

# Impact of Mobile Health (mHealth) Use by Community Health Workers on the Utilization of Maternity Care in Rural Malawi: A Time Series Analysis [Letter]

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## Dear editor

We read with great interest the article by Kachimanga et al concerning the implementation of mobile health (mHealth) for maternal care in rural Malawi.<sup>1</sup> While this research offers valuable insights into digital health transformation in resource-limited settings, several limitations merit discussion. The study's interrupted time series design, while appropriate, has inherent limitations. A longer observation period beyond 12 months pre- and post-intervention would provide more robust evidence for sustainable change.<sup>2</sup> Additionally, the aggregation of data from six facilities into a single cluster, though statistically sound, may mask important facility-level variations.

The authors report significant improvements in facility-based births but not in postnatal care (PNC) utilization. This discrepancy raises questions about the intervention's ability to impact the complete continuum of maternal care. The lack of effect on PNC warrants deeper investigation into potential barriers, perhaps incorporating user experience data and cultural considerations.<sup>2</sup> The study's reliance on health management information system (HMIS) data to fill gaps introduces potential bias. More robust data collection methods and quality assurance measures would strengthen the findings.<sup>3</sup> Moreover, the adjustment for COVID-19, cyclones, and cholera outbreaks, while commendable, could benefit from more detailed analysis of these confounders' specific impacts.

Despite these limitations, this study contributes valuable knowledge to the field of mHealth implementation, particularly in resource-limited settings. The authors' thorough evaluation of YendaNafe's impact on maternal health services is praiseworthy. Future research building on this work should consider (a) Extended observation periods to capture long-term trends. (b) Facility-level analysis to understand contextual factors. (c) Mixed-methods approaches incorporating qualitative data. (d) Cost-effectiveness evaluation. (e) Implementation barriers, especially for PNC services. In conclusion, while this study provides promising evidence for mHealth interventions in maternal care, addressing these limitations in future research will strengthen the evidence base for such programs.

## Disclosure

The authors report no conflicts of interest in this communication.

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