What happened?
Overview

- Country Profile
- Global Burden
- Global efforts
- WHO Safe Childbirth Checklist
- Our Experience
- Lessons Learnt
- Steps to follow for success
## Country Data Profile

<table>
<thead>
<tr>
<th>Location</th>
<th>Area</th>
<th>No. of States</th>
<th>Population</th>
<th>Population growth rate</th>
<th>Health expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>North-East of Africa</td>
<td>1,886,068 Square Km</td>
<td>18</td>
<td>34,000,000</td>
<td>2.8%</td>
<td>8% from GDP</td>
</tr>
</tbody>
</table>
According to WHO estimates, in 2010:
- 287,000 women died during pregnancy and childbirth (WHO et al, 2012).
- 2.6 million stillbirths (Cousens S et al, 2011).
- 3 million newborns deaths within their first month of life (Rajaratnam JK et al, 2010).

Greatest burden:
- Within the first 24 hours after childbirth.
- Low-resource settings
- Preventable (WHO et al, 2012).
Global Efforts

Knowledge

Practice
WHO Safe Childbirth Checklist

- A list of evidence-based practices

- Organized into 4 pause points
  1. On Admission
  2. Just Before Pushing (before C/S)
  3. Soon After Birth (within 1 hour)
  4. Before discharge

- Field testing in Karnataka India improvement from 10 to 25 out of 29

- BetterBirth Programme (RCT) determine the effect of Checklist on maternal and neonatal health outcomes- end in 2017
2012 Checklist was launched for global testing
Methodology

Selection of Maternity Hospital

Leadership Engagement

Selection and training of observers

Pre introduction

Training of trainers on checklist

Post introduction

FGD
Adherence to Checklist

Doctors

- Yes: 15%
- No: 85%

Midwives

- Yes: 98%
- No: 2%
Checklist significantly **improved** the delivery of best childbirth practices in **20** out of **25** practice (P<0.002).

The practice of the non adherers mostly **didn’t change** from the pre-intervention phase (**13** out of **18** practices in NVDs and **19** out of **23** practices in C-sections).
Healthcare providers response

**Attitude**
- Facilitates adherence to best practice
- Systematic
- Good reminder
- Improved communication
- Waste of time during rush hours

**Adherence**
- Motivation and follow up of Head
- Incentive
- Medical Record

**Training**
- Simulation
- Coaching
- Video

**Suggestions**
- Oxygen
- Vitamin K
Enablers

WHO

EMRO

HQ

Ministry

Officials at KSMoH

Hospital

The deputy director of the hospital

Matron and Midwives

Head of Nutrition department

Infection Control nurse
Barriers

- Staff related issues:
  - Residents: Poorly motivated, High turnover
  - Poor documentation in general
  - Resistant Consultants

- Limited time frame for implementation

- Quality managers lack of authority
Recommendations

1. To adopt the checklist.
2. To establish a Monitoring and Evaluation System.
3. To conduct regular induction courses and CPD.
4. To review and update the hospitals’ guidelines and protocols.
5. To strengthen the leadership role of consultants.
6. To engage residents and junior staff in hospital initiatives.
Conclusion

Direct: Facilitate Delivery of Best Practices

Indirect: Reflection of hospitals system

Can be used to guide improvement
Key messages

- Engage Leadership
- Assess facility readiness
- Empower quality managers
- Cover gaps
- Take your time
- Use Coaching methods
- Start small
- Key figures

Sustainability
Useful resources

1. WHO Safe Childbirth Checklist Implementation Guide

2. Results of the The Better Birth Programme- large randomized control designed to determine the effect of a successful Checklist introduction on maternal and neonatal health outcomes.
Thank you