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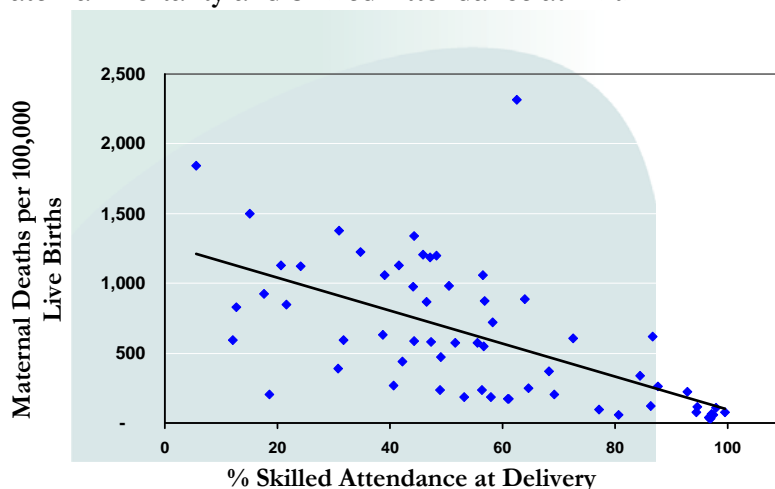
Achieving Results in Improving Maternal and Newborn Care: Building the Capacity and Use of Skilled Birth Attendants

- The largest threat of maternal death occurs during labor, birth and the 24 hours after birth. A mother's death also means a much higher risk of death for her newborn.
- Many interventions known to save the lives of women and newborns depend on the presence of a skilled birth attendant (SBA).
- A SBA is defined as an accredited health professional—such as a midwife, doctor or nurse—who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns¹.

The limited number and poor distribution of well-trained health professionals are key reasons that mothers and newborns are persistently excluded from care and maternal and newborn mortality rates remain high. In 2006, *The Lancet's* Maternal Survival Series² laid out various strategies for maternal and newborn mortality reduction, including the scaling up of skilled health care to women and newborns. Moreover, Millennium Development Goal 5—to improve maternal health by decreasing the maternal mortality ratio by three-quarters by the year 2015—includes as an indicator the proportion of deliveries attended by skilled health personnel.

The ACCESS Program is working in 22 countries to improve care for women and newborns by building the capacity of SBAs, and increasing families' access to and utilization of the high-quality services they provide at the community and facility levels. Maternal health is an important determinant of neonatal survival, and the availability of key proven, high-impact interventions during pregnancy and birth can dramatically affect maternal and neonatal survival.

The graph below illustrates the connection between the use of a SBA and a decrease in maternal mortality.
Graph 1. Maternal Mortality and Skilled Attendance at Birth



Source: Demographic and Health Surveys and WHO/UNICEF/UNFPA 2001.

¹ Joint statement issued in 1999 by the World Health Organization, International Confederation of Midwives and the International Federation of Gynecology and Obstetrics, and endorsed in 2002 by the UNFPA and World Bank.

² Maternal Survival Series (article collection). *The Lancet*. 28 Sept 2006.

Advocacy and Global Learning

For more than 20 years, the global community has focused on approaches and clinical interventions to reduce maternal mortality. It is now evident that even proven, evidence-based interventions need the support of a strong health care system to be most effective.

In this vein, ACCESS collaborates with the Partnership for Maternal, Newborn and Child Health (PMNCH) to promote “the assessment, scaling up, and delivery of evidence-based, cost-effective interventions, with a focus on reducing inequities in access to care” by increasing the use of SBAs. ACCESS is also an active participant (through board membership and financial support) of the White Ribbon Alliance, where member associations advocate for increasing the number of qualified health workers as a strategy to reduce maternal and newborn mortality.

Through small grants, ACCESS has supported the education of skilled providers in the prevention of obstetric fistula, and in the prevention and treatment of postpartum hemorrhage. Local NGOs in Niger, Nigeria and Uganda received funds to increase providers’ understanding and systematic use of the partograph to identify and refer women with obstructed labor, and seven groups in Burkina Faso, Democratic Republic of Congo, Ethiopia, Kenya, Madagascar and Mali have worked through professional associations, in-service and pre-service education programs to increase the correct use of active management of third stage of labor.



In close collaboration with WHO’s Making Pregnancy Safer Department, ACCESS has formulated tools for defining policies and strategies to maintain and foster SBA competence. These include:

- Revision of the IMPAC series manual, *Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors*
- Modules on prevention of mother-to-child transmission of HIV for inclusion in the Integrated Management of Adult and Adolescent Illness learning resource tools
- Revision of the *Malaria in Pregnancy Resource Package*, including learning materials for training providers in all aspects of prevention and treatment of malaria in pregnancy

ACCESS also provided technical leadership in the planning and implementation of two significant conferences focusing on the need to strengthen the quality of care, particularly in the areas of emergency obstetric and newborn care, malaria in pregnancy, and postpartum family planning. The first conference was a USAID- and WHO-sponsored “Scaling-up FP/MNCH Best Practices in Asia and the Near East” technical meeting in Bangkok in September 2007. The second conference—“Women Deliver” in London in October 2007—marked the 20th anniversary of the Safe Motherhood movement with more than 700 stakeholders in attendance.

Research to Practice

The ACCESS Program was asked by USAID and the Government of Jharkhand State, India, to assess various approaches to improve the skills of auxiliary nurse-midwives (ANMs) using newly approved national guidelines for maternal and newborn health. This program aims to increase the use of SBAs in childbirth from the current 15% by placing ANMs in the community and teaching them to conduct clean and safe deliveries while using proven interventions to prevent and treat common complications. ACCESS uses a competency-based training approach that will be compared to other methods now used by the government and other agencies.

