World Health Organization

SAFE CHILDBIRTH CHECKLIST COLLABORATION

Newsletter November 2013

Welcome to the second edition of the Safe Childbirth Checklist Collaboration newsletter!

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Editorial by

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Welcome to another SCC Collaboration Newsletter. This edition marks our first anniversary, a moment of celebration for us all. Approximately a year ago, the Collaboration was launched to facilitate a better understanding of the potential of the WHO Safe Childbirth Checklist to drive change in real situations. To do this we sought to study the best conditions for its implementation in diverse settings.

21 November 2012, Launch of the WHO Safe Childbirth Checklist Collaboration

Since the launch, 17 groups have joined the Collaboration from 15 countries around the world. The coming year promises to see this group grow further, whilst strengthening collaboration with those already on board.

The experience starting to emerge from the Collaboration is varied, extremely rich and of great value. Implementing a new tool, as simple as a checklist may be, involves significant challenges, which cannot always be foreseen. It is only through the early uses of the tool, through its introduction in various cultural and organizational settings, that these challenges can be ascertained with more precision, where common trends can be observed, appraised and addressed; and where tentative solutions, local innovations and adaptations acquire enormous importance, as they become the foundations for global solutions and implementation materials.

This is why this Collaboration is an extraordinary collective resource for WHO and its partners, a resource that we expect will become a source of unmatched and useful materials for all Member States once the learning that is emerging is translated into consolidated evidence, related guidance, and usable tools.

Our intention in the Secretariat is to facilitate a platform for all Collaboration members to be able to interact, and foster exchange and collective learning. Most teams are facing similar challenges in implementing the Checklist and the questions, responses, solutions and innovative approaches of every site will likely become a source of learning for the rests of the sites. We encourage all of you to use the electronic platform that is at the disposal of the Collaboration for whatever you wish: to initiate discussions, post

21 November 2012, Launch of the WHO Safe Childbirth Checklist Collaboration

questions and materials, and let us know about your successes, as well as your challenges.

Moreover, as an opportunity for exchange, we continue with the technical webinar series to present and discuss specific topics. The second technical webinar will be held shortly. Please read more on it below. We encourage you to propose additional topics for the webinars, and we also invite you to present your own experience with the testing and using of the Checklist. At the same time, we will be continuing to hold teleconferences with each group to see how they are progressing, and to offer assistance wherever possible.

In 2014, our plan is to launch a survey across all sites for each group to complete. In this way, we hope to gather useful experiential learning in a systematic manner, and would then aim to use this learning to develop general implementation guidance. This will provide invaluable insights into how the Checklist operates in a variety of settings. Alongside your own projects, this will help shape the final Safe Childbirth Checklist to be launched internationally, once the Collaboration work is completed, as well as that of the randomized control trial in India.

Thank you for your collaboration so far. We look forward to receiving your annual progress reports by the end of 2013 and to moving to the next stage in the WHO Safe Childbirth Checklist Collaboration. If you have any questions please do not hesitate to contact us at patientsafety@who.int, or alternatively post a comment on the SharePoint discussion forum at: http://workspace.who.int/sites/childbirth_checklist.

Update from Collaboration participants

Since we issued the first edition of this newsletter, we have had several more institutions joining the Collaboration from **Pakistan**, **Brazil**, the **United States of**

America, **Argentina**, **Egypt**, **Mexico**, **India**, **Bangladesh** and **Spain,** as highlighted in the map by red pins. As you know, since September, the WHO team has had individual calls and discussions with the participating institutions. These calls have been an extraordinary opportunity for mutual exchange and learning about progress of work, both from the WHO side and in the institutions themselves. In this section, we would like to briefly highlight two projects about which we have received information, through various calls and follow-up communications.

Iran (Islamic Republic of): The Research Center for Patient Safety, affiliated to Mashhad University of Medical Sciences joined the Collaboration in April 2013. Dr Rozita Davoodi, Technical Deputy at the Research Center and also Head of Knowledge Management Unit is leading the study and Dr Nafise Saghafi, Gynecologist and the head of the Gynecology Department at the Mashhad University of Medical Sciences was involved in this study.

A quasi-experimental prospective pre- post- intervention study was conducted between July and September 2013 to investigate the impact of the Checklist on compliance with best practices in three hospitals (two intervention hospitals and one control hospital) in the city of Mashhad.

The research team received tremendous support from the hospitals' leadership, as well as clinical leaders. The hospital staff was fully cooperative in all phases of the study.

The Checklist was translated into Farsi and slightly adapted based on the hospitals' standard practices. Six to seven midwives were trained to observe and check the Checklist items in each hospital. After completion of the pre-intervention observation, the intervention was introduced through the distribution of the training material including the Checklist, and a 2-hour training session for staff. Post-intervention observation was con-

Training session for the project researchers

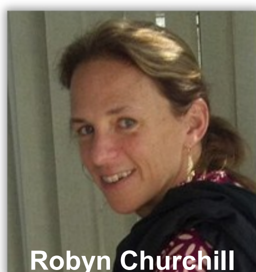
ducted for one month (two weeks after distribution of training material such as posters and pamphlets and two weeks after the training session) and data collection was completed in September. Data on approximately 390, 340 and 580 births were collected in pre-intervention, the phase after the first intervention and the phase after the second intervention, respectively. The data is currently being analyzed with SPSS to investigate improvement in the delivery of selected practices.

