

Birth Preparedness and Complication Readiness: A Matrix of Shared Responsibility

The Maternal and Neonatal Health (MNH) Program has created and made available "Birth Preparedness and Complication Readiness: A Matrix of Shared Responsibility" (BP/CR matrix). The matrix encompasses the responsibilities, actions, practices and skills needed to help ensure the safety and well-being of women and newborns throughout pregnancy, labor, childbirth and the postpartum period. It outlines plans and actions that can be implemented wherever life-threatening delays may occur — at home, on the way to care or at the place of care.

It has long been recognized that delays in seeking, reaching or receiving care can kill mothers and newborns. Preparing for birth and being ready in the event of complications can reduce delays. Many of the reasons contributing to delays are neither unpredictable nor unique. For example, failure to recognize signs of complications, failure to perceive severity of illness, cost considerations, previous negative experiences with the health system and transportation difficulties are factors that delay decisions to seek care. The lengthy distance to a facility or provider, the condition of roads and the lack of available transportation are factors that contribute to these delays. Uncaring attitudes, poor skills or unavailability of healthcare providers, and shortages of supplies and basic equipment are factors that add to delays.



Announcing: Birth Preparedness and Complication Readiness: A Matrix of Shared Responsibility. Available online at www.mnh.jhpiego.org.

Averting delays

The MNH Program believes that these commonly cited factors can be averted with advance preparation and rapid action, thus reducing the delays in seeking, reaching or receiving care. This is the essence of birth preparedness and complication readiness.

Because life-threatening delays can happen at home, on the way to care or at the place of care, the BP/CR matrix includes plans and actions that can be implemented at each of these points. This comprehensive matrix includes the woman and her family, the community, healthcare providers, facilities that serve them and the policies that affect care for the woman and the newborn.

Program and advocacy tool

The BP/CR matrix is a programming tool. It is a list of behaviors and skills that address critical delay-causing factors at various levels. Program planners can use the matrix to select desirable and feasible activities and adapt them to local realities.

The BP/CR matrix is also an advocacy tool. It details the roles of facilities and communities and the responsibilities of policymakers, healthcare providers, families and women. In this advocacy role, it helps support provider and community demands for improvements.

Skilled provider and community support

A key element of birth preparedness and complication readiness is identifying a skilled provider who can support a woman during labor and childbirth and manage complications that may arise or refer for higher level care. Knowing how to reach a skilled provider as well as having adequate personal funds to pay for expenses

incurred are examples of how individuals and families can be prepared for childbirth. In addition, birth preparedness and complication readiness include:

- Establishing communal transportation schemes and accessible emergency funds as examples of how communities can be ready, should life-threatening complications occur.
- Advocating for skilled providers, 24-hour services, improved roads and communications systems as examples of what communities and families can do together for readiness.
- Collaboration among the community, the health center and the district hospital for efficient referral as an example of a joint partnership that helps ensure that women will have skilled care when they need it.
- Implementing policies that allow performance of life-saving procedures by a range of providers to build an enabling environment focused on maternal and newborn survival.

Shared Responsibility

The BP/CR matrix promotes a comprehensive, empowering approach to maternal and newborn well-being. The hallmark of the BP/CR matrix is that all of its parts are complementary. It shows that individually as well as together, policymakers, facility managers, providers, communities, families and women enhance birth preparedness and complication readiness. It demonstrates that all of these stakeholders share responsibility for saving the lives of women and newborns.

For additional information, please contact Sreen Thaddeus, sthaddeus@jhpiego.org.

Notable Quote

"Both at home and in the hospital, women need to be treated with great care and compassion, particularly during pregnancy and childbirth. Although women are the traditional caretakers within families and societies, they too have the right to be cared for...we [need] new models of caring for women, by men and women." (UNICEF Regional Office for South Asia, *Saving Women's Lives*. 2000).

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LATIN AMERICA

Guatemala: Improved Clinical Care Reduces Costs at Amatitlán Hospital

With support from the MNH Program, Amatitlán Hospital has incorporated two labor and childbirth interventions into its healthcare services: active management of the third stage of labor and restricted use of episiotomy. Active management of the third stage of labor involves giving oxytocin to encourage uterine contractions, using controlled cord traction to deliver the placenta and massaging the uterus after delivery of the placenta. Initially, the hospital director was concerned that giving oxytocin to every woman during childbirth would significantly increase the hospital's costs. But, because active management reduces the risk of postpartum bleeding in women, the opposite occurred. Since implementing this practice in February, the hospital has not had to provide any blood transfusions, whereas four transfusions were done during the same period last year (February to June). Also, implementing this intervention has greatly reduced the number of linens that need to be laundered, which has decreased the use of scarce resources such as detergent and water.

