

Understanding perceptions on feasibility of midwife-delivered care for hepatitis B during pregnancy in Vanuatu

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Hepatitis B in Vanuatu

- Estimated 9% of the population living with chronic hepatitis B.
- 5 % prevalence among women of reproductive age.
- Hepatitis B Birth Dose coverage is suboptimal at 71%.
- Interventions to prevent and treat chronic hepatitis B infection are available in Vanuatu and supported by national guidelines but uptake and use is limited.





Protektem Pikinini Blong Yu (PPBY) Trial

- WHO updated their guidelines for the use of antiviral prophylaxis in pregnancy to prevent mother-to-child transmission of hepatitis B in 2024.
- PPBY aims to evaluate the effectiveness, acceptability, and safety of universal peripartum antiviral prophylaxis.
- Findings will inform regional and global guidelines.
- The overall aim is to improve maternal and child health in Vanuatu through expanded use of tenofovir to prevent MTCT of hepatitis B.



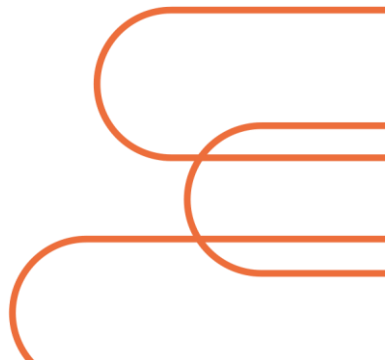


Could task shifting hepatitis B care during pregnancy to midwives help?

- Midwives and nurses already provide most ANC services for pregnant women.
- Hepatitis B care typically managed by doctors at hospitals, limiting access at primary care levels.
- Engaging nurses and midwives at primary level could improve access to hepatitis B PMTCT services.
- Policy makers' perspectives on task shifting PMTCT interventions for hepatitis B to midwife- or nurse-led models of care are not known.

In response to these knowledge gaps,

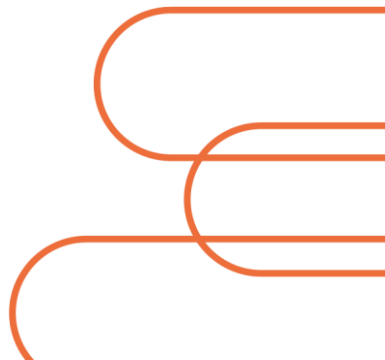
- this study aimed to understand perceptions of policy makers on the feasibility, acceptability and sustainability of midwife- or nurse-delivered interventions to prevent mother-to-child transmission of hepatitis B during pregnancy in Vanuatu.





Interviews with policy makers at national- and provincial-level

- 12 Semi-structured qualitative interviews were conducted with national and provincial stakeholders.
- Discussions focused on integration of hepatitis B testing and prophylaxis treatment into routine ANC clinics by midwives or nurses.
- Potential participants were identified purposively from study investigators' professional networks and were invited to participate in the study in-person or via telephone or email.
- Transcripts were uploaded into NVivo X15 for deductive thematic analysis guided by PRISM and RE-AIM models.





Thematic analysis



- Available supportive policies and guidelines
- Supportive networks
- Supportive sentiments about competencies of nurses and midwives

Feasibility



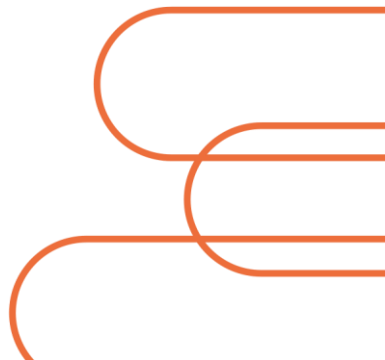
- Strong emphasis on importance of PMTCT
- Community trust of nurses and midwives
- Midwives and RNs already providing care
- Importance of improving access and coverage
- Limited stigma and discrimination
- Buy-in for task sharing

Acceptability



- Resourcing (HR, financing, supplies)
- Formalising task shifting
- Pathways for communication and referrals
- Client awareness and health education
- Gradual rollout of the model

Sustainability





Findings: Feasibility

SUPPORTIVE POLICIES

*“Because our policy is that **health should be accessible and affordable**, so we must try our best to have everyone be **able to access services on their doorstep.**”*

SH6

SUPPORTIVE NETWORKS

*“When a mother is in labour for example, and they need advice they can put it in the group chat, and someone will respond. Everyone in the Vanuatu midwifery society is in the group chat. **It is good to have a platform like this.**”*

