Birth Preparedness and Complication Readiness: A Matrix of Shared Responsibilities



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Delays can kill mothers and newborns

Many more women and newborns would survive childbirth if they received the care they need when they need it. The Three Delays, an explanatory model, identifies three phases during which delays can contribute to the death of pregnant or postpartum women and their newborns. These phases are:

- deciding to seek care
- reaching care
- receiving care

There are several reasons for these delays. The model groups the reasons into factors that underlie each delay¹. For example, failure to recognize signs of complications, failure to perceive severity of illness, cost considerations, previous negative experiences with the healthcare system, and transportation difficulties are factors that result in delayed 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 commonly create a delay in reaching care. The uncaring attitudes of providers, the shortages of supplies and basic equipment, the non-availability of healthcare personnel and the poor skills of healthcare providers are factors contributing to a delay in receiving care.

Many of the reasons contributing to these delays are neither unpredictable nor unique. This means that it is possible to anticipate and plan for them in many settings.

Preparing for birth and complications reduces delays

The Maternal and Neonatal Health 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 (BP/CR).

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

The BP/CR matrix encompasses the responsibilities, actions, practices and skills needed to help ensure the safety and well-being of the woman and her newborn 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.

A key element of birth preparedness 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.

Birth preparedness and complication readiness is a shared responsibility

The BP/CR matrix is a programming tool. It is a list of behaviors and skills that address 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 enumerates the roles of facilities and communities and the responsibilities of policymakers, healthcare providers, families, and women. In this role, it helps support provider and community demands for improvements.

Identifying and 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. Establishing communal transportation schemes and accessible emergency funds are examples of how communities can be ready, should life-threatening complications occur. Advocating for skilled providers, 24-hour services, improved roads and communication systems are 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 is an example of a joint partnership that helps ensure that women will have skilled care when they need it. Finally, policies that allow performance of life-saving procedures by a range of providers build an enabling environment focused on maternal and newborn survival.

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 affect birth preparedness and influence complication readiness. It demonstrates that all of these stakeholders share responsibility for saving the lives of women and newborns.

¹ Thaddeus S and D Maine. Too far to walk: maternal mortality in context. Soc Sci Med 38, 1091, 1994.

