

Effective Model to Change Behavior **Community Partnerships for Safe Motherhood**

Informed and involved communities can make a major difference in improving reproductive health practices and outcomes, especially in areas where modern medical care and emergency services may be out of reach without pooled resources and advance planning for transportation. In 11 villages and 29 hamlets of Uttar Pradesh, the PRIME-assisted Community Partnerships for Safe Motherhood (CPSM) project has significantly increased the number of pregnant women and families who take steps to prepare for births and possible complications, and who are better informed about family planning options. Healthier practices have also been successfully encouraged. More than two thirds of participating women breastfed their infants within an hour after birth—a break from centuries of local tradition. To prevent an unwanted pregnancy or space their next birth, two thirds of women began using a family planning method by six weeks after delivery, a fourfold increase from baseline.

Background: The CPSM model effects behavior changes in pregnant women, their primary caregivers and community leaders to improve reproductive health and reduce maternal and neonatal mortality and morbidity in areas where most births take place without the presence of a skilled health care provider. With both Field Support and core funds, PRIME assisted the NGO Shramik Bharti in building the community partnerships and training community health guides, volunteers and village health committees. After baseline data collection and adaptation of Home-Based Life-Saving Skills modules developed by the American College of Nurse-Midwives (ACNM), PRIME helped to implement the CPSM intervention from June 2001 to June 2002. An evaluation of the CPSM project, supported by earmarked core funds, will be completed in early 2003. Shramik Bharti intends to replicate the CPSM model in other areas of Uttar Pradesh contingent upon available funding.

Intervention: The project works to integrate postpartum and postabortion family planning with improved maternal health services and create village networks to strengthen emergency transportation and referral linkages, maintain emergency funds and improve communications with primary providers. Pregnant women and caregivers attend workshops where they learn to recognize and respond to critical complications of labor, delivery and newborn care. Home-Based Life-Saving Skills modules used in the workshops focus on changing

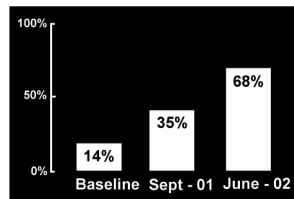


Reviewing Results in PRIME II

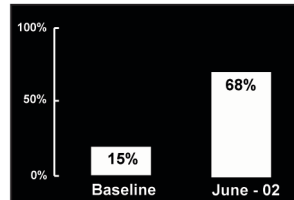
Oct. 2001–Sept. 2002

Case Studies:

- Kenya PAC
- Bangladesh RTL
- Dominican Republic RTL
- Ghana PI
- Rwanda HIV/AIDS
- **India CPSM**
- Dominican Republic CDQ
- Ghana RTL
- Benin RTL
- Rwanda PI
- Mali FGC
- Francophone PAC/Nigeria MAQ



Family Planning
6 Weeks Postpartum



Prepared for Complications

deep-seated beliefs and behaviors in regard to essential prenatal and postpartum care, paying special attention to postpartum hemorrhage and neonatal sepsis.

Results: Last year, PRIME reported results on preliminary four-month data from the CPSM project as compared with baseline. Of postpartum women, 35% were using family planning six weeks after delivery, compared with 14% at baseline. Nearly all the pregnant women (97%) had received two tetanus toxoid shots, up from a third at baseline, and 39% of the pregnant women were taking iron folate tablets or syrup, compared with less than 1% at baseline. Postpartum, 83% of new mothers were breastfeeding their babies within an hour of delivery, a dramatic improvement from 1.9% before the intervention.

Data collected over 12 months of implementation, June 2001 through June 2002, show percentages that are not quite as high as they were at four months for pregnant women receiving tetanus toxoid (72%) and iron folate tablets or syrup (36%) and for breastfeeding within an hour of delivery (70%). On the other hand, the percentage of women using family planning six weeks postpartum (68%) was much higher when measured over the longer period of intervention. All of these percentages represent significant improvements over baseline. In addition, data show that in 68% of deliveries, pregnant women and their families had saved money, made transportation arrangements and were aware of the nearest referral site in the event of complications; only 15% of pregnant women and their families had made such preparations at baseline.

While the number of stillbirths rose from 16 at baseline to 24 during the intervention period, maternal deaths fell from nine to three and neonatal deaths (up to 28 days of delivery) fell from 25 to 16. Although the small numbers involved in these mortality figures preclude a conclusion of definite changes in overall rates, they seem to indicate a declining trend. The final evaluation should provide more information on the cost-effectiveness and sustainability of this innovative intervention, the first of three feasibility studies on Home-Based Life-Saving Skills planned by ACNM.

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