In Rwanda, ACCESS is implementing USAID’s Safe Birth in Africa Initiative (SBAI), whose mandate is to bring measurable improvement at scale in skilled attendance at birth and postpartum/newborn care and coverage with selected proven life-saving interventions within 3-5 years³. The focus is on strengthening basic emergency obstetric and newborn care (BEmONC) in hospitals and health centers in four districts using a performance and quality improvement approach. Prior to implementation, a baseline assessment of services and provider knowledge and skills was obtained from four hospitals and 20 health centers in the four districts in which ACCESS will work.

Scale up of Evidence-based Best Practices at the Country Level

In Asia, 1,113 new midwives have graduated from USAID-supported midwifery training programs in **Afghanistan**, and an additional 122 midwives and community midwives will graduate soon with USAID-ACCESS support. In Herat province alone, the use of SBAs increased from 4% to 43 % in four years (2002-2006). ACCESS worked with the Ministry of Health (MOH) in **Cambodia**, UNFPA and other partners to develop a learning resource package on postnatal care to increase midwives’ capacity to provide improved postnatal care services during the crucial, but often ignored, days after birth. In Jharkhand State, **India**, the capacity of ANMs is being strengthened and they are now able to deliver at the community level using the partograph as a tool to prevent the devastating consequences of obstructed labor. ACCESS developed a Maternal and Newborn Care Learning Resource Package which has been adopted by the MOH in **Nepal** for in-service and pre-service training of midwives, nurses and doctors. In addition, ACCESS supported a study in rural Nepal of factors that contribute to the successful utilization of SBA services. Elements that lead to an increased number of facility births include easy access, “24/7” staffing, employment of local personnel, availability of BEmONC, and a referral system and/or ambulance. The report describing these findings was disseminated to inform national planning for the SBA program.



³ This program is implemented in partnership with the current Rwandan bilateral programs Twubakane and Capacity.

USAID/**West Africa** asked ACCESS to partner with the AWARE Project to implement best practices in maternal and newborn health targeting district-level SBAs in four countries: Cameroon, Mauritania, Niger and Togo. With minimal funding, ACCESS—in collaboration with UNICEF—worked in each country to ensure sustainability of equipment, supplies and cascade training of other providers. In total, 43 facilities in these countries now have trained providers.

In collaboration with the **Ethiopian** Society of Obstetricians and Gynecologists (ESOG), ACCESS is strengthening Ambo district hospital and updating the hospital’s SBAs in evidence-based BEmONC. The 10 health centers referring to Ambo Hospital will be strengthened and providers from each center will be trained in BEmONC. ACCESS in Ethiopia is also supporting the Carter Center in the Accelerated Health Officer Training Program (AHOTP) by strengthening BEmONC knowledge and the skills of providers in 8 AHOTP training centers.

In **Nigeria**, at the national level, ACCESS collaborated with the Federal Ministry of Health, WHO, UNICEF and PATH to formulate and disseminate Performance Standards in EmONC for use by SBAs in all tertiary and primary care health facilities. In collaboration with the MOH and Social Welfare in **Tanzania**, ACCESS is scaling up clinical training capacity and quality service delivery for focused antenatal care/malaria in pregnancy/syphilis in pregnancy (FANC/MIP/SIP) in government and faith-based health facilities and pre-service programs. To date, nearly 41% of the country’s FANC/MIP/SIP providers have been trained. Additionally, tutors and clinical preceptors from all 51 nursing and midwifery schools have been trained, and this year more than 1,600 students will graduate from these programs with current, evidence-based knowledge and skills in FANC/MIP/SIP.

One of the most sustainable ways of ensuring SBAs who have the most up-to-date knowledge and skills in maternal and newborn care is to target pre-service programs. ACCESS began a regional effort in **Ethiopia, Ghana, Malawi** and **Tanzania** in collaboration with WHO/AFRO to advocate at the national level in each country for commitment to improving regulatory frameworks, pre-service curricula, and clinical training sites to give future frontline providers the required knowledge and skills in BEmONC. Stakeholder meetings were held in each country, and a core group of tutors was updated in BEmONC. These tutors have returned to their countries and have assisted in strengthening clinical training/service delivery sites and training other tutors. A resource package, *Best Practices in Essential and BEmONC*, has also been developed and country-specific modules are being adapted. (Results of this activity are seen in Table 2 below.)

Table 2: Results of Africa Regional Pre-service Initiative

Country	No. of Candidate Trainers Qualified	No. of Tutors and Clinical Preceptors Trained in BEmONC	No. of Facilities Strengthened for Service Delivery and Training	No. of Staff at Facilities Strengthened for Service Delivery and Training	No./% of Pre-service Midwifery Schools w/ Updated Tutors
Ethiopia	4	17	1	20	6/11 (55%)
Ghana	3	16	2	25	8/13 (62%)
Malawi	3	19	1	35	9/18 (50%)
Tanzania	4	18	1	30	8/25 (32%)
TOTALS	14	70	5	110	31

ACCESS, in collaboration with many partners, is making strides to improve care for women and newborns at global, regional and country levels by building the capacity of skilled birth attendants. The host of successes and lessons learned will continue to inform and strengthen our efforts, thus improving the care for untold families around the world.

About ACCESS

The ACCESS Program is the U.S. Agency for International Development’s global program to improve maternal and newborn health. The ACCESS Program works to expand coverage, access and use of key maternal and newborn health services across a continuum of care from the household to the hospital—with the aim of making quality health service accessible for women and newborns.

JHPIEGO implements the program in partnership with Save the Children, Constella Futures, the Academy for Educational Development, the American College of Nurse-Midwives and IMA World Health.

