

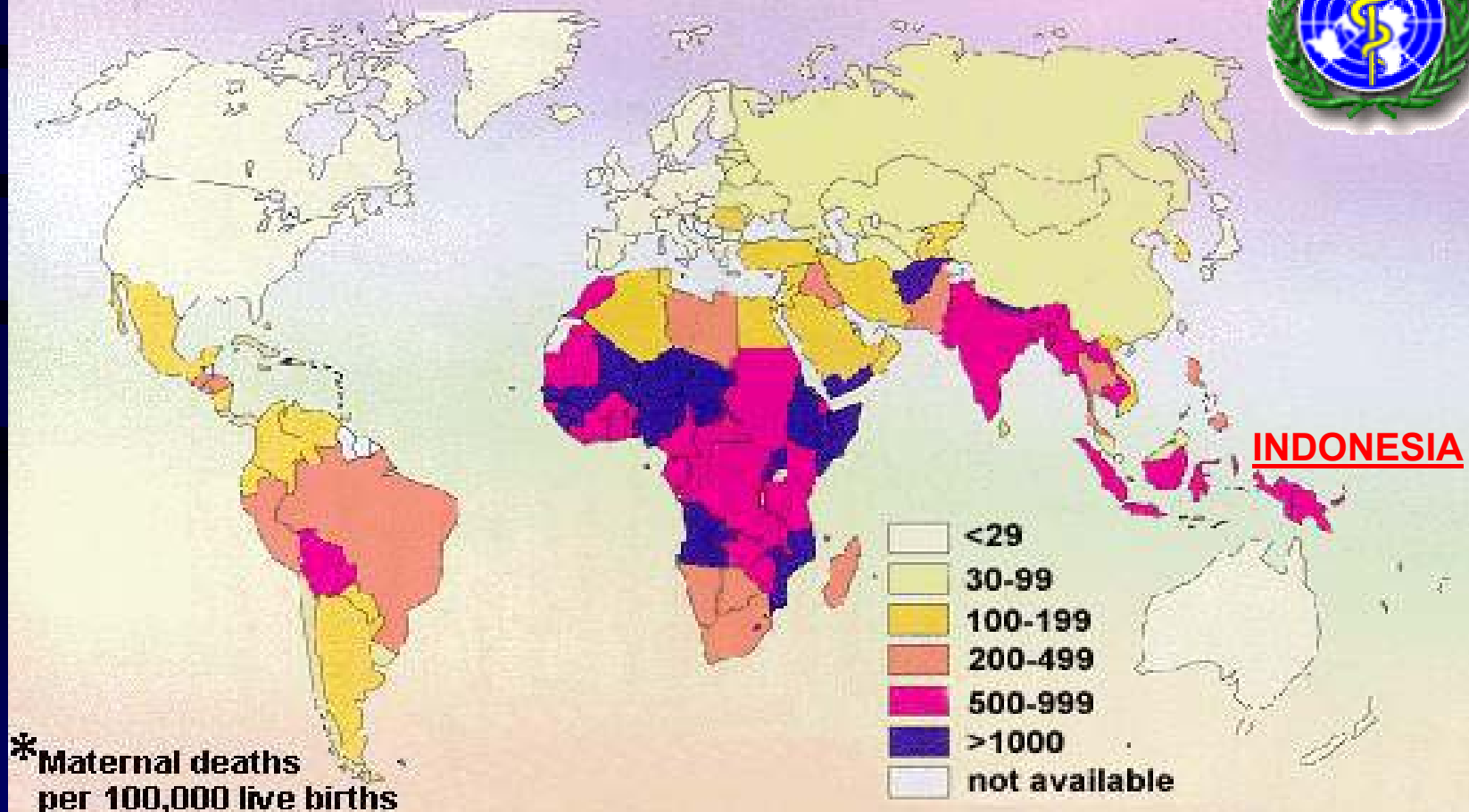
**HEALTH SERVICE QUALITY
IMPROVEMENT
AFTER NORMAL DELIVERY
COMPETENCY-BASED
TRAINING PACKAGE**

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**8TH POST GRADUATE COURSE FOR TRAINING IN REPRODUCTIVE
MEDICINE & REPRODUCTIVE BIOLOGY GENEVA, 1998**

