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Care around Birth: An integrated approach to improve Quality of Care during intra and immediate post-partum period

CARE AROUND BIRTH

**Progress Update (December, 2015 –
March, 2017)**

Care around Birth: Trends at intervention facilities for key process indicators (Dec 15 – March 17)

Background:

Globally it's been well documented that majority of maternal deaths occur as a result of complication of pregnancy and childbirth (hemorrhage, sepsis and hypertensive disorders), while those for newborn deaths include complications of preterm birth, birth asphyxia, intrapartum related neonatal death and neonatal infections. The time of childbirth and period immediately after birth hence remains critical for maternal and newborn survival and wellbeing. Thus 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. To address the existing challenges the Government of India (GOI) launched the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy in 2013 adopting the 'Continuum of Care' approach, with focus on integrated service delivery across various life stages, the strategy is presently being implemented across 184 identified High Priority Districts (HPDs) from 30 states of the country. USAID has played an integral role in the roll-out of RMNCH+A strategy, its flagship project VRIDDHI-Scaling Up RMNCH+A Interventions has been providing technical assistance to the Ministry of Health & Family Welfare, GOI and as State Lead Partner to the State Governments of Delhi, Haryana, Himachal Pradesh, Punjab, Jharkhand and Uttarakhand for implementation of the RMNCH+A strategy. Aligning with global priorities and national RMNCH+A strategy, VRIDDHI project designed a comprehensive Care around Birth approach to improve the quality of care at and around time of birth. The primary focus of the Care around Birth approach is on the continuum of care from labor to immediate post-partum period and address the major drivers of mortality in intrapartum and immediate post-partum period.

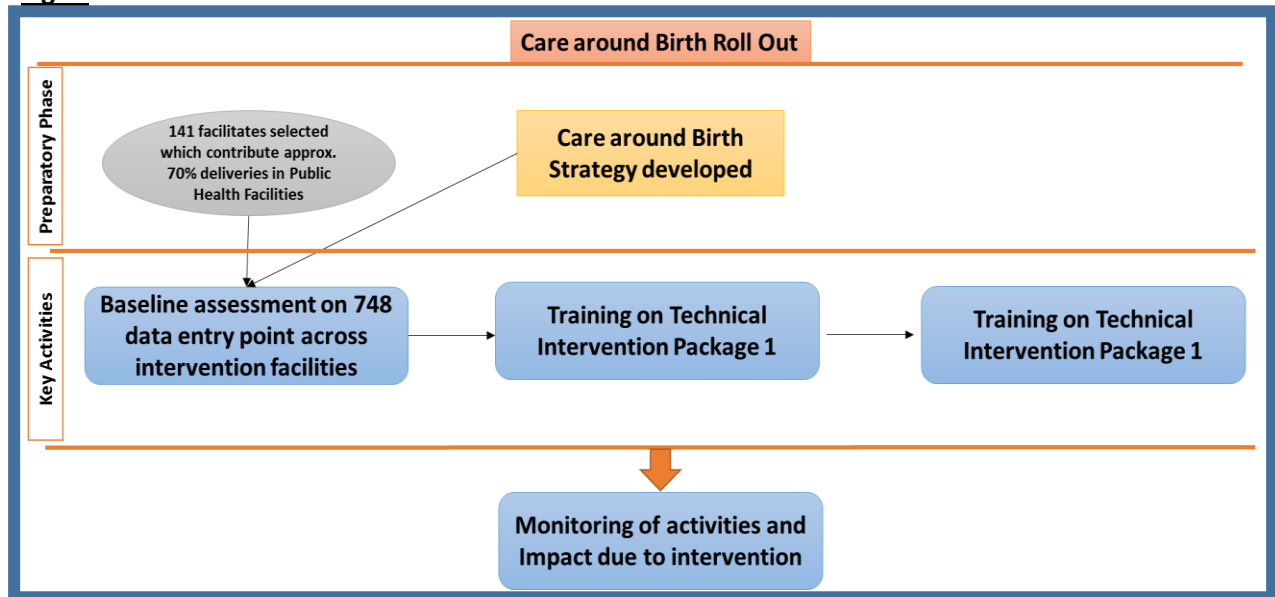
Care around Birth Strategy Interventions and Roll Out:

