

SOGON 2024 CONFERENCE REPORT

Overview

The Solina Centre for International Development and Research (SCIDaR) team participated in the Society of Gynaecology and Obstetrics of Nigeria (SOGON) 58th Annual General Meeting and Scientific Conference (Uyo 2024). The conference took place from November 26 to 30, 2024, with the main event held at Ibom Hall in Uyo, while side events and meetings were conducted at Watbridge Hotel, Uyo.

The overarching theme of the event was “Sustaining Quality Maternal & Child Health in a Challenging Economy,” while the sub-themes were

- a. Strategies for prevention of Gynaecological cancers;
- b. Mitigating Gender-based violence in Nigeria; and
- c. Improving uptake of family planning services in Nigeria

Summary of key takeaways from the conference

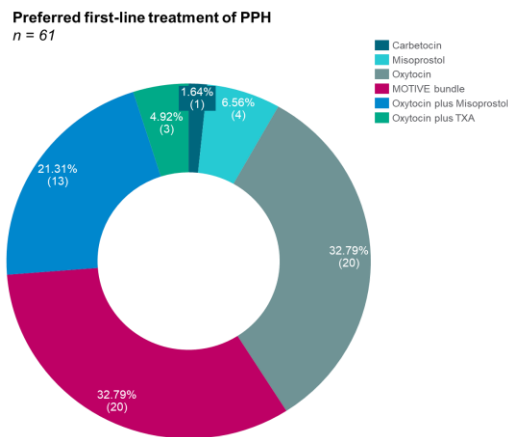
- Overall, SCIDaR's participation at the SOGON conference was considered successful. The objectives of showcasing SCIDaR's growing maternal health portfolio and gaining insights from experts on maternal health priorities were achieved
- The two priority areas at the conference, namely PPH management and cervical cancer, are similar to the current global priority areas regarding maternal health. The PPH component aligns with the WHO roadmap on PPH reduction, which is the foundational tool for BMGF and NPHCDAs coalition effort to reduce the incidence and outcomes of PPH. SCIDaR should aim to continue to prioritize PPH alongside other partner organizations in the coming years, to achieve global targets, particularly in Nigeria and other sub-saharan countries. There might be a need to expand the plans to include overcoming the challenges of availability of blood and this should be tracked during the roll out of the PPH bundle
- It also indicates cervical cancer as an emerging area for which SCIDaR should intensify its efforts in the coming years towards expanding preventive strategies and newer innovative approaches in this area
- Hypertensive disorders of pregnancy are still a priority area though little insight was gotten from this conference on the subject. There is a need to stimulate discussion to ensure a broad approach to reducing maternal mortality in a targeted manner
- The findings suggest that newer innovations (Azithromycin in Pregnancy and AI-assisted USS) in maternal health is increasing and efforts might need to be strengthened in these areas as the environment might be favourable for integrating these into practice
- The SCIDaR booth had more engagement than the oral presentations, in part due to challenges with preparation by the conference organizers, and its role as a reference point for questions or discussions arising from the oral presentations
 - ❖ We recommend incorporating booth setups in future conferences, such as upcoming SOGON or FIGO events. These booths can provide opportunities to engage with stakeholders in the maternal health space, foster collaborations, and establish SCIDaR's position as a key player in maternal healthcare in Africa

- ❖ These booths should be manned by a person(s) who are knowledgeable on the organization/ project to facilitate meaningful engagements with experts in the field

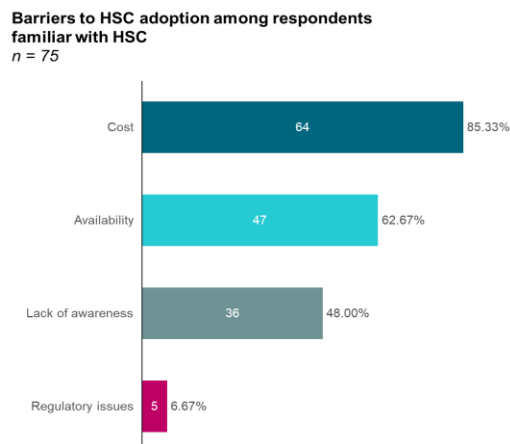
As part of our efforts to improve maternal health outcomes, our team conducted a survey among experts in the field during the SOGON conference. The primary objective was to gather insights from these experts, regarding their current practices, perceived challenges and recommended priorities for addressing maternal health issues.

Summary of Insights from the analysis of the questionnaire

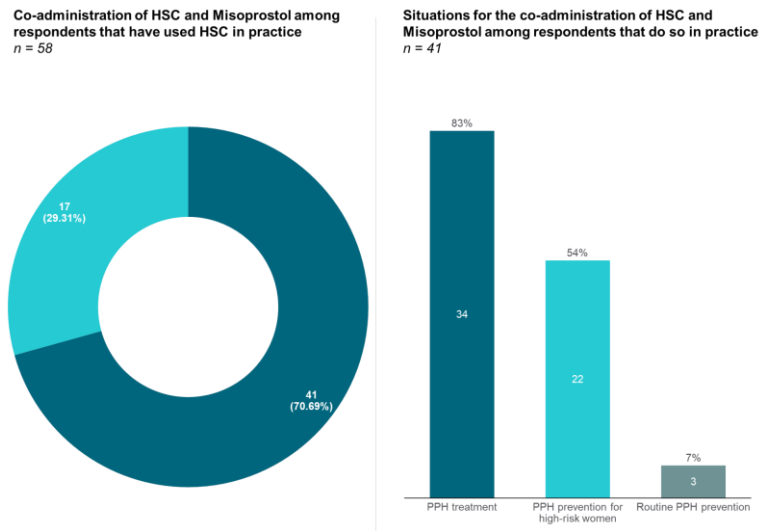
- Findings suggest that an increasing number of experts prefer the MOTIVE bundle for treatment of PPH with about a third of them showing preference for its use as firstline for treatment of PPH. With the rollout of the PPH bundle, these numbers are expected to rise as more health workers adopt practices in line with WHO recommendation.



- There appeared to be inadequate knowledge on the current public access price of HSC as majority answered pricing and availability as barriers to HSC use, with 3 specifically mentioning a price above N20,000 in their facilities. There is a need to continue to enlighten practitioners on current public access price and perhaps consider newer strategies to ensure widespread availability of HSC at the point of care

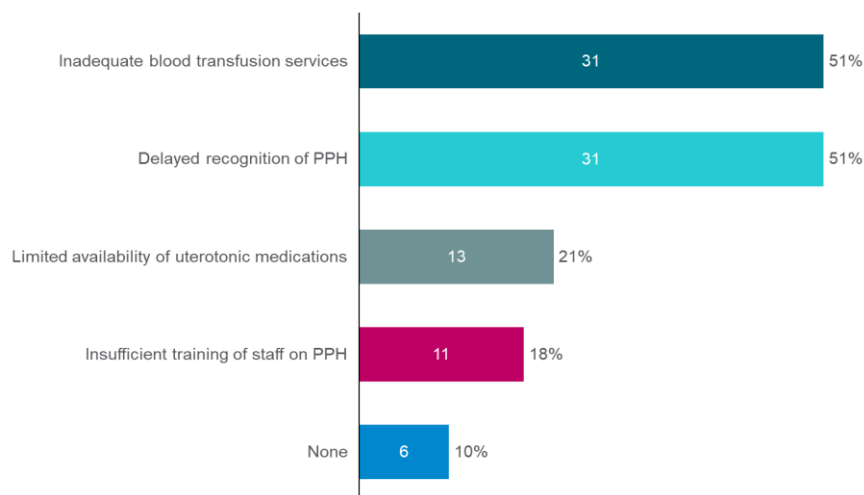


- The idea of combining HSC with Misoprostol is widespread and there is a need for more emphasis on the proper use of HSC and the current evidence on its use as a stand alone uterotonic. Also, as a large proportion of respondents mentioned the use of the combination for PPH treatment, it is important to emphasise that HSC use in PPH treatment is limited to research purposes.

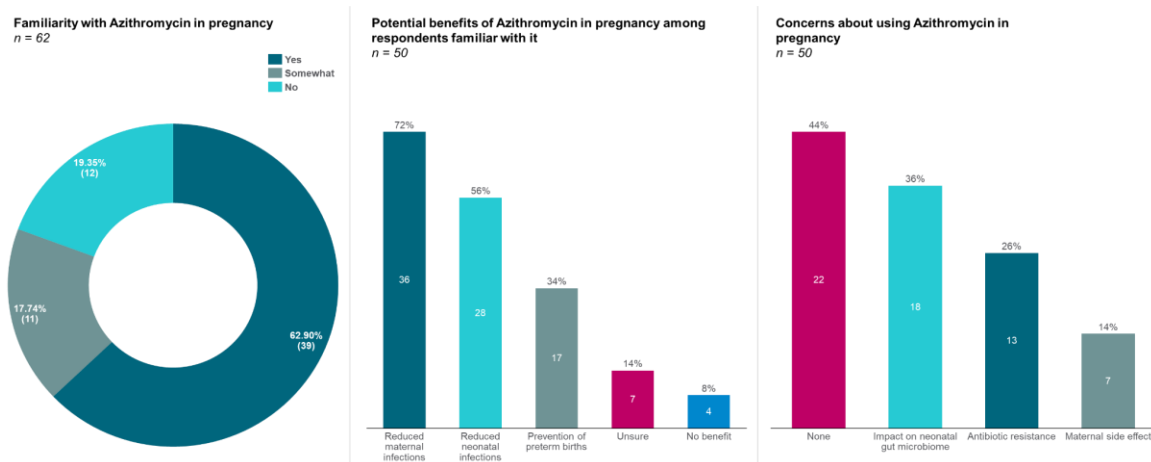


- Delayed recognition of PPH was listed as a major challenge in management of PPH, this supports the advocacy efforts for the use of calibrated drapes for early detection. However, little is being discussed about solving the challenges with availability of blood transfusion services. SCIDaR currently offers non-funded support to the National Blood Service Agency (NBSA) to address the challenges of blood availability, however, more attention might need to be given generally to this arm to reduce morbidity and mortality from PPH

Biggest challenge in managing PPH
n = 61



- Knowledge on use of Azithromycin in pregnancy was fair, with good knowledge of its benefits and concerns about half the time. This would suggest there is potential for integration into the practice in Nigeria



Conference highlights

The conference was the largest gathering of obstetricians and gynaecologists in Nigeria. There were over 500 attendees and stakeholders from a wide range of areas including healthcare and public health practitioners, members from the pharmaceutical industry, and vendors. There was significant participation from NGOs, including SCIDaR, Jhpiego, Nigeria Health Watch, Maternal and Reproductive Health Research Collective (MRHRC), ACEPHAP, DKT International, Mariestopes, Field technology Development Partners, Ipas Nigeria, HATCH technologies, Medi-Africa and Centre for Clinical Trials Research and Implementation Science (CCTRIS).

