The Continuum of Care: Addressing Postpartum Hemorrhage in India and Nigeria project is a five-year effort funded by the John D. and Catherine T. MacArthur Foundation and implemented by Pathfinder International in collaboration with Dr. Suellen Miller (UCSF), and Dr. Stacie Geller (UIC). The CCA-PPH model has been introduced in Bangladesh, India, Peru, and Tanzania.

Background

According to the World Health Organization, the numbers of women dying in pregnancy and childbirth in Nigeria are among the highest in the world (World Health Organization 2010). Recent estimates show that the maternal mortality ratio in Nigeria ranges from approximately 545 deaths (National Population Commission and ICF Macro 2008) to 840 deaths per 100,000 live births (World Health Organization 2010). Postpartum hemorrhage (PPH) is a leading cause of maternal mortality, accounting for nearly one quarter of maternal deaths worldwide (World Health Organization 2006). In Nigeria, low use of antenatal care (ANC) and delivery services contribute to PPH. As of 2008, 45 percent of Nigerian women attended the recommended minimum of four ANC visits, 62 percent of births occurred at home, and only 39 percent of births were attended by a skilled health worker (National Population Commission and ICF Macro 2008). For women who do seek care, service quality is affected by a lack of trained providers, a lack of essential supplies and equipment, and other factors. For these reasons, increasing use of quality emergency obstetric care (EmOC) services is a key strategy to reduce maternal morbidity and mortality in Nigeria.

Project description

In November 2007, the MacArthur Foundation awarded Pathfinder International a grant of USD 10.7 million to implement a project to prevent and manage PPH in India and Nigeria. The goal of the Continuum of Care: Addressing Postpartum Hemorrhage project is to prevent PPH and reduce morbidity and mortality from PPH. To address the four delays that are known to lead to maternal mortality, the project’s
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- Using uterotonics as appropriate
- Replacing fluids to prevent shock
- Identifying the cause of hemorrhage

Advocate

• Families for safe delivery

Excessive blood loss, and actively engage in healthy behaviors

Communities to recognize the danger of PPH and PPH by:

- Hemorrhage through accurate estimation of blood loss
- Community engagement
- Clinical interventions
- Communities to develop emergency transport systems

PPH. In support of these objectives, Pathfinder’s CCA-PPH approach is capable of accommodating diverse structural barriers to improved maternal health outcomes. The continuum of care approach has been used to address causes of maternal mortality beyond PPH, including pre-eclampsia and eclampsia, and the approach’s advocacy component has helped to establish a blood bank and increase blood donations via partnership with the National Blood Transfusion Service.

CCA-PPH training should be institutionalized to ensure availability of providers

Chronic staff turnover, staffing shortages, and providers’ service delivery burden have posed challenges to the program’s ability to enlist and train sufficient providers to ensure constant availability of CCA-PPH-trained providers. Institutionalizing the CCA-PPH approach in both pre- and in-service training can help to ensure all providers have up-to-date skills to implement the approach.

Case Study: Mrs. K.M.

Mrs. K.M. is a 32-year-old farmer who was pregnant for the tenth time. She had never had prenatal care or delivered in a hospital. She and her four children live in a remote village, and her husband works in the state capital as a construction laborer. Mrs. K.M. delivered a stillbirth at home in the early hours of the morning. As her husband was away, there were delays in getting her permission via phone to take Mrs. K.M. to the hospital. Even after he gave permission, more time passed while her relations found funds to pay her hospital bills. She was transported in a commercial bus owned by a neighbor who agreed to take her on the condition that her husband pay on his return.

When Mrs. K.M. arrived at the hospital about five hours after delivery, she was unconscious with neither palpable pulse nor recordable blood pressure.
Data collection and use must be emphasized to improve quality of care
Without a solid culture of patient record keeping, data collection, and data use, busy providers initially had little time or inclination to systematically record clinical data. To address this, the project streamlined data collection to focus on a few essential clinical indicators. The project also introduced maternal death reviews, which proved to be a powerful agent in using data for change at both the facility and policy level. The reviews have been institutionalized in selected project facilities and will be continued in future expansion.

Existing resources must be leveraged for improved maternal health outcomes
Many of the barriers to positive maternal health outcomes can be addressed by leveraging the country’s existing resources. At the community level, the project collaborated with community members owning vehicles to establish emergency transport systems for women to reach facilities when needed; supported communities to create emergency funds for transport and care; and created structures for community participation in monitoring quality and providing feedback on performance to health facilities. Leveraging of existing resources also extends to scale-up—by using Nigeria’s existing Midwives Service Scheme as a platform for scale, an additional 4,000 midwives in primary health centers are now trained in the CCA-PPH approach.

Recommendations

CCA-PPH should be used as a mechanism to scale-up integrated maternal and neonatal health (MNH) interventions
The program’s experience implementing the CCA-PPH approach in Nigeria has highlighted the need for scale-up of high impact integrated MNH interventions. As an integrated MNH intervention, the CCA-PPH approach enables the health system to deliver MNH innovations as they are most effective—in mutually reinforcing, comprehensive packages. When brought to scale as a set of well-tested practices, the health system gains broad-ranging benefits.

Strategic partnerships can advance institutionalization of the approach
Strategic partnerships play a key role in creating an enabling environment for PPH interventions. The government’s approval of misoprostol for PPH prevention at the community level is one such example. Should the government approve this policy, women delivering at home would be able to make use of this critical drug to prevent PPH, either via self-administration or with the help of a birth attendant. Further partnerships should be pursued to continue this progress. As use of private hospitals is becoming more common, partnership with the private health sector will be important.

MNH in Nigeria continues to need a sound platform for service delivery
Availability of uterotonics, safe blood and secure blood supply, adequate numbers of trained providers, and the need for patient-centered care are persisting challenges to improved MNH outcomes. As state governments strive to take full ownership of the CCA-PPH projects, they and their implementing partners must address these and other fundamental aspects of quality care provision.

Providers must be supported to use data for decision-making
As the maternal death reviews have shown, patient record keeping, collection, and use of data at the facility level is key to identifying challenges and producing timely solutions. Improved data management in public health facilities is a critical next step in this process. The work of the MOH and partners to strengthen the country’s health management information system must continue, so that quality and timely data is able to play its vital role not only in decision making, but in evidence-based advocacy to solidify Nigeria’s enabling environment for improved maternal health outcomes.

Works Cited