

Training providers to achieve better birth outcomes

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Innovative Training of Birth Attendants
Woodrow Wilson Center , Washington 30 September 2014

Ending Preventable Maternal and Child deaths: What will it take

Unprecedented Targets

Unprecedented
commitment

New partnerships

Innovation

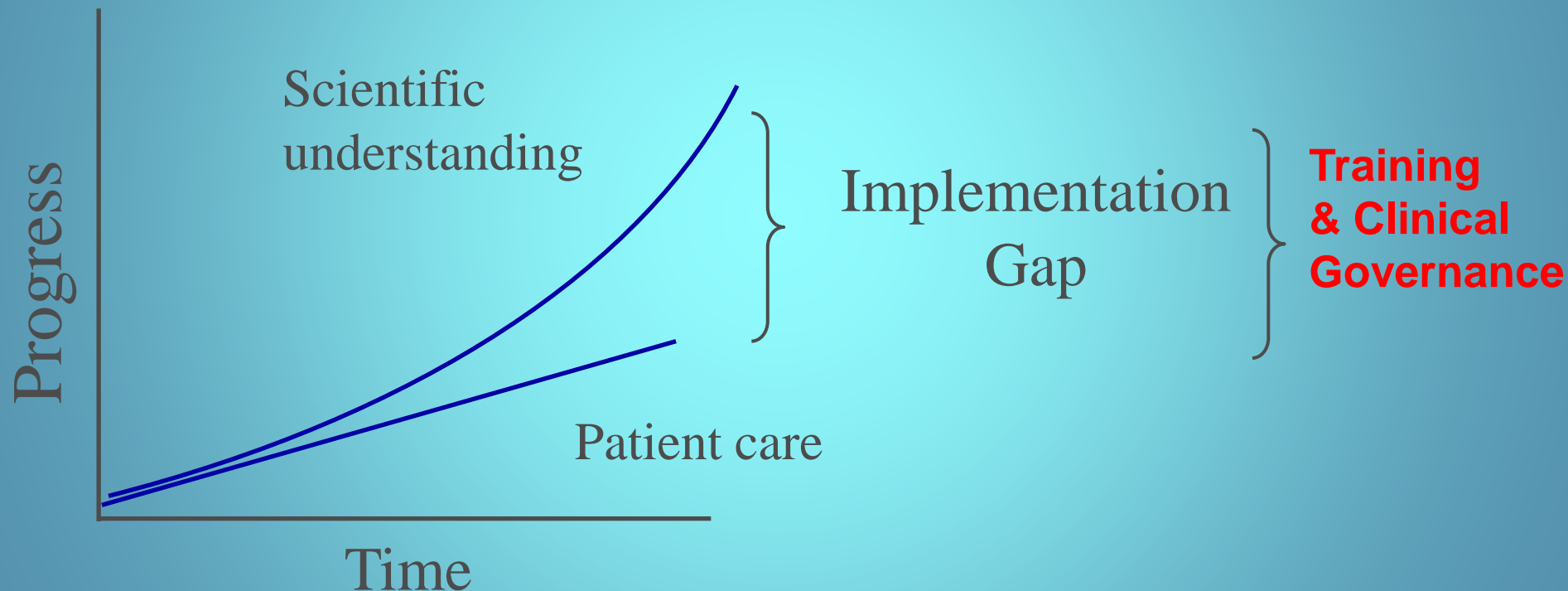
Coverage at scale

Quality at scale

Impact at scale



Quality Improvement: Bridging the Implementation Gap



The reality is straightforward. The power of existing interventions is not matched by the power of health systems to deliver them to those in greatest need, in a comprehensive way, and at an adequate scale."

Margaret Chan, Director General WHO

National Eclampsia Registry: India:

Measure gaps in performance

	Number of Births	Prevalence
Normotensive	116,437	86.4%
All PIH	18,338	13.6%
Mild PIH	11, 266	8.4%
Severe PEE	4,518	3.4%
Eclampsia	2,554	1.9%
Total	134,775	

Eclampsia Management:

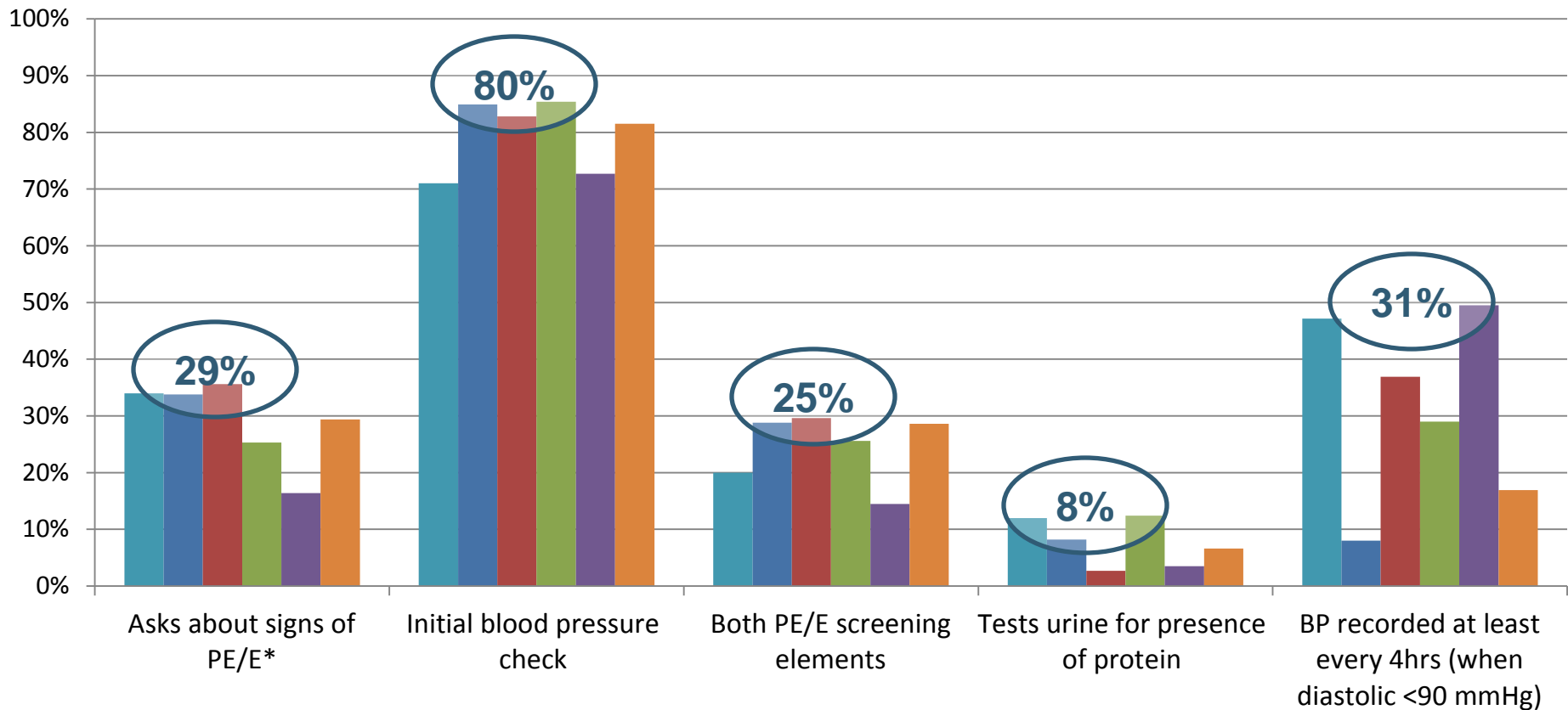
Convulsion admission interval greater than 4 hours : 32%

Magnesium Sulphate used in 44% cases

Recurrent convulsion rate in facility: 24%

Case fatality ratio: not available

Screening for preeclampsia During labor



Target Gaps in performance

Training and Clinical Governance approach in Detecting, Preventing and Managing Eclampsia: Nepal

Intervention: 1 day on site whole facility orientation by NESOG

- Review of standards, practice of skills
- Baseline assessment, gap analysis, action plan
- Re-assess at 2, 4 months, Frequent contact by cell phone

