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# Care around **BIRTH**



A Strategic Approach to Reduce Preventable Deaths  
among Mothers and Newborns and Stillbirths

## CONTEXT

The health of mothers and children has long been identified as a key strategic investment for improving overall social outcomes. Ending Preventable Child and Maternal Deaths (EPCMD) remains a core commitment of the global health community, and the focused efforts that were undertaken to achieve Millennium Development Goals (MDGs) are now being continued through the framework of the Sustainable Development Goals (SDGs).

There has been significant progress worldwide in improving maternal and newborn survival with nearly 44 per cent decline in maternal mortality and 47 per cent decline in neonatal mortality since 1990. However, challenges still remain with nearly 303,000 maternal and 2.7 million newborn deaths occurring globally in 2015 (UNICEF, 2016).

Majority of maternal deaths occur as a result of complications 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

*The provision of effective care for all women and babies at the time of birth in facilities could prevent an estimated 113,000 maternal deaths, 531,000 stillbirths, and 1.3 million neonatal deaths annually by 2020 at an estimated running cost of US\$4.5 billion per year, i.e. US\$0.9 per person.*

WHO, 2015; The Lancet, Every Newborn Series, 2014

*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.*

infections. The time of childbirth and period immediately after birth hence remain critical for maternal and newborn survival and wellbeing.

To address existing challenges, the Global Call to Action Initiative, the Every Women Every Child movement and the Partnership for Maternal, Newborn and Child Health (PMNCH) have built a global momentum which is now being translated into national and subnational policies and suggests to implement new evidence informed approaches, backed by sustainable and partnership driven mechanism.

Government of India's Reproductive, Maternal, Newborn, Child and Adolescent Health



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(RMNCH+A) strategy, launched in 2013, adopts a 'continuum of care' approach, with focus on integrated service delivery across various life stages, thereby contributing to the ongoing global efforts. The strategy is presently being implemented across 184 identified High Priority Districts (HPDs) from 30 states of the country.

*The survival, health and well-being of women, children and adolescents are essential to ending extreme poverty, promoting development and resilience, and achieving the Sustainable Development Goals.*



USAID has played an integral role in the roll-out of RMNCH+A strategy. Its flagship project VRIDDHI-Scaling Up RMNCH+A Intervention has been providing technical assistance to the Ministry of Health & Family Welfare, Government of India 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. The project provides techno-managerial support for planning and monitoring implementation of evidence based interventions to address major drivers of maternal and child mortality.

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# APPROACH

Aligning with global priorities and national RMNCH+A strategy, VRIDHHI project designed a comprehensive Care around Birth approach to improve quality of care at and around time of birth.

## The Nine Pillars of Care around Birth Strategy

Beginning of Labour to 48 Hours After Birth



Continuum of Care from Labour to Immediate Post-Partum Period for Every Mother - Every Newborn

Addressing Major Drivers of Mortality in Intrapartum and Immediate Post-Partum Period

**1 ADOPTIVE LEARNING**  
The approach is guided by WHO's Quality of Care (QoC) framework (2006), and it adapts and improvises learnings from other successful models to synergize high impact technical interventions with Health System Strengthening (HSS) efforts.

**2 COMPREHENSIVE BASELINE ASSESSMENT**  
Implementation of the "Care around Birth" strategy is being further steered by findings of an initial assessment done to understand knowledge and current practices around maternal and newborn care, and labour room environment as per the Government of India's Maternal and Newborn Health Toolkit.

**3 ADVOCACY FOR IMPLEMENTATION**  
The project will be facilitating institutionalization and wider scale-up by catalyzing state, district and facility level leadership, documenting change, generating evidence, highlighting critical barriers that impede progress at regular intervals and supporting informed decision making.

**4 HOLISTIC TECHNICAL INTERVENTION PACKAGES**  
The Care around Birth strategy is implemented in a phased manner with the first phase laying emphasis on strengthening of the universal interventions done during delivery and for newborn care (Technical

The Care around Birth package also includes strengthening of Post Partum Family Planning (PPFP) services, improved management of diarrhea and pneumonia through ensuring availability of ORS/Zinc and antibiotics and strengthening of Adolescent Friendly Health Clinics.