PREGNANCY

POLICYMAKER	FACILITY	PROVIDER	COMMUNITY	FAMILY	WOMAN
Creates an environment that	Is equipped, staffed and managed	Provides skilled care for normal	Advocates and facilitates	Supports pregnant woman's plans	Prepares for birth, values and
supports the survival of pregnant	to provide skilled care for the	and complicated pregnancies,	preparedness and readiness	during pregnancy, childbirth and	seeks skilled care during
women and newborns.	pregnant woman and newborn.	births and the postpartum period.	actions.	the postpartum period.	pregnancy, childbirth and the
					postpartum period.
Promotes health and survival for	Has essential drugs and equipment	Provides skilled antenatal care,	Supports and values the use of antenatal	Advocates for skilled healthcare for	Attends at least four antenatal visits
pregnant women and newborns.		including:	care	woman	(obtains money, transport)
	Follows infection prevention principles	detecting and managing			
Ensures that skilled antenatal care	and practices	complications	Supports special treatment for women	Supports and values the woman's use of	Makes a birth plan with provider,
policies are evidence-based, in place and		 promoting health and preventing disease, including: 	during pregnancy	antenatal care, adjusts responsibilities to	husband, family
politically endorsed	Has a functional emergency system,	 provision of iron/folate and tetanus 		allow attendance	
	including:	toxoid	Recognizes danger signs and supports		Decides and acts on where she wants to
Uses evidence-based information to	communication	• vitamin A and iodine in areas with	implementing the Complication	Makes plan with woman for normal birth	give birth with a skilled provider
support systems t hat routinely update	transportation	deficiencies	Readiness Plan.	and complications	
service delivery and cadre-specific	• safe blood supply	 presumptive treatment of malaria and 			Identifies a skilled provider for birth and
guidelines	emergency funds	worms in areas of prevalence	Supports mother- and baby-friendly	Identifies a skilled provider for	knows how to contact or reach the
		 encourages use of bed nets 	decision-making for normal births and	childbirth and the means to contact or	provider
Promotes and facilitates the adoption of evidence-based antenatal care	Has service delivery guidelines on	 screening for and managing HIV/AIDS, tuberculosis, STDs 	obstetric emergencies	reach the provider	D
evidence-based antenatal care	appropriate management during the	 assisting the woman to prepare for 	Has a functional transportation	Desceniere desceneires and frailitates	Recognizes danger signs and implements
Ensures that adaptate levels of recourses	antenatal period	birth including:	infrastructure for woman to reach care	Recognizes danger signs and facilitates implementing the Complication	the Complication Readiness Plan
Ensures that adequate levels of resources (financial, material, human) are		• items needed for clean birth	when needed	Readiness Plan	
dedicated to supporting antenatal care	Has job aids to assist providers in	 identification of skilled provider for the 	when needed	Readiness Fian	Knows transportation systems, where to
and an emergency referral system	performing appropriate antenatal care	birth	Has a functional blood donor system	Identifies decision-making process in	go in case of emergency, and support
and an emergency referrar system		• plan for reaching provider at time of	Thus a functional blood donor system	case of obstetric emergency	persons to accompany and stay with
Encourages and facilitates participation	Ensures availability of a skilled provider 24 hours a day, 7 days a week	deliveryidentification of support people to help	Has community financing plan for	case of obstearie emergency	family
in policy-making and resource allocation	24 nouis a day, 7 days a week	• identification of support people to help with transportation, care of	obstetric emergencies	Knows transportation systems, where to	y
for safe childbirth and emergency	Is gender and culturally sensitive, client-	children/household, and accompaniment	costenie entergeneres	go in case of emergency, and support	Speaks out and acts on behalf of her and
referral services by communities,	centered and friendly	to health facility	Can access facility and community	persons to accompany and stay with	her child's health, safety and survival
families, individuals and advocacy	centered and mendry	 Complication Readiness Plan - in case 	emergency funds	family	
groups	Involves community in quality of care	of emergency: emergency funds,			Knows that community and facility
		transportation, blood donors, and	Conducts dialogue with providers to	Supports provider and woman in	emergency funds are available
Coordinates donor support to integrate	Reviews case management of maternal	decision-makingcounseling/educating the woman	ensure quality of care	reaching referral site, if needed	
birth preparedness and complication	and neonatal morbidity and mortality	and family on danger signs,			Has personal savings and can access in
readiness into antenatal services	5 5	nutrition, family planning,	Dialogues and works together with	Knows supplies to bring to facility or	case of need
		breastfeeding, HIV/AIDS	provider on expectations	have in the home	
Has a national policy document that		 informing woman and family of 			Knows who the blood donor is
includes specific objectives for reducing		existence of emergency funds	Supports the facility that serves the	Knows how to access community and	
maternal and newborn deaths		• referring to higher levels of care	community	facility emergency funds	
		when appropriatehonoring the pregnant woman's	Educates members of the fit		
Ensures that protocols are in place for		 nonoring the pregnant woman's choices 	Educates members of the community	Has personal savings for costs associated	
clinical management, blood donation,			about birth preparedness and	with emergency care or normal birth	
anesthesia, surgical interventions, infection prevention and physical		Supports the community s/he serves	complication readiness	Knows how and when to access	
infrastructure		Respects community's expectations and	Advocates for policies that support	community blood donor system	
ministructure		works within that setting	skilled healthcare	community blood donor system	
Advocates birth preparedness and		6	Skilled licatuleare	Identifies blood donor	
complication readiness through all		Educates community members about	Promotes concept of birth preparedness		
possible venues (e.g., national		birth preparedness and complication	and dispels misconceptions and harmful		
campaigns, press conferences,		readiness	practices that could prevent birth		

MNH Program Birth Preparedness Matrix (English, pub. 2001)

community talks, local coalitions, supportive facilities)		or of birth preparedness preparedness and complication readiness onceptions and harmful	
	practices that cou preparedness and	uld prevent birth d complication readiness	