One of the prioritized discussion topics at the conference was PPH with multiple sessions on the topic. These included:

- A pre-conference workshop on early detection and treatment of PPH Using the EMOTIVE Bundle by Jhpiego/AMPLI-PPHI Project
- An advocacy workshop on accelerating measurable progress and leveraging investments for postpartum haemorrhage impact (AMPLI-PPHI). Other PPH focused presentations were;
- Presentation on Advocacy and Partnership for scaling high impact Maternal Newborn Child and Nutrition innovations in Nigeria, which focused on availability of newer and lesser used medications which included the PPH commodities
- Accelerating the role progress towards attaining SDG 3.1 by 2023, which highlighted the Role of calibrated drapes towards achieving SDG 3.1 in Nigeria
- Discussion on the WOMAN 2-Trial and Tranexamic acid to reduce bleeding after childbirth in women with moderate and severe anemia.

The second most discussed topic was in line with the conference theme of “Strategies for Prevention of Gynaecological Cancers,” with cervical cancer as the focus of this discussion. The presentations on this theme include:

- A preconference workshop on colposcopy in gynaecological Cancer: A hands-on training.
- A discussion on progress and challenges of HPV vaccination by DOCFLIC
- A memorial lecture on advancing the African and regional framework for cervical cancer elimination in Nigeria: enhancing routine HPV immunization and defining the next steps
- A plenary session on strategies for prevention of gynaecological cancers which focused on cervical cancer prevention
- The young gynaecologist competition, which focused on the determinants of the uptake of pap smear screening among postnatal women

Other significant discussions were on MMS introduction and uptake in Nigeria and improving uptake of family planning in Nigeria

Highlights from SCIDaR's participation

SCIDaR Presentations

The team had a total of six presentations; 2 sponsored oral presentations and 4 abstract presentations, as detailed below:

S/N	Format (Affiliated program, donor)	Presenter	Title	Key highlights
1	Oral presentation 1 (Smiles for Mothers – MSD for Mothers)	Chinedu Obikili	Optimizing Uterotonic Therapy: Heat-Stable Carbetocin's Clinical and Economic Benefits	<p>Presentation overview/Key messages:</p> <ul style="list-style-type: none"> • Highlight scientific evidence of HSCs efficacy and implementation findings • Inform experts of the Ferring/WHO agreement and public access pricing • Discourage the inappropriate use of HSC and Misoprostol as well as highlight research opportunities on HSCs use <p>Reception</p> <ul style="list-style-type: none"> • Many health workers were aware of HSCs efficacy and desired to use it • HWs are generally unaware of the public access pricing and considered it to be unavailable • There was significant demand for HSC but low uptake due to limited availability <p>Implications/Next Steps Discuss with MSD about alternative strategies to enhance availability of HSC in government health facilities</p>

S/N	Format (Affiliated program, donor)	Presenter	Title	Key highlights
2	Oral presentation 2 (FORM(om) – MSD for mothers)	Thelma Oriade	Sustaining quality maternal and child health in a challenging economy	<p>Presentation overview/Key messages:</p> <ul style="list-style-type: none"> • Provided an overview of the program with emphasis on the program impact and health facility improvements through the loan, digitization, capacity building and community engagement <p>Reception</p> <ul style="list-style-type: none"> • Participants showed interest in the program and visited the SCIDaR booth to receive further information about the program <p>Implications</p> <ul style="list-style-type: none"> • There is demand for the program intervention in states outside the current program scope, which could guide potential expansion efforts by the team
3	Abstract presentation 1	Eric Aigbogun	Artificial intelligence (AI) in cervical cancer screening: A scoping review	<p>Presentation overview</p> <ul style="list-style-type: none"> • AI tools, particularly SVM and deep learning methods, demonstrate high diagnostic accuracy in cervical cancer screening • AI could enhance screening efficiency, especially in low-resource settings, by addressing accessibility and cost challenges <p>Future directions/ Next steps</p> <p>There is a need to invest in research & development, and capacity-development initiatives focused on cervical cancer management using AI in the Nigerian context</p>
4	Abstract presentation 2 (Antenatal Risk Stratification Project, BMGF)	Valentine Amasiatu	Economic implications of using digital antenatal risk stratification (ARS) tool to determine pregnancy risk levels	<p>Presentation overview</p> <ul style="list-style-type: none"> • The study addressed key drivers of maternal mortality—delays in the decision to seek care and delays in receiving care—through the use of a digital antenatal risk stratification (ARS) tool

S/N	Format (Affiliated program, donor)	Presenter	Title	Key highlights
				Future directions/ Next steps The next phase of the ARS program focuses on improving its accuracy by enhancing specificity in order to improve user comprehension and engagement, ensuring more precise risk stratification
5	Abstract presentation 3 (Ferring Grants for Equity in Reproductive Medicine and Maternal Health , Ferring Pharmaceuticals)	Chinedu Obikili	Understanding and Addressing Critical Gaps in Pre-Eclampsia Management: Insights from Kano State's Primary Healthcare Facilities	Presentation Overview/Key message The presentation focused on the Ferring Grants for Equity in Reproductive Medicine and Maternal Health health workforce and infrastructure challenges in identification and management of preeclampsia at PHC level in Kano State Reception <ul style="list-style-type: none"> Discussions surrounded the roles of PHCs in managing PE, highlighting the PHCs responsibility of diagnosing and referral The need for improving abilities of PHCs to offer initial preeclampsia and eclampsia treatment prior to referral was also highlighted Implications/Next Steps The possibility of PHCs adopting simplified MgSO4 regimens was acknowledged as a reasonable consideration
6	Abstract presentation 4(Sexual and Reproductive Health {SRH})	Dr Oritseweyi mi Ogbe	Assessment of Family Planning and Sexual and Reproductive Health Services: Gaps and Opportunities	Presentation Overview The presentation explored family planning gaps in PHCs (BHCPF-funded facilities) following a comprehensive landscape analysis and baseline assessment by NPHCDA to evaluate the readiness of Primary Health Care (PHC) facilities in providing family planning. Next steps <ul style="list-style-type: none"> NPHCDA's community health workforce can be leveraged to deliver SRH education locally

S/N	Format (Affiliated program, donor)	Presenter	Title	Key highlights
				<ul style="list-style-type: none"> The inclusion of Family Planning and overall SRH specializations in the Nursing and Midwifery Curriculum, which is already ongoing through the SRH project.

INSIGHTS FROM QUESTIONNAIRE ON ADVANCING MATERNAL HEALTH OUTCOMES

As part of our efforts to improve maternal health outcomes, our team conducted a survey among experts in the field during the SOGON conference. The primary objective was to gather insights from these experts, regarding their current practices, perceived challenges and recommended priorities for addressing maternal health issues.

By soliciting the opinion of experts working on the frontline, we aimed to gain a deeper understanding of the complexities surrounding critical issues on key maternal health outcomes.

The findings from this survey provide valuable insights into the experiences, practices, perspectives and recommendations of experts in maternal health.

The findings from the survey were analyzed using a two-step approach:

- Data consolidation: Responses from the questionnaire Google Form and physical copies of the questionnaire were compiled into a single Excel sheet to create a unified dataset for analysis
- Descriptive analysis: Metrics like response frequencies, and percentages were calculated to summarize key themes and trends

1. Respondent demography

- There were a total of 83 responses to the Questionnaire
- Respondents were broken down into four cadres:
 - Consultant Obstetricians/Gynaecologists
 - Resident Obstetricians/Gynaecologists (e.g., Senior Registrar Obstetricians/Gynaecologists and Registrar Obstetricians/Gynaecologists)
 - General Practitioners (e.g., Medical Doctors)
 - Other Health Professionals (Nurses/Midwives, Other Specialists in training, Public health professionals)
- The respondent demographics show that the majority of responses came from Consultant Obstetricians and Gynecologists (62.7%) and the public sector (77.1%), likely representing tertiary health facilities. Consequently, our findings may have limited applicability to

secondary or primary health facilities, which aligns with expectations given the predominance of Consultant Ob/Gyn respondents

- The distribution of respondents across experience levels, particularly in the 6 - 10 years (26.5%), 11–15 years (31.3%) and >20 years (25.3%) categories, indicates that the findings are informed by both established practices and emerging approaches
- Most respondents were from the South-South region of Nigeria, which aligns with expectations as the SOGON conference held in Uyo, the capital of Akwa Ibom State, located in the South-South
- Lastly, there were no recorded respondents from North-East Nigeria.