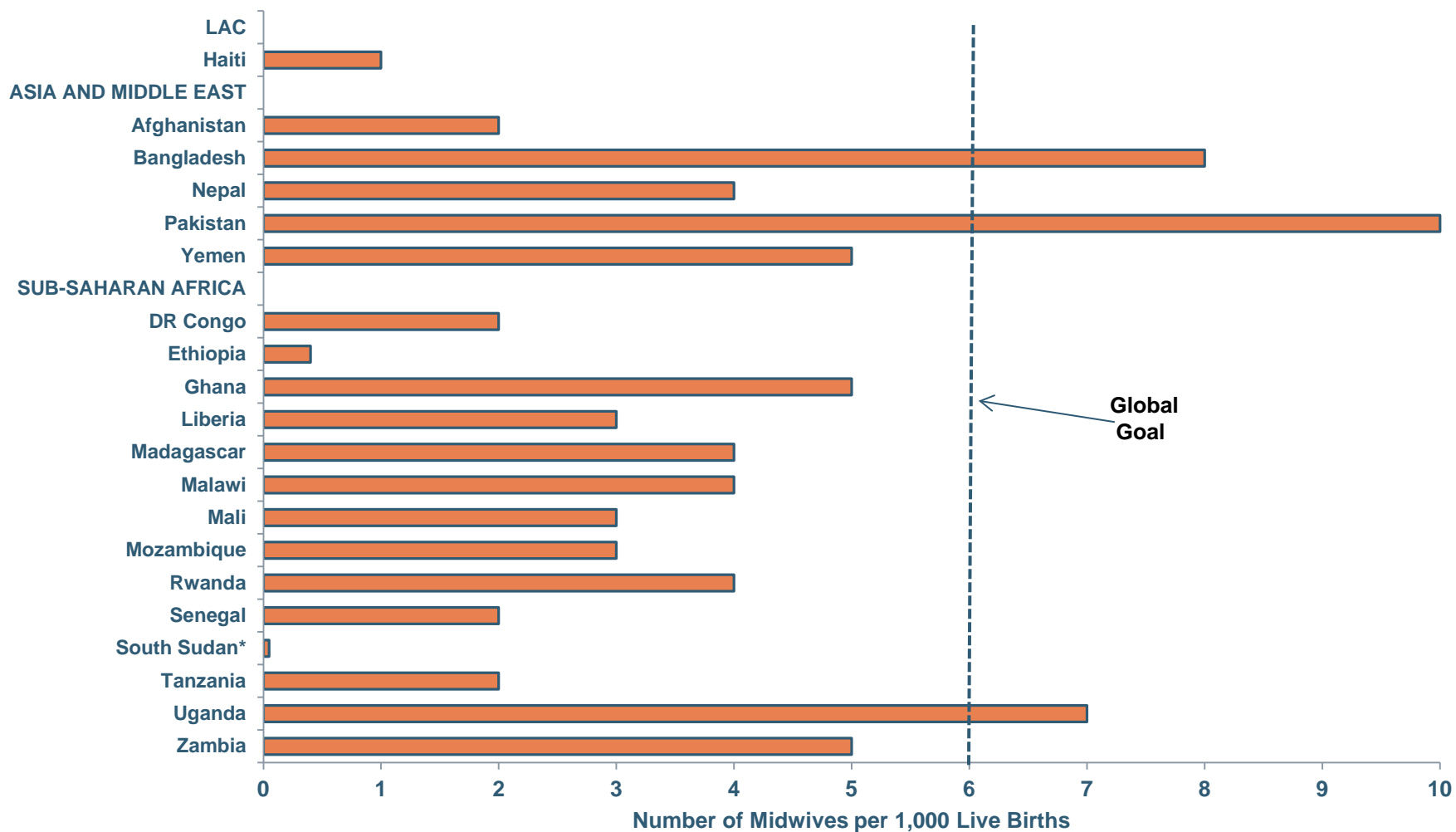


	Base line	2 months	6 months	1 year
% facilities meeting standards	14%	36%	59%	85%
% facilities where no standard met	27%	0%	0%	0%
Average score	26%	60%	63%	85%

facility	Reached standard in 6 months
SBA training sites	87%
Government Hosp	50%
Private hospitals	17%
Med school	38%
PHCC	33%

Human resource barriers:

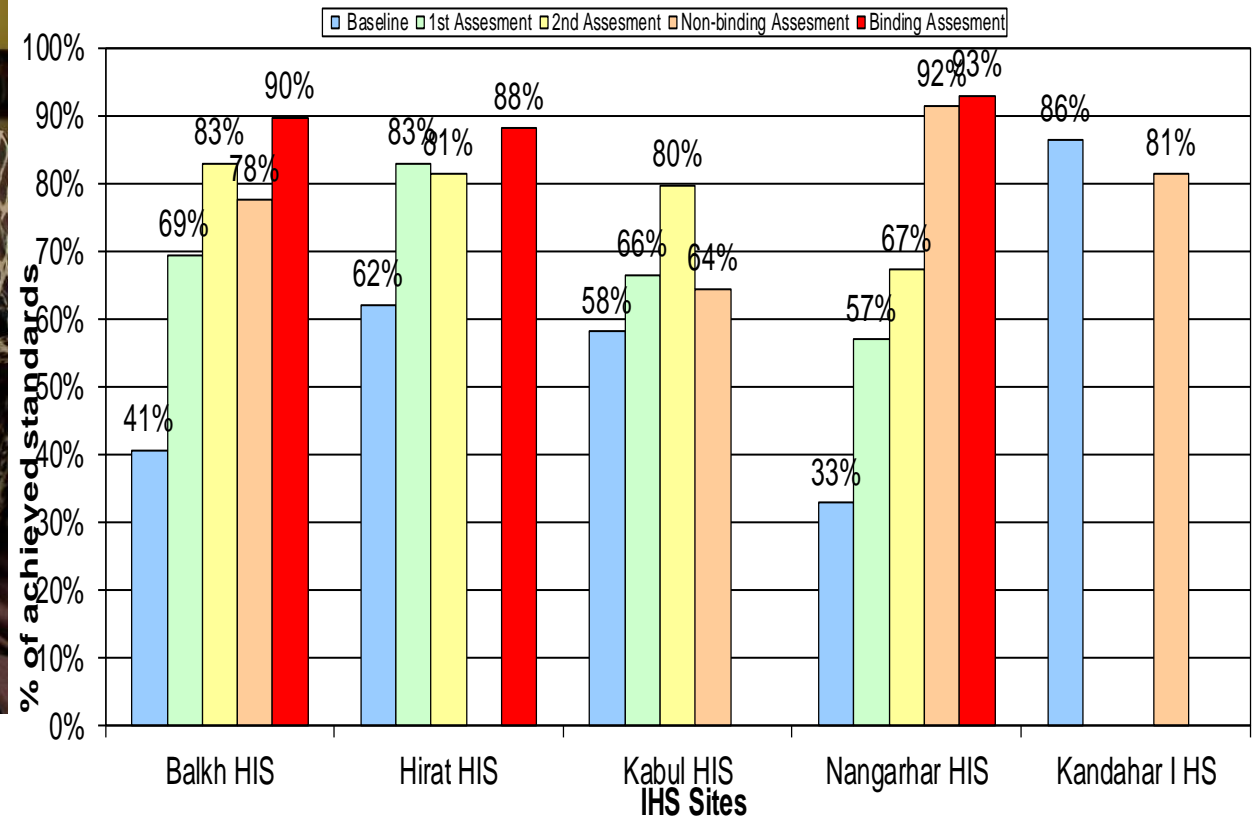
Midwives per 1,000 live births



Midwifery schools in Afghanistan: A commitment to supporting performance



Trend in Percentage of Standards Achieved by Programs 2004 - 2006

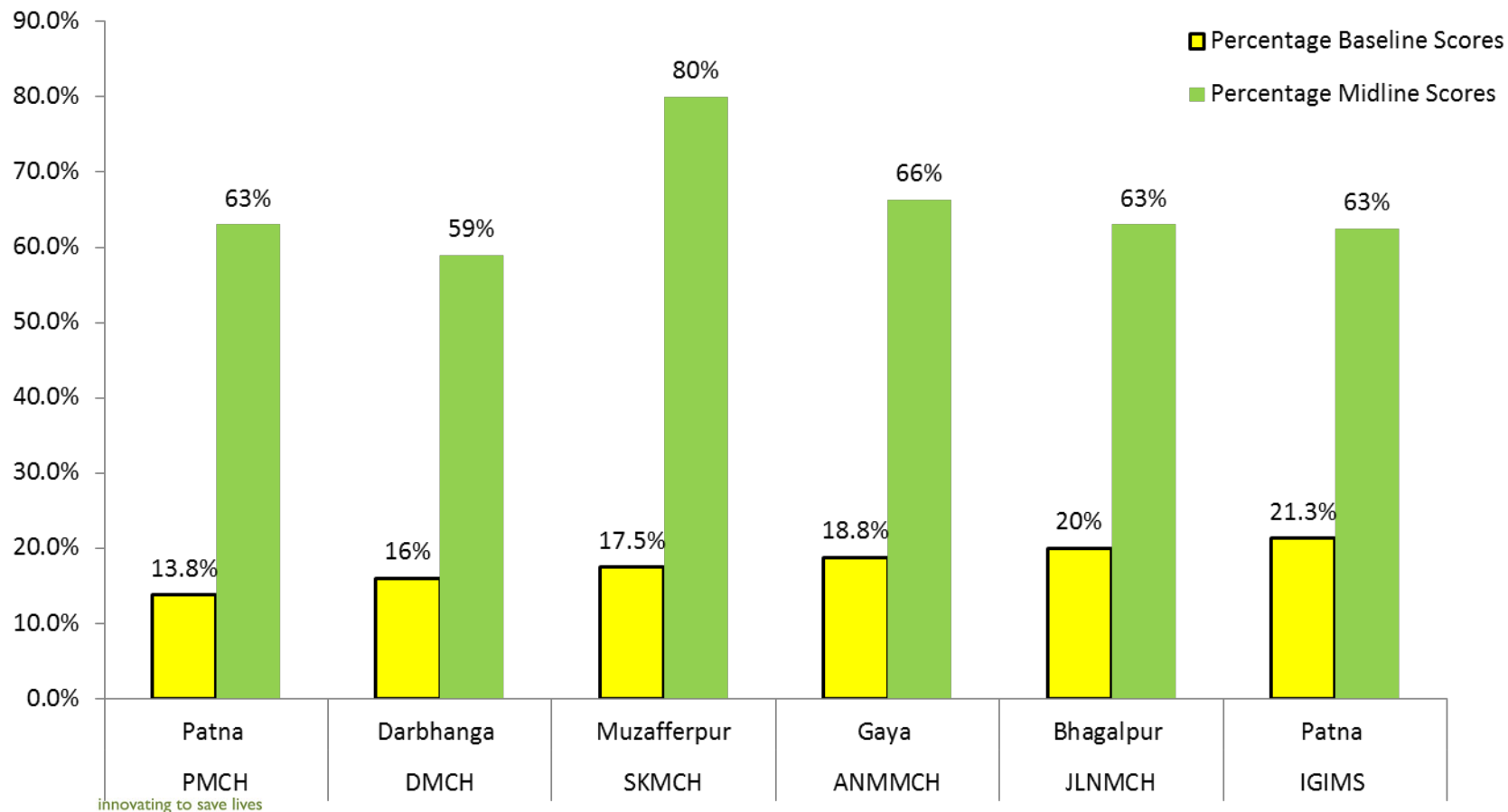


Accreditation Threshold: 85% of standards met

Empowering Women, Not just training providers



PSE Strengthening Performance Standards - Bihar



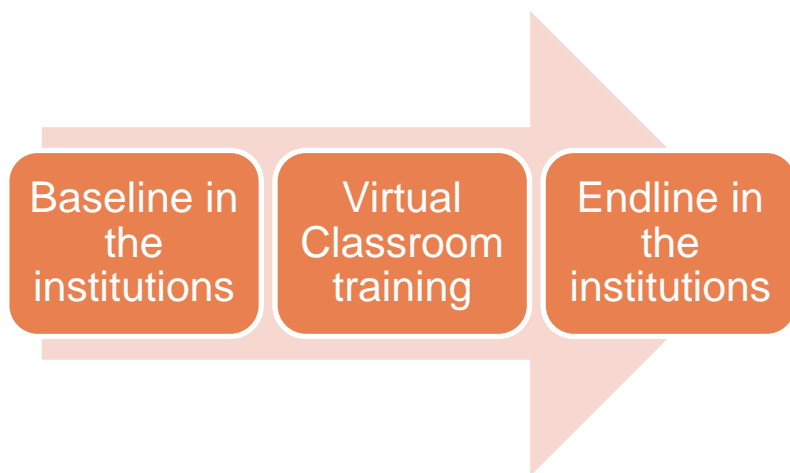
Virtual Training : Bihar

2 instructor locations,
12 midwifery schools



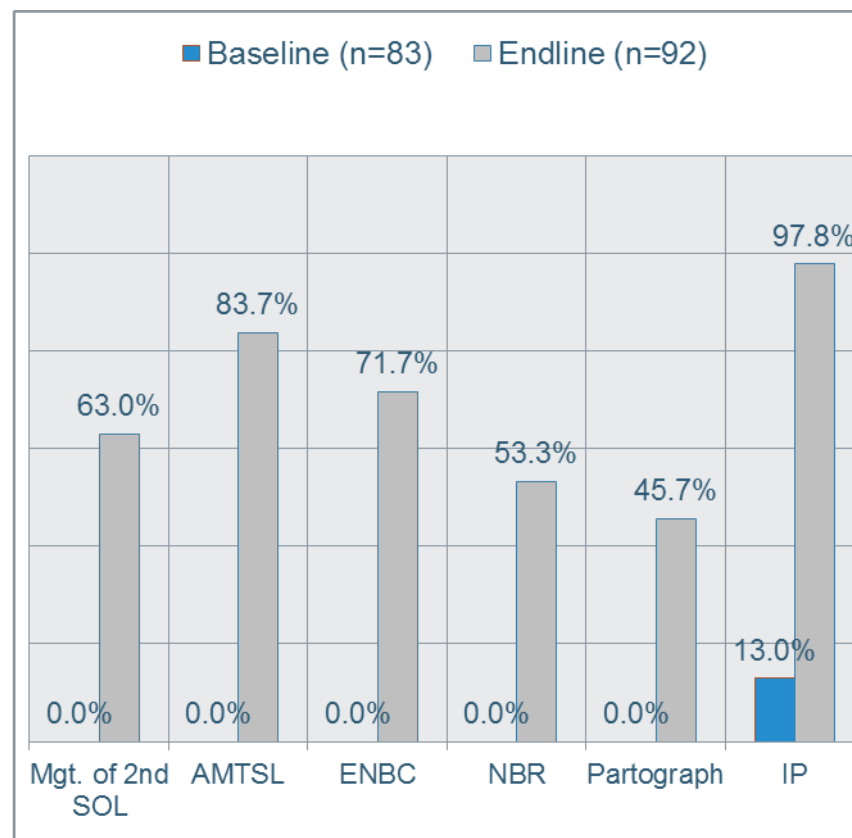
Effectiveness of virtual classroom training

Virtual Classroom training Study



* In both baseline and endline students were from the final year of their coursework

Knowledge and Skill assessment using OSCE (Student)



Source: Virtual Classroom training study data of 2 GNM Schools of Bihar

Virtual midwifery training student evaluation (381 students, Bihar 2014)

Evaluation	Good	Acceptable	Poor
Overall satisfaction with virtual training	85.7	13.3	1.0
Rate todays virtual class with routine training	91.0	7.6	2.4
Level of interactivity, demonstrations and return demonstrations	83.6	13.1	3.3