From the states in which USAID is the State Lead Partner, a total of 141 high case load facilities (delivery points) across levels of care (L3, L2, L1) accounting for 70% of institutional deliveries in public health facilities in the HPDs were identified for the intervention. The package designed to improve the services and care in these facilities were based on 3 core steps, namely, identifying the gaps; addressing the gaps identified, and; continuous monitoring of progress/ changes. The intervention initiated with a baseline assessment on 748 data entry points was done for the facilities and gaps identified in infrastructure, knowledge/skill of service providers and service delivery status. Following the baseline assessment six state level advocacy workshops were conducted to disseminate the findings and orient the state and

district officials on the proposed interventions. Simultaneously a comprehensive training and mentoring strategy was envisaged in the form of ‘Training Intervention Package 1 (TIP1)’ which targeted the most critical and immediate gaps in services and skills related to essential care needed to be provided during the IP and IPP period. Till date 679 service providers have been trained through district level training and 551 additional service providers got trained through 235 onsite mentoring sessions.

A robust MIS system has been put in place to capture critical data elements on a monthly basis to monitor the trends and ascertain the outcome of the strategy (Figure 1).

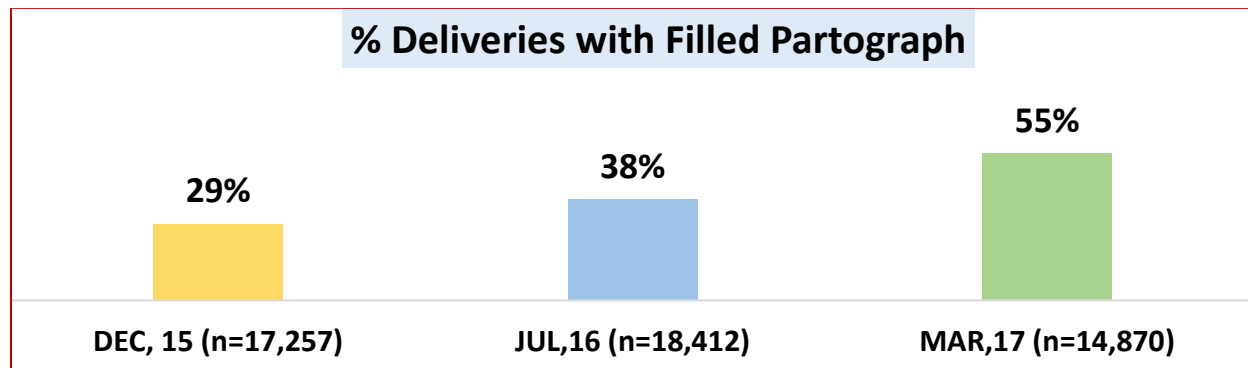
Fig 1:



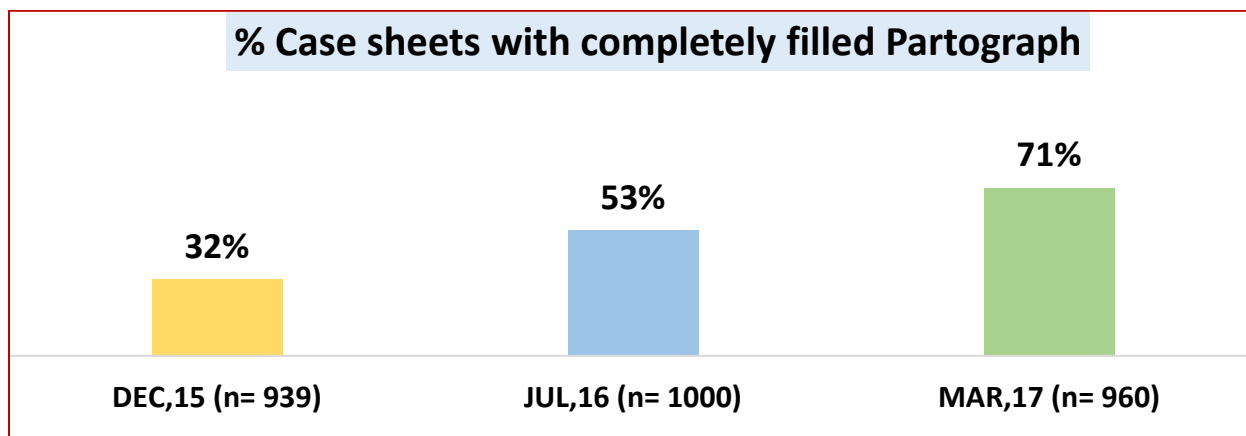
Trends at intervention facilities for key process indicators (Dec 15 – March 17):

