Evaluating the *Helping Mothers Survive* low-dose, high-frequency training programme for the management of PPH in Tanzania and Uganda


_Funded by the Laerdal Foundation_
Study Objectives

• To measure the impact of the HMS-BAB training programme on reducing maternal mortality and morbidity due to PPH in two countries

• To promote the inter-relationship between midwives and obstetricians in improving quality of care during delivery
Study Locations

Locations: Tanzania and Uganda
Project duration: 24 months

Tanzania
- Started October 2014
- 1 in 38 lifetime risk of maternal death
- 2 regions in North, 2 regions in South selected

Uganda
- Started October 2015
- 1 in 49 lifetime risk of maternal death
- Central and Eastern Region
Study design and end points

Design

• Cluster randomised facility-based intervention to examine the effectiveness of the HMS-BAB training programme

End points

• Proportion of PPH maternal deaths among women who give birth in health facility
• Proportion of near-miss cases among women who suffered PPH in health facility delivery-service
INTERVENTION

- 1-day HMS competency training
- Mama Natalies for regular simulation training
- 6-8 weeks mentor-supported simulation training using the Mama Natalies
Evaluation framework

18-20 districts

Introduction of near miss assessment in all 20 districts

10 districts

District/referral hospitals & 2-3 health centres

Randomization (matched)

10 districts

Collection of data on maternal mortality morbidity (near-miss cases) For 6 baseline + 9 post months

Intervention HMS-BAB training

Collection of data on maternal mortality morbidity (near-miss cases) For 6 baseline + 9 post months

Comparison of near-miss events
What is a ‘near miss?’

• “a woman who nearly died but survived a complication that occurred during pregnancy, childbirth or within 42 days of termination of pregnancy”

• For severe events information on complications, interventions, laboratory results, clinical investigation will be collected

• If certain criteria are fulfilled = near-miss
Flow of near-miss data

International coordinator

National data collector/ coordinators

National data responsible

Transmit data 2-weekly electronically

District / hospital responsible to report monthly to team leader

Report via phone call immediately every case and use paper-based form for full documentation (to be send to district responsible regularly).

Lower level health facility data collector

Lower level health facility data collector
• Health facility survey (before-after) to assess availability of drugs and supplies
• Continuous documentation of availability of key drugs in the delivery ward and facility store
• Continuous documentation of activities related to bleeding (AMTSL, haemorrhage, HB after bleeding etc.)
• Context documentation (what other trainings/activities are ongoing)
• Assessment of the training (before-after the training, led by Jhpiego)
• Documentation of the 6-8 weeks practice
Timeline of study

Tanzania

Baseline Lake Zone
(5 Mo)

Baseline Southern Zone
(7 Mo)

Continuous monitoring
1st Nov 15 – 31 July 2016 (9 Mo)

Randomization & HMS Training

Original plan

Baseline

Continuous monitoring

I Qu II Qu III Qu VI Qu V Qu VI Qu VII Qu VIII Qu

1st Nov 2014

1st Nov 2015

30 Oct 2016

Uganda

Baseline
(6 Mo)

Continuous monitoring
### Availability of uterotonicics in Tanzania -

<table>
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<th>Hospital</th>
<th>Health centre</th>
<th>Southern Tanzania</th>
<th>Lake Zone</th>
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<tbody>
<tr>
<td><strong>Any oxytocin</strong></td>
<td>100</td>
<td>76</td>
<td>79</td>
<td>91</td>
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<tr>
<td><strong>Number of vials (mean, min)</strong></td>
<td>989 /20</td>
<td>100 /4</td>
<td>612/ 4</td>
<td>341/10</td>
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<td><strong>Mechanism to keep cool</strong></td>
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<td>81</td>
<td>92</td>
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<tr>
<td><strong>Any Misoprostol</strong></td>
<td>39</td>
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**Drugs in delivery ward**

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Near-miss data collection is not yet up and running

- Reporting reaches 90% of included hospitals
- Only 50% of the health centres report regularly
- The new-miss prevalence is around 7% in typical district hospitals BUT high volume facilities report only 2-3%

discussion on the HMS-BAB training during inception workshop
NEXT STEPS

• In Tanzania: Randomization of districts/facilities & start of intervention very soon
• In Uganda: Start early next year after ethics approval

Thank you for your attention