

Trip Report: Preparation and Planning for AMTSL Study in Benin: Survey of Management of the Third Stage of Labor: Trip Report

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About RPM Plus

RPM Plus works in more than 20 developing and transitional countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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ACRONYMS

AMTSL	Active management of the third stage of labor
ACCESS	Access to Clinical and Community Maternal, Neonatal and Women's Health Services, JHPIEGO
ASFB	Association de Sages-femmes au Benin
CAME	Direction de la Centrale d'Achat de Médicaments Essentiels
DPM	Direction de la Pharmacie et du Médicaments
HOMEL	L'Hôpital de la Mère et de l'Enfant
ICM	International Confederation of Midwives
FIGO	International Federation of Gynecologists and Obstetricians
FCFA	French Central African Franc
GATPA	Gestion Active de la Troisième Phase d'Accouchement
MoH	Ministry of Health
MoH-SF	Ministry of Health, Direction de la Sante Familiale
PISAF	Projet Intégré de Santé Familiale
PMM	Prévention Maternité Maternelle
POPPHI	Prevention of Post partum Hemorrhage Initiative
RPM Plus	Rational Pharmaceutical Management Plus (Program)
SGOT	Société de Obstétriciens et Gynécologues
STG	standard treatment guidelines
USAID	U.S. Agency for International Development

BACKGROUND

RPM Plus is a supporting partner of the Prevention of Postpartum Hemorrhage Initiative (POPPHI), a three-year project awarded to the consortium of PATH, RTI International, EngenderHealth, the International Confederation of Midwives (ICM) and the International Federation of Gynecology and Obstetrics (FIGO) on July 29, 2004. Other collaborators for the POPPHI Project include HealthTech, and Access to Clinical and Community Maternal, Neonatal and Women's Health Services (ACCESS).

The POPPHI Project is part of USAID's broader Special Initiative to reduce postpartum hemorrhage (PPH), the single most important cause of maternal deaths worldwide, through expanded use of Active Management of the Third Stage of Labor (AMTSL).

AMTSL is an intervention that reduces the incidence of postpartum hemorrhage by up to 60 percent. According to the 2003 Joint Statement of the International Confederation of Midwives (ICM) and International Federation of Gynaecologists and Obstetricians (FIGO), AMTSL consists of interventions designed to facilitate the delivery of the placenta by increasing uterine contractions and to prevent PPH by averting uterine atony.

The usual components include:

- Administration of uterotonic agent immediately following the birth
- Controlled cord traction
- Uterine massage after delivery of the placenta, as appropriate.

There is substantial evidence that AMTSL is an intervention that reduces the incidence of postpartum hemorrhage. Evidence regarding the adoption of this practice, however, is very limited.

As a result, POPPHI has begun a Global Survey of AMTSL practices in order to address this gap. The objectives of the study are the following:

- Identify if and how AMTSL is formally promoted in the Standard Treatment Guidelines (STGs)
- Determine which components of AMTSL are practiced (prophylactic use of oxytocic agents, early cord clamping, controlled cord traction, fundal massage), and how consistently are they practiced
- Assess at a national level, the proportion of deliveries where AMTSL is used
- Investigate methods used for selection, quantification, storage of uterotonics
- Establish the availability and practices in the use of oxytocics

The survey has already been initiated in Tanzania, Uganda and Ethiopia. As a collaborating partner with the POPPHI initiative, RPM Plus has contributed to the design of the study tools in areas focusing on pharmaceutical management. In addition, RPM Plus is supporting this study in Mali and Benin.

Purpose of Trip

The purpose of the visit to Benin was to advance preparations for the study. As RPM Plus is responsible for the quality and supervision of the study, it is important that an RPM Plus representative be present when the study is presented to Ministry of Health officials and other stakeholders so that our obligations as well as our expectations are well understood from the start.

In collaboration with Dr. Gbangbade RPM Plus consultant and study coordinator, Jennifer met with the MoH and key stakeholders to present the study and learn more about current efforts in the country to promote AMTSL.

Scope of Work

- Brief and debrief with USAID Mission
- Present the study to MoH, Division of Reproductive Health
- Present the study to key stakeholders, partners working to promote AMTSL in Mali, including recipients of POPPHI small grants

ACTIVITIES

Jennifer and Dr. Gbangbade met with USAID on Monday, July 10 to discuss the project, solicit suggestions for additional meetings etc., and gather information about current activities in Benin to support AMTSL. In the afternoon, we met with three representatives from the Ministry of health in the Division of Family health. They supported the project and discussed their current efforts to scale up the practice of AMTSL by providing training for mid-wives and nurses in several regions. We also met with Dr. YAROU, Director of Cabinet of the MoH. He supported the study but requested an official letter from USAID.

Throughout the week, we met with several players involved with activities to promote AMTSL and provided copies of the study proposal. It's clear that in many projects, if not all, AMTSL is part of a larger package of services when training is provided – including pre-natal, maternal and neo-natal care – following the entire process pre to post delivery. Training for AMTSL is only authorized by the MoH for MDs, mid-wives and nurses but clearly many births are attended by “aides-soignants”. Because they attend to so many births, and they cannot be authorized to practice AMTSL – this might in effect prevent 100% coverage of all deliveries with AMTSL.