A. Maternal Care

A. Monitoring progress of labor

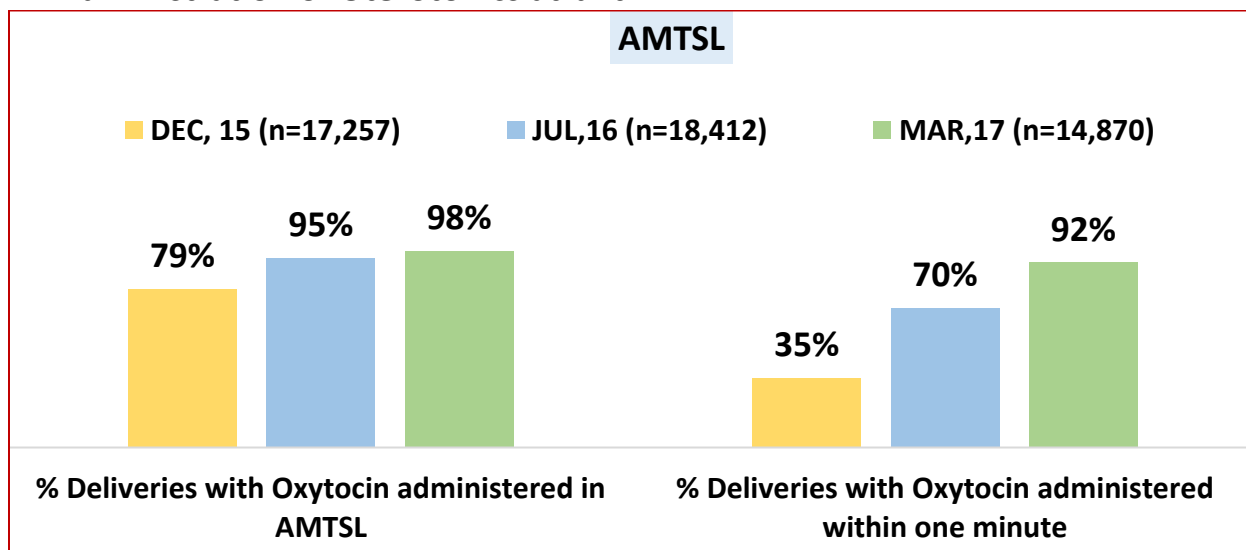


Source: Labor Room Register



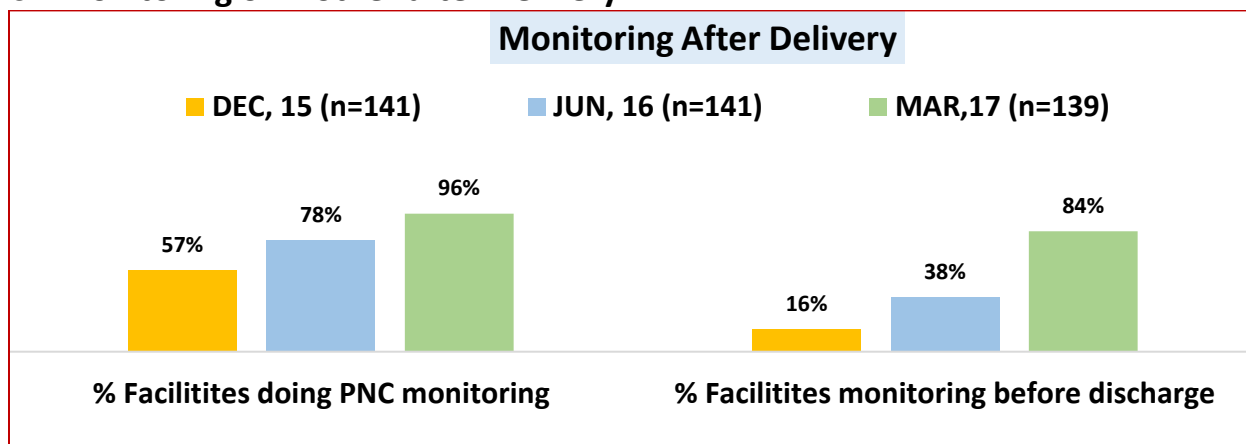
Source: Case sheets

B. Administration of Uterotonics at birth

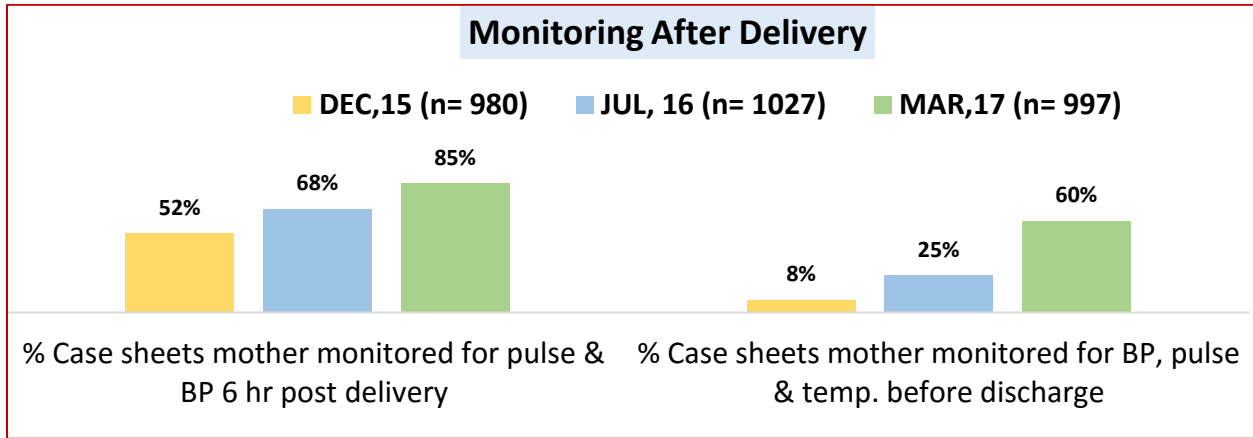


Source: Labor Room Register

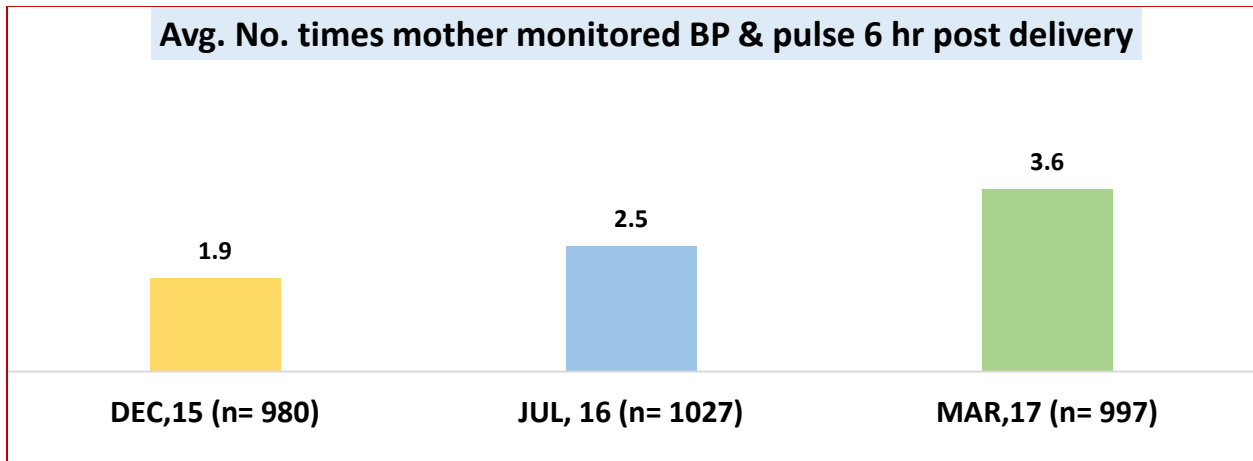
C. Monitoring of Mother after Delivery



Source: Case Sheets



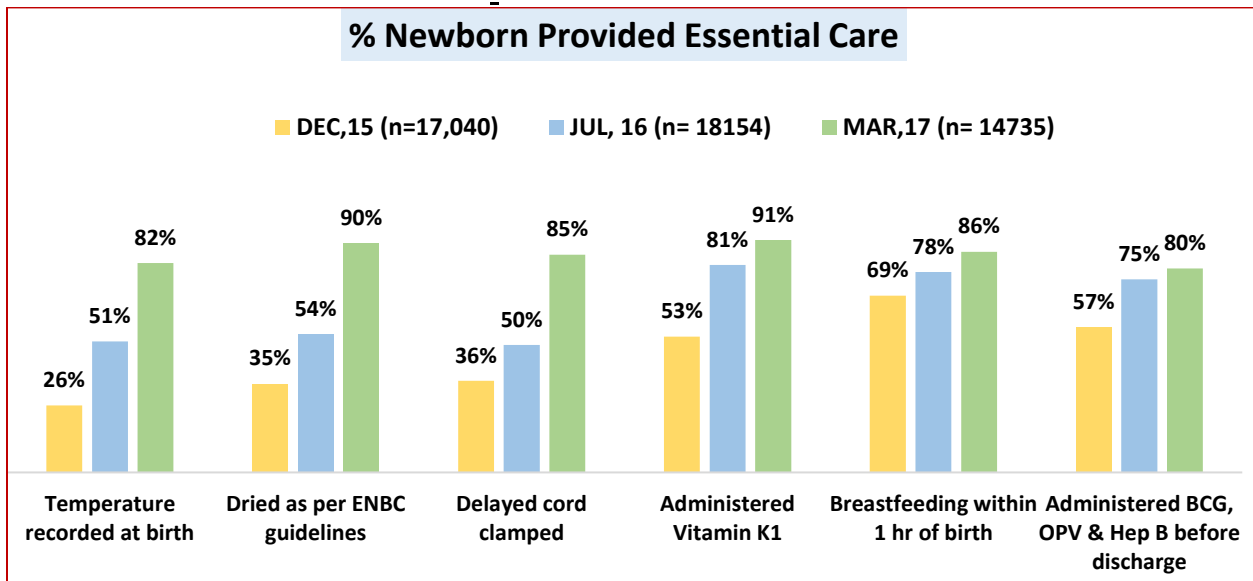