Emergency Simulation and Drills

Emergency Drills



Emergency Trolley



Improve Emergency Response

Delivery Room Dashboard

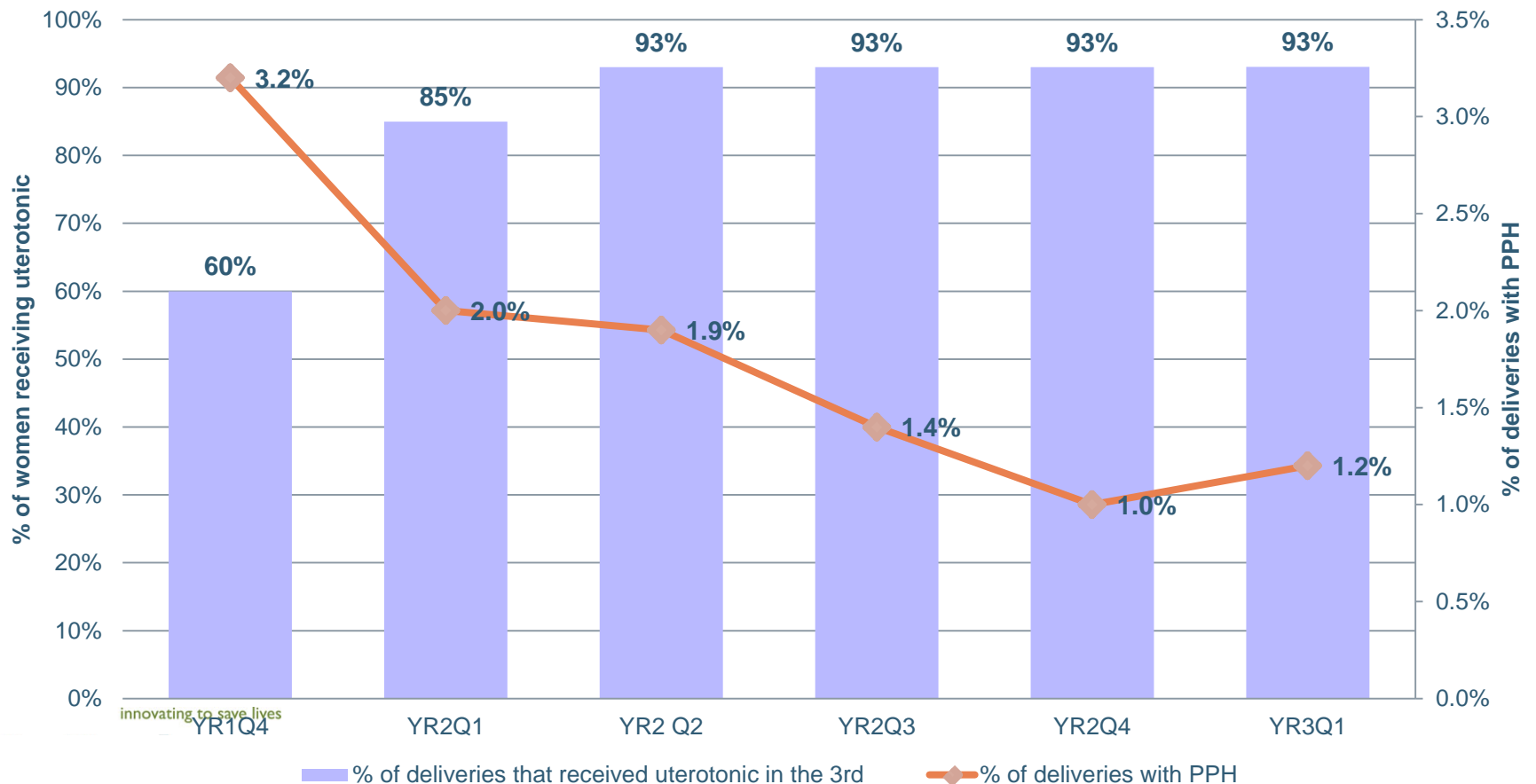
Standard set

Dimension				January 2014				Comment & action plan
				Wk 1	Wk 2	Wk 3	Wk 4	
Activity								
Normal delivery	70	>70-<85	≥85	68	70	78	85	
C-section	30	>30-<40	≥40	30	32	30	35	
Referred patient	35	>35-<45	≥45	34	35	38	43	
Work force								
Midwife:patient	1:2	1:3	1:>3	1:2	1:2	1:3	1:4	
Doctor:patient	1:5	1:6	1:>6	1:5	1:5	1:6	1:7	
CI : student	1:3	1:4	1:>4	1:3	1:3	1:4	1:3	
Indicator								
Response time for decision-to-knife is 30'	100%	90%-<100%	<90%	100	100	98	95	
Skin to skin contact	90%		<90%	100	98	100	100	
Family companion during vaginal delivery	100%	80%-<100%	<80%	100	100	100	100	
All preterm labor	100%	90%-<100%	<90%	100	97	100	100	