SH5



Findings: Acceptability

COMMUNITY TRUST OF MIDWIVES AND NURSES

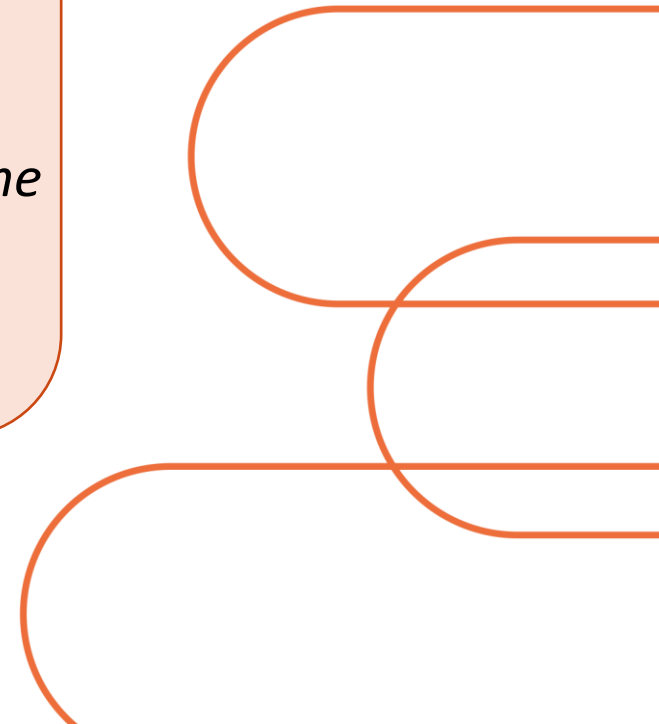
*“they [the community] have full trust in our nurses in the health facilities, so they [the community] **already know what services they provide, and they trust all of them.**”*

SH8

IMPORTANCE OF IMPROVING ACCESS

*“I believe strongly that if we decentralise this service to the community, it will **be very effective** because a lot of women have challenges with the cost of travel to come to the hospital to attend their visits.”*

SH11





Findings: Sustainability

RESOURCING CHALLENGES: FINANCES

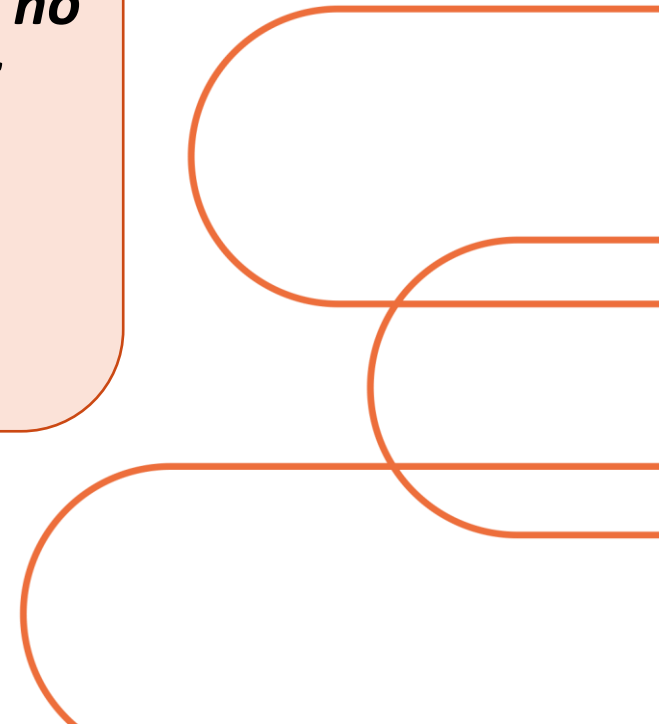
*“I think the main challenge has do with financing to implement this model. **Finance is often a challenge for us**”*

SH2

CONTINUING PROFESSIONAL DEVELOPMENT

*“Things have changed. Up to date, evidence-based practice, **they have no idea, they are doing their normal patient consultations.**”*

SH12





What did the policy makers think?



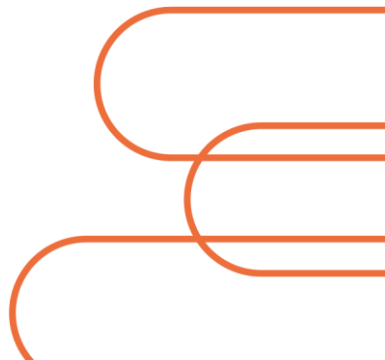
- The results of this study are encouraging, with strong indications that a midwife- or nurse-led approach for interventions for PMTCT of hepatitis B would be both acceptable and feasible.
- There remain critical aspects which need to be addressed for the sustainable implementation of this model.
- These include overarching challenges related to Vanuatu's health services and systems.





