



POPPHI

Prevention of Postpartum
Hemorrhage Initiative

How research has informed practice: Innovations in scaling up PPH prevention in Ghana

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Objectives

- To describe the interventions included in the CAMBIO Program deployed in two academic hospitals in Ghana
- To present the preliminary findings and results.
- To share the lessons learnt.

The problem

- AMSTL has proved to be effective but not widely used
 - The use of an uterotonic agent within 1 minute following the birth of the baby.
 - Delivery of the placenta with controlled cord traction.
 - Massage of the uterus after delivery of the placenta (ICM and FIGO, 2003).
- Baseline use in Ghanians Hospitals of the complete AMSTL interventions -2007- (3,0%)
- Baseline use in the Guidelines trial (2,1%)

¿What is CAMBIO?

- **Changing AMTSL Behaviors In Obstetrics**
- Program based on the Guidelines trial.
- An NIH funded cluster randomized trial designed to show the benefits of an intervention to change professional practice in obstetrical care.
- Conducted in 11 sites of Argentina and Uruguay.
- Althabe F, Buekens P, Bergel E, Belizán JM, Campbell MK, Moss N, Hartwell T, Wright LL; Guidelines Trial Group. A behavioural intervention to improve obstetrical care. N Engl J Med. 2008 May 1;358 (18):1929-40)

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

A Behavioral Intervention to Improve Obstetrical Care

Fernando Althabe, M.D., Pierre Buekens, M.D., Eduardo Bergel, Ph.D., José M. Belizán, M.D., Marci K. Campbell, Ph.D., Nancy Moss, Ph.D., Tyler Hartwell, Ph.D., and Linda L. Wright, M.D., for the Guidelines Trial Group*

CAMBIO components

- Baseline evaluation
- Selection of facilitators by their peers (from all types of birth attendants)
- Intervention
 - Training on the interpretation of EBM, using the original Clinical Trials and Systematic reviews. “Train de trainers” to disseminate the fundamentals of ASMTL.
 - Academic Detailing
 - Use or reminders
 - Training on manual skills with anatomical models to practice the implementation of AMSTL.
 - Feedback to providers
- Implementation on these techniques in seminars and monitoring by facilitators.
- Follow up of results + monitoring visits by supervising team

PATH-USAID funded the deployment of this program in agreement with the Ghanaian Health Service in the two biggest academic hospitals of the country: Korle Bu (KBTH) and Komfo Anokye (KATH).

The work done

- Stage 1: Adaptation of materials and preparation for the intervention
 - Translation and adaptation of manuals and materials from the Guidelines trial
 - Identification of local leaders.
 - Conference calls to reach consensus.
 - Preparation of guidelines to select facilitators
 - Conduction of the selection of facilitators
- Stage 2: Site visit to deploy the intervention
 - Hospitals were visited, key leader opinion were interviewed and process of care was revised. Facilitators were also interviewed.
 - A five day training seminar with facilitators (16) were carried out) (16 8 midwives, 4 attending and 4 residents). Also a GHS member attended.
 - Conceptual EBM techniques were discussed based on the evidence of AMSTL to be disseminated among birth attendants In both hospitals.
 - Academic Detailing
 - Use of Reminders and feedback to participants.
 - Training in manual skills
 - Training in the basics of Quality Improvement
 - Preparing a work plan with action items to be carried out when retuning.
 - Report to PATH with recommendations for successful implementation
- Stage 3: Monitoring and evaluation visit.
 - Follow up on implementation remotely and during a site visit.
 - Review of barriers and promote further progress

The intervention in KBTH & KATH

- **LINK TO IMPLEMENTING HOSPITALS– The Plan-**
 - **Recommendation to the Hospital on AMTSL**
 - **Implementation Plan**
 - » **Modification of data sources eg Delivery Log**
 - » **Programming the implementation**
 - » **Team Work**
 - » **A Coordinator - - to check that the team remained on schedule.**

CAMBIO Implementation at KBTH & KATH

Birth attendants had:

- An interactive workshop
- Training in manual skills
- One to one academic detailing
- Reminders
- Feedback



Monitoring & Evaluation

- DATA SOURCES for monitoring the intervention
 - Delivery log –
 - Labour Chart –
 - Uterine massage stamp-



THE CAMBIO INTERVENTION SEMINARS (AMTSL) KORLE BU TEACHING HOSPITAL – ACCRA, GHANA

SEMINAR DATE	MIDWIVES		DOCTORS	OTHER STAFF	TOTAL	PERCENT COVERAGE
	BIRTH ATTENDANTS	ANT/POST NATAL WARDS				
23 RD JUL	16	12	31	42	101	35.2 %
26 TH AUG	14	18	23	9	64	22.3 %
8 TH SEPT	8	21	5	20	54	18.6 %
TOTAL ATTEND	38	51	59	71	219	76.3 %
TOTAL STAFF DEPT.	44	73	74	96	287	
PERCENT COVERAGE	86.4%	69.9 %	79.2%	74%	76.3%	

SYNTOCINON ADMINISTRATION IN DELIVERIES AT KBTH

POST SEMINAR AND ACADEMIC DETAILING

-23.9.09 – 3.11.09

	WEEK ONE	WEEK TWO	WEEK THREE	WEEK FOUR	WEEK FIVE	WEEK SIX	TOTAL
No OF DELIVERIES	69	98	85	117	111	120	600
No of DEL WITH SYNTOCINON IN ONE MIN.	61	70	66	101	103	114	515
PERCENTAGE COMPLIANCE	88.4 %	71.2 %	77.6 %	86.3 %	92.8 %	<u>95.0</u> %	85.8 %

UTERINE MASSAGE IN DELIVERIES AT KBTH

POST SEMINAR AND ACADEMIC DETAILING

-23.9.09 – 3.11.09

	WEEK ONE	WEEK TWO	WEEK THREE	WEEK FOUR	WEEK FIVE	WEEK SIX	TOTAL
No OF DELIVERIES	69	98	85	117	111	120	600
SOME UTERINE MASSAGE	31	50	59	85	104	102	431
FULL COMPLIANCE	8	15	37	49	81	68	258
Percentage of total deliveries	11.6 %	15.5= 3 %	43.5%	41.9 %	73.0 %	<u>56.7</u> %	43.0 %

Preliminary findings

Independent data collection done by direct observation by the Health Research Unit from the GHS during a 3 months period

	Total deliveries	1 minute	3minutes	None use of AMTSL
Baseline	68	8 (11,8%)	11 (27,9%)	49 (72,10%)
Follow up	89	18 (20.2%)	32 (35.95%)	57 (64.05%)

Improvement is shown but needs confirmation for sustainability and further increase in rates

Conclusions

- The CAMBIO intervention was successfully adopted in the participant hospitals.
- It proved to be acceptable and easy to disseminate.
- Although not yet finished the implementation and monitoring visit give evidence that change in practice is being done.
- Preliminary results show that progress is being made but should be confirmed by final results which should demonstrate sustainability.

Lessons learnt

- **What we should do again?**

- Use research proved techniques In the field
- Have an on site liaison like Dr. Joe Taylor
- Be very rigorous in the facilitators selection process.
- Understand the importance of a good selection of hospitals coordinators.
- Give special attention to the cultural issue, looking to adapt every intervention to the field
- Ensemble a supervising team of researchers and practitioners.
- Conduct as numerous conference calls to prepare the local team
- Conduct preliminary site visits to understand the environment.
- Conduct a monitoring and evaluation visit.

- **What we should try to change for a next time?**

- Use a year long time frame to deploy and evaluate the intervention.
- Be more insistent in the remote follow up period
- Provide whatever means are needed to maintain the plan scheduled.
- Suggest delegation of responsibilities to Hospital Coordinators.

Thank you!!

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