PRIME PAGES

Reviewing Results in PRIME II
Oct. 2002–Sept. 2003

Policy, Advocacy and Services
- National RH Policy
- Partnership

Knowledge Advancing Best Practices
- PMTCT
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Support to the Field
- **Nicaragua: EONC**
- Philippines: HIV/AIDS
- Paraguay: FP/RH Quality
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- Senegal: PAC
- Dominican Republic: RTL
- Mali, Benin, Ethiopia: PPPH
- Bangladesh: RTL

PRIME II

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Linking Primary Providers and Communities

Improved Responses to Obstetric and Neonatal Emergencies

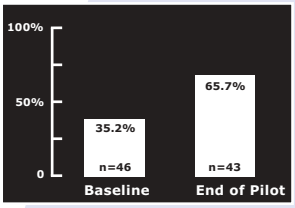
The PRIME II Project's efforts to address maternal health in low-resource environments often depend not only on improving primary provider performance but also on strengthening community responsiveness to obstetric and neonatal emergencies and ensuring that services at referral facilities are up to standard. A PRIME II-assisted pilot project in rural Nicaragua has successfully integrated community members, volunteers and several cadres of providers to improve emergency obstetric and neonatal care (EONC).

Background

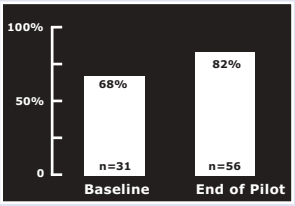
Nicaragua has among the highest maternal mortality ratios in Latin America and the Caribbean. Over a third of births are attended at home, frequently by a traditional birth attendant (TBA). To help the Ministry of Health (MOH) link communities, TBAs and health centers in the mountainous Jinotega region, PRIME II collaborated with the NicaSalud consortium of NGOs/PVOs: Project Concern International, Project Hope, Wisconsin-Partners of the Americas and Catholic Relief Services.

Interventions

The goal of the consortium's EONC strategy was building and reinforcing linkages among community-based providers, facility-based providers and community members to raise awareness of the danger signs of complicated pregnancies, the consequences of delays in seeking care and the importance of a prompt response to postpartum bleeding. TBAs and other primary providers received training in community-based life-saving skills (adapted from the American College of Nurse-Midwives' Home-Based Life-Saving Skills model). Community mobilizers and TBAs from the communities of Wiwili and Pantasma learned immediate first-aid for safe delivery requiring little or no medical equipment and supplies. Providers from Jinotega Hospital were trained in basic emergency skills including administration of drugs and intravenous fluids. Community mobilization activities focused on setting up EONC committees, pooling emergency funds, and establishing transportation plans to ensure women and newborns reach referral facilities quickly in the event of an emergency. Complementing these community organizing efforts, PRIME facilitated an ongoing census of pregnant women in the region. PRIME II staff also participated in a national commission to develop emergency obstetric and neonatal care protocols, which are



Care of Immediate Postpartum Women
Traditional Birth Attendants



Management of Postpartum Hemorrhage
Hospital Providers

undergoing evidence-based validation from the national referral hospital, regional and departmental hospitals and health centers.

Results

The final evaluation demonstrated significant improvement in provider performance. As defined by a quality index score, care of immediate postpartum women by TBAs improved by 87%. Management of postpartum hemorrhage by physicians, nurses and auxiliary nurses improved from 68% to 82%. These positive results for providers have been matched by community efforts. Of the 32 project communities, 78% reported the establishment of committees for emergency obstetric and neonatal care. Emergency transportation systems have been established in 56% of communities and emergency funds set aside in a quarter. In one illustrative example, emergency funds in the community of Venecia are being administered by a committee, and a community member with a vehicle is now on call to transport women to the nearest hospital in cases of emergency at any hour. A census of pregnant women is available in 81% of the communities, and nearly half have implemented birth and complications readiness plans.

PRIME II also conducted a qualitative evaluation to assess the integration of NicaSalud consortium partners in project implementation. The strengths of the partnership were many, with organizations sharing resources, time, funds and objectives to conduct a successful project. Those interviewed agreed that a principal strength was demonstrating to themselves and the MOH that a united group brought added credibility in developing and implementing this pilot at the institutional and community levels.

PRIME II

Suggested citation:
Coleman AL, Nelson D.
Improved Responses to Obstetric and Neonatal Emergencies
11/2003
(PRIME PAGES: RR-31)

Photo credit:
Alfredo Fort

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This publication was produced by the PRIME II Project and was made possible through support provided by the U.S. Agency for International Development under the terms of Grant Number HRN-A-00-99-00022-00. The views expressed in this document are those of the authors and do not necessarily reflect those of IntraHealth International or the U.S. Agency for International Development.