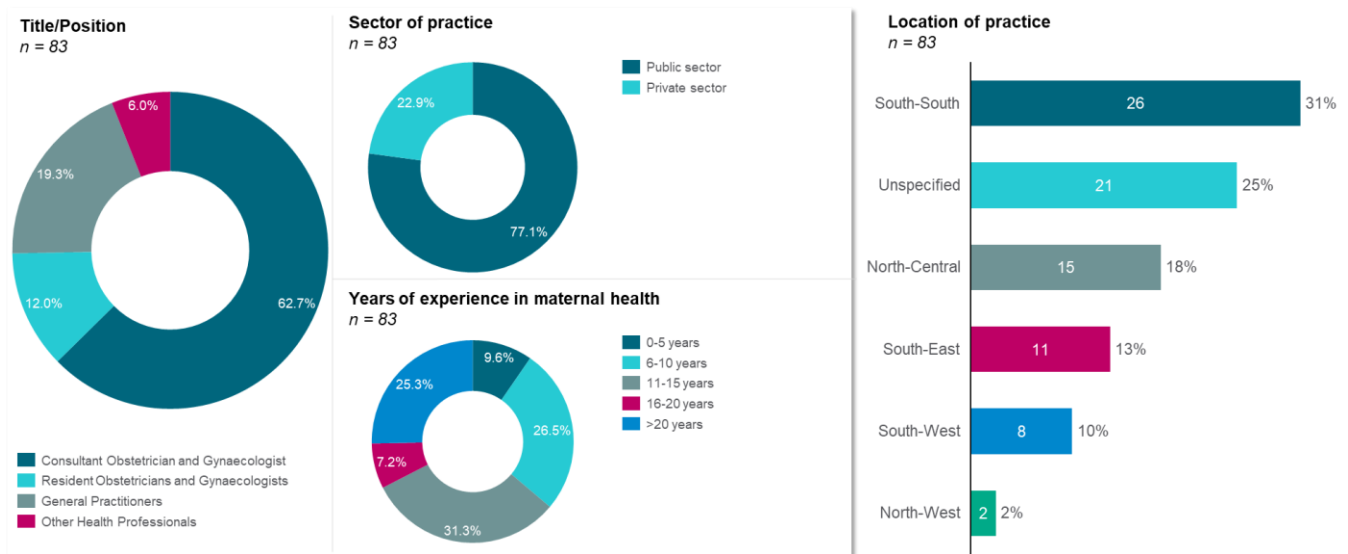


Figure 1: Charts showing respondents demographics

2. Maternal health priorities

a. What do you consider to be the top maternal health priorities?

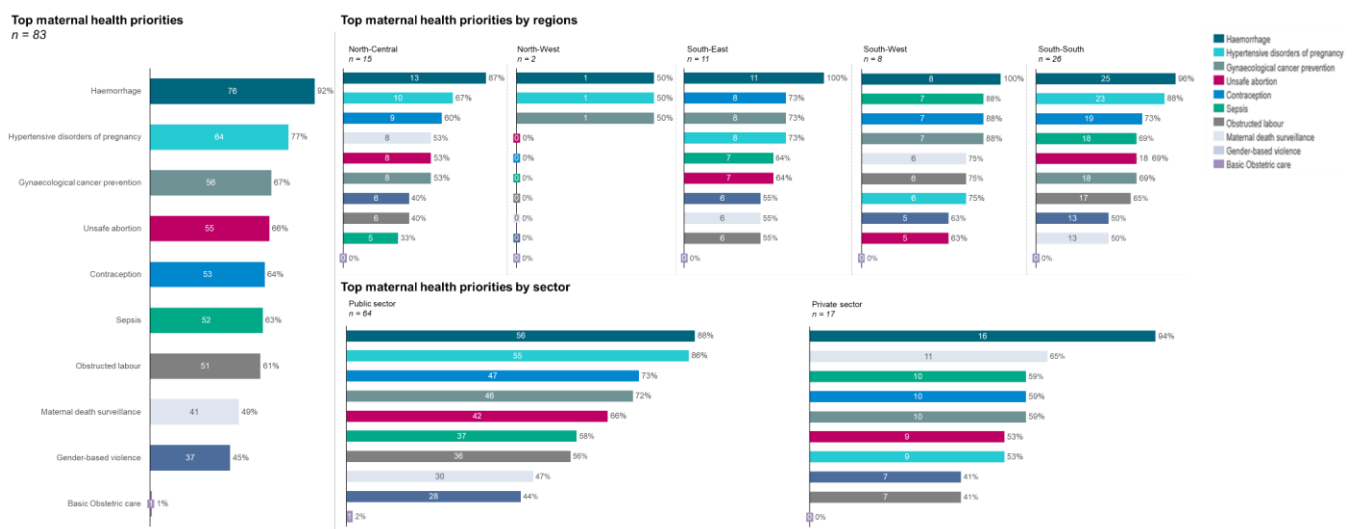


Figure 2: Charts showing top maternal health priorities

- Hemorrhage and hypertensive disorders in pregnancy consistently emerge as the top two maternal health priorities across board (92% and 77% overall respectively). This strong consensus emphasizes their significant burden and aligns with studies and program data as the leading causes of maternal mortality (Figure 2)
- The third prioritised category was gynaecological cancer prevention (67%), this is likely reflective of the participants population who we expect are mostly offering Tertiary level of care and receive numerous cancer referrals. It is also in line with the conference priority area/theme.
- The overwhelming public sector perspective (77.1% of respondents) and tertiary care bias in our sample suggests these priorities might differ at primary and secondary care levels, where the immediate maternal health challenges could vary significantly

b. What are the most significant challenges in addressing these priorities?

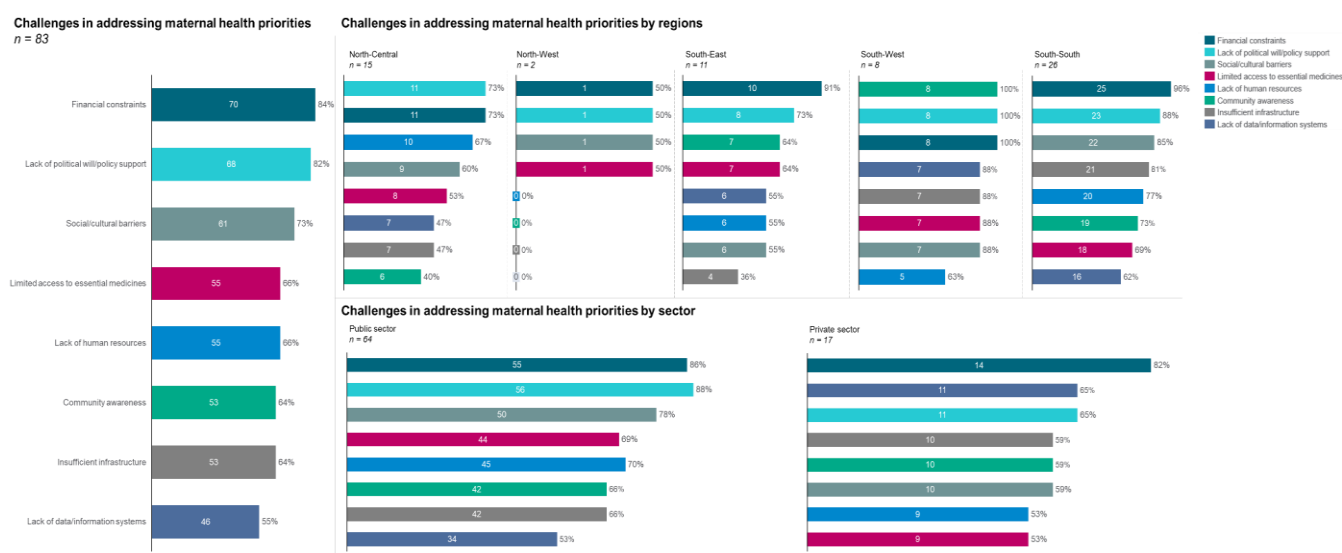


Figure 3: Charts showing challenges addressing maternal health priorities

- Financial constraints (84%) and lack of political will/policy support (82%) emerge as the top two challenges across the board. This consistent pattern suggests that despite varying contexts, the fundamental barriers to maternal health improvement in Nigeria remain tied to resource allocation and policy implementation gaps (Figure 3)
- A notable finding is the relatively lower concern about human resources in the South-East and South-West regions. This regional variation aligns with MICS 2021 data showing these regions exceeding national targets for skilled birth attendance
- The South-South and South-West regions show the highest levels of lack of infrastructure as a reported challenge
- While public sector respondents prioritize other operational challenges, private sector practitioners show higher concern about data and information systems (Figure 3)
- The high ranking of sociocultural barriers (73%) alongside operational challenges suggests that maternal health interventions need to balance clinical solutions with community engagement strategies. Community engagement and education campaigns are essential to shift perceptions and encourage uptake of maternal health services (Figure 3)

c. What are the most effective strategies you've seen implemented?

Effective strategies to address these maternal health priorities

n = 83

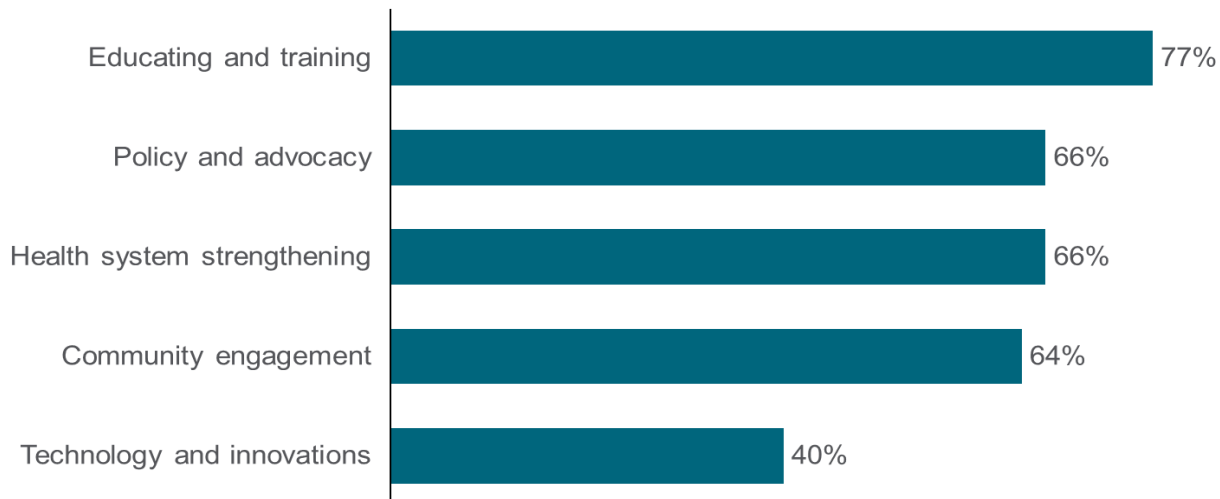


Figure 4:

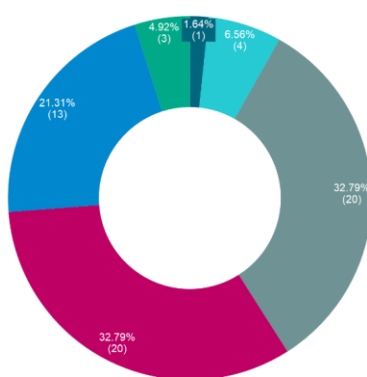
Charts showing effective strategies to address maternal health priorities

- Widespread and continuous training of health workers is necessary to ensure clinicians are regularly updated on novel strategies for managing maternal health conditions (Figure 4)

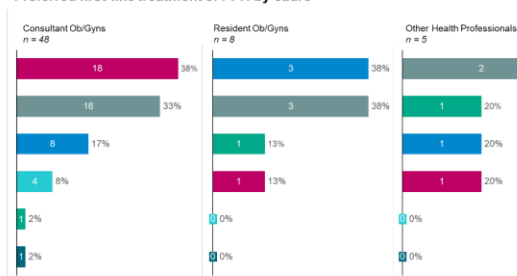
3. PPH management

a. What is your preferred first-line treatment for post-partum haemorrhage?

Preferred first-line treatment of PPH
n = 61



Preferred first-line treatment of PPH by cadre



Preferred first-line treatment of PPH by years of experience

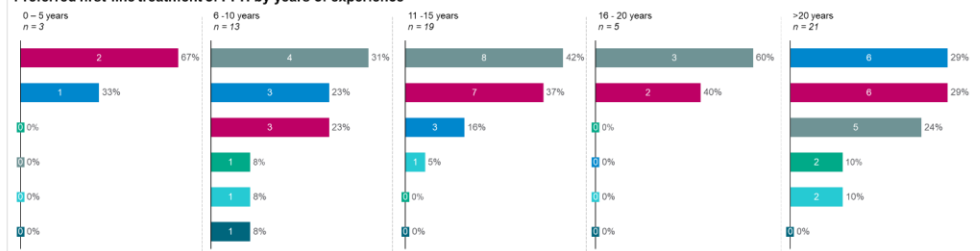


Figure 5: Charts showing preferred first-line treatment for PPH

- Oxytocin and the MOTIVE bundle are equally ranked as the most preferred first-line treatments for PPH, each selected by 32.79% of respondents (Figure 5)
- Consultant Obstetricians and Gynecologists (38%) and healthcare workers with 0–5 years of experience are more familiar with the MOTIVE bundle compared to other cadres and experience levels (Figure 5). Notably, respondents with fewer years of experience (0–5 years) demonstrate higher compliance with the MOTIVE bundle. This is unsurprising, as the push for the MOTIVE bundle is relatively recent. However, there is a critical need to integrate the MOTIVE bundle into the national Medical Residency Training Program curriculum, as it is not currently included among the listed interventions for managing PPH. Doing so would enhance awareness and utilization of the bundle among incoming healthcare workers
- Overall, addressing knowledge gaps regarding the MOTIVE bundle as the preferred first-line treatment for PPH remains a priority (Figure 5)

b. What is the biggest challenge you face in managing PPH in your clinical practice?

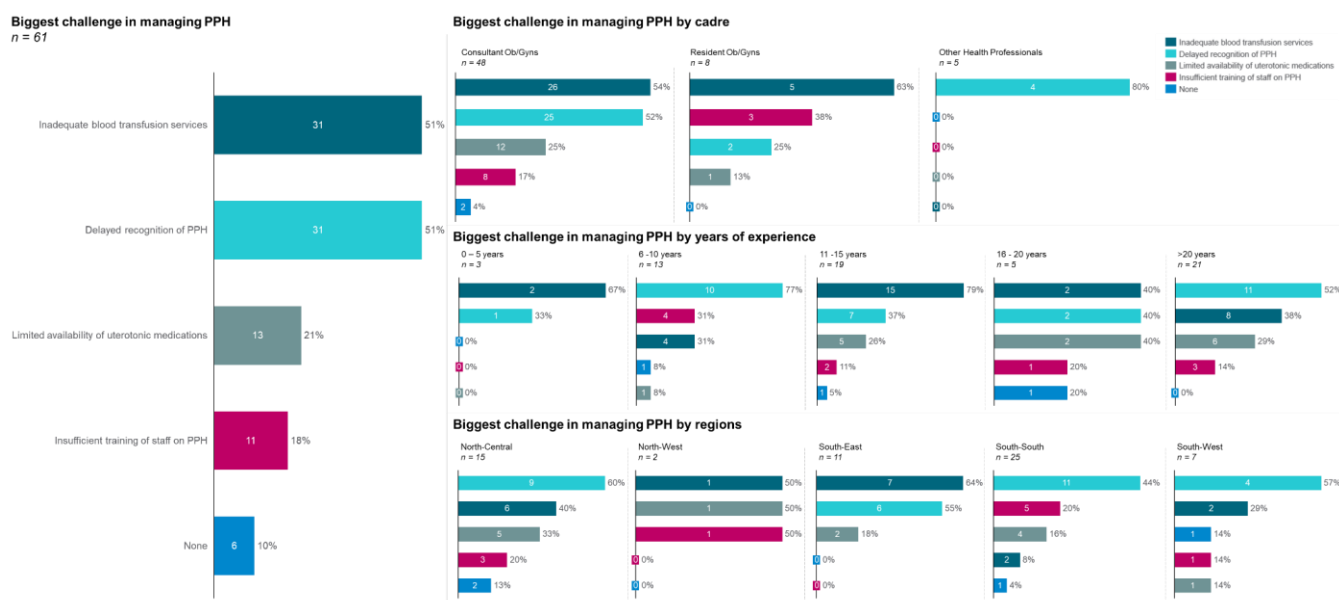


Figure 6: Charts showing biggest challenges in managing PPH

- Inadequate blood transfusion services (51%) and delayed recognition of PPH (51%) emerge as the top challenges, suggesting a critical failure point in PPH management (Figure 6)
- The significant challenge of delayed recognition of PPH (51%) in its management may stem from a lack of awareness and limited availability of calibrated drapes for early detection. Introducing calibrated drapes on a larger scale, coupled with increased awareness and training on their proper use, could address this critical gap in PPH management. This would enable timely interventions and help reduce complications associated with delayed detection. (Figure 6)
- There is a need to establish clear referral pathways for blood transfusion services (Figure 6)

4. HSC adoption

a. Are you familiar with HSC?

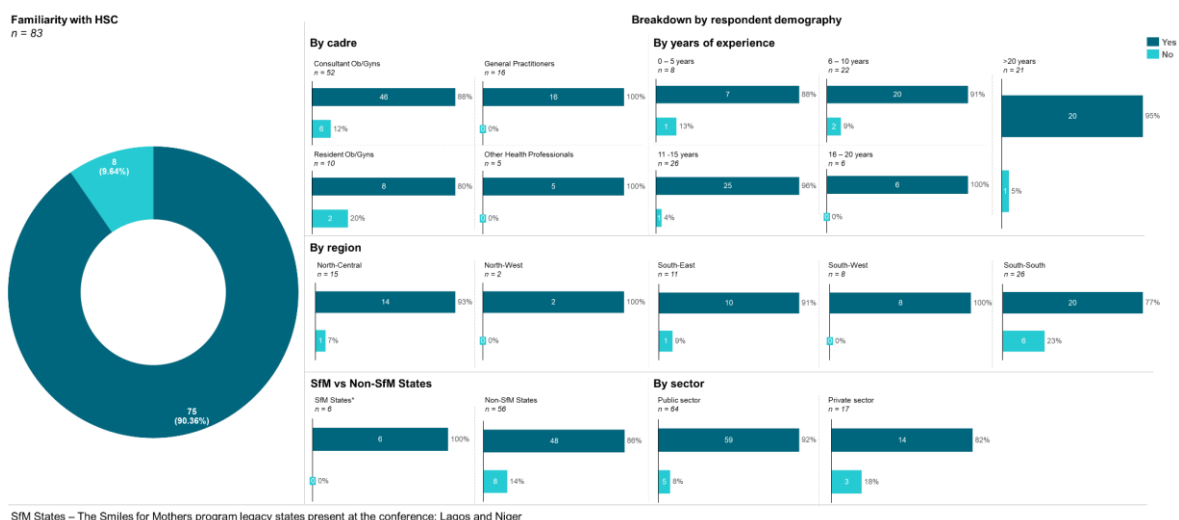


Figure 7: Charts showing respondent familiarity with HSC

- The majority of respondents across all groups were familiar with heat-stable carbetocin (HSC). However, it is notable that as many as 8 specialists, including Consultant and Resident Obstetricians and Gynecologists, reported unfamiliarity with HSC (Figure 7). Addressing this gap through targeted training and awareness campaigns is essential to ensure that all healthcare providers, are equipped with the knowledge to effectively utilize HSC in clinical practice

b. Have you used HSC in your practice?