POSTPARTUM HEMORRHAGE IS ONE OF THE MOST COMMON CAUSE OF 585,000 ANNUAL WORLDWIDE MATERNAL DEATHS

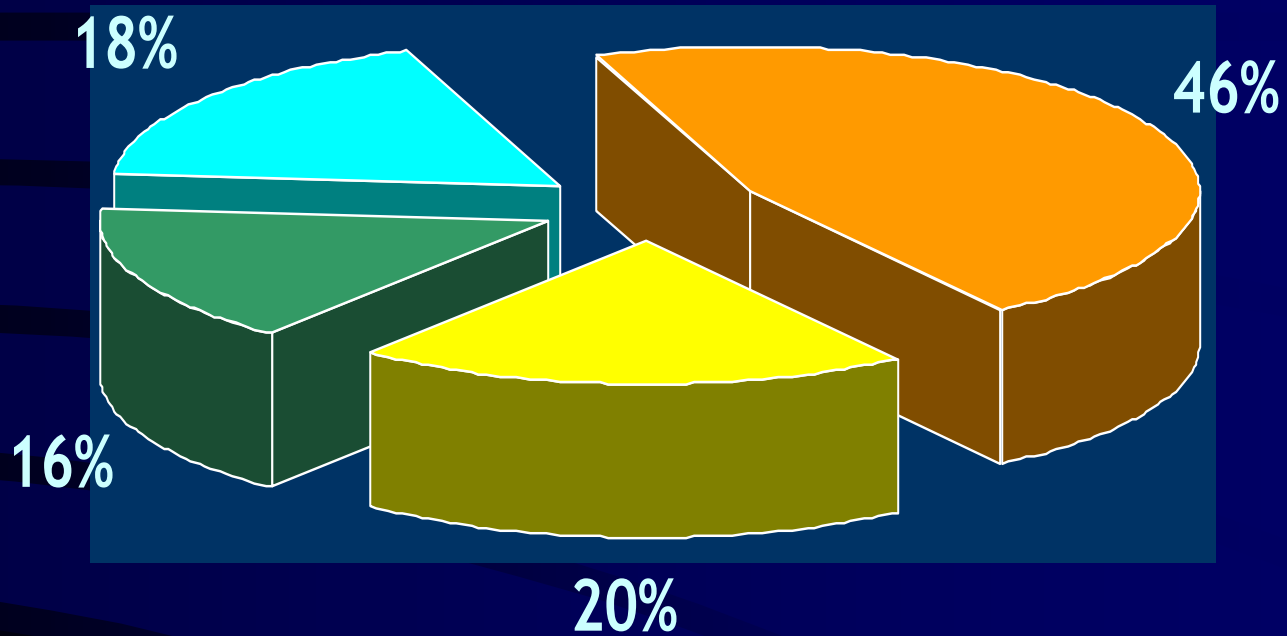
Maternal mortality ratios, 1990*



**99% OF THESE MATERNAL
DEATHS DURING PREGNANCY
& DELIVERY WERE FOUND IN
DEVELOPING COUNTRIES,
INCLUDING INDONESIA**



CAUSES OF MATERNAL DEATH



■ HAEMORRHAGE

■ SEPSIS

■ HYPERTENSIVE DISORDERS

■ INDIRECT CAUSES

REPRODUCTIVE HEALTH INDICATOR

MATERNAL MORTALITY RATE

395

PERINATAL MORTALITY RATE

45

NEONATAL MORTALITY RATE

35

SKILLED PERSONNEL PRESENT

36%

AT DELIVERY



**PATHOLOGIC
DELIVERY AND ITS
COMPLICATIONS
USUALLY BEGINS
WITH A PREDICTED
NORMAL DELIVERY**





THAILAND

LAOS

PHILIPPINES

VIETNAM

CAMBODIA

BURMA

South
China
Sea

Pacific Ocean

Strait
of
Malacca

MALAYSIA

BRUNAI

SINGAPORE

PAPUA
NEW
GUINEA

Medan

Rematangsiantar

Kali man



Hal mahera

Padang

Jambi

Palembang

Pontianak

Balikpapan

Sulawesi

Maluku

Jayapura

Irian
Jaya

Banjarmasin

Ujung
Pandang

Buru Amboin



JAKARTA

Surabaya

Lombok Flores

Arafuru

Bandung

Yogyakarta

Bali Sumba

Timor



Timor Sea

INDONESIA

Indian Ocean

AUSTRALIA

**NORMAL DELIVERY
COMPETENCY-BASED TRAINING PACKAGE
CONSISTS OF:**

HIGH-RISK PREGNANCY SCREENING

**MANAGEMENT OF FIRST STAGE DELIVERY
USING PARTOGRAM**



MANAGEMENT OF