



# GROUP ANTENATAL CARE: THE POWER OF PEERS FOR INCREASING INSTITUTIONAL BIRTH IN ACHHAM, NEPAL



BRIGHAM AND  
WOMEN'S HOSPITAL



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Magnitude 7.8



# Achham, Nepal



District Map of Nepal



possible





**2011: Basic EmOC**

**2013: Comprehensive  
EmOC**

**30%**

**77%**

**Institutional Birth Rate**

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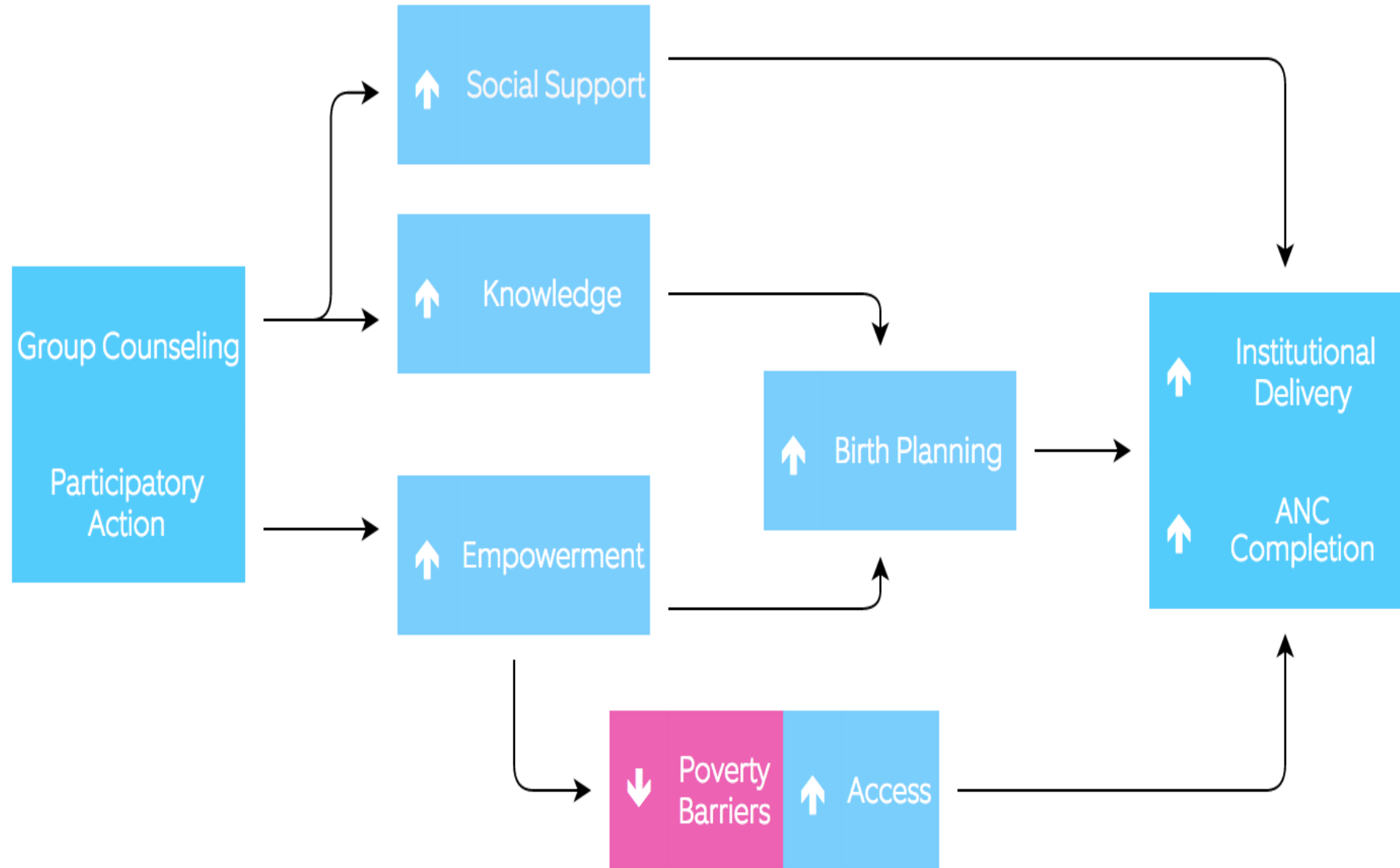
I was herding my goats during the day and went into labor around 7 pm. My family was trying to gather people to bring me to the hospital but I had my baby an hour and half later. (2012)

