# The impact of mobile voice messaging services in improving maternal, neonatal and child health

Submission date	Recruitment status No longer recruiting	<ul><li>Prospectively registered</li></ul>		
15/08/2018		Protocol		
<b>Registration date</b> 06/09/2018	Overall study status Completed	Statistical analysis plan		
		[X] Results		
Last Edited	Condition category	Individual participant data		
04/06/2020	Other			

## Plain English summary of protocol

Background and study aims

With the increasing use and ownership of mobile phones in developing countries, mHealth (the use of mobile phones in medical care) is being looked upon as an important tool to impact health outcomes such as in HIV care and treatment. In maternal, newborn and child health (MNCH) services, text messages have been more widely used than voice messages to deliver mHealth services. Text messages have been used effectively for improving attendance and adherence to antenatal and postnatal care advice, resulting in a substantial increase in clients attending clinics. Additionally, text messages have been used to inform women about care needed during pregnancy, delivery preparedness, immunisation schedules and good breastfeeding practices. mHealth has tremendous potential to reach pregnant women, especially poor women who are more difficult to reach with traditional communication channels such as television, radio and newspapers. mHealth can reach targeted clients more frequently, resulting in better results than is feasible for the traditional media. This study aims to improve the health and wellbeing of pregnant women and their newborns and infants through age and stage-based messages delivered via mobile phone, through a program called mMitra.

## Who can participate?

Pregnant women aged 18 or older, who can speak Hindi or Marathi, have access to a mobile phone at home and are likely to be in Mumbai for 4-5 months during the pregnancy and post-delivery period

## What does the study involve?

Women will be randomly allocated to either the intervention or the control group. Both groups will have access to standard information and services, including community health workers and health providers, and TV, radio and posters. Women in the intervention group will also have access to mMitra voice messages with information around 2 times per week throughout pregnancy and until their child turns 1 year of age.

## What are the possible benefits and risks of participating?

There is no direct benefit to the participants. They will be given a small gift as a gesture of our appreciation for participating in this study. The information they provide will help us to understand how to improve health information delivery so women improve their own and their

babies' health. All the women will receive routine health benefits from the health system. There are no known risks to participants taking part in the study.

Where is the study run from?

- 1. F North Ward, Mumbai (India)
- 2. N East Ward, Mumbai (India)

When is the study starting and how long is it expected to run for? March 2015 to January 2017

Who is funding the study? Johnson & Johnson (USA)

Who is the main contact? Dr Nirmala Murthy

## Contact information

## Type(s)

Scientific

#### Contact name

Dr Prakash Muthuperumal

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## Type(s)

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## Additional identifiers

#### Protocol serial number

Protocol No. HHS00009235

# Study information

Scientific Title

Mobile Health Technology Evaluation: Assessing mMitra impact on health outcomes

## Acronym

mMitra

## **Study objectives**

The mobile messaging (mMitra) program will lead to improved:

- 1. Mother and infant care knowledge
- 2. Pregnancy and infant care practices
- 3. Maternal and infant health outcomes such as lower incidence of anemia during pregnancy, increased birth weight of newborn and decrease under-nutrition among infants

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Foundation for Research in Health Systems (FRHS) IRB, 30/12/2014, Protocol No. HHS00009235.

## Study design

Interventional prospective cohort randomised controlled trial

## Primary study design

Interventional

## Study type(s)

Other

## Health condition(s) or problem(s) studied

Maternal, neonatal and infant care knowledge and practice

## **Interventions**

This study was designed as a randomised controlled trial in which a specified number of pregnant women from urban slum areas of Mumbai were enrolled in the study. These women were randomly assigned to the intervention and control groups to receive or not to receive mMitra messages and were followed until their newborns became one year of age. Prior to initiating the trial, baseline data was gathered from the women on selected awareness, behaviour, and the health outcome indicators that mMitra was seeking to improve. Three interviews were conducted with the same women, firstly at the baseline, and then within 2-3 weeks of childbirth and when the child turns one year of age. Both the control and intervention groups will have access to common sources of information, including community health workers and health providers, along with mass media such as TV, radio and posters. Women in the intervention arm also have access to mMitra messages, in addition to the other sources. Women in this group will receive voice messages at an average frequency of twice per week throughout pregnancy and until the infant turns 1 year old.

## Intervention Type

Device

## Primary outcome(s)

1. Reduction in anaemia (haemoglobin levels) during pregnancy, assessed using a review of records (MCH card) at the baseline, during each antenatal care (ANC) visit and immediately after

## delivery

2. Nutritional status of child (weight for age) at birth and after 12 months. Birth weight is recorded for each child immediately after delivery. This is assessed by a review of records (MCH card) and is self-reported by mothers during an interview.

## Key secondary outcome(s))

- 1. Number of antenatal care (ANC) visits, assessed through an interview with the mother following delivery
- 2. Number of tetanus toxoid (TT) injections provided during pregnancy, assessed through an interview with the mother following delivery
- 3. Weight of women at ANC visits, assessed through an interview with the mother following delivery
- 4. Knowledge and awareness of pregnant women about the following, assessed through interviews with the mother and review of records (MCH card) at the baseline, after 2-3 weeks of childbirth and after 1 year:
- 4.1. Number of ANC visits
- 4.2. TT injections needed
- 4.3. Importance of colostrum
- 4.4. Breastfeeding practices
- 4.5. Routine monitoring of the weight of the baby
- 4.6. Supplementary foods

## Completion date

15/01/2017

# Eligibility

## Key inclusion criteria

- 1. Pregnant women
- 2. Aged 18 years or older
- 3. Able to speak Hindi or Marathi
- 4. Access to a mobile phone at home

## Participant type(s)

Healthy volunteer

## Healthy volunteers allowed

No

## Age group

Adult

## Lower age limit

18 years

#### Sex

**Female** 

#### Total final enrolment

2016

## Key exclusion criteria

Unlikely to be in the same city for 4-5 months during the pregnancy and post-delivery period

#### Date of first enrolment

01/06/2015

## Date of final enrolment

30/10/2015

## Locations

## Countries of recruitment

India

## Study participating centre

## F North and M East ward of Mumbai

1.Near Maheshwari Circle, Matunga East, Mumbai, Maharashtra 400019 Mumbai

India

400019

# Sponsor information

## Organisation

**FRHS** 

#### **ROR**

https://ror.org/01cey1344

# Funder(s)

## Funder type

Not defined

#### **Funder Name**

Johnson and Johnson

## Alternative Name(s)

Johnson & Johnson & Johnson Services, Inc., Johnson&Johnson, Johnson & Johnson Private Limited, , , J&J, JNJ

## **Funding Body Type**

## Government organisation

## **Funding Body Subtype**

For-profit companies (industry)

## Location

United States of America

## **Results and Publications**

## Individual participant data (IPD) sharing plan

Individual data will be available without identifiers (e.g. name, location) as per the ethical committee approval, based on requests raised to admin@frhsindia.org. The data will be available by end of October 2018 for researchers and students for learning purposes only, as a soft copy. Publications, if any, to be done using this data should get prior permission from FRHS. Individual women have provided consent to participate in this study.

## IPD sharing plan summary

Available on request

## **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/12/2019	08/11/2019	Yes	No
Results article	results	01/06/2020	04/06/2020	Yes	No
Participant information sheel	Participant information sheet	11/11/2025	11/11/2025	No	Yes