Measuring inputs and outcomes

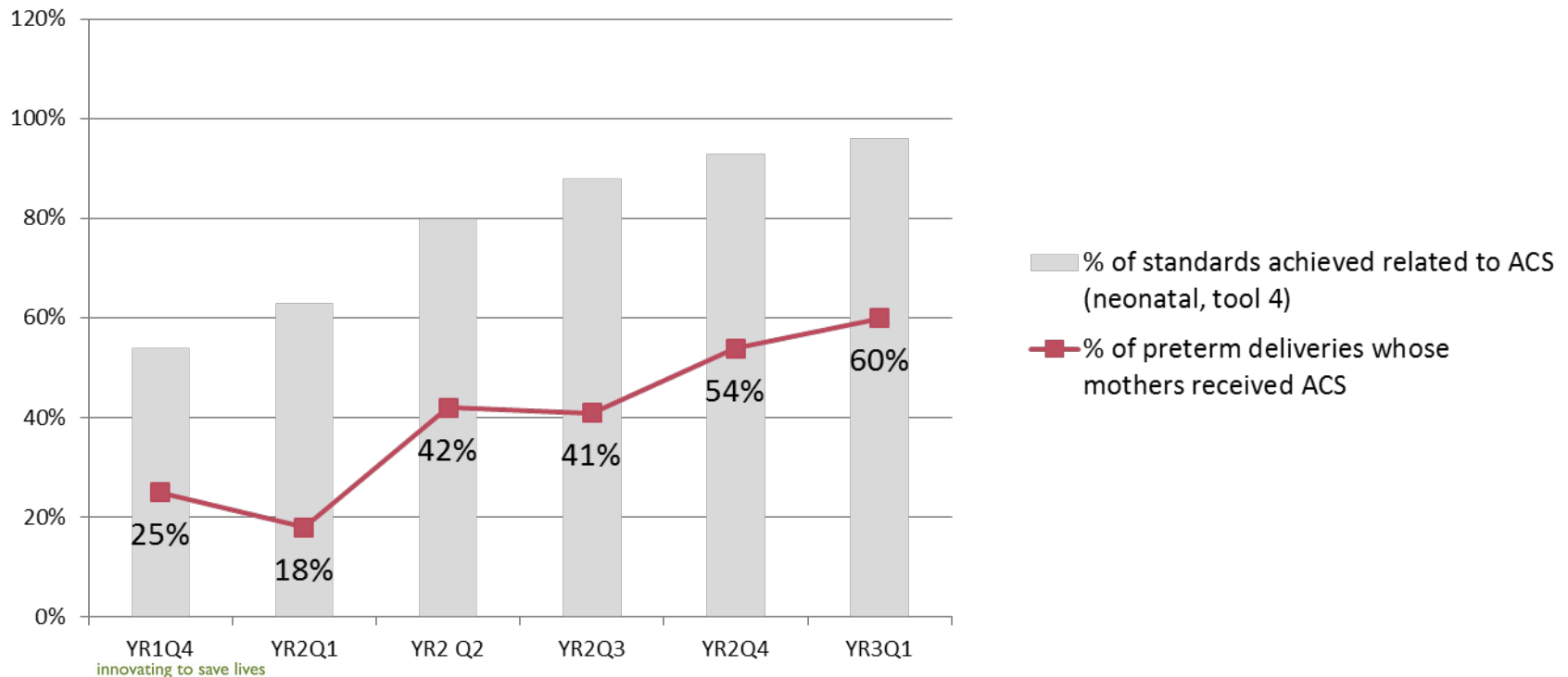
EMAS Program, Indonesia

% of deliveries with PPH compared to % of women who received uterotonic in the 3rd stage of labor (EMAS supported hospitals, n=23) 2013



Coverage: Dexamethasone

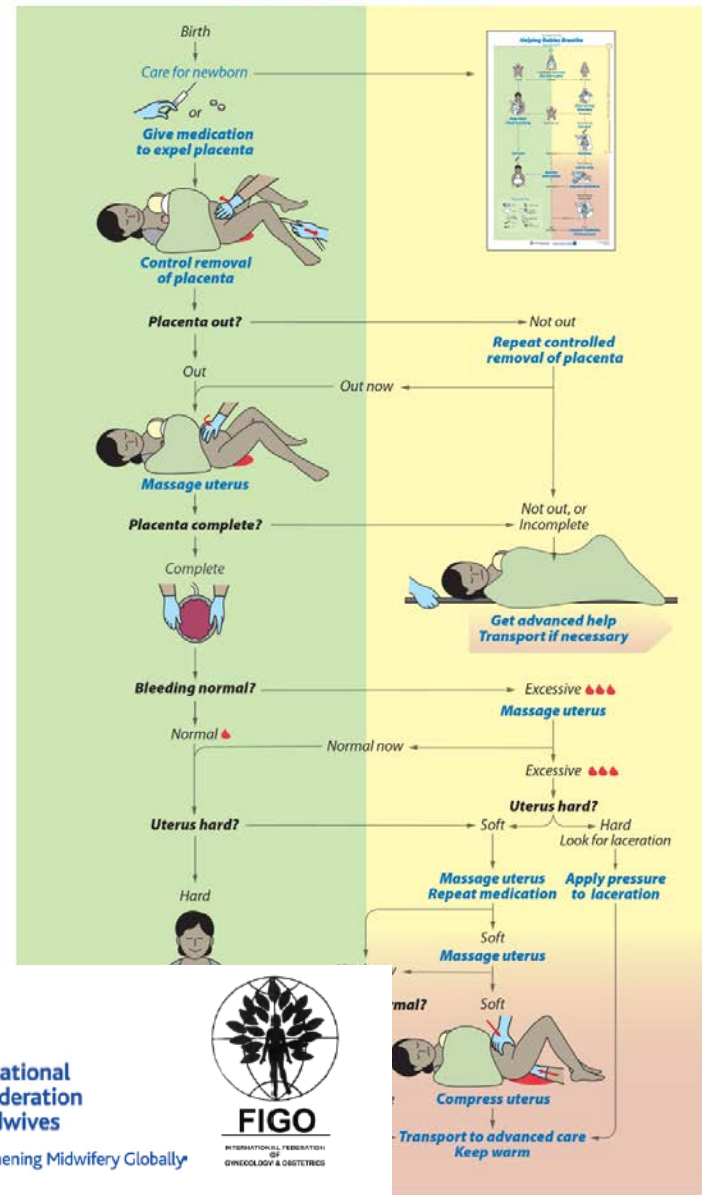
Percentage of **preterm deliveries provided dexamethasone** in comparison to facility achievement on related performance standard (neonatal, tool 4) (EMAS supported hospitals, n=23), October 2012 – December 2013



