

# Essential interventions for safer maternal and newborn health

## Package of activities: cards and checklists

Improving the quality of maternal and newborn health care services through accelerated implementation of the essential interventions by the health care professionals associations



International  
Confederation  
of Midwives

Strengthening Midwifery Globally



UGANDA  
PRIVATE  
MIDWIVES  
ASSOCIATION  
Partners in Health providing  
Quality care



international  
pediatric  
association



# The team

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## Reference

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This resource has been produced to assist with dissemination of selected essential interventions and their implementation in clinical practice to improve maternal and newborn outcomes.

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# How to use these cards

This set of cards was developed as part of the first PMNCH project to promote joint working across the three health care professionals associations (HCPAs) – FIGO, ICM and IPA – and focused on eight essential interventions. They are to be completed by a team of facilitators trained in implementing the package of activities to strengthen the essential interventions and joint work by obstetricians, midwives and pediatricians in health facilities. The package of activities includes:

## **Activity 1. Dissemination.**

This presents the HCPAs' joint initiative and the eight essential interventions.\*

Other activities are also illustrated in this sample of cards:

## **Activity 2. Reminders.**

## **Activity 3. Academic visits.**

## **Activity 4. Use of simulators/drills.**

## **Activity 5. Case reviews.**

## **Activity 6. Team building.**

The cards include a front side outlining what the activity consists of and how to implement it, and a reverse side for completion, by the facilitator individually or in group as indicated, to monitor the implementation progress of essential interventions, quality of care and joint work.

*\*See Essential Interventions for Safer Maternal and Newborn Health. Guide to Support Implementation by Practitioners. Improving the quality of maternal and newborn health care services through accelerated implementation of the essential interventions by the health care professionals associations (available at [www.figo.org/figo-project-publications](http://www.figo.org/figo-project-publications) – see FIGO-ICM-IPA Essential Interventions Project – and also at [www.internationalmidwives.org](http://www.internationalmidwives.org) and [www.ipa-world.com](http://www.ipa-world.com)).*

# Abbreviations and acronyms

<b>AMTSL</b>	Active management of third stage of labour
<b>AOGU</b>	Association of Obstetricians and Gynecologists of Uganda
<b>CPAP</b>	Continuous positive airway pressure
<b>CS</b>	Caesarean section
<b>EI</b>	Essential interventions
<b>FIGO</b>	International Federation of Gynecology and Obstetrics
<b>GLOWM</b>	The Global Library of Women's Medicine
<b>HCPAs</b>	Health care professionals associations
<b>ICM</b>	International Confederation of Midwives
<b>IECS</b>	Institute for Clinical Effectiveness and Health Policy
<b>IPA</b>	International Pediatric Association
<b>KMC</b>	Kangaroo mother care
<b>PGE<sub>1</sub></b>	Prostaglandin E1
<b>PMNCH</b>	Partnership for Maternal, Newborn & Child Health
<b>PPH</b>	Postpartum haemorrhage
<b>UPA</b>	Uganda Paediatric Association
<b>UPMA</b>	Uganda Private Midwives Association
<b>WHO</b>	World Health Organization

# Individual 2

## List of essential interventions

Complete **1** (for Yes) or **0** (for No)

**Done:** Reminder exists for the essential intervention listed.

**Check:** Reminder in place was checked with health providers.

DONE

CHECK

1. Social support during childbirth.

2. CS prophylactic antibiotics.

3. PPH prophylactic uterotonics.

4. Induction of labour for prolonged pregnancy.

5. Thermal care (immediate drying, warming, skin-to-skin, delayed bathing).

6. Early initiation and exclusive breastfeeding.

7. Kangaroo mother care (KMC) for preterm and babies <2000g.

8. Continuous positive airway pressure (CPAP) to manage preterm babies with respiratory distress syndrome.

## Use of reminders (activity 2)

Reminders have been introduced as part of the package of activities to reinforce the dissemination of the essential interventions, motivate staff and improve practice quality of care.

### What?

1. HCPAs, facilitators and providers are encouraged to develop reminders during the workshop and place them in the relevant clinical areas. The list of the reminders that were done will serve as a reference to check their usage.
2. During your academic visit, check the existing reminders and their usage.