In addition, the number of episiotomies performed on women who were having their first childbirth decreased from nearly 100% to 10%. For every episiotomy that was not performed, the hospital saved about US \$25 in supplies, including sutures and local anesthetic, and the cost of sterilizing equipment. Contact: Kelly Curran, kcurran@jhpiego.org.

Sololá Hospital in Guatemala Welcomes Comadronas

In the western highlands of Guatemala, more than 90% of all births occur at home and are attended by a comadrona, a Mayan traditional birth attendant. Many women prefer comadronas to healthcare providers at hospitals because comadronas speak regional languages and provide emotional support to women during labor and childbirth. In the past, women who gave birth in Ministry of Health (MOH) hospitals were not allowed to have a support person present during labor. In addition, healthcare providers at hospitals have not welcomed comadronas because of a perception that their cultural practices are not compatible with facility-based care.



Over the past 4 months, the MNH Program has conducted a number of activities as part of its culturally-adapted hospitals initiative. This project aims to make MOH healthcare services more culturally accessible and increase the number of women whose births are attended by skilled providers. To strengthen the links between comadronas and providers at hospitals, Sololá Hospital, in the western highlands, has worked with the local comadrona organization to establish an on-call system for comadronas at the hospital. The comadronas now have a room in the hospital, just as physicians have, where they can rest between patients and be available 24 hours a day to provide emotional and social support during labor and childbirth. The results of exit interviews have shown that women are now more satisfied with the quality of care at the hospital. The MOH is monitoring the service statistics to determine if the new system increases the use of services at the hospital. Contact: Kelly Curran, kcurran@jhpiego.org.

Bolivian Community Leaders Participate in Quality Improvement Process

As a part of the decentralization of the health sector in Bolivia, the government is supporting activities to delegate responsibility for the management of public sector health services to the municipal level. To support these efforts, the MNH Program has been working with the MOH, municipal authorities and community leaders to develop and implement strategies to improve the quality of health services. One of the main strategies for sustainable quality improvement is the Defensores de la Salud (Health Guardians) initiative.

The defensores are chosen by their communities and trained by the MNH Program using a manual developed by the MOH and MNH Program. The defensores are responsible for helping their communities monitor the quality of health services by assessing the waiting times and friendliness of the healthcare providers, ensuring that feedback regarding the quality of services is given to municipal authorities and conducting community meetings. The MNH Program is

currently field-testing guidelines and job aids that support these activities. Following validation of these materials, they will be published and disseminated throughout the country using funds from other donors. The MNH Program will support their implementation in the 17 priority districts. Contact: Kelly Curran, kcurran@jhpiego.org.

MNH Program Launches New Program in Paraguay

In May, USAID/Paraguay awarded funding to the MNH Program to develop a program in Caaguazú, Paraguay, one of the poorest regions in the country. The new program will use a PQI approach to improve the quality of maternal and newborn healthcare services in Caaguazú. The Paraguay program will use the approaches and lessons learned from the other MNH Program countries in the region, particularly those from Guatemala and Bolivia. Contact: Kelly Curran kcurran@jhpiego.org.

Uruguay Training Improves Healthcare Services

In June, the MNH Program, in collaboration with the Latin American Center for Perinatology (CLAP) in Montevideo, conducted a training activity at the Centro Hospitalario Pereira Rossell (CHPR). Twenty-four ob/gyn doctors were trained in the application of the WHO/JHPIEGO *Managing Complications in Pregnancy and Childbirth* manual and the development of innovative ways to help healthcare providers learn these principles. The majority of the training occurred on the labor ward of CHPR, and covered interventions such as active management of third stage of labor, restricted use of episiotomy, manual vacuum aspiration for incomplete abortion and use of the partograph to monitor labor progress.

The training had an immediate impact on services in the hospital. Before the training, 85% of women who were having their first child had episiotomies. During the first month after the training, 42% of women having their first child had episiotomies. In addition, active management of third stage labor is now being more routinely applied. Representatives from CLAP and CHPR plan to design a practical course to disseminate these best practices. Contact: Kelly Curran, kcurran@jhpiego.org.