Sudan: The Royal Care International Hospital has been designed and structured to operate as an international medical care provider. It is a 150-bed tertiary care hospital located in Khartoum with four labour and six operating rooms. The CEO of the hospital has been fully committed to the Safe Childbirth Checklist project. The Checklist has been introduced into the hospital under the supervision of the Quality Directorate and the Patient Safety Department, and is currently being implemented. Staff training has happened mainly through one-to-one discussions and meetings (education about the importance and benefits of the Checklist, and how to use it). Focus group discussion and interviews have been carried out with the relevant staff. Initial findings include: staff are aware of the importance and added value of the Checklist, they believe it is a useful reminder tool and can facilitate a safer childbirth, and no change to the content is needed. Some suggestions for improved use of the Checklist: having a smaller size to fit inside the pocket, laminating it, adding the patient's name and date, adding it to the patient file along with signatures by three members of the operating team; anesthetist, surgeon and nurse (in case of Cesarean section).

The Royal Care International Hospital

Upcoming Collaboration activities

The second technical webinar, to be held on 5 December, will once again feature Ms Robyn Churchill from the Harvard School of Public Health and the lead of the implementation of the BetterBirth Trial in India. Robyn will discuss the various challenges in implementation of the Safe Childbirth Checklist.


Robyn Churchill

All Collaboration members are invited to attend and also provide insight from their respective projects. WHO welcomes as many members of each team as possible to participate in the webinar.

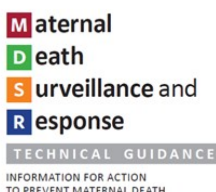
Date: Thursday 5 December, 14:00 Geneva time

In order to join this event, please register NOW at: https://who-meeting.webex.com/who-meeting/onstage/g.php?d=848116835&t=a

WHO news related to maternal and child health

Maternal Death Surveillance and Response

WHO and partners advocate for the use of Maternal Death Surveillance and Response (MDSR) as an approach to end preventable maternal deaths. MDSR promotes routine identification and timely notification of maternal deaths.

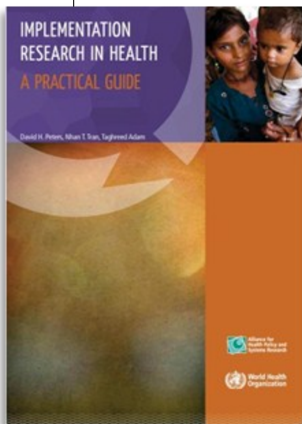


This form of continuous surveillance links health information system and quality improvement processes from local to national level. It helps with the quantification and determination of causes and avoidability of maternal deaths. Each one of these untimely deaths provides valuable information, which if acted upon, can prevent future deaths.

MDSR emphasizes the link between information and response.

MDSR will contribute to strengthening vital registration, better counting of maternal deaths, better information for action and monitoring improvements in maternal health.

For more information, please see: http://apps.who.int/iris/bitstream/10665/87340/1/9789241506083_eng.pdf



Implementation Research in Health – A practical guide

In recognition of the importance of promoting implementation research, defining exactly what it is and what it can offer, the WHO Alliance for Health Policy and Systems Research has developed a practical guide for implementation research in health. This newly published guide presents an introduction to basic concepts used in implementation research and describes the range of approaches and applications that it can be used for.

The main aim of the guide is to support the development of and demand for implementation research that is problem-focused, action-oriented and above all aligned with health system needs. You can access and download the guide at: http://www.implementationresearchplatform.org/publications.

Referral as the initial step in implementing the Safe Childbirth Checklist

Building a quality improvement system, such as the Safe Childbirth Checklist programme, requires buy-in and ownership by the facility's leadership and staff. Any implementation programme needs to begin by building that local ownership. Our experience in BetterBirth has shown that the referral process is a good place to start that conversation.

An essential step in preventing maternal and newborn harm is to ensure mothers and babies get the appropriate care in a safe, timely and organized way. The WHO Safe Childbirth Checklist begins with the question "Does the mother need referral?" as the first step to providing safe care to women in labour. Our experience has demonstrated the complexity of implementing this item, and the importance of recognizing the stakeholders and steps involved in the referral process. It is important to engage everyone in identifying the facility's referral criteria, and the proper steps in the referral process to ensure a functional and safe system.

A referral system requires each person to have certain skills and knowledge to assess the need for referral, the motivation and authority to take the appropriate action at the right time, and an effective means of communication between the various players. Specifically, we have found the ability to do the following greatly increases the likelihood of a safe referral process.

Front-line birth attendant:

1. Properly assesses the clinical status of the woman
2. Knows and utilizes the resources available in her facility
3. Knows her facility's referral criteria and process
4. Knows how to initiate the referral process (whom to call)
5. Has the authority to start the referral process

Medical officer:

6. Is respectful and available to birth attendant and accepts referral initiation
7. Knows where the needed resources exist (referral facility)
8. Communicates with the referral facility
9. Identifies and obtains best mode of transport

Facility leadership:

10. Communicates the proper referral criteria to staff
11. Visibly posts steps of process and how to initiate referral (e.g., telephone numbers)
12. Works with referral facility to ensure willingness of referral facility to accept women
13. Works with referral facility leadership to improve process in both directions
14. Provides visible and public support for staff who use the referral process appropriately

Once the facility has walked through these steps to ensure the knowledge is available, they can then do mock practice drills to learn to use the system comfortably. This initial referral step in the Checklist implementation helps to build an understanding of the quality improvement conversation which the Checklist invites. If this step is done effectively, the facility stakeholders have begun the process of owning the checklist, and experiencing change and improvement in their facility's clinical practice.