



**Best Practices in Egypt:
Integrated Community-Based Postpartum Care**



The CATALYST Consortium is a global reproductive health and family planning activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health of the United States Agency for International Development (USAID). The Consortium is a partnership of five organizations: Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia. CATALYST works in reproductive health and family planning through synergistic partnerships and state-of-the-art technical leadership. Its overall strategic objective is to increase the use of sustainable, quality reproductive health and family planning services and healthy practices through clinical and nonclinical programs.

Mission

CATALYST's mission is to improve the quality and availability of sustainable reproductive health and family planning services.

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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THE NEED

More than one-quarter of maternal deaths in Egypt occur during the postpartum period—the period following the delivery of the placenta until the forty-second day postdelivery. One-third of these postpartum deaths are due to postpartum hemorrhage.¹ The Prevention of Maternal Mortality Network developed the "3 Delays Model," which identifies three delays that can occur in obtaining emergency obstetric care: (1) a delay in deciding to seek care; (2) a delay in reaching a first referral level facility; and (3) a delay in actually receiving care. Best practices in safe motherhood programming have demonstrated the importance of minimizing these three delays. Although major improvements in maternal health have been achieved in Egypt, 30% of all maternal deaths are still attributed to delays in seeking care, while 54% are attributed to substandard care.¹

Egypt's neonatal mortality ratio (deaths occurring within the first four weeks of life) is 25 per 1,000 live births, and half of these deaths occur during the first two days of life.² In one-third of cases (34%) when the mother died either during delivery or the postpartum period, the infant also died.¹ This rate declined by 43% in 1992–93, suggesting improvements in neonatal care, but clearly, further improvement is necessary.

Research conducted by TAHSEEN concluded that lack of postpartum training for physicians and nurses at primary health centers, shortage of nurses (to conduct home visits), women's lack of knowledge about clinics' postpartum services including the recommended 40th day clinic visit, and misconceptions (women waiting for return of menses before seeking FP services) and taboos (meeting a woman who menstruates interferes with breastfeeding) were among the major obstacles to providing appropriate PPC. TAHSEEN research also found that few providers offer their postpartum clients family planning counseling or methods.³ Furthermore, only 3% of women in rural Upper Egypt practice prolonged breastfeeding.⁴

THE TAHSEEN SOLUTION

TAHSEEN's community-based postpartum care (CB PPC) model was designed to address the current challenges of postpartum care in rural Upper Egypt. TAHSEEN's model is a multifaceted, multisectoral model that focuses on mobilizing the whole community to spread the word about the importance of postpartum care, the signs and seriousness of postpartum emergencies, and the need to respond to emergencies with urgent action.

To this end, TAHSEEN worked with political leaders, physicians, nurses, community outreach workers, religious leaders, literacy educators, agriculture and irrigation workers, media professionals and youth to disseminate life-saving messages regarding postpartum care (PPC). To enhance knowledge, attitudes and practices with regards to PPC, TAHSEEN used the nontraditional model of educating and engaging communities—puppet shows and plays were major components of this innovative approach.

The implementation of CB PPC activities began in Minia in October 2004. By December 2004, the model was scaled-up in Beni Suef and Fayoum governorates. The following narrative describes the model components.

¹ Egypt National Maternal Mortality Study, 2000

² Egypt's National Perinatal/Neonatal Mortality Study, 2000

³ TAHSEEN's "Situation Analysis of Postpartum Health Services in Egyptian Ministry of Health and Population Facilities in 2003

⁴ Egypt Interim Demographic Health Survey, 2003.

1. Mobilizing Community Leaders

Community leaders play a vital role in encouraging and modeling new behaviors for their constituencies, so TAHSEEN trained multidisciplinary teams of community leaders in each target community to talk to community members about the importance of postpartum care. Through these trainings, religious leaders, physicians, schoolteachers, traditional birth attendants, midwives, and other respected members of the community learn to encourage women, their husbands, and others to:

- Recognize the special postpartum needs of mothers and newborns (e.g., for nutrition, breastfeeding, rest, cleanliness)
- Recognize postpartum danger/warning signs (e.g., excessive bleeding, fever) and act promptly to bring emergency postpartum women to the nearest health facility
- Understand what family planning methods are appropriate for the postpartum period
- Take advantage of available postpartum services (home visits, 40th day clinic visit)
- Follow the immunization schedule
- Revisit potentially harmful practices, such as postpartum seclusion and rejection of services for cultural reasons

After the training, community leaders organize awareness-raising sessions using BCC material they helped develop that are conducted in a variety of venues, including mosques, churches, literacy classes, and in NGO facilities. About every two months, TAHSEEN staff meet with the leaders to discuss challenges and concerns as well as successes encountered during the community sessions.