### How? Checklist

3. Find out from health providers if they are aware of the existing reminders.
4. Discuss the use of reminders with health providers.
5. Obtain suggestions from health providers on other aspects to be considered for the future when adapting or developing new reminders.
6. Inspire health providers to be motivated on the use of reminders and be as creative as possible to develop new ones for their clinical area.
7. Complete your findings on the back of this card.
8. Discuss your findings at a group meeting with other facilitators.
9. After the discussion, place this individual card in the box.

# Individual 2

---

Check number

---

Date (D/M/Y)

---

Time of visit (24:00)

---

---

Facilitator

---

Obstetrician

---

Midwife

---

Pediatrician

---

Pediatric nurse

---

---

Please indicate name of health provider, actions and comments on visit, and EI addressed.

---

**Health provider 1**

Name

**Reminder on EI**

---

**Health provider 2**

Name

**Reminder on EI**

---

**Health provider 3**

Name

**Reminder on EI**

**Outcome:** Record of key findings from observation and checks with health providers on reminders.

**List of essential interventions**  
 Complete **1** (for Yes) or **0** (for No)  
**Done:** Reminder exists for the essential intervention listed.  
**Check:** Reminder in place was checked with health providers.

**DONE**  
**CHECK**

1. Social support during childbirth.		
2. CS prophylactic antibiotics.		
3. PPH prophylactic uterotonics.		
4. Induction of labour for prolonged pregnancy.		
5. Thermal care (immediate drying, warming, skin-to-skin, delayed bathing).		
6. Early initiation and exclusive breastfeeding.		
7. Kangaroo mother care (KMC) for preterm and babies <2000g.		
8. Continuous positive airway pressure (CPAP) to manage preterm babies with respiratory distress syndrome.		

## Use of reminders (activity 2)

Reminders have been introduced as part of the package of activities to reinforce the dissemination of the essential interventions, motivate staff and improve practice quality of care.

### What?

1. Group discussion on reminders by facilitators aims to consolidate their usefulness and impact on acceleration and dissemination of specific essential interventions.
2. Facilitators organise time and date to discuss reminders. This can be done as part of discussion on academic visits.

### How? Checklist

3. Each facilitator shares findings from their cards.
4. At the back of the group card, one designated facilitator (rotated secretary) summarises:
  - **findings:** key observations, usefulness and impact of reminders, engaging staff in developing reminders
  - **recommendations:** for process of observing reminders, for adapting or developing new reminders.
5. After discussion and completion of this group card, place it in the box.

# Group 2

Check number

Date (D/M/Y)

Facilitators participating in discussion

Obstetrician		Pediatrician	
Midwife		Pediatric nurse	
Secretary (profession)			

Please update the list of health providers (against the census) who have been reached by the facilitators through this activity.

## Summary of findings for EI reminders

based on discussion about check on reminders conducted by all facilitators.

## Recommendations for

1. Process of observing reminders.
2. Adapting/developing new reminders.

**Outcome:** Impact and usefulness of reminders in accelerating dissemination of essential intervention; content of card used to compile report by health facility coordinator.



# Individual 3

## List of essential interventions

Complete **1** (for Yes) or **0** (for No)

**Check:** The specific EI was observed during the academic visit.

CHECK

## Academic visits (activity 3)

Academic visits are part of the package of activities for **observation of practice** and support on **quality of care**.

1. Social support during childbirth.
2. CS prophylactic antibiotics.
3. PPH prophylactic uterotonics.
4. Induction of labour for prolonged pregnancy.
5. Thermal care (immediate drying, warming, skin-to-skin, delayed bathing).
6. Early initiation and exclusive breastfeeding.
7. Kangaroo mother care (KMC) for preterm and babies <2000g.
8. Continuous positive airway pressure (CPAP) to manage preterm babies with respiratory distress syndrome.

## What?

1. Academic visits are done by facilitators to support and motivate health providers to implement essential interventions.
2. Facilitators visit the wards (labour, postnatal, special care), about one hour visit in total, spending 20 minutes with one health provider, and reach three health providers per visit.

## How? Checklist

3. Discuss with health provider the care of women/babies where the selected eight essential interventions are applicable (5 minutes).
4. Observe health provider giving care (10 minutes).
5. Ask health provider to outline the impact of dissemination of essential interventions on his/her practice (5 minutes).
6. Complete your findings on the back of this card.
7. In the event of major challenge relating to implementation of essential intervention, discuss it with the health facility coordinator as soon as possible.
8. Discuss your findings at a group meeting with other facilitators.
9. After the discussion, place this individual card in the box.

# Individual 3

<b>Visit number</b>	<b>Facilitator</b>		
<b>Date (D/M/Y)</b>	Obstetrician		Pediatrician
<b>Time of visit (24:00)</b>	Midwife		Pediatric nurse

Please indicate name of health provider, actions and comments on visit, and EI addressed.

**Health provider 1**  
Name

**EI addressed**

**Health provider 2**  
Name

**EI addressed**

**Health provider 3**  
Name

**EI addressed**

**Outcome:** Record of key findings from the activity above; health facilitators discuss and share findings from their cards and complete a group card; content of card used to compile report by health facility coordinator.

## List of essential interventions

Complete **1** (for Yes) or **0** (for No)

**Check:** The specific EI was observed during the academic visit.

CHECK

## Academic visits (activity 3)

Academic visits are part of the package of activities for **observation of practice** and support on **quality of care**.

1. Social support during childbirth.

2. CS prophylactic antibiotics.

3. PPH prophylactic uterotonics.

4. Induction of labour for prolonged pregnancy.

5. Thermal care (immediate drying, warming, skin-to-skin, delayed bathing).

6. Early initiation and exclusive breastfeeding.

7. Kangaroo mother care (KMC) for preterm and babies <2000g.

8. Continuous positive airway pressure (CPAP) to manage preterm babies with respiratory distress syndrome.

## What?

1. Group discussion on academic visits by health facilitators aims to offer opportunity to identify the benefits, weaknesses and opportunities of academic visits and assess the impact of the dissemination of the essential interventions on practice.
2. Facilitators organise time and date to discuss the completed academic visits. This can also include discussion of reminders (separate card).

## How? Checklist

3. Each facilitator shares findings from their cards.
4. At the back of the group card, one designated facilitator (rotated secretary) summarises:
  - **findings:** key observations from the academic visit for the EI addressed
  - **recommendations:** for process of conducting academic visits, and for improving EI practice.
5. After discussion and completion of card, place it in the box.

# Group 3

Visit number

Date (D/M/Y)

Facilitators participating in discussion

Obstetrician

Pediatrician

Midwife

Pediatric nurse

Secretary (profession)

**Please update the list of health providers (against the census) who have been reached by the facilitators through this activity.**

## Summary of findings of academic visit

based on discussion about observations conducted by all facilitators.

## Recommendations for

1. Process of conducting academic visit.
2. Improvement of EI practice.

**Outcome:** Key emerging themes from academic visits; report completed by health facility coordinator from cards. Quality standard – academic visit to be undertaken every four weeks by each facilitator = 12 academic visits: 12 individual cards and three group cards completed.

## List of essential interventions

Postpartum haemorrhage

Thermal care

Breastfeeding

Kangaroo mother care

## Use of simulators/drills (activity 4)

### What?

1. Simulation activity is designed to build skills and capacity on identified essential interventions using Mama Natalie birth simulators models provided by Laerdal.
2. The activity is introduced in a workshop setting organised in collaboration with the national coordinator for three days using three designated trainers each day.
3. A place in the hospital is identified for health providers to continue practising drills and watch videos following the plan devised during the workshop.

### How? Checklist

4. Obtain the workshop plan and schedule from the health facility coordinator.
5. Inform the health providers about the workshop schedule, collaborate with the health facility coordinator to recruit and motivate the providers to attend the workshop. Attend the workshop and provide assistance to the designated trainers to:
  6. • maintain a register of all health providers attending each day of the workshop
  - establish a plan of continuous practice sessions in a chosen place in the hospital.
7. Receive feedback from each trainer and from participants during the workshop.
8. At the back of the group card, one designated facilitator (rotated secretary) summarises the feedback obtained by all facilitators, using one card for each day of the workshop.
9. Place the card in the box.
10. Encourage health providers to continue with practice sessions following the plan established.

# Group 4

Workshop day number

Date (D/M/Y)

Number of participants

Obstetrician		Pediatrician	
Midwife		Pediatric nurse	
Secretary (profession)			

Names of trainers

Obstetrician

Midwife

Pediatrician

Essential interventions addressed

Please update the list of health providers (against the census) who have been reached by the trainers through this activity.

Feedback from trainers

Feedback from participants

**Outcome:** Records of attendees at the training days; plan of practice sessions in the designated place in the hospital (instructions for log-book provided); content of card used to compile report by health facility coordinator.

## List of essential interventions

Complete **1** (for Yes) or **0** (for No)

**Check:** Specific EI addressed was observed during the case review.

**CHECK**

1. Social support during childbirth.
2. CS prophylactic antibiotics.
3. PPH prophylactic uterotonics.
4. Induction of labour for prolonged pregnancy.
5. Thermal care (immediate drying, warming, skin-to-skin, delayed bathing).
6. Early initiation and exclusive breastfeeding.
7. Kangaroo mother care (KMC) for preterm and babies <2000g.
8. Continuous positive airway pressure (CPAP) to manage preterm babies with respiratory distress syndrome.

## Case reviews (activity 5)

Near miss cases are integrated in the audit of care meetings (which focus on mortality and are presented by medical interns).

### What?

1. Build on existing system to introduce another dimension – discussing ‘near miss’ cases where health providers saved life through their exemplary practice.
2. Opportunity given to midwives each week to present near miss cases relating to EI or any other case with positive outcome.

### How? Checklist

3. Communicate the plan to the organiser of audit meetings.
4. Discuss the selection of the health providers and case to be presented with the health facility coordinator.
5. Communicate the name of health provider and summary case to the organisers of audit meetings.
6. Inform the date and time to health provider presenting the case and provide support with presentation of the case.
7. Attend the case review session.
8. At the back of the group card, one designated facilitator (rotated secretary) summarises key aspects related to EI or joint work.
9. Place the card in the box .

# Group 5

Case review session number

Date (D/M/Y)

Number of participants

Obstetrician

Pediatrician

Midwife

Pediatric nurse

Secretary (profession)

Please update the list of health providers (against the census) who have been reached through this activity.

Case presented by (name and profession)

Summary of case

General comments

Questions from the participants

Feedback from presenter

**Outcome:** Participation by midwives in presenting cases; inclusion of near miss cases to recognise the contribution of health providers in improving quality of life; content of card used to compile report by health facility coordinator.



## Team building (activity 6)

### What?

1. The aim is to promote building of relationships across the three professionals organisations.
2. Attendance should be monitored for equal representation from all three professions.
3. The activity is planned and organised in collaboration with Uganda Private Midwives Association.

### How? Checklist

4. Communicate with the health facility coordinator on the plan and make any necessary adjustment.
5. Inform the health providers about the team building sessions, collaborate with the health facility coordinator to stimulate attendance and to make sure it happens.
6. Attend the team building session and identify aspects that contribute to improved joint work.
7. Ensure the attendance register is completed.
8. At the back of the group card, one designated facilitator (rotated secretary) summarises the key content of the session and impressions by all facilitators on the effectiveness of the team building session (based on feedback from participants).
9. Place the card in the box.
10. Encourage health providers to attend the next team building session.

# Group 6

Team building session number

Date (D/M/Y)

Number of participants

Obstetrician

Pediatrician

Midwife

Pediatric nurse

Secretary (profession)

Please update the list of health providers (against the census) who have been reached through this activity.

Session organised by (name and occupation)

Summary of content

Feedback from participants on usefulness of session to build relationships and promote joint working.

**Outcome:** Content of team building sessions; impact of team building sessions to improve joint work; content of card used to compile report by health facility coordinator.



People are beginning to understand that we are doing more than what we are **recording**. We need to be able to show this is the amount of work that we do.

**Obstetrician**

For appraisals, I can schedule every quarter to check on one aspect so that at the end of the year I can say this one is very good at delivery, he provides good thermal care, gives good social support, and all that! It's objective and then I can ask what other creative things they did during that one year, for example if they developed reminders. It's **transparent!** We can identify things that need continuous medical development.

**Pediatrician**

The cards helped me as a manager. It has accelerated my rate of **supervision**. I know that I need to go there and ask about this and supervise, look at it!

**Midwife**

The **team approach** has improved with this package of activities, people are calling for help when they get an emergency. Now if you get postpartum haemorrhage you don't have to handle it alone.

**Midwife**

## Users' experiences about the package of activities and cards



In the beginning midwives were scared about the cards. They asked do they want to report me? Look for my bad area? But then when you talk to them and **build that confidence** in them, they come up with the truth, what she has done, and not done, and then you also advise how to tackle it, so it is working out.

**Midwife**