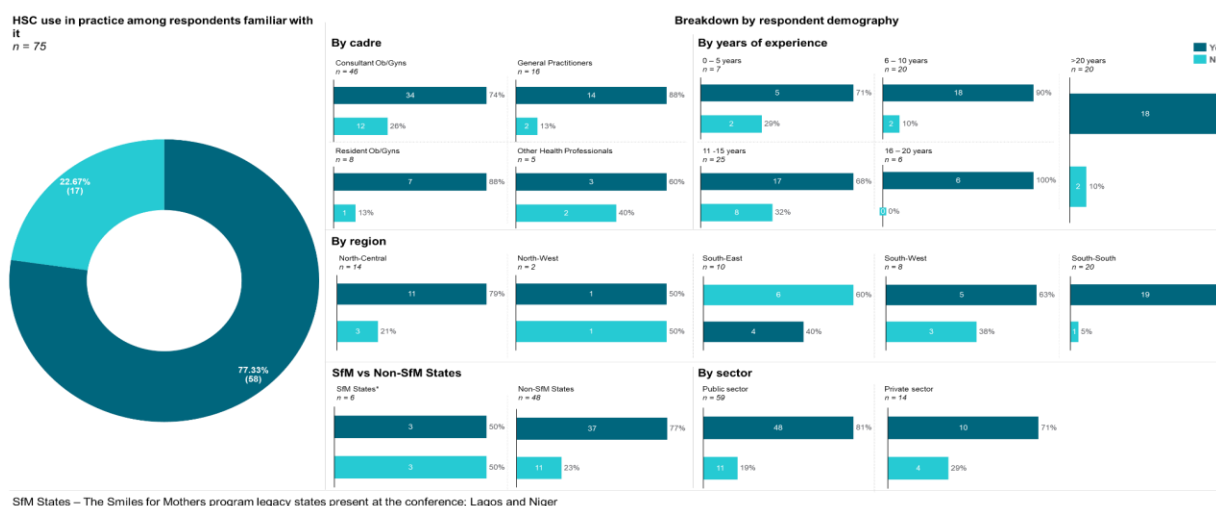


Figure 8: Charts showing respondents HSC use in practice

- There's strong overall uptake, with 77.33% of healthcare workers familiar with HSC using it in practice (Figure 8)

- The high adoption among senior and more experienced medical professionals could help drive wider acceptance and adoption of HSC for use for PPH prevention (Figure 8)
- Non-SfM states show higher HSC use at 77% compared to 50% in SfM states. However, the small sample size for SfM states (n=6) makes it difficult to draw definitive conclusions. There is still a need for further investigation into the lower uptake of HSC in SfM states despite program implementation (Figure 8)

c. Have you recommended HSC in your practice?

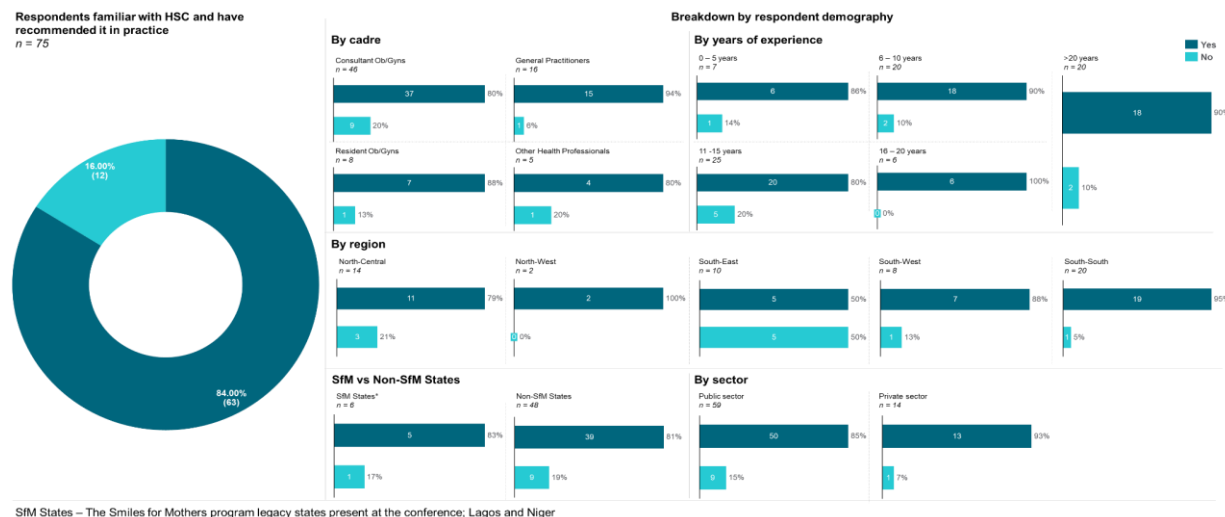


Figure 9: Charts showing respondents HSC recommendation in practice

- Majority of respondents across board have actively recommended HSC in their practice (Figure 9)

d. What are the barriers to HSC adoption in Nigeria?

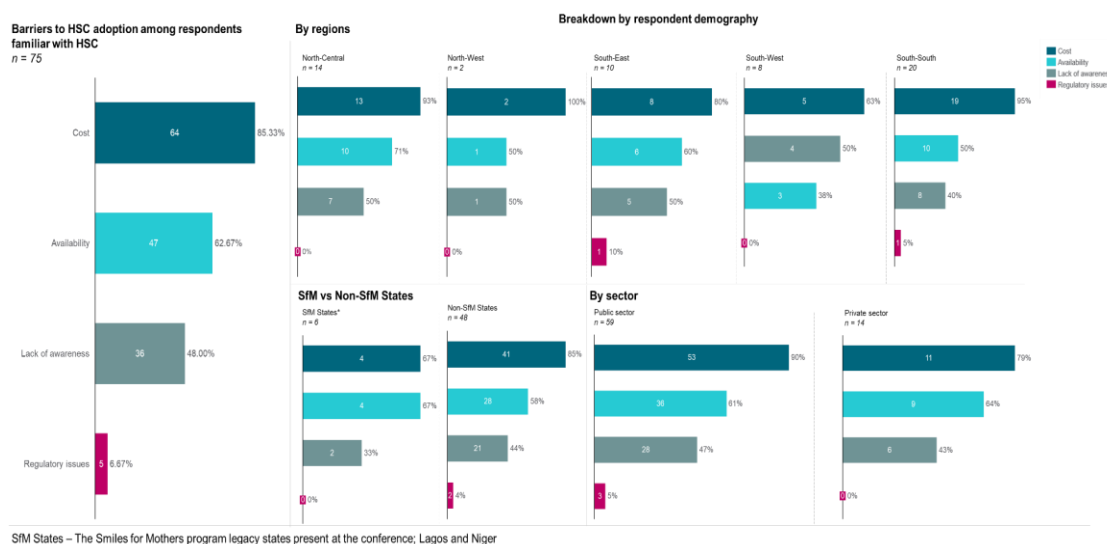


Figure 10: Charts showing barriers to HSC adoption in Nigeria

- Cost emerges as the major barrier to HSC adoption across board followed closely by availability (Figure 10)
- Additional feedback from respondents highlighted a significant knowledge gap regarding the public access price of HSC (Figure 10)
 - Notably, 3 respondents reported that the selling price of HSC at their respective facilities was approximately ₦20,000
 - Furthermore, follow-up discussions with about 10 Obstetricians and Gynecologists at the SCIDaR booth during the SOGON conference reinforced this lack of awareness about the subsidized price of HSC
- Ensuring that healthcare providers are well-informed about pricing and access options is crucial to achieving successful adoption and sustained use of any new product introduced

e. What strategies would facilitate increased Carbetocin adoption?

Strategies to facilitate increased HSC adoption
n = 75

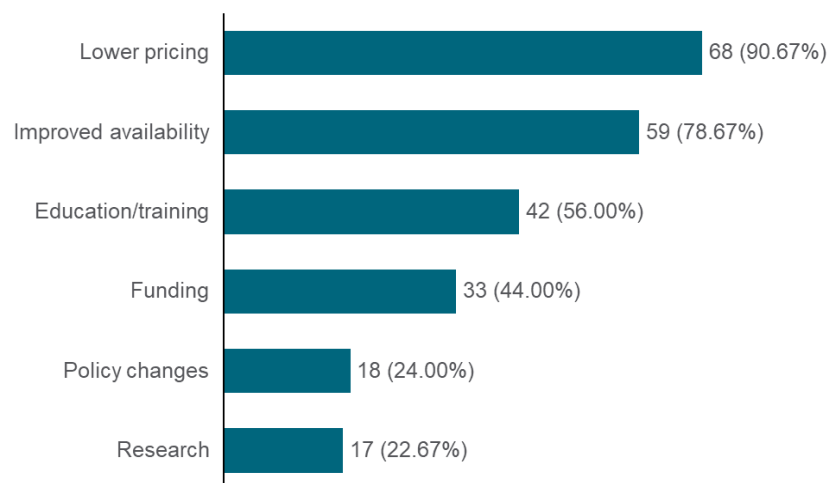


Figure 11: Charts showing strategies to facilitate increased HSC adoption

- There is a need to increase awareness of the public access price of HSC (Figure 11)
- There is a need to scale capacity building efforts to address gaps in awareness of HSC and ensure consistent adoption of best practices (Figure 11)

f. Have you ever administered Carbetocin and misoprostol together?