Intervention Package or TIP-1), with the second phase (Technical Intervention Package-2) focusing mainly on management of complications.

It is envisaged that a combination of both the packages would cover all thematic areas identified as high priority interventions as per the WHO QoC framework. This coupled

TECHNICAL INTERVENTION PACKAGE - 1
Essential Childbirth Care and Labor Monitoring
Active Management of Third Stage of Labour
Birth Preparedness
Essential Newborn Care and Resuscitation
Newborn Vaccination
Postnatal Monitoring and Counselling at Discharge

TECHNICAL INTERVENTION PACKAGE - 2
Management of Post-Partum Hemorrhage
Management of Pre-eclampsia and Eclampsia
Care of Small and Sick Newborns
Management of Pre-Term Labour
Management of Maternal and Newborn Infections

HEALTH SYSTEMS STRENGTHENING AND RESPECTFUL MATERNITY CARE



with HSS efforts and improving client experience by focusing on key elements of Respectful Maternity Care will lead to an all-round improvement in the intervention facilities.

**5 EXPERIENTIAL TRAINING**  
The strategy focuses not only on the enhancement of knowledge but more essentially the skills and competencies of the nursing staff through carefully designed experiential training packages for district and facility levels.

**6 STRUCTURED MENTORING VISITS**  
The trainings are followed by planned, structured and “low dose high frequency” on-site mentoring visits. The strategy thus envisages an ongoing technical and programmatic support to staff, and help addressing gaps in labour room management through need-based facility improvement plans.

**7 SUSTAINED QUALITY IMPROVEMENT**  
For driving the targeted interventions and for ensuring accountability and sustainability over time, facility level Quality Improvement (QI) teams are constituted comprising of program managers and staff members from the different cadres posted at health facilities. In addition Experience Sharing Platforms developed at the district and state levels will facilitate dissemination of learnings and enriching the spectrum of work by dwelling upon inputs and processes



that translate to effective outputs and outcomes.

**8 ROBUST MIS**  
A robust and comprehensive MIS comprising of process and quality indicators (health facilities) and client satisfaction indicators (community) has been established to measure change, identify challenges and action points, and guide the implementation process.

**9 IMPACT AT SCALE**  
**ROLL OUT** in 141 high case load facilities  
Onsite mentoring, enhanced peer learning & constitution of QI teams

**SCALE UP** to 30 HPDs of six states targeting 0.89 million pregnant women and 0.8 million infants (with estimated 1,535 maternal and 18,763 newborn deaths every year)  
To be achieved through direct technical support and experience sharing platforms at district levels

**SPILL OVER** to non HPD in six states targeting 2.8 million pregnant women and 2.55 million infants (with estimated 4,686 maternal and 58,619 newborn deaths every year)  
To be achieved through advocacy and leveraging of government resources

National level dissemination with possible scale up to other states of the country

## Care around Birth Strategy Roll Out\*

- Baseline assessment on 748 data entry points completed across 141 high case load health facilities for more than 70% deliveries in the public health facilities in the project High Priority Districts.
- Six state level advocacy workshops completed between Feb-May 2016.
- 25 district level trainings completed on Technical Intervention Package I till June 2016. 679 service providers trained during district level trainings.
- Additional 551 service providers trained on Technical Intervention Package I through 235 onsite mentoring sessions.
- 106 QI teams notified in the intervention facilities.
- National Skill Labs linked up for capacity enhancement of district level providers.

\* Progress as on 16th July 2016

**Care around Birth** strategy envisages to achieve improved behavior and practices, and strengthened service delivery mechanisms, which ultimately will help improve the quality of care during and around the time of birth.

It complements HSS efforts through individual mentoring of health providers, initiating peer learning processes, and strengthening collaborative efforts by service providers to help establish client friendly atmosphere in the labour rooms, adopting a practical and scalable approach that can optimize operationalization of institutional processes to help establish standards and processes for improved maternal and newborn health outcomes.



Photo: Dr. Shailendra Singh Tomar

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Published in August, 2016  
Design © PealiDezine  
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Cover Photo:  
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