2. Training of Service Providers

Primary Health Center (PHC) Physicians and Nurses: In rural communities, clinic-based providers are often the first to see a woman during the postpartum period, including postpartum emergencies. Although these providers are involved in providing routine postpartum care, they play an important role in stabilizing patients and/or referring emergency clients. TAHSEEN provided a one-day training on routine and emergency postpartum care for these providers, which focused on how to counsel clients about breastfeeding, family planning, immunization, postpartum danger signs, and effective referral of emergency clients.

In addition, TAHSEEN conducts six-day training for all physicians and nurses working in OB/GYN wards in district hospitals to strengthen their ability in providing routine and emergency postpartum care. Training focuses on infection prevention, client-centered services, immediate postpartum IUD insertion, counseling on self-care and newborn care, and family planning methods appropriate during the postpartum period.



A doctor examines a postpartum patient in a renovated clinic.

Private Sector Physicians and Pharmacists: Women frequently consult private physicians and pharmacists about family planning, including postpartum family planning. To ensure that these women can meet their family planning needs when visiting private providers, TAHSEEN provides a two-day training for private physicians and a one-day training for pharmacists on family planning methods appropriate for use during the postpartum period. Physician trainings used clinical scenarios to address misconceptions about family planning, particularly regarding hormonal methods, followed by workshops organized in collaboration with Minia University Medical School. TAHSEEN prepared quarterly newsletters on evidence-based medicine topics, such as the use of oral contraceptives by breastfeeding women. Pharmacist trainings offered reproductive health and family planning updates and also corrected misconceptions about family planning methods including those used by postpartum women.

Nurses and Community Outreach Workers: A shortage of clinic nurses has meant that nurses are not available to conduct postpartum home visits. This is a serious service gap, given that women in rural communities often do not leave their homes during the postpartum period. In September 2004, during a national workshop, TAHSEEN secured an agreement with MOHP that female outreach workers could be used to provide education on a wide array of topics in the postpartum period. Therefore, TAHSEEN developed a curriculum and trained female community outreach workers (*ra'aidat rifiyat*) to provide *more comprehensive postpartum care* during their home visits. They now advise women about appropriate self-care, newborn care, breastfeeding, optimal birth spacing intervals and immunization, in addition to family planning methods appropriate to the postpartum period.

3. Training of Media Professionals

TAHSEEN decided to involve local- and governorate-level media professionals as partners in its efforts to: (1) raise awareness about improved clinic services; (2) educate and mobilize communities in support of healthy behavior change; and (3) encourage more open dialogue about a range of reproductive health and family planning issues. To achieve these stated objectives, TAHSEEN provides workshop training on the various project initiatives including postpartum care. After TAHSEEN's training, media professionals are equipped with the technical information to address reproductive health issues in their communities such as postpartum death.

4. Training of Transportation Workers

As a result of the community work TAHSEEN did to inform communities about postpartum care in Minia, communities have realized that women experiencing postpartum emergencies need better transportation options if they are to avoid the second delay.

TAHSEEN collaborated with local government officials in Minia to identify and educate transport workers such as taxi, bus, and mini-bus drivers about (1) the danger of a delayed response to obstetric emergencies, including postpartum complications; (2) community expectations that they promptly deliver women with emergency complications to facilities; and (3) the emergency transportation fund.

5. Linkages to nonhealth programs

TAHSEEN incorporated postpartum care messages in number of nonhealth programs including literacy (at the national level), agriculture/irrigation, education and youth-centered programs.

6. Behavior Change Communication (BCC)

Information about postpartum care was incorporated into TAHSEEN's plays and puppet shows, reinforcing messages disseminated by health providers and community leaders. In the play *The Story of Haneya*, for example, the need to provide emotional support for women during PP period is addressed, and, in TAHSEEN's puppet show, *Aragoz and Kashkelioz*, the dangers of early childbearing.

