Reproductive strategy for multidisciplinary consultation meetings for prenatal diagnosis in Benin (figure 3)

This feasibility study of multidisciplinary consultation meetings was launched by the Beninese Society for Pediatric Surgery. The collaborators were represented by members of the Beninese Society of Pediatrics, the National Council of Obstetrician Gynecologists of Benin, and the Multidisciplinary Center of Prenatal Diagnosis of the Hospitals of Nice of France.

For the optimal functioning of this project, a monitoring and evaluation committee will be set up. This committee will be made up of a specialist in the monitoring and evaluation of health projects, a member of the National Council of Physicians of Benin, other staff members and a partner member of the project. The global report of the pilot phase will be made at the end of the first two years. It will allow us to take inventory of the difficulties encountered and to consider a better operationalization and globalization of the project, which will move into its active phase. Five (05) hospitals were identified for this pilot phase because of their level of equipment, their academic status and the availability of the following expertise: pediatric surgeon, obstetrician-gynecologist, pediatric neonatologist, radiologist, intensive care provider, and geneticist. These are the Centre National Hospitalier et Universitaire Hubert Koutoukou Maga (CNHU-HKM), the Centre Hospitalier Universitaire de la Mere et de L’Enfant Lagune (CHU-MEL), the Centre Hospitalier Departemental du Borgou, the Centre Hospitalier Departemental du Zou/ Colline (CHD-Zou/ Colline), and the Hopital de Zone de Tanguïeta (Hopital Saint Jean de Dieu). The planned start date for the pilot project is January 2023 for two years. The MCMPD will take place on the first Saturday of each month at 9:00 a.m. GMT and a
maximum of five cases per session will be staffed within 1 h 30 min. For its implementation, a reference team will be set up in each of these centers and will be responsible for disseminating a circular note to all participants involved in the monitoring of pregnancies, the main elements of diagnosis of birth defects, the existence of the MCMPD and a request for referral of all suspected cases to the target structure in their area.

The team at the referral facility is responsible for confirming suspicions with a benchmark ultrasound. After confirmation of the diagnosis, the medical file will be sent to the MCMPD’s office, which will be responsible for scheduling it. The office is in charge of organizing the MCMPD, keeping the medical files, making the session report and distributing the conclusions of the staff to the concerned practitioners. Patients whose fetus has a malformation that does not require an in utero transfer may, if they wish, continue to be followed by their usual gynecologist, who will be responsible for providing the MCMPD office with all the information on the progress of the pregnancy and delivery. However, prenatal follow-up consultations by the pediatric surgeons of the MCMPD must be scheduled to properly plan the neonatal care of these children.

At this meeting, the staff will attest that there is a strong probability that the unborn child will be affected or not by a particularly serious condition deemed incurable at the time of diagnosis. For malformations involving the life-threatening prognosis of the newborn and in the case where the pregnancy is continued, the MCMPD is responsible for participating in the follow-up of the pregnancy, the delivery and the care of the newborn in the best possible conditions of care. This follow-up will take place in the referral structures of the MCMPD. In the case of a late diagnosis of a fetal anomaly, information
about the management of these malformations, as well as the prognosis and available treatments, will be explained to the parents, and the decision to proceed with a medical termination of pregnancy will be theirs; this can be done in the referral structures. The parents of the children will receive psychological support from the psychiatric department of the referral hospital. In view of the financing of difficult care in Benin, financial support for the MCMPD will be provided through the assistance of development partners such as UNICEF, USAID, and WHO and eventually the government.

The funding for this project mainly concerns the rental and renovation of a permanent facility to implement the MCMPD office and the financing of care (consultation, surgery/anesthesia, hospitalization, medication, postsurgery care) for poor patients.