The availability of oxytocin was discussed with nearly everyone. Clearly there has been a problem with stock-outs of oxytocin this year – lasting 2-3 months. This has forced patients to purchase the branded “Syntocinon” at 400 FCFA/ampoule rather than the generic at 200 FCFA/ampoule. If neither branded nor generic oxytocin is available – all efforts to train health care providers in AMTSL will be wasted.

Apparently, there is a problem in quantification of needs. CAME needs some estimation of consumption to complete its annual procurement and reports it is unable to get this information from the facilities. The facilities claim simply that CAME doesn't order enough stock to meet needs. It is unclear whether program scale-up, leading to increased consumption, was considered in last or this year's procurement. The MoH-SF suggested that stock-outs were due to so many overdue bills the government had not paid, so prohibiting any additional purchases.

RPM Plus presented the planned study to Dr. Rene PERRIN for his review. He will be a key contact in validating the findings at the dissemination workshop.

The Society of Obstetricians and Gynecologists (SGOT) and the Association of Midwives (ASFB) have received funding from POPPHI to provide AMTSL training to 52 midwives working primarily in private clinics in 8 departments of Mali, including 17 facilities. The activity is managed by Mme MONTEIRO.

Intrahealth, project ACQUIRE is currently finalizing their end of project report, prepared by Dr. Gbangbade, and will be sharing these findings with RPM Plus. The project to promote AMTSL started as a 7 site pilot project in 2003. Providers were so convinced of its effectiveness that the MoH decided to adopt AMTSL as policy for the country. AMTSL is now part of the national strategy to reduce maternal and neonatal mortality.

RPM Plus met with Dr. Pascal Hessou, Director, CAME to follow up on the national level review conducted by the RPM Plus consultant, ANGLADE Malan Kla. It was explained to him that the findings would soon be released. We also inquired about the stock out of oxytocin occurring this year. He explained that the problem was in the facility's inability to quantify their needs and so he was left with no choice but to simply guess. He was currently having problems with a large shipment from India being held up in Nigeria for nearly 2 months.

RPM Plus met briefly with Dr. Alfred Dansou, Director (DPM) to follow up on the national level review conducted by RPM Plus consultant, ANGLADE Malan Kla and explain the findings would soon be released. We also discuss the extension of this assessment to facility level and invited his participation in dissemination activities.

PSI/Benin (PROFAM) works with the Ministry of Health's (MOH) Direction de la Santé Familiale to implement a social franchising project including 21 private clinics in and around Cotonou. This includes training in AMTSL.

UNICEF is working in three zones and provides AMTSL training as part of larger packets of skills. They have been invited to participate in dissemination workshop following the study.

RPM Plus met with Dr. TANKOANO, Chief of Party, Projet Intégré de Santé Familiale (PISAF), the new USAID bi-lateral project, a follow-on to the project PROSAF. They will be supporting AMTSL scale-up in 2 departments and 7 zones in the North of Benin, training midwives and nurses. He offered to collaborate with dissemination efforts and other follow-on activities and explained that it would be ideal if outcomes from the study could be incorporated into next years work plan, submitted in August 2006.

Overall, we found lots of enthusiasm to support activities that would enable further training efforts in AMTSL and correct deficiencies in the supply system for Oxytocin. It is our hope that this study, with a grand dissemination effort will bring more funding and support to increase AMTSL coverage throughout Benin.

Note: RPM Plus consultant, ANGLADE, Malan Kla visited Benin in January 2006 to gather information on policies and norms in place to support the practice of AMTSL. This study included interviews at the MoH-SF, DPM and CAME, including an inventory of uterotonics at the time of visit. This report is currently being finalized and will soon be distributed. These findings will complement the findings of the POPPHI study collected at the health facility level.

Collaborators and Partners

Donald Dickerson, Deputy, USAID Benin

Francine NICOUÉ, Family Health Team, USAID Benin

Dr. Noel Anoumou EKUE, Directeur de la Sante Familiale, MoH

Dr. Alban QUENUM, Chef de Service, Sante Maternelle et Infantile, MoH

Mme Marcelle TOTCHENOU, Formatrice en Management de la SR, MoH

Dr. Moussa YAROU, Directeur de Cabinet, MoH

Pr. Rene PERRIN, HOMEL

Pr. Jose de SOUZA, Prevention Maternite Maternelle (PMM)
Pr. Issifou TAKPARA, Societe de Obstetriciens et Gynecologues (SGOT)
Maternite, Hopital de Zone d'Abomey Calavi
Mme Perle COMBARY, Intrahealth
Dr. Pascal Hessou, Directeur de la Centrale d'Achat de Medicaments Essentiels (CAME)
Dr. Alfred Dansou, Directeur de la Pharmacie et du Medicaments (DPM)
Mme Prudencia AYIVI, PSI, Projet PROFAM
Dr. Paul ADOVOHEKPE, UNICEF
Mme Laurence MONTEIRO, Association Sages-Femmes (ASFB)
Dr. Aguima Frank TANKOANO, Chief of Party, Projet Intégré de Santé Familiale (PISAF)

NEXT STEPS

Immediate Follow-up Activities

Dr. Gbangbade is following up with the Ethical and Scientific Review Committees at the University. Due to elections this week and the resulting changes in University leadership and review committees, this could cause delays in getting approval.

Important Upcoming Activities or Benchmarks in Program

Dr. Gbangbade will be composing a data collection team and plan for logistics. Once we have the ethical approval, we can set dates for data collection.