Source: Case Sheets



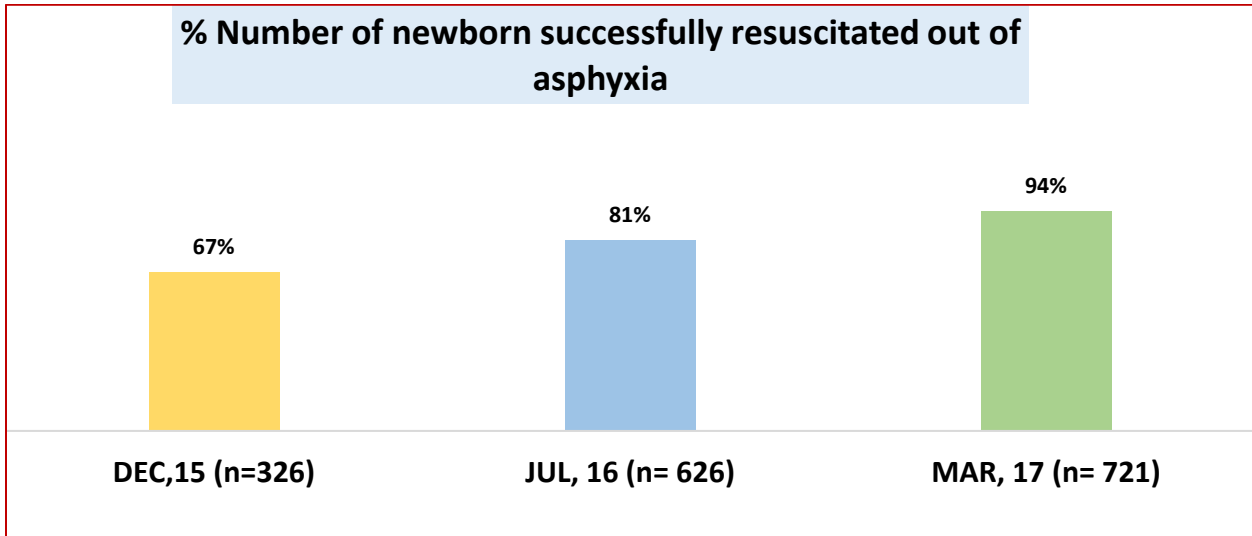
Source: Case Sheets

B. Newborn Care

1. Essential Newborn Care and Resuscitation

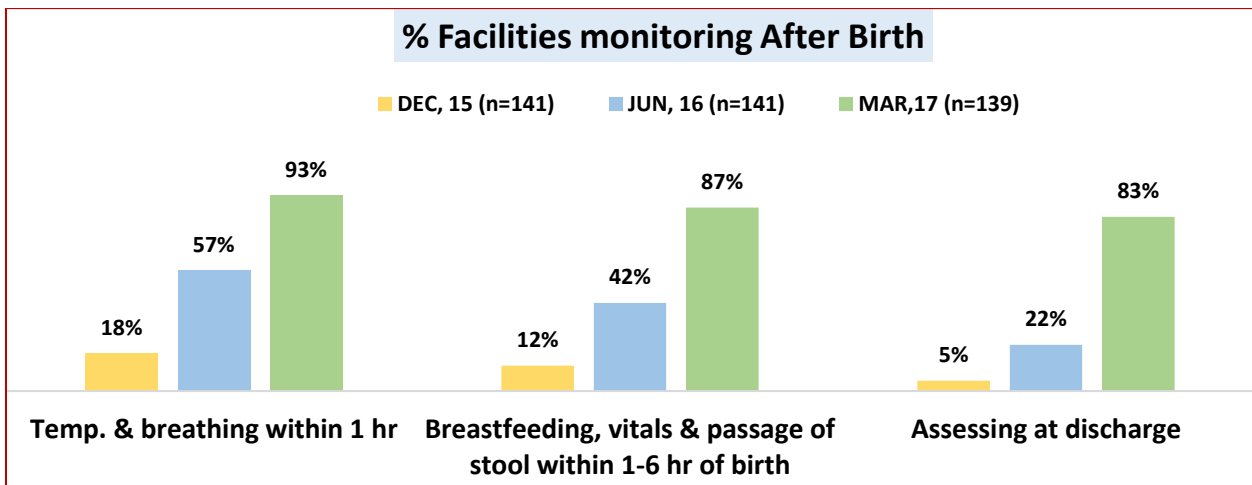


Source: Labor Room Register

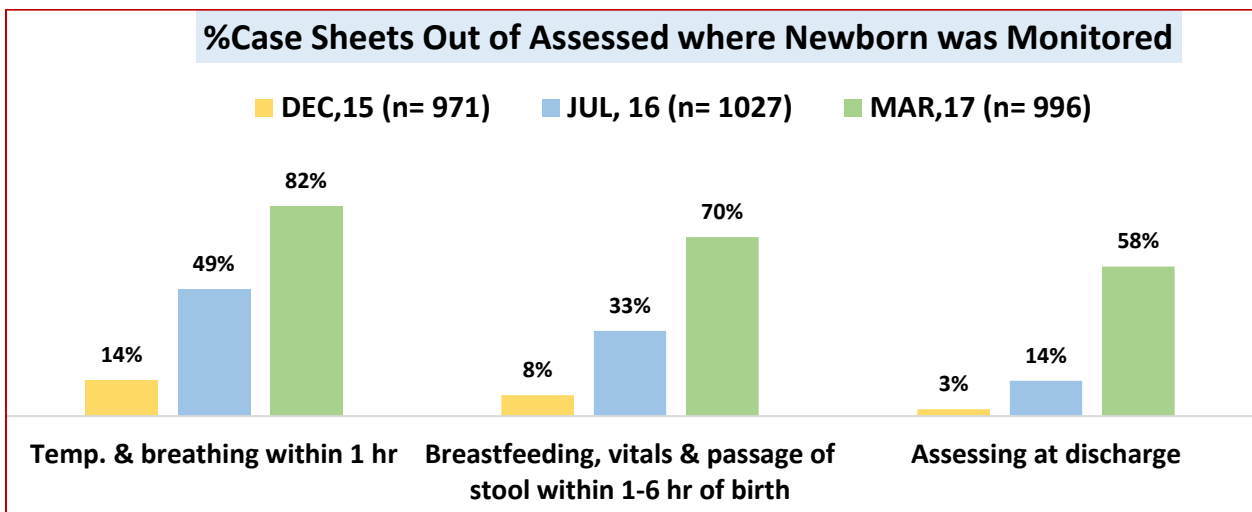


Source: Labor Room Register

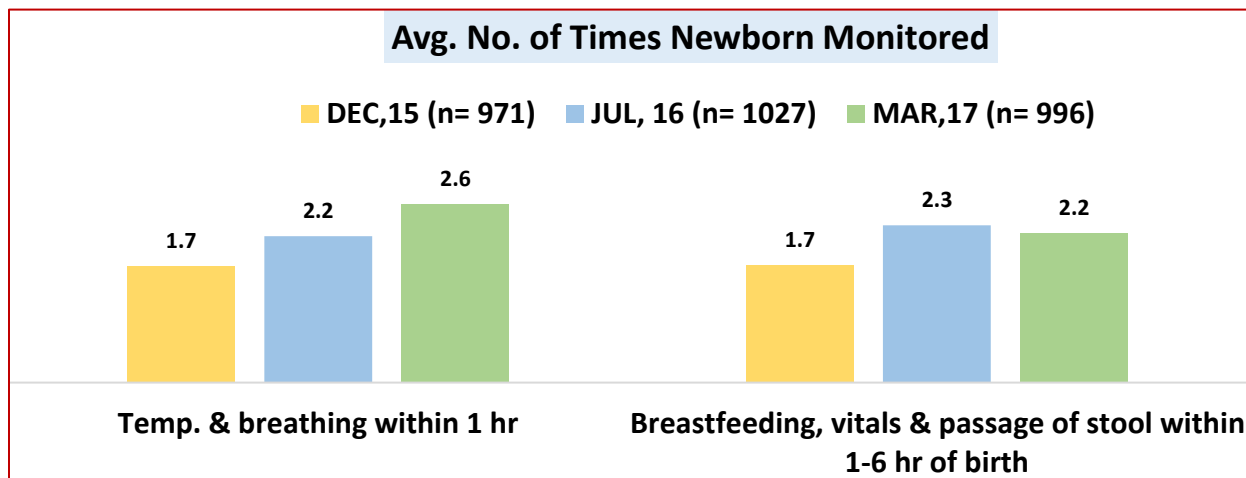
2. Newborn Monitored after Birth



Source: Case Sheets

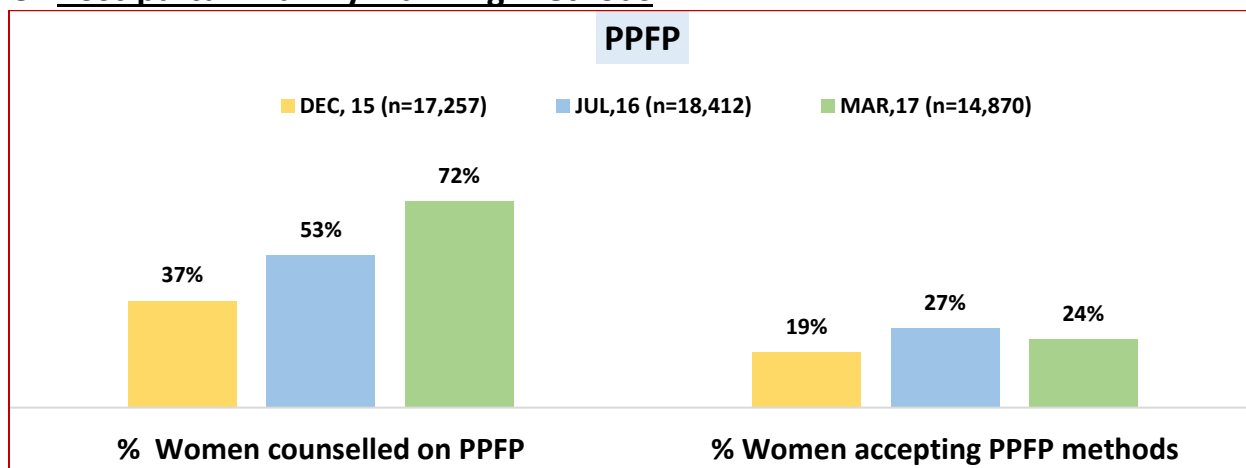


Source: Case Sheets



Source: Case Sheets

C. Post-partum Family Planning Methods



Source: Labor Room Register & PPIUCD Register

Additional lives reached and saved till March 2017*

- i. 307,652 deliveries and 303,928 live births reached by March 2017
- ii. 26,531 additional women monitored using partograph during delivery
- iii. 99,413 additional women administered oxytocin within 1 minute of delivery
- iv. 79,427 additional newborns administered Vit K1 at birth
- v. 45,648 additional newborns immunized with birth doses
- vi. 65,953 additional newborns had temperature recorded at birth
- vii. 7,933 newborns successfully resuscitated out of asphyxia

*Data obtained from Project MIS

Notes:

1. Data from all 141 intervention facilities was collected during the baseline (Oct-Dec 2015). The current number of facilities reporting data fluctuates depending on the availability of District Technical Officers (DTOs) in the HPDs.
2. The baseline data was collected during the months of Jan-Feb 2016. The baseline data reference period was Oct-Dec 2015 while Jan-Feb 2016 is representative of a transition phase where improvement work was coupled with baseline data collection and hence changes are visible between Dec 15 and Mar 16. A rigorous support started from March 2016 (post intervention data).

DISCLAIMER:

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