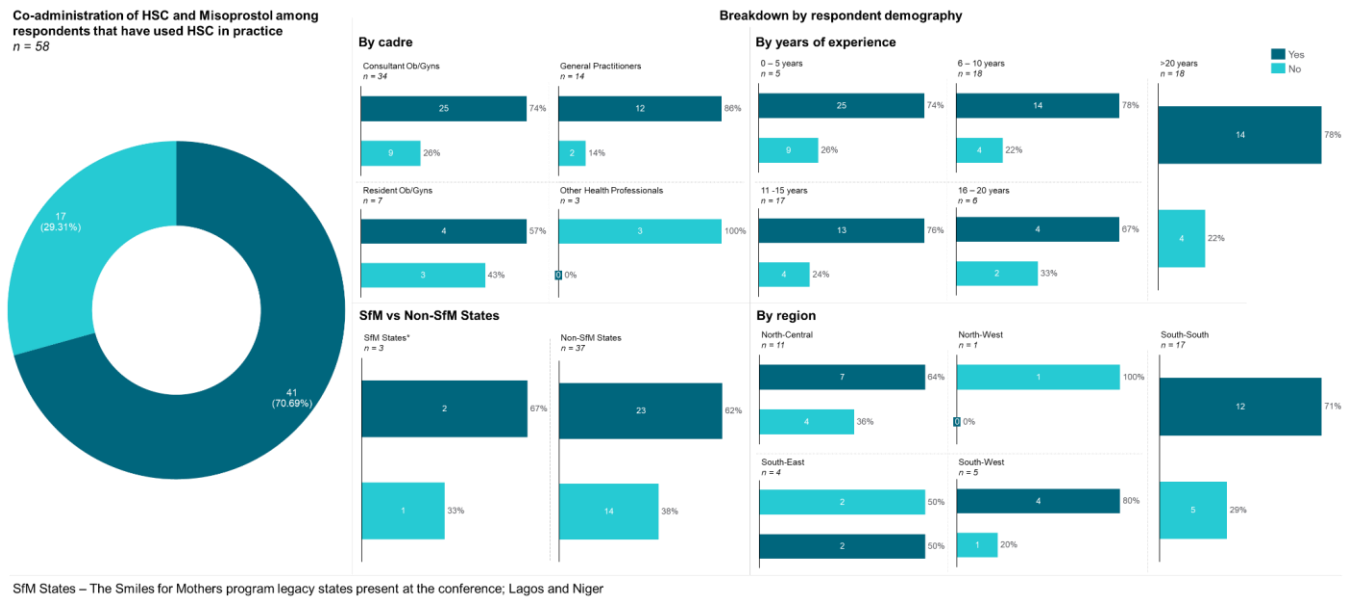


Figure 12: Charts showing co-administration of HSC and Misoprostol

- Among the 58 healthcare workers who reported using HSC in their practice, 70.69% indicated co-administering it with misoprostol (Figure 12). This highlights a significant gap between current clinical practice and established WHO guidelines, which recommends HSC as a standalone uterotonic
- The high co-administration rates, ranging from 67% to 80% across all experience levels, suggest that this practice is not limited to less experienced practitioners but is prevalent across the spectrum of healthcare workers (Figure 12)
- A contributing factor may be the longstanding practice of combining oxytocin with misoprostol, often driven by concerns about the quality of oxytocin. This is supported by the finding that 100% of respondents who preferred oxytocin plus misoprostol as their first-line treatment for PPH also reported co-administering HSC with misoprostol (Figure 12)
- There is a need for continued advocacy efforts on HSC as a better uterotonic option for PPH prevention and its use as a standalone uterotonic based on established evidence (Figure 12)
- There is a need to leverage future training sessions to provide refresher courses for healthcare workers on the appropriate use of HSC especially in SfM states where there have been previous training on HSC use (Figure 12)

g. In what situations do you combine Carbetocin and misoprostol?

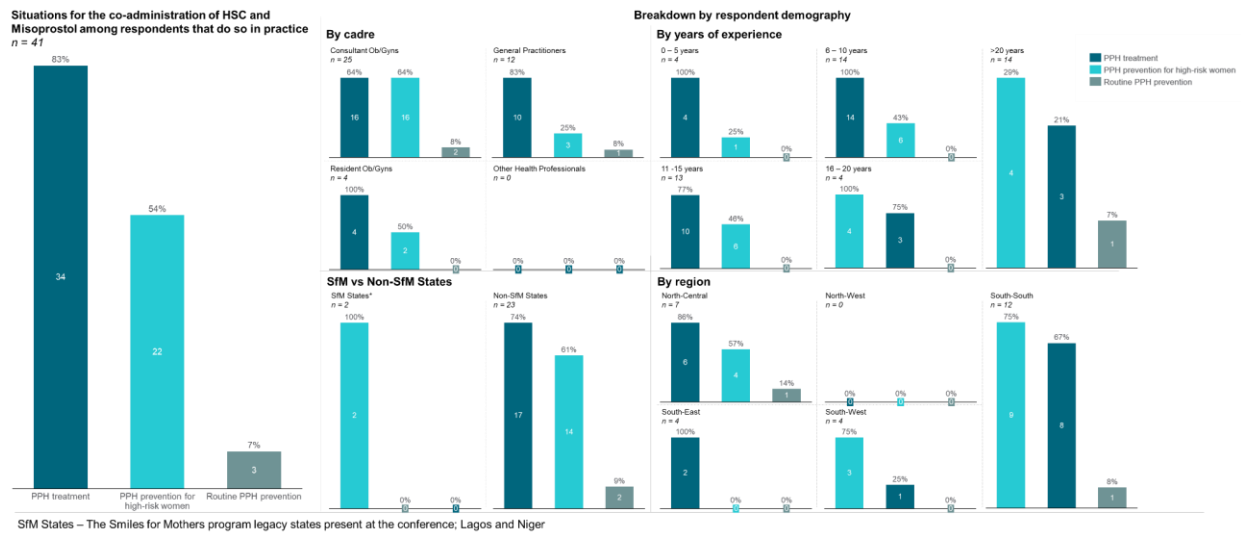


Figure 13: Charts showing situations for co-administration of HSC and Misoprostol

- Among the 41 respondents who reported co-administering HSC and misoprostol, 83% used HSC with misoprostol for PPH treatment—a clear deviation from HSC’s intended use as a preventive uterotonic (Figure 13)
- There is a need to increase awareness of the appropriate use of HSC not only as a standalone uterotonic but also for use for prevention only (Figure 13)
- This misuse occurs across both SfM and non-SfM states, but it is more prevalent in non-SfM states, where healthcare workers not only wrongly combine HSC with misoprostol but also use it incorrectly for PPH treatment (Figure 13)

h. Why do you combine Carbetocin and misoprostol?

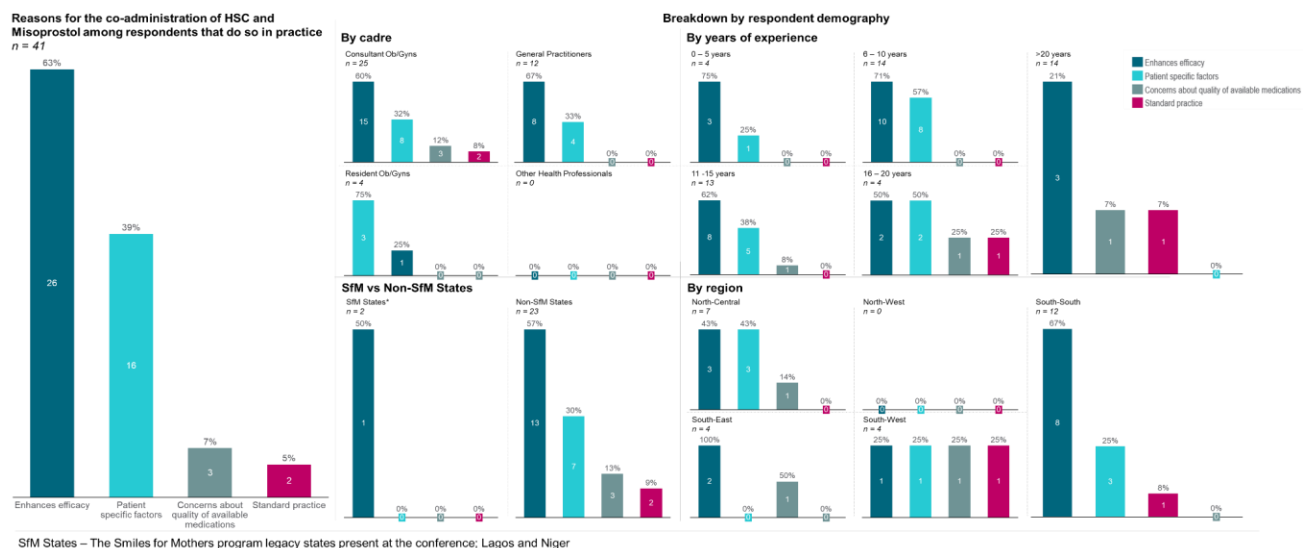


Figure 14: Charts showing reasons for co-administration of HSC and Misoprostol

- Across the board, the majority of respondents believe co-administering HSC with Misoprostol enhances its efficacy, likely influenced by the entrenched practice of combining oxytocin with misoprostol due to concerns about oxytocin's quality. Notably, 100% of respondents who identified oxytocin plus misoprostol as their preferred first-line treatment for PPH also reported combining HSC with misoprostol (Figure 14)
- There is also a need for awareness to address the perception of co-administration as "standard practice" (Figure 14)

5. MPCDSR

a. Are you familiar with Maternal, Perinatal and Child Death Surveillance and Response (MPCDSR)?

