality [MeSH]
4. ("middle and low income count\*" or "middle or low income count\*" or "low or middle income count\*" or "low and middle income count\*" or developing count\* or burma or Myanmar)[.mp multi-purpose] or (Developing Countries or Myanmar)[MeSH]
5. 1 and 2 and 3 and 4

Note: MEDLINE (Ovid) search carried out 30 November 2020. The search strategies for the other databases will be similar in structure with similar search terms and synonyms.

will then be combined, firstly, to incorporate the search terms in Searches 1–4 and following this in succession to comprise maternal health search terms with the other search terms, ending (5) by combining Searches 1 and 2 and 3 and 4.

Google scholar will be used to uncover the grey literature and to detect other suitable policy documents, reviews or executive summaries. Applicable internet sources such as WHO, UNESCO, United Nations Children's Emergency Fund (UNICEF), Myanmar Ministry of Health and Sport and WHO Regional office for Asia will be used to acquire relevant information and papers. Key local contacts in the health and education sectors in Myanmar will be contacted about existing policies and reports, and copies will be obtained where possible. To complete the search, reference lists of the included papers and articles will be scrutinized to uncover any further documents.

After carrying out the search, all citations of literature to be included in the review will be uploaded into EndNote (Clarivate, Web of Science [WoS]), after eliminating all duplicates. Two independent reviewers will screen the documents using the inclusion criteria to do so. Suitable sources of information will be recovered, and the complete citations retained.

The full text of documents for possible inclusion in the review will be assessed by the screening team at a reviewers' meeting. Reasons for exclusion of sources of evidence at full text will be logged and then stated in the review itself. Any difference of opinion in the review team at any point will be resolved through discussion within the team. The results of the search and the study inclusion process will be comprehensively described in the scoping review and presented in a flow diagram (Tricco et al., 2018).

A standardized data extraction tool will be designed (available as Table 2) and then used against the selected policies and studies. The data will be organized applying predetermined fields and the themes arising. Two researchers (A. H. and L. D.) will carry out data extraction separately, and the data will then be assessed. The data extraction tool

will be changed and adapted during the process of gathering information from the respective evidence source, and all modifications made will be explained fully in the final review.

## 8 | DISCUSSION AND IMPACT

Hodges' Health Career Model (Jones, 2017) will be implemented during the review process and will provide a framework to organize the data into fields which will include the physical, economic, political, sociocultural and educational environments. The review will provide an overview of data extracted from the relevant policies and research findings. This information will then be presented using diagrams and tables for easy accessibility.

### 8.1 | Contribution to knowledge

- The impact of sustainable community support (educational, social enterprise and health) will enable the development of structures and initiatives to improve maternal health and better access to nurse-led health care.
- Insights into national policies (e.g., health, economic and educational) and research evidence which determine and regulate the livelihoods and choices of individuals and families can be used by nursing professionals to positively effect change.
- The wider cultural and contextual factors impacting on maternal health in low-income and fragile countries need to be understood by nurses and other health professionals so that people and communities are enabled to develop sustainable livelihoods and achieve health and well-being.
- Unique and culturally appropriate, contextually sensitive nurse-led education programmes are needed to improve the acceptability of these to people and their communities.

### 8.2 | Limitations

We acknowledge the limitation of inclusion of literature which is in English or Burmese as this will mean that ethnic publications will not be included in the scoping review. No assessment of the quality of the documents included in the scoping review will be carried out as this is not the object of such a study.

## 9 | CONCLUSION

This scoping review will map the range of policy-related evidence influencing maternal health outcomes in low-income countries and will underpin future large-scale research. This key contextual information will inform the development of appropriate and sustainable maternal health and social care.

TABLE 2 Tabular presentation of data for the scoping review

Parameters	Results
Numbers of publications	Total number of sources of evidence Total numbers between 2010 and 2020 (date here) Number of publications every year
Types of policy/studies	WHO UN Economic Political National Regional Obstetric Guideline Randomized controlled trials Non-randomized controlled trials Quasi-experimental studies Before-and-after studies Prospective cohort studies Retrospective cohort studies Case-control studies Cross-sectional studies Other quantitative studies
Population/s identified	Newborn Children Women Parent/s and/or caregivers Health care professionals Services Others (not classified in any of the above)
Quality of life domains and Hodges Health Career Model domains for Global Health (Jones, 2017)	Physical Emotional Family Social Community School/learning/education Cultural Behaviour Mental health General health Speech/language Other (not classified in any of the above)
Format/number of items	Paper-based Web-based Mobile/tablet (e.g., app) Others

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**CONFLICTS OF INTEREST**

No conflict of interest has been declared by the authors.

**PEER REVIEW**

The peer review history for this article is available at <https://publons.com/publon/10.1111/jan.14956>.

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