Helping Mothers Survive



Bleeding After Birth



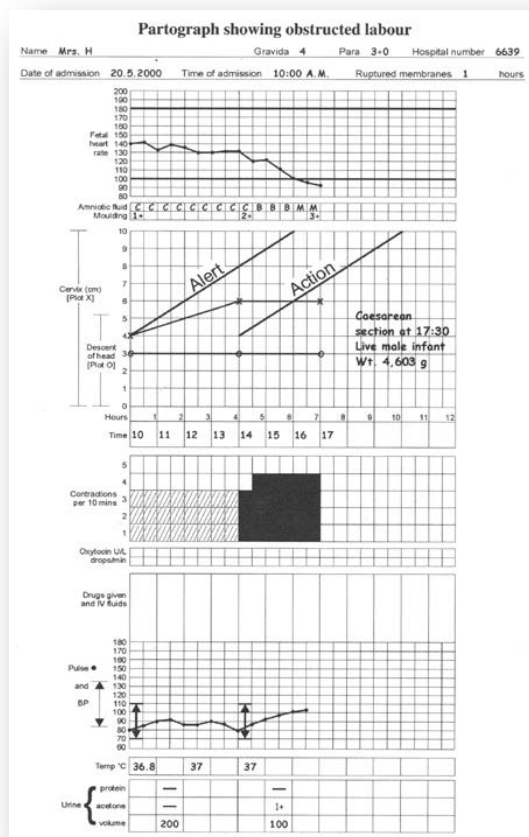
Immediate post placental contraception



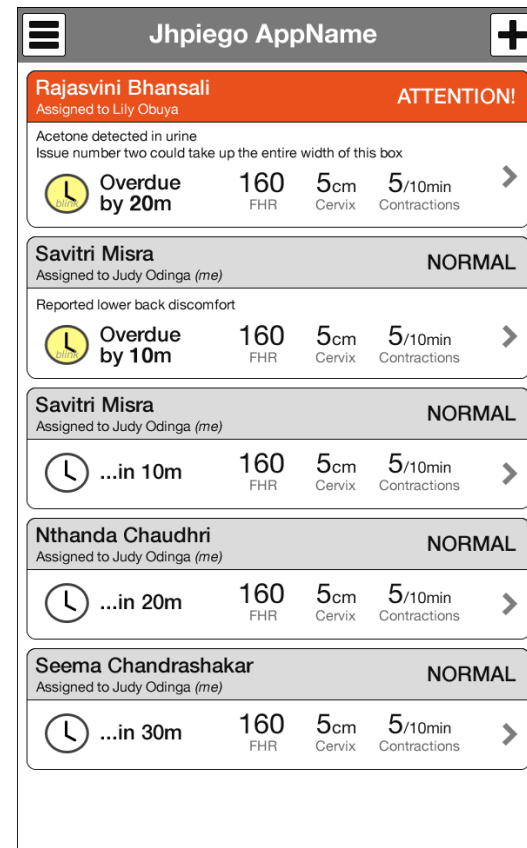
an affiliate of Johns Hopkins University



Improving Labor management with low cost technology: the E-Partogram



- Stores multiple patient data in one device
- Reminds and prompts providers to take critical measurements
- Automatic graphing
- Provides alerts and alarms for decision-making support if complications are predicted or occur
- Transmits all observations to central level remote supervisor for guidance and support (telemedicine supervision module)



Unfinished agenda

- Ensure graduates of midwifery leave fully skilled
- Focus on Respectful Care
- Fix largely unaddressed gaps in clinical skills
(better decision making in labor, assisted vaginal delivery, family planning, PMTCT)
- Clinical governance
- Ensure the rights of providers

What have we learnt

- Didactic training has low to no impact
- Simulation practice is highly effective
- Practice and feedback 'dosage' matters
- Virtual feedback works
- Make courses shorter, more often
- Workplace-setting better for skills
- Combine training with clinical governance

Effective In-Service Training Techniques, Timing, Setting and Media: Evidence from an Integrative Review of the Literature