Implications for policy and practice

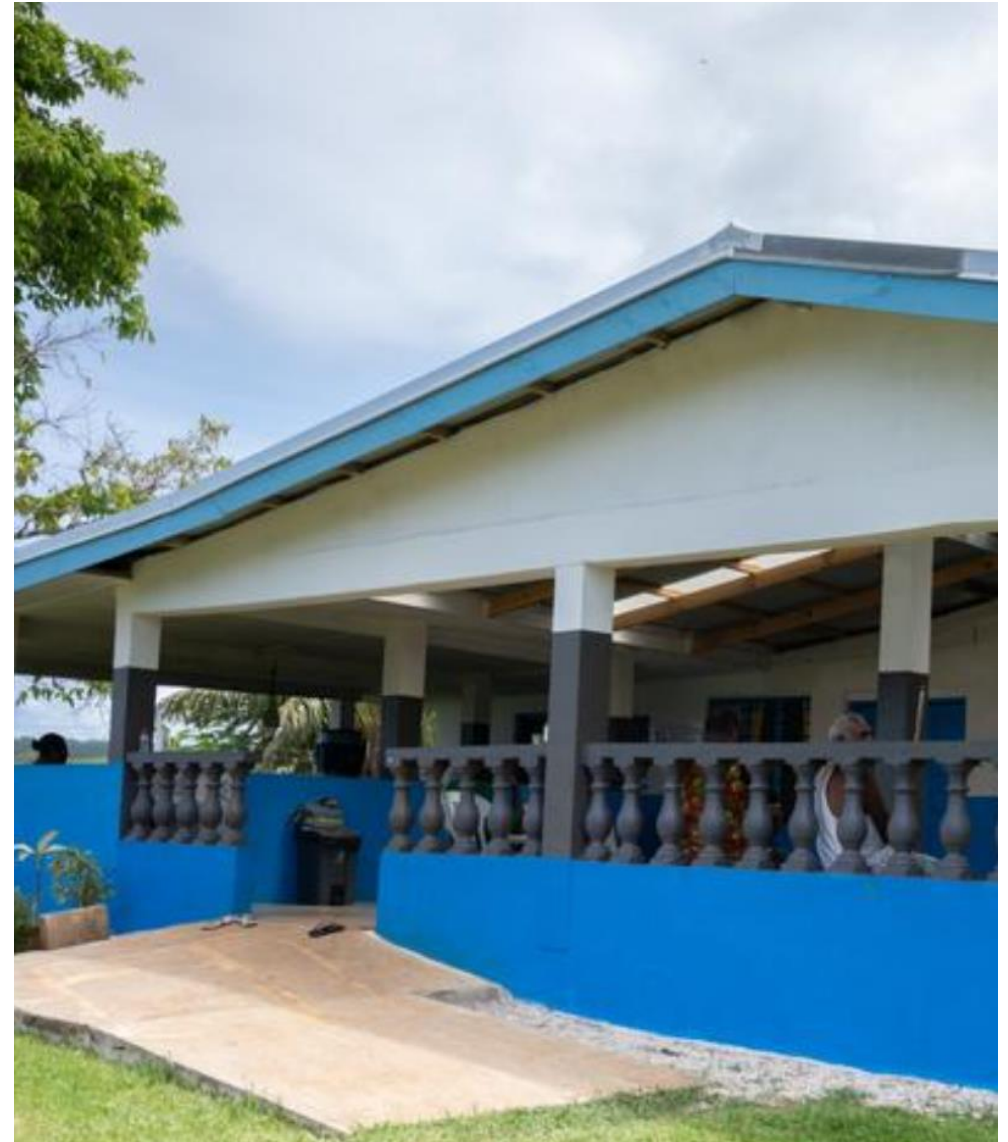
- With appropriate support, community-based nurses and midwives can provide hepatitis B services that are usually restricted to hospitals, improving access for people living in remote and rural areas.
- Improve mechanisms for ongoing education and training for nurses and midwives, particularly for those in hard-to-reach areas.
- Delivery of health education and awareness in a way that is culturally appropriate and minimises stigma and discrimination.
- Implementation research during roll-out, to ensure improvements in delivery of hepatitis B care, and to understand community and healthcare provider perspectives.





Next steps

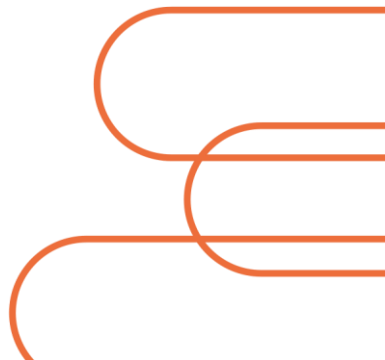
- Additional work is required to understand the acceptability of this model of care among midwives and nurses who would be implementing this model of care, as well as pregnant women living with hepatitis B. This work is planned.
- Continued recruitment and follow-up for PPBY trial.
- Results on the effectiveness of the “prophylaxis-for-all” approach in the PPBY trial should be available next year.
- Cost-effectiveness analysis.





Key actions and takeaways

- **Key action 1:** explore the feasibility and acceptability of task shifting certain components of hepatitis B care to increase access.
- **Key action 2:** use pilot sites or implementation research to explore possible ways to sustainably implement changes. If things work, roll them out further.
- **Key action 3:** Engage community, provincial and national stakeholders when developing Health Center level guidelines to ensure alignment with day to day service delivery.





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