

Safe childbirth checklist: An effective tool for improving quality of maternal and newborn care in Bangladesh

Bangladesh has drastically reduced its maternal mortality ratio from 322 maternal deaths per 100,000 live births in 2001 to 170 per 100,000 live births in 2013.¹ Despite this improvement, maternal and neonatal mortality remain high compared to many other developing countries², with mortality during the time of delivery contributing significantly to the overall figure.³ The technical skills of health workers—including adherence to good practice standards—are important to improving health outcomes for mothers and newborns⁴, especially because evidence from both developed and developing countries shows that a large number of childbirth-related deaths can be averted by refocusing on strengthening healthcare providers' knowledge and skills to recognize and manage complications and provide emergency obstetric care.⁵

The quality of care received by mothers and babies in Bangladesh is often perceived as poor.⁶ There is generally a sense of dissatisfaction with services provided by public sector health facilities⁷, especially due to unavailability of health workers and inadequate skills in communicating and delivering services.⁷ As a result, maternal and newborn healthcare services remain underutilized in Bangladesh.⁸

Through our study we found the World Health Organization's Safe Childbirth Checklist has the potential to improve the quality of care in low- and middle-income countries like Bangladesh. The checklist was developed as a low cost tool to help healthcare providers adhere to essential childbirth practices for improved patient care during admission, childbirth, after delivery, and before discharge.⁹ In this study we observed 880 deliveries. Half of these deliveries were observed before introducing the Safe Childbirth Checklist to nurses and the other half was observed after introducing the checklist. We

found that the activities of nurses with the checklist significantly increased to cover as many as 25 essential practices, including checking the mother for symptoms of infections and pre-eclampsia, arranging for supplies for vaginal examinations, discussing family planning options, counselling for exclusive breast feeding, and advising for follow-up visits.

Nurses reported that they found the checklist useful in performing their duties more systematically during a delivery. However, they also reported that, as much as they would like to comply with the checklist items, the shortage of human resources and medicines, as well as unregulated entrance of patient attendees, make it difficult for medical staff to prioritize and adhere to the checklist. It was also apparent that nurses would make regular use of the checklist if they were held accountable by an external supervisory body. Nurses also thought that incorporating the safe birth checklist into the nursing curriculum followed by refresher training could help to improve the quality of maternal and newborn healthcare services.

Recommendations

The WHO Safe Childbirth Checklist proved to be a low cost yet feasible tool to improve the quality of care at childbirth in LMICs like Bangladesh. For the implementation of the WHO Safe Childbirth Checklist to be successful it is important to strengthen the capacity of health facilities to deliver best practices through:

- Employing regular supervision
- Increasing the number of nurses commensurate to the work load
- Introducing the checklist in special trainings arranged by the government such as Midwifery or Post Abortion Care and also conducting regular refresher trainings
- Maintaining adequate medicine and equipment supplies

¹ WHO Global Health Observatory Data Repository. Maternal Mortality Ratio Data by Country. Bangladesh: country profiles. <http://apps.who.int/gho/data/node.main.MATMORT?lang=en>.

² Ahmed, S.M., et al., Using formative research to develop MNCH programme in urban slums in Bangladesh: Experiences from MANOSHI, BRAC. BMC Public Health, 2010. 10.

³ Koblinsky, M., et al., Reducing maternal mortality and improving maternal health: Bangladesh and MDG 5. Journal of health, population, and nutrition, 2008. 26(3): p. 280.

⁴ Austin, A., et al., Approaches to improve the quality of maternal and newborn health care: an overview of the evidence. Reproductive Health, 2014. 11(Suppl 2): p. S1.