Familiarity with MPCDSR
n = 62

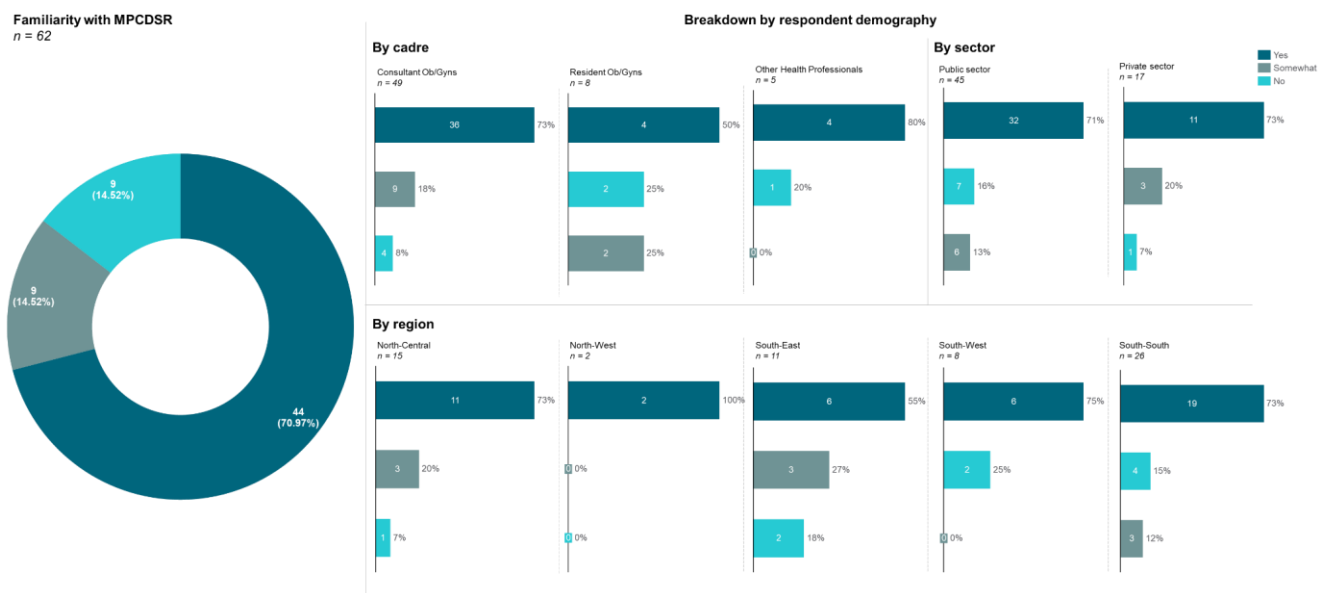


Figure 15: Charts showing respondents familiarity with MPCDSR

- 14.52% of respondents were not at all familiar with MPCDSR. This suggests a significant knowledge gap in this crucial maternal health surveillance and response system
- There is a need to improve awareness and implementation of MPCDSR across all healthcare worker cadres and regions as it plays a key role in strengthening health systems by fostering accountability, and improving the quality of care

b. How often do you participate in MPCDSR activities in your facility?

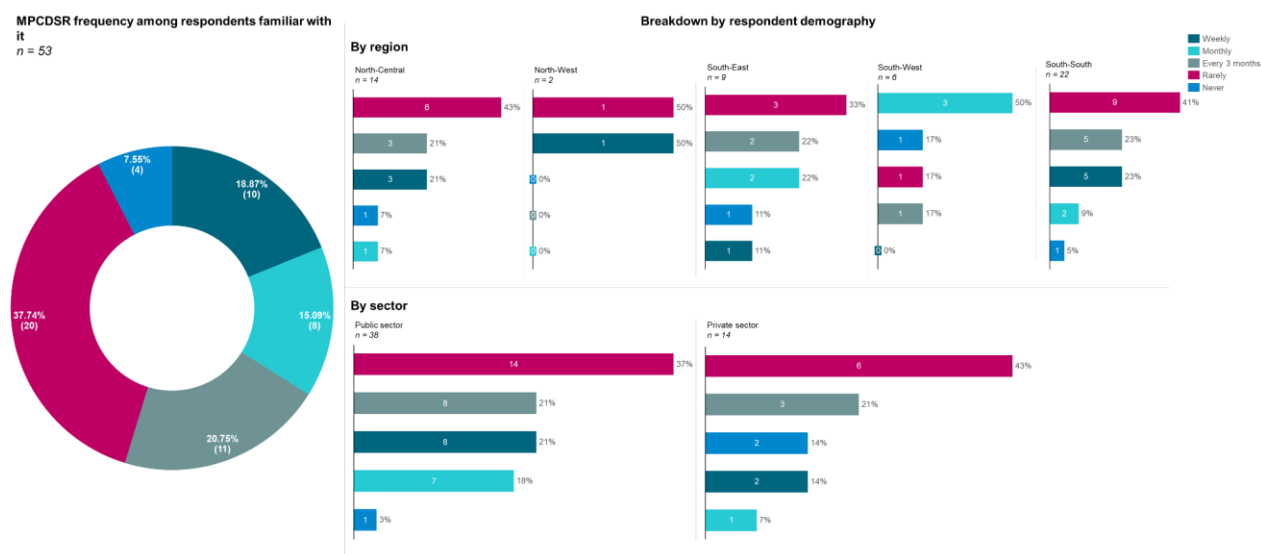


Figure 16: Charts showing frequency of conducting MPCDSR activities in respondents' facilities

- Among the 53 respondents that reported being fully and somewhat familiar with MPCDSR, majority (38%) of them rarely participate in MPCDSR activities in their facilities (Figure 16)
- This emphasizes the need for targeted interventions for the implementation of MPCDSR (Figure 16)

c. What challenges do you face in conducting MPCDSR activities in your facility?

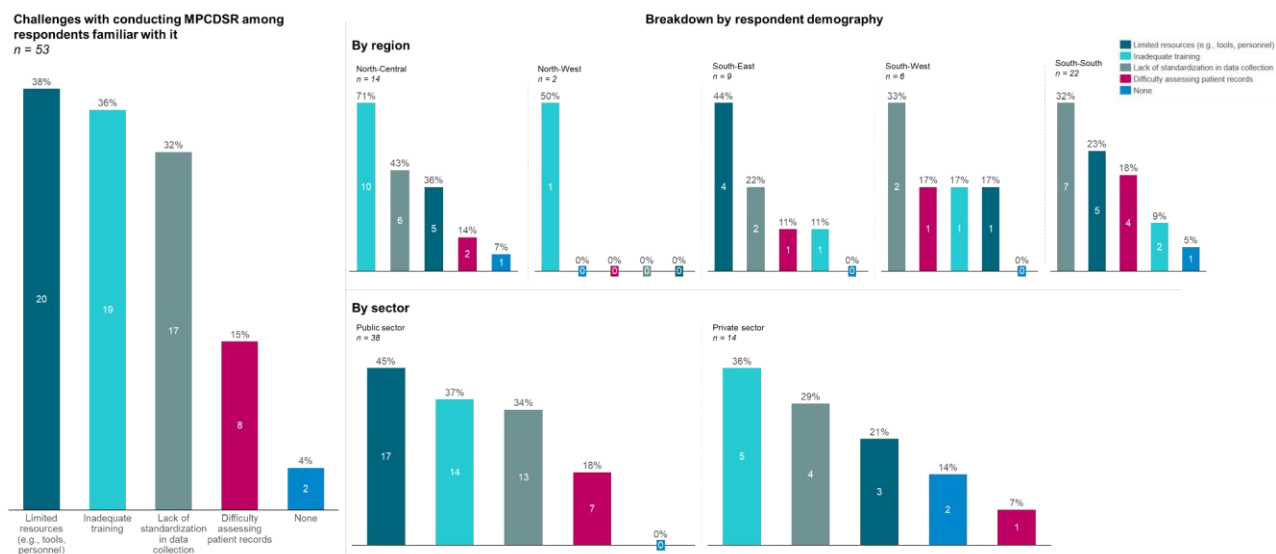


Figure 17: Charts showing challenges with conducting MPCDSR activities in respondents' facilities

- 38% of respondents report limited resources (e.g., tools, personnel) as the major challenge in conducting MPCDSR activities, followed closely by inadequate training (36%) and lack of standardization in data collection (32%) (Figure 17)

- There is a need to allocate funding for essential MPCDSR tools and develop comprehensive training programs especially in regions like North-Central and North-West where majority of respondents highlight inadequate training as a major challenge (Figure 17)
- The lack of standardization in data collection practices reflects a broader challenge in ensuring uniformity and reliability in MPCDSR reporting. Developing and enforcing standardized protocols is essential to improve data accuracy and comparability across facilities

6. Azithromycin in pregnancy

a. Are you familiar with the use of Azithromycin in pregnancy?

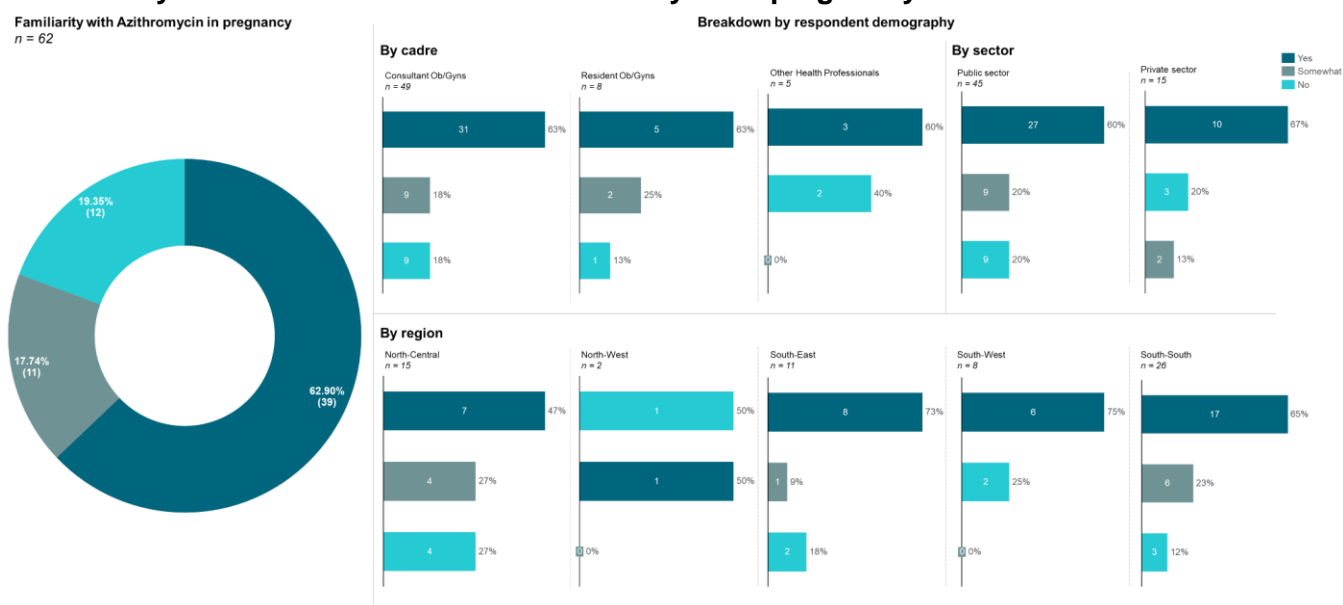
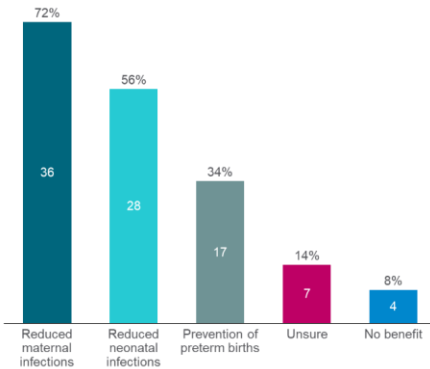


Figure 18: Charts showing familiarity with Azithromycin in pregnancy

- Overall awareness of Azithromycin in pregnancy is relatively good - about 62.9% of respondents report being fully familiar, while another 17.74% are somewhat familiar. This suggests there is already a foundation of knowledge to build upon (Figure 18)
- Among Consultant Ob/Gyns, 60% are fully familiar with azithromycin in pregnancy. This high level of awareness among specialists could facilitate top-down adoption (Figure 18)

b. What potential benefits do you think Azithromycin could offer in pregnancy?