I wanted to deliver in the hospital but my in-laws did not listen. My husband was not in Achham. I didn't have the courage to come to the hospital by myself so I delivered at home. (2014)

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Women's birth stories

# GROUP ANC CONCEPT



# GOVERNMENT COLLABORATION







BREAKING DOWN HIERARCHIES

# DECENTRALIZATION OF SPECIALIZED SERVICES



# OBJECTIVES

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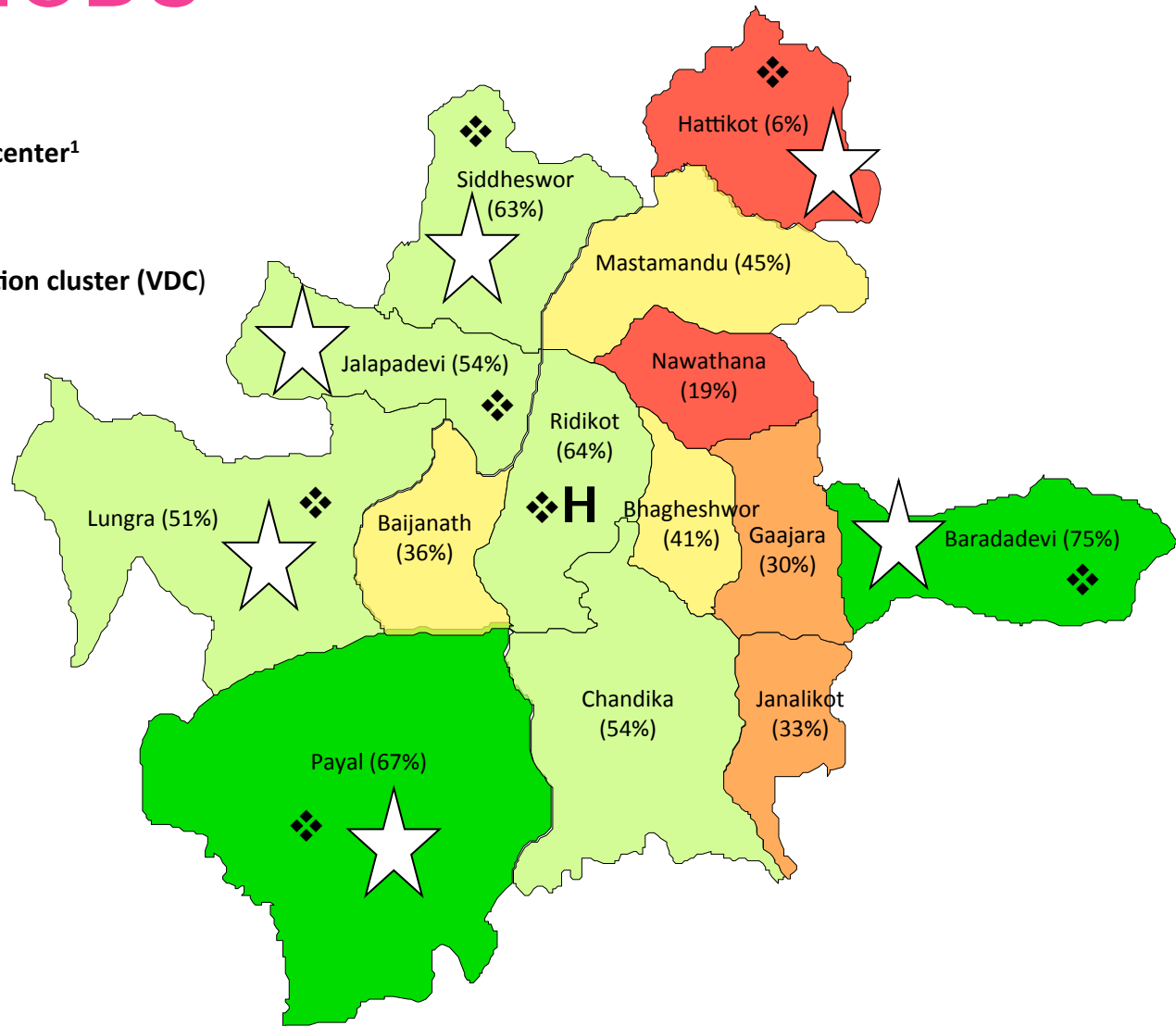
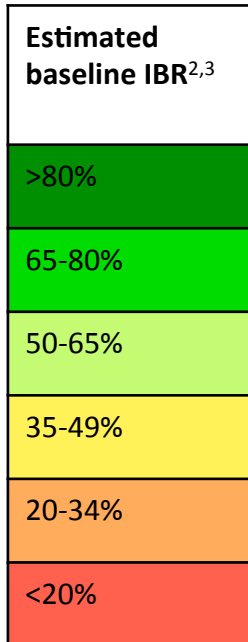
1. Assess **impact** on institutional birth rates and ANC completion.
2. Assess the **mechanisms** of impact: maternal knowledge of danger signs, birth planning, and social support.
3. Report on the **implementation** process: costs, human resources, logistics, and fidelity of the group antenatal program.

