



What are the experiences of women and health workers using home-based records?

What is a home-based record?

A home-based record (HBR) is a document that includes records of the results of preventive and/or curative care services primarily for antenatal, postnatal, newborn, and child health. HBRs may be in either paper or electronic format. HBRs should demonstrate long-term and repeated use (e.g. typically 5-6 years). They have been popularized since the introduction of the comprehensive Japanese Maternal and Child Health Handbook in 1948. Today, over 163 countries use HBRs. New designs and operational approaches of HBRs that span the spectrum of maternal and child health care from pregnancy through to childhood offer an opportunity for countries to enhance the continuity of care and reduce child and maternal mortality.

A systematic review of qualitative studies on home-based records

We systematically searched the following bibliographic databases: (i) Medline; (ii) Medline In-Process; (iii) Medline Ahead of Print; (iv) Embase; (v) CINAHL; (vi) ERIC; and (vii) PsycINFO. We searched for qualitative articles that were published between January 1992 and December 2017. We used the CASP checklist to assess methodological quality, a framework analysis to support synthesis, and GRADE-CERQual to assess the confidence in the key findings. Of 7,904 citations, 19 studies met our inclusion criteria.

Are home-based records acceptable?

Evidence from 19 qualitative studies including input from more than 2,700 pregnant women, mothers, caregivers, and health workers was collected and analyzed. Findings from various geographic contexts and different forms of HBRs indicate that women, caregivers and health workers appreciate and value HBRs. Women from high-income countries valued the ease, speed and convenience of online HBRs. However, privacy in relation to online medical records was a consistent concern, except for one study that successfully

used records as part of a rare disease network. Health workers in low-income settings valued the design of HBRs, their appearance, practical information, convenience and long-term value.

Impact of home-based records on healthcare

HBRs may give mothers and other caregivers a feeling of control and empowerment during visits to health facilities. Empowerment can improve health and social outcomes when interventions are embedded in local contexts and are based on strong and direct relationships between people and their health workers. Mothers feel more in control and report feeling less fear during patient-provider interactions. This decrease in fear may lead to fewer barriers to healthcare access, more opportunities to ask questions, ensure follow-up visits, and help patients develop relationships with their health workers. A well-maintained HBR may provide a good first impression, reflect positively on the mother, and be well-perceived by a nurse. While primary care does mean the provision of acute care, the relationships established, preventive interventions initiated, and improvements in health literacy that come from regular visits provide communities with the most effective care.

Health worker perspectives

Health workers valued the educational and logistical aspect of HBRs, as well as their design. Generally, facility-based health workers support the concept of the HBR but they do not always support its composition. A health facility may face a range of different HBRs, despite the limited opportunities of training on the use and operation of HBRs. Further, there is a lack of coordination between the different vertical programs under health ministries. This leads to reduced use of the HBR. For HBRs to meet the need of health workers, it is important that HBRs be designed and implemented with their input. It is also vital for health workers at all levels to be trained on the proper use and operation of HBRs.



Article "Understanding women's, caregivers', and providers' experiences with home-based records: a systematic review of qualitative studies," 2018



A child with her MCH Handbook, The Philippines (K Imamura)

Conclusion

Health inequities, including barriers to healthcare services, are a global challenge for many women and children worldwide. In different healthcare systems, many women struggle with low literacy and may feel disempowered in their relationships with health workers and in society. When an intervention such as an HBR is available for the entire population, that has implications for positive health equity and presents opportunities. When an HBR provides new knowledge, and the new knowledge further leads to improved communication, empowerment and continuity of care, its importance to and potential for health equity is perceived. Ensuring data are recoded in HBRs at an appropriate literacy level will help foster this potential.

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Further readings

1. Magwood O et al. Understanding women's, caregivers', and providers' experiences with home-based records: A systematic review of qualitative studies. *PLoS One* 2018; **13** (10): e0204966.
2. Magwood O et al. Effectiveness of home-based records on maternal, newborn and child health outcomes: A systematic review and meta-analysis. *PLoS One* 2019; **14** (1): e0209278.
3. The World Health Organization (2018) *WHO recommendations on home-based records for maternal, newborn and child health*. Geneva: World Health Organization.

▼ Table 1. Summary of Findings

Review Finding	CERQual Assessment of Confidence in the Evidence
HBRs improve the knowledge of mothers and help them share in pregnancy decision making and improve caregiver's knowledge about their child's health status. Illustrative Quote: "Love the fact that [the child health record] kept me informed about my child's health"	Low confidence
The use of HBRs for maternal and child health facilitated communication between mothers/caregivers and healthcare providers and improved person-centered care. Illustrative Quote: "I found the book worked really well, that it was like a communication between the both of you"	Low confidence
The use of HBRs for maternal and child health decrease fear among users and improve confidence and feelings of empowerment during patient-provider interactions. Illustrative Quote: "I think the Passport [health record] opened up a lot of doors". "I can control who sees it."	Low confidence
Mothers and caregivers had concerns with the privacy of online or electronic health records. Illustrative Quote: "I'm not sure I want all my medical information out there to be discovered. [...] I'm not convinced it would be safe."	Low confidence
Mothers that shared HBRs with partners or husbands for maternal health increased partners or husbands involvement with pregnancies and helped deal with misconceptions about pregnancy that other family members believed. Example: The MCH handbook helped mothers and caregivers deal with rumours and misconceptions about pregnancy	Low confidence
The use of HBRs for child health improved family engagement with childcare. Example: The [record] provided a positive, inviting message to families about being engaged	Low confidence
HBRs acted as a point of commonality between caregivers/mothers and nurses and allowed nurses to provide a more comprehensive/tailored health education. Illustrative Quote: "[the book] was like a stepping stone between the both of you"	Low confidence
The use of HBRs for maternal and child health facilitated continuity of care. Illustrative Quote: "I think it would help my GP know what the hospitals were doing and stop tests being repeated"	Very low confidence
Healthcare providers value the educational and logistical aspect of HBRs. Example: Nurses valued the child health book because it connected them to families and helped them provide culturally appropriate care.	Low confidence
A study in a low income setting reports that women value the ease, speed and convenience of online home-based records. Healthcare practitioners from two low income countries report that they value the design of HBRs. Illustrative Quote: "You can do a lot of things automatically. It saves a lot of time"	Low confidence

HBRs: Home-based records