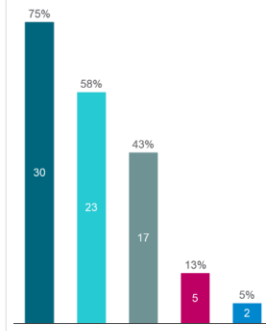
Potential benefits of Azithromycin in pregnancy
among respondents familiar with it
n = 50



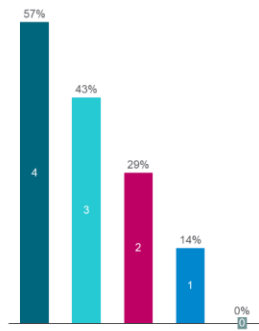
Breakdown by respondent demography

By cadre

Consultant Ob/Gyns
n = 40



Resident Ob/Gyns
n = 7



Other Health Professionals
n = 3

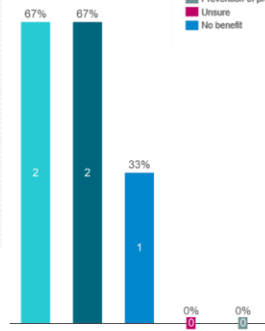


Figure 19: Charts showing potential benefits of Azithromycin in pregnancy

- Of the 50 respondents fully and somewhat familiar with Azithromycin in pregnancy, 72% identified reduced maternal infections as the primary benefit. This high percentage suggests strong confidence in azithromycin's maternal health impact among healthcare workers (Figure 19)
- Only 8% of respondents see no benefit. This suggests relatively low resistance to implementation among healthcare workers (Figure 19)

c. What concerns, if any, do you have about using Azithromycin in pregnancy?

Concerns about using Azithromycin in pregnancy
n = 50

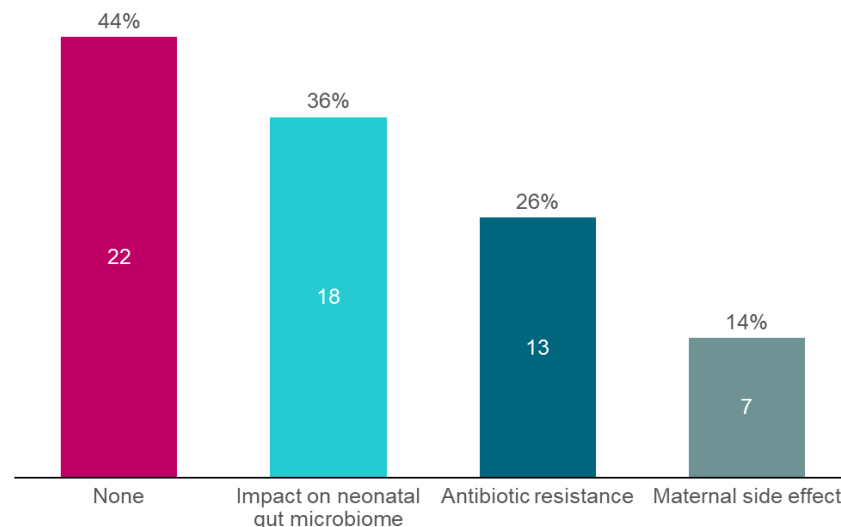


Figure 20: Chart showing concerns about using Azithromycin in pregnancy

- 44% of respondents reported no concerns about using azithromycin in pregnancy. This suggests a generally positive reception among healthcare workers (Figure 20)

7. AI-enhanced Ultrasound scans

a. Do you agree that AI-enhanced Ultrasound scans are useful in improving maternal healthcare outcomes?

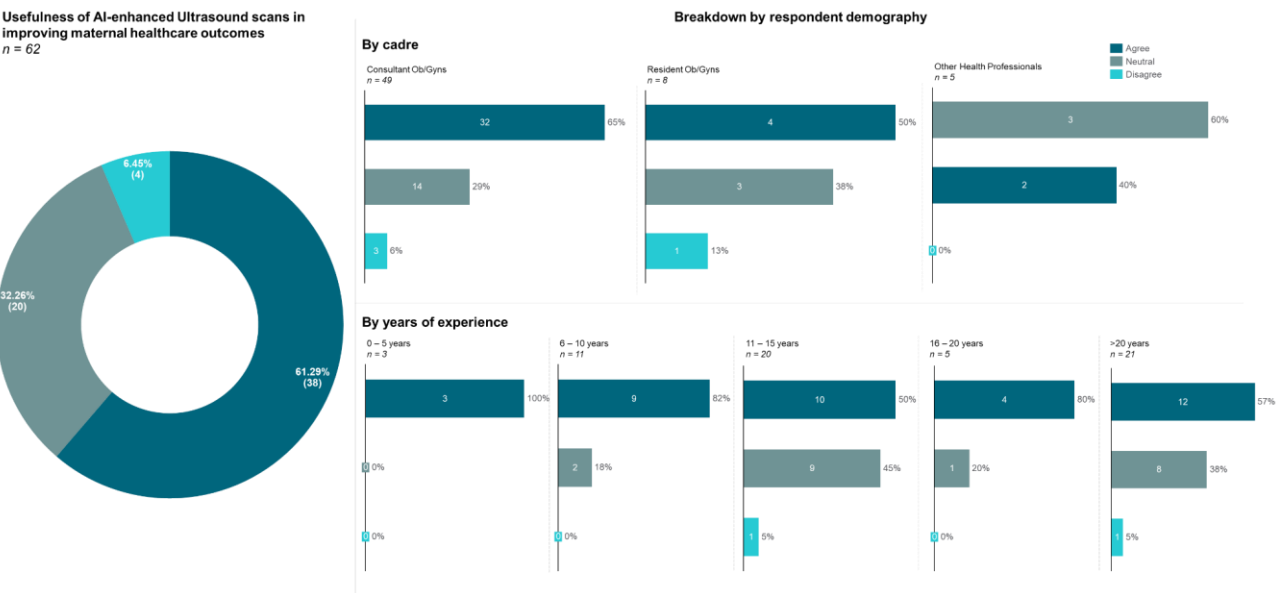


Figure 21: Charts showing usefulness of AI-enhanced ultrasound scans in improving maternal healthcare outcomes

- Majority (61.29%) of respondents agreed to the usefulness of AI-enhanced ultrasound scans in improving maternal healthcare outcomes. This indicates a promising foundation for implementation, though careful attention to concerns is needed (Figure 21)
- The high acceptance among senior level (Consultant Ob/Gyns - 62%) and more experienced (16 - 20 years - 80% and >20 years - 57%) could facilitate top-down adoption (Figure 21)

b. What challenges do you foresee in integrating AI-enhanced ultrasound scans into maternal healthcare?

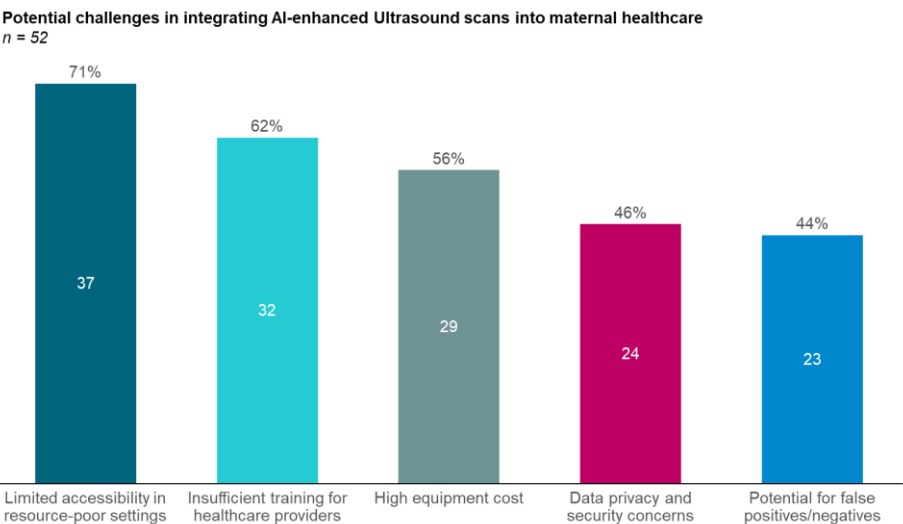


Figure 22: Chart showing potential challenges in integrating AI-enhanced ultrasound scans into maternal healthcare

- Among the 52 respondents who had an opinion on the usefulness of AI-enhanced ultrasound in improving maternal health outcomes, majority (71%) report limited accessibility in resource-poor settings to be a dominant potential challenge highlighting a critical need for developing cost-effective deployment strategies and creating sustainable funding models for resource-poor settings (Figure 22)

Photos from the Conference