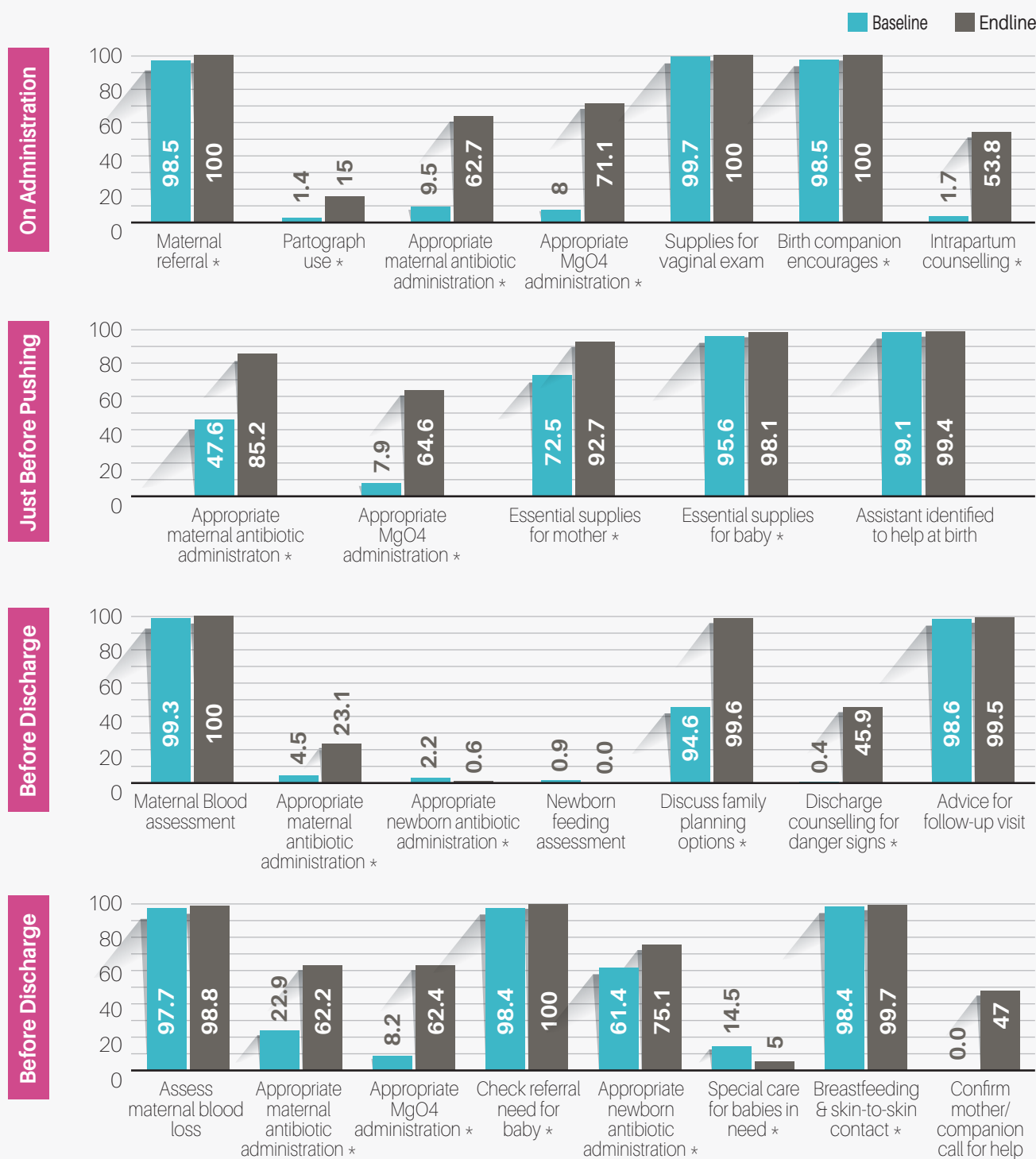
⁵ Halim A., Utz B., et al., Cause of and contributing factors of maternal death; a cross sectional study using verbal autopsy in four districts in Bangladesh. BJOG: An International Journal of Obstetrics & Gynaecology, 2014. 121(s4): p. 86-94.

⁶ Van den Broek, N. and W. Graham, Quality of care for maternal and newborn health: the neglected agenda. BJOG: An International Journal of Obstetrics & Gynaecology, 2009. 116(s1): p. 18-21.

⁷ HPNSDP, Bangladesh Health Facility Survey 2012, Health Population and Nutrition Sector Development Program, University of South Carolina and ACPH Dhaka: Dhaka.

⁸ Ahmed, S.M., et al., Using formative research to develop MNCH programme in urban slums in Bangladesh: Experiences from MANOSHI, BRAC. BMC Public Health, 2010. 10(663).

⁹ WHO, Safe childbirth checklist programme: An overview. 2013, World Health Organization: Geneva.



* Significant change

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