AFRICA

Uganda: Workshop Promotes Evidence-Based Practices for Maternal and Newborn Care

The Regional Centre for Quality of Healthcare, with support from the MNH Program and Regional Economic Development Services Organization (REDSO), facilitated a workshop in Uganda titled “Improving Quality of Care: Maternal and Neonatal Health Update” from 6–10 August. Participants from seven countries attended the workshop. The main goal of the course was to update participants’ knowledge about evidence-based practices for maternal and newborn healthcare.

During the workshop, participants identified better practices that they would like to either improve on or apply in their job situations. At the end of the workshop, participants developed country action plans for implementing these practices. For example, the Zambian participants will help form a core team within the Zambia White Ribbon Alliance for Safe Motherhood (WRA) to build capacity of member nongovernmental organizations in technical maternal and newborn health content areas. Contact: Alice Mutungi, amutungi@rcqhc.org.

Zambia White Ribbon Alliance for Safe Motherhood Elicits Support from the Community

The MNH Program, in conjunction with the WRA and the Zambia Integrated Health Program (ZIHP), conducted a safe motherhood competition for journalists in June and July that generated 40 entries (25 newspaper articles, 12 two-part radio broadcasts and three TV special news broadcasts). The competition began on 22 May with an orientation for 22 journalists on key issues in maternal and newborn healthcare. Many of the submissions reported on aspects of the maternal health crisis in Zambia.



In July, with support from ZIHP and the MNH Program, the WRA actively participated in the World Population Day (11 July) activities. The main theme for Zambia was “Improving the Status of Women,” and safe motherhood was one of four sub-themes. The WRA was able to effectively communicate the message, “Every pregnancy is a risk...make it safe, plan ahead,” the predominant theme at the main event. The Chair of the Alliance, Dr. Mary Zulu, was one of the keynote speakers at the culmination of the march. Contact: Rick Hughes, rhughes@jhpiego.org.

Midwifery Education Strengthened in Zambia

In July, the Curriculum Strengthening Team from the Lusaka School of Midwifery worked with the General Nursing Council to strengthen midwifery education by implementing their action plan for adopting the revised midwifery curriculum. The Team conducted technical updates on maternal and newborn care for 29 healthcare providers from clinical sites where students receive clinical training. Contact: Rick Hughes, rhughes@jhpiego.org.

ASIA

Regional Expert Development Course Conducted in Indonesia

Twenty-one midwives and physicians from Bangladesh, Indonesia and Nepal attended the MNH Program Regional Expert Development course in Jakarta from 16 July–3 August. The intensive course consisted of a 1-week knowledge update and 2 weeks of clinical training at the Budi Kemuliaan Maternity Hospital. The course enabled healthcare providers from different areas to share their ideas and experiences on improving maternal and newborn care in low-resource settings. This course is the first in a series of courses designed to develop a core group of regional leaders who can educate and advocate for the provision of quality maternal and newborn healthcare in their own countries. Participants have already made a commitment to introduce changes at their institutions based on the knowledge they acquired during this course. Course facilitators will follow up participants in their clinical setting to support them as change agents. Contact: Harshad Sanghvi, hsanghvi@jhpiego.org.

Message and Materials Developed to Improve Maternal and Newborn Survival in Nepal

The MNH Program is continuing to provide technical assistance to the National Health Education, Information and Communication Center (NHEICC) in Nepal to standardize key safe motherhood messages, and is contributing significantly to the development of the National Safe Motherhood Information, Education, and Communication (IEC) Strategy. The four components of the strategy are:

- increasing access to and utilization of services;
- improving service provision, availability and quality;
- promoting an enabling environment, women's status and recognition of "laaj" (shyness); and
- enhancing operational objectives for implementation.

The strategy has a dual approach: one that increases awareness and birth preparedness where essential obstetric care (EOC) services are not available or are non-functional, and another that focuses on appropriate EOC-related care-seeking behaviors where EOC facilities are available.

The strategy development process has mobilized interest in safe motherhood IEC, leveraged resources across safe motherhood projects and unified IEC activities under the proposed strategy. The MNH Program and the Nepal Safer Motherhood Project are assisting NHEICC to finalize the strategy. The MNH Program is also providing technical assistance to NHEICC to produce prototypic materials including posters, fliers, comic books and radio public service announcements that address the two-part strategy. Contact: Stephanie Suhowatsky, ssuhowatsky@jhpiego.org.

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