LABOR AND CHILDBIRTH

POLICYMAKER	FACILITY	PROVIDER	COMMUNITY	FAMILY	WOMAN
Creates an environment that	Is equipped, staffed and managed	Provides skilled care for normal	Advocates and facilitates	Supports pregnant woman's plans	Prepares for birth, values and
supports the survival of pregnant	to provide skilled care for the	and complicated pregnancies,	preparedness and readiness	during pregnancy, childbirth and	seeks skilled care during
women and newborns.	pregnant woman and newborn.	births and the postpartum period.	actions.	the postpartum period.	pregnancy, childbirth and the
					postpartum period.
Promotes improved care during labor	Has essential drugs and equipment	Provides skilled care during labor and	Supports and values use of skilled	Advocates for skilled healthcare for	Chooses provider and place of birth in
and childbirth.		childbirth, including:	provider at childbirth	woman	antenatal period
	Follows infection prevention principles	 assessing and monitoring women 	~		
Ensures that skilled care policies for	and practices	during labor using the partograph	Supports implementing the woman's	Recognizes normal labor and facilitates	Recognizes normal labor and
labor and childbirth are evidence-based,		 providing emotional and physical 	Birth Preparedness Plan	implementing Birth Preparedness Plan	understands Birth Preparedness Plan
in place and politically endorsed	Has appropriate space for birthing	support through labor and childbirth	Makes sure that the woman is not alone		
		 conducting a clean and safe 	during labor, childbirth and immediate	Supports woman in reaching place and	Recognizes danger signs and
Uses evidence-based information to	Has a functional emergency system,	delivery including active	postpartum period	provider of choice	understands Complication Readiness
support systems that routinely update	including:	management of 3rd stage of labor	postpartum period		Plan
service delivery and cadre-specific	• communication	 recognizing complications and 	Supports the woman in reaching place	Supports provider and woman in	
guidelines	transportation	providing appropriate management	and provider of her choice	reaching referral site, if needed	Knows transportation systems, where to go in case of emergency, and support
Promotes and facilitates the adoption of	• safe blood supply	• informing woman and family of	I I I I I I I I I I I I I I I I I I I	Agrees with woman on decision-making	persons to stay with family
evidence-based practices	• emergency funds	existence of emergency funds (if	Has a functional blood donor system	process in case of obstetric emergency	persons to stay with family
evidence-based practices		available)		process in case of obsterric emergency	Can access community and facility
Supports policies for management of	Has service delivery guidelines on	• referring to higher levels of care	Recognizes danger signs and supports	Recognizes danger signs and facilitates	emergency funds
complications based on appropriate	appropriate management of labor and	when appropriate	implementing the Complication	implementing the Complication	energency runus
epidemiological, financial and	childbirth		Readiness Plan	Readiness Plan	Has personal savings and can access in
sociocultural data	II	Supports the community s/he serves		Reduiness Fian	case of need
	Has job aids to assist providers in		Supports mother- and baby-friendly	Discusses with and supports woman's	
Ensures that adequate levels of resources	performing labor and childbirth procedures	Respects community's expectations and	decision-making in case of obstetric	labor and birthing decisions	
(financial, material, human) are	procedures	works within that setting	emergencies	8	
dedicated to skilled care at birth and an	Ensures availability of a skilled provider	Educates community about birth	Can access facility and community	Knows transportation systems, where to	
effective emergency referral system	24 hours a day, 7 days a week	preparedness and complication readiness	emergency funds	go in case of emergency, and support	
	24 nours a day, 7 days a week	preparedness and complication readiness	entergency runds	persons to stay with family	
Encourages and facilitates participation	Is gender and culturally sensitive, client-	Promotes concept of birth preparedness	Supports timely transportation of woman		
in policy-making and resource allocation	centered and friendly	and dispels misconceptions and harmful		Knows how to access community and	
for safe childbirth and emergency		practices that could prevent birth	Promotes community norms that	facility emergency funds	
referral services by communities,	Involves community in quality of care	preparedness and complication readiness	emphasize priority of transportation for		
families, individuals, and advocacy	5 1	preparedness and complication readiness	pregnant women and obstetric	Has personal savings for costs associated	
groups	Reviews case management of maternal		emergencies	with emergency care or normal birth	
	and neonatal morbidity and mortality				
Coordinates donor support for improved			Dialogues and works together with	Purchases necessary drugs or supplies	
management of labor and childbirth			provider on expectations		
			Supports the facility that serves the	Knows how and when to access	
Ensures that protocols are in place for			community	community blood donor system	
clinical management, blood donation,			community		
anesthesia, surgical interventions,			Advocates for policies that support	Identifies blood donor	
infection prevention and physical			skilled healthcare		
infrastructure			chine a nouthioure		
			Promotes concept of birth preparedness		

Advocates birth preparedness and complication readiness through all possible venues (e.g., national campaigns, press conferences,		and dispels misconceptions and harmful practices that could prevent birth preparedness and complication readiness	to go in case of emergency, and support	
community talks, local coalitions,				
supportive facilities)				