# METHODS

❖ Birthing center<sup>1</sup>

H Hospital

★ Intervention cluster (VDC)





# HOUSEHOLD CENSUS

8/13-3/14

Model  
development

4/14-6/14

Feasibility and  
acceptability  
pilot at BH

7/14-3/15

Pilot Group  
ANC  
intervention in  
6 village  
clusters, 22  
groups

11/14-2/15

Household  
census



2/15-3/15

Redesign of  
intervention

4/15-7/15

Longitudinal  
cohort baseline  
interviews in 14  
village clusters

10/15-1/16

Longitudinal  
cohort endline  
interviews in 14  
village clusters.  
Qualitative Kis  
and FGDs.

1/16-4/16

Continuous  
Household  
Surveillance  
(outcomes  
data)

# LESSONS

## Successes

- Positive attitudes
- Participants emphasized the groups' fun, supportive aspects
- Participants enjoyed more time with providers
- CHWs enjoyed facilitating
- Midwives appreciated the time saving

## Challenges

- Poor integration with government calendar and requirements
- Variable engagement of government midwives
- Limited understanding of participatory action goals
- Poor documentation
- Variable facilitator performance
- Inadequate referral systems for high-risk patients



# ITERATIVE IMPROVEMENTS

- Simplified scheduling → fluid groups
- Focused participatory action on birth planning
- Increased coaching of CHW and midwife facilitators
- Reduced role of midwives
- Streamlined documentation
- Implemented referral protocols

# IMPROVING QUALITY OF FACILITATION

- Community Health Nurse Supervision Checklist
  - Includes key elements of group organization and facilitation
- Immediate Feedback Form
  - Addresses facilitation concerns and provides supervision support
- Observations
  - Open-ended structured assessment by research or hospital staff

# IMPROVING QUALITY OF FACILITATION

Example of Community Nurse Supervisor  
Checklist Data:

- Attendance: Median 11 (IQR 6.5)
- Complete Exams: 94%
- Topics most frequently covered: Nutrition, Birth Planning, Emergency Planning
- Facilitation: “Most women” share (62% of groups) and provide each other affirmations (59% of groups)

# NEXT STEPS



# OUR TEAM

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- Nepal Ministry of Health & Population; Achham District Health Office
- Possible Community Healthcare, Impact, and Bayalpata Hospital Teams: Isha Nirola, Bishal Belbase, Lal Kunwar, David Citrin, Poshan Thapa, Alex Harsha, Urmila Basnet, Community Health Nurses, Community Health Workers
- Healthcare Systems Design Group's Community Advisory Board & Scientific Advisory Board
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