RESULTS

- **Rapid scale-up of activities:** As of June 2005, the CB PPC model is operational in 11 districts covering Minia, Beni Suef and Fayoum. Moreover, one governorate, outside the scope of the Project's work plan, replicated PPC programs independently in 2 districts and is making plans for more districts. Integrated district work plans, developed by local authorities in 16 districts, include commitments to implement community awareness activities including CBPPC on their own.
- **Message dissemination institutionalized:** Postpartum messages have been incorporated into literacy materials used by Egypt's national literacy program, and literacy facilitators have been trained in the use of these materials. Messages have also been incorporated into the trainings of agriculture/irrigation extension workers, so their work will also continue post-TAHSEEN.
- **The "National Clinical Standards of Practice for RH/FP clinical services delivery"** which includes ample PP contraception information was formally accepted by the MOHP. Based on this training several training packages for female outreach workers, physicians and nurses have been developed and formally approved by the MOHP. In 2005 over 5000 new female outreach workers will be trained by the MOHP using this new curriculum.
- **The in-service training was revitalized:** At the request of the MOHP TAHSEEN developed a training package for all newly graduated physicians who will take up a position in a PHC unit in Egypt. The training package was formally accepted by the MOHP and tested in 8 courses for 160 participants. It will become the new national standard and, each year, 12,000 physicians will undergo the training. It includes ample information on the PP period, including the 40th day visit, organization of home visits and PP FP information.
- **Increased community awareness:** Over 500 community leaders in 11 districts have been trained on postpartum care issues. Within 9 months, these community leaders have conducted 121 sessions, which have reached about 6,838 people. Pre- and posttest results from community awareness-raising sessions showed that men and women involved in community meetings increased their knowledge on several PPC issues. See Table 1.

Table 1: Villagers knowledge of postpartum care n=6,838 (pre/post community awareness-raising sessions)

Question	Pre	Post	Chi square	P-value
Need of newborn to be examined and vaccinated	19%	91%	6975	<0.001
Identifying potential danger signs during postpartum period	10%	93%	9025	<0.001
Suitable FP methods to be used during postpartum	35%	92%	3850	<0.001

- **Change of knowledge among community members:** The effect plays have on attendee knowledge of postpartum family planning was measured in 2003-04 by an independent contractor using a randomly

selected 5% sample of those attending selected performances in the three governorates and in Cairo. As seen in Table 2, audience members in some remote areas arrived at performances with literally no knowledge of postpartum family planning. This is not surprising as early productions coincided with the opening of clinics and the beginning of TAHSEEN activities in a community.

Table 2: Knowledge of Postpartum family planning options (immediately after delivery and after 40 days postpartum) among play attendees

Location	Est. Play Audience	Sample size	Before play session	After play session	Chi square	P-value
1 village: Fayoum	2,000	75	0%	65%	69.8	<0.001
3 villages: Fayoum	3,000	150	0%	55%	112	<0.001
1 village: Minia	2,400	150	23%	79%	91.8	<0.001
3 villages: Beni Suef	3,000	150	30%	96%	137.3	<0.001

- **Improved knowledge of postpartum FP:** To evaluate the wider TAHSEEN program, sentinel survey sites have been identified in which pre- and post intervention household surveys are done. The results show that knowledge among all women about the use of FP methods during the postpartum period increased from 37% to 94% (n=1000; p<0.001, chi-square 718.88). Similarly knowledge of young women under 25 with only one or two children on the use of FP methods during the postpartum period increased from 37% to 94% (n=1000, p<0.001, chi-square 718.88).
- **Change of knowledge among private physicians and pharmacists:** The Project has trained 1888 private physicians and 2835 pharmacists in OBSI, PAC, PPC and other RH topics. Their knowledge of postpartum family planning increased as a result of the training. (See Table 3 below.)

Table 3: Private physicians and pharmacists knowledge before and after TAHSEEN training

Trainee Group	Knowledge	Pretest	Posttest	Chi square	P-value
Private physicians (n=1888)	A woman who is amenorrheic can become pregnant	57%	98%	907.1	p<0.001
Private physicians (n=1888)	A woman who is breastfeeding can use Depo-Provera six weeks postpartum	61%	98%	789.5	p<0.001
Pharmacists (n=2835)	A woman who is breastfeeding can use Depo-Provera six weeks postpartum	41%	80%	901.1	p<0.001

- **Increase in referrals:** A total of 339 female outreach workers (*ra'aidat rifiyat*) from MOHP and NGOs have been trained in 11 districts to conduct more comprehensive postpartum home visits. From November 2004 to June 2005 outreach workers from NGOs alone referred over 23,000 women for antenatal and postpartum care.
- **Improved postpartum care** in the PHC facilities especially in the 40th day visit. More women have been examined within 40 days postpartum (from 26% to 60%, p<0.001), and received FP counseling (from 31%

to 84%, $p < 0.001$). The *ra'aidat rifyiat*, as befitting their new role in postpartum care, were significantly more often the source of the FP counseling (from 66% to 78%, $p < 0.05$)