POSTPARTUM AND NEWBORN

POLICYMAKER	FACILITY	PROVIDER	COMMUNITY	FAMILY	WOMAN
Creates an environment that	Is equipped, staffed and managed	Provides skilled care for normal	Advocates and facilitates	Supports pregnant woman's plans	Prepares for birth, values and
supports the survival of pregnant	to provide skilled care for the	and complicated pregnancies,	preparedness and readiness	during pregnancy, childbirth and	seeks skilled care during
women and newborns.	pregnant woman and newborn.	births and the postpartum period.	actions.	the postpartum period.	pregnancy, childbirth and the
					postpartum period.
Promotes improved postpartum and	Has essential drugs and equipment	Provides skilled newborn and	Supports and values women's use of	Advocates for skilled healthcare for	Seeks postpartum and newborn care at
newborn care.		postpartum care, including:	postpartum and newborn care	woman	least twice—at 6 days and at 6 weeks
Ensures that skilled postpartum and	Follows infection prevention principles and practices	• recognizing complications in the	Supports and values use of skilled	Supports the woman's use of postpartum	postpartum (obtains money, transport)
newborn care policies are evidence-	and practices	newborn and postpartum woman	provider during postpartum period	and newborn care, adjusts	Recognizes danger signs and implements
based, in place and politically endorsed	Has a functional emergency system,	and providing appropriate management	F	responsibilities to allow her attendance	the Complication Readiness Plan
based, in place and pointeany endorsed	including:	 promoting health and preventing 	Supports appropriate and healthy norms	responsionnes to anow her attendance	the complication readiness I fair
Uses evidence-based information to	communication	disease in the woman, including:	for women and newborns during the	Recognizes complication signs and	Speaks out and acts on behalf of her and
support systems that routinely update	 transportation 	 provision of iron/folate and tetanus 	postpartum period	facilitates implementing the	her child's health, safety and survival
service delivery and cadre-specific	 safe blood supply 	toxoid	Makes sure that the woman is not alone	Complication Readiness Plan	
guidelines	 emergency funds 	• vitamin A and iodine in areas of	during the postpartum period		Knows transportation systems, where to
	entergency runds	deficiencies	during the postpartum period	Agrees with woman on decision-making	go in case of emergency, and support
Promotes and facilitates the adoption of	Has service delivery guidelines on care	 encouraging use of impregnated bednets for the woman and newborn in areas of 	Recognizes danger signs and supports	process in case of postpartum or	persons to stay with family
evidence-based practices	of newborn and mother postpartum	malaria prevalence	implementing the Complication	newborn emergency	
		 provision of contraceptive counseling 	Readiness Plan		Can access community and facility
Supports policies for management of	Has job aids to assist providers in	and services	Comments mothers and halos fairedly.	Knows transportation systems, where to	emergency funds
postpartum and newborn complications	performing appropriate postpartum and	• promoting health and preventing	Supports mother- and baby-friendly decision-making in case of newborn	go in case of emergency, and support	
using appropriate epidemiological, financial, and sociocultural data	newborn care	disease in the newborn, including:	emergencies	persons to stay with family	Has personal savings and can access in case of need
infiancial, and sociocultural data		 thermal protection promotion of breastfeeding	emergencies	Supports provider, woman and newborn	case of need
Ensures adequate levels of resources	Ensures availability of a skilled provider	 eye care 	Supports timely transportation of woman	in reaching referral site, if needed	
(financial, material, human) are	24 hours a day, 7 days a week	cord care	and newborn to referral site, if needed	in reaching referrar site, if needed	
dedicated to supporting the skilled	Is gender and culturally sensitive, client-	 vaccinations 		Knows how to access community and	
management of postpartum and newborn	centered and friendly	 providing appropriate counseling 	Has a functional blood donor system	facility emergency funds	
care and the effectiveness of an	centered and menory	and education for the woman and	Can access facility and community		
emergency referral system	Involves community in quality of care	family about danger signs and self-	emergency funds	Has personal savings for costs associated	
		care for the postpartum woman and		with postpartum and newborn care	
Encourages and facilitates participation	Reviews case management of maternal	newborn	Dialogues and works together with		
in policy-making and resource allocation	and neonatal morbidity and mortality	 informing woman and family of existence of emergency funds 	provider on expectations	Purchases drugs or supplies needed for	
for safe childbirth and emergency		 referring to higher levels of care 	Supports the facility that serves the	normal or emergency postpartum and	
referral services by communities,		when appropriate	community	newborn care	
families, individuals and advocacy		when appropriate	community	Knows how and when to access	
groups		Supports the community s/he serves	Educates community members about	community blood donor system	
Coordinates donor support for improved			complication readiness	community blood donor system	
postpartum and newborn care		Respects community's expectations and		Identifies blood donor	
poorpartain and new corn care		works within that setting	Advocates for policies to support skilled healthcare		
Ensures that protocols are in place for			nearricate		
clinical management, blood donation,		Educates community about complication	Promotes concept of and dispels		
anesthesia, surgical interventions,		readiness	misconceptions and harmful practices		
infection prevention and physical			that could prevent complication		
infrastructure		Promotes concept of and dispels	readiness		
		misconceptions and harmful practices			
Advocates birth preparedness and		that could prevent complication readiness			
complication readiness through all	<u> </u>	icaunicos			

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possible venues (e.g., national		
campaigns, press conferences,		
community talks, local coalitions,		
supportive facilities)		