

Keeping mothers and babies safe during and after birth

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BACKGROUND

The Safer Birth Bundle of Care (SBBC), was a 3-year stepped-wedged cluster randomized implementation in 30 hospitals in Tanzania (phase 1) and is now being expanded to over 100 hospitals during phase 2.

OBJECTIVES

SBBC is a quality improvement programme that consists of training innovations and clinical for improved labour care and newborn resuscitation. It integrates strategies for continuous quality improvement (CQI) and is incorporated into the national health system to ensure sustainability.

EXPECTED RESULTS

- 10% reduction in the number of maternal deaths
- 25% reduction in the number of fresh stillbirths
- 50% reduction in the number of neonatal deaths within 24 hours

METHODS

Implementation began in May 2021, with healthcare providers in Manyara, Tabora, Geita, Mwanza, and Shinyanga trained. Data was collected before and after the introduction of the intervention periods at each cluster from the facilities with an average of 4000 baby-mother pairs per year per health facility, giving an estimate of 240,000 baby-mother pairs.

Training innovations

Training of health workers on key maternal and newborn lifesaving skills, guided by the Helping Mothers and Babies Survive Programs.

Sustainability

In-situ low-dose-high-frequency with simulation practice to bridge the gap between clinical theory and care facilitated by local facility champions.



Clinical innovations

Clinical innovations designed to ease care and decision-making in fetal heart rate monitoring (Moyo) and newborn resuscitation (NeoBeat).

Continuous QI

Learning from data through weekly review of the facility's clinical data (key performance indicators and perinatal outcomes) to implement targeted training and CQI.

To sustainably implement these methods simulation and mentorship competence was established through establishing simulation and mentorship competence for sustainable QI and to help reduce blame and shame culture and to create a culture of trust and quality improvement.

OUTCOMES

- 45% reduction in early neonatal deaths
- 70% reduction in maternal mortality

CONCLUSION

- The Safer Birth Bundle of Care has been very well received – and much in demand for additional scale up.
- National ownership (MoH) and facility ownership is crucial – from early planning, through implementation.
- Although the results so far are highly encouraging, they differ much among participating hospitals and regions: It is essential to leverage best-practice implementation.
- Unreliable baseline data and missing data on poor outcomes. Changing this culture and fear for “blame and shame” takes time, but the reflection-based simulation methodology is helping drive this change.
- Local clinical data is used on a weekly basis for regular quality improvement discussions and data-guided simulation scenarios – this is critical for sustainable impact and improving clinical behaviour.
- Areas that require particular attention include supportive supervision, mentoring of health workers, and equipment maintenance and reprocessing.