

Promoting Skilled Care at Birth : Maternal and Neonatal Health Update for Health workers in Dailekh and Sindhuli, Nepal

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Area addressed: Programs/ interventions

Background and Significance:

Maternal mortality ratio in Nepal has declined by 50% since the last decade. Even so at 281 (NDHS 2006), the MMR is still unacceptably high. The Government of Nepal aims to reduce the MMR further to 134 by 2015 with an ambitious goal of increasing skilled birth attendance from 19% (2006) to 60% by 2015. Different cadres of health workers now assist delivery, majority of whom do not possess the necessary knowledge and skills for managing normal and complicated deliveries. An intervention to improve capacity of health workers to prevent maternal deaths from the three major killers, obstructed labor, postpartum hemorrhage and eclampsia, and to create an enabling working environment, was designed and implemented in 5 districts of Nepal starting in 2009.

Goals and objectives:

Maternal and Neonatal Health Updates is an approach for capacity building of health workers- staff nurses, auxiliary nurse midwives and maternal and neonatal health workers in district hospitals, primary health centers, health posts and selected subhealth posts. The objective was to train providers on active management of third stage of labor, use of the partograph ; use of magnesium sulphate, and includes when, how and where to refer complicated cases.

Intervention:

Family Health Division and Nepal Family Health Program II initiated this intervention in two remote districts of Nepal. A total of 118 health workers were trained from 51 health facilities. Follow up meetings were done twice at 6 monthly intervals. Need assessment followed by supply of instrument/equipments and frequent on-site supportive supervisions were done.

Results :

There is a significant change in practices over 1½ years. Increased use of partograph from 0 to 80 %, active management of third stage of labor increased from 55 % to 95 %, use of oxytocin after childbirth is now universal. Availability of magnesium sulphate has increased from 0 % to 90 % health facilities and lives of 6 women with eclampsia have been saved. Institutional delivery rates have also increased significantly in the intervention districts.