

Care around BIRTH



Increased focus on the time around birth with targeted high impact interventions is a strategy for reducing not only newborn deaths but also maternal deaths and still births, generating a triple return on investment.

USAID's flagship *VRIDDHI* project is providing techno-managerial support to Ministry of Health and Family Welfare, Government of India, state governments of 6 states as lead partner agency, and focused assistance to scale up RMNCH+A interventions in 30 high priority districts of these states. The project's activities are aligned to National RMNCH+A Strategy for strengthening integrated service delivery across various life stages.



Care around BIRTH is an integrated approach to improve quality of care during intrapartum and immediate post partum periods. It addresses major drivers of mortality among mothers and newborns.



The approach focuses on client-provider centric approach through high impact technical interventions, health system strengthening efforts, and using quality improvement measures towards respectful maternal care.



Currently being implemented in 141 high case load public facilities across 26 high priority districts in Delhi, Haryana, Punjab, Himachal Pradesh, Jharkhand, and Uttarakhand, catering 70% of all deliveries in these districts.

To know more, write to:

VRIDDHI: SCALING UP RMNCH+A INTERVENTIONS/USAID

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Evidence based technical interventions (2 packages)

Health system strengthening focusing on labour room

Respectful maternal care (privacy and consent)

Low dose, high frequency, on site mentoring visits

Peer learning and experience sharing platforms

Facility level Quality Improvement teams

Stepwise approach

- Comprehensive baseline assessment of labour room environment, and maternal newborn care related practices and competencies
- Roll out of first technical intervention package (Mar-Jun 2016)
- Low dose high frequency mentoring visits for hand holding and capacity building, collecting MIS data, observing deliveries for practice assessment, and conducting exit interviews (May 2016 onwards)
- Constitution of facility level Quality Improvement (QI) teams
- Organization of experience sharing platforms (Oct 2016 onwards)
- Labour room reassessment for implementation of 2nd technical package ((Mar-Jun' 2017)
- Roll out of 2nd technical intervention package (May 2017 onwards)

Progress

- Baseline status measured on 748 data points across 141 intervention facilities to help measure progress.
- State level advocacy and dissemination workshops organized in all 6 focus states.
- 25 district level trainings completed on first package and 1446 health providers (nurses and medical officers) have been trained.
- More than 1000 mentoring visits conducted at 141 intervention facilities
- 130 QI teams notified in intervention facilities.
- 763 QI team meetings conducted at intervention facilities with involvement of nearly 800 service providers in the QI processes
- 28 district and 6 state level experience sharing meetings held

Outcome (An additional number of ...)

- 30,297 women were monitored during delivery using partograph
- 106,371 women received oxytocin within one minute of delivery
- 45,818 mothers were monitored during the post natal period
- 5,11,135 postnatal contacts were made with mothers after delivery
- 66,205 mothers were monitored before being discharged
- 99,040 newborns were monitored within an hour of birth
- 73,648 newborns had temperature monitored
- 84,973 newborns received Vitamin K1 after birth
- 18,241 newborns had breastfeeding initiated within 1 hour after birth
- 49,081 newborns received all 3 essential vaccines (Hep B, OPV & BCG) before discharge
- 1,503 newborns were successfully resuscitated out of asphyxia