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AVERTING MATERNAL DEATH AND DISABILITY

A tool for assessing 'readiness' in emergency obstetric care: The room-by-room 'walk-through'

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Abstract

This article presents a tool that can be used to assess the readiness of a health facility to provide emergency obstetric care. The 'walk-through' tool is a checklist that follows the physical path that a woman and her caregivers might follow. The items on the checklist are critical to an enabling environment in which skilled providers can save lives. The article explains how the tool can be used and by whom, and it describes several experiences in the field.

1. Introduction

Most women who die during pregnancy or childbirth live in resource poor countries. About 80% die from eclampsia, postpartum sepsis, complications of abortion, hemorrhage, uterine rupture and obstructed labor—most of which cannot be predicted. However, the technology to treat women with these life-threatening obstetric complications has been available for many years. With surgery, blood transfusions, essential drugs and other life-saving procedures, almost all maternal deaths and many more disabilities can be avoided [1].

Organizing health systems to deliver this life-saving technology poses challenges, especially for the low resource settings where most maternal mortality occurs. Inputs and adjustments at the

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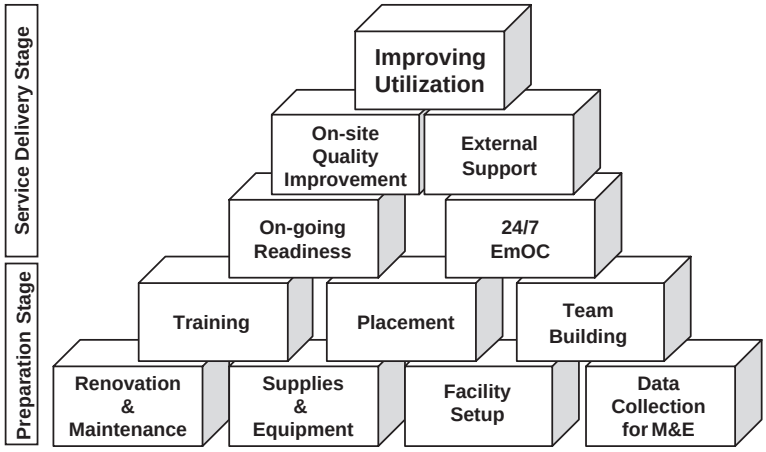

Figure 1 AMDD model for implementation of emergency obstetric care.

policy, advocacy and regulatory levels are needed, as well as ensuring adequate planning, physical infrastructure, logistics, human capacity development and evaluation. However, most critically, tackling the problem of maternal mortality requires that the care facilities function well.

At the facility level, the three key components to reducing maternal mortality are application of good quality medical technology/clinical skills, good management/organization within the facility (including personnel, equipment, drugs and supplies) and a respect for human rights [2]. Management and organization within a facility is often a neglected topic. Further, a common assumption is that improvements at the facility level require considerable external investment in personnel, supplies, equipment, and training. However, poor organization of existing services is a major contributor to poor facility functioning and one that can often be rectified at little or no cost.

This paper presents a tool designed to improve facility organization, management, and oversight in the context of providing emergency obstetric care (EmOC) at either the basic or comprehensive level.[1]

2. Planning for improvement

The first step in improving facility functioning is to have a plan for diagnosing the initial status of the facility and monitoring its progress towards improved performance. Fig. 1 shows the process of upgrading a facility as a set of sequential building blocks leading from initial pre-function preparation through increasing utilization of services. This figure has been the roadmap or blueprint used by Columbia University's Averting Maternal Death and Disability (AMDD) program for guiding its efforts to improve functioning at the facility level. The visual shows how activities should be synchronized; however, it is important to note that for existing facilities it might be neither possible nor desirable to implement all activities in a strict sequential order. Existing facilities will vary with regards to which elements are already strong and which may need more attention in order to achieve the smooth functioning of the overall facility. The sequencing shown in Fig. 1, from preparation to service to utilization, provides a guide for prioritizing action while recognizing that in existing facilities it is possible, if not likely, for several elements to undergo strengthening at the same time.

3. Readiness

The concept of "readiness" is at the core of handling any medical emergency since survival is often highly dependent on timing. Readiness is defined by "achieving and maintaining a state of preparedness in the facility to provide quality EmOC. This includes sufficient numbers of staff available with requisite skills and a willingness to respond to clients 24 hours a day, 7 days a week, available and functional equipment and supplies, and adequate infrastructure" [4].

4. The walk-through tool (WTT)

The 'walk-through' tool was developed with the aim of helping to establish this state of readiness in

[1] Emergency obstetric care is a subset of life-saving technologies that include parenteral administration of antibiotics, anticonvulsants, oxytocics, manual removal of the retained placenta, removal of retained products, assisted vaginal delivery, blood transfusion and cesarean delivery Basic facilities regularly provide the first six functions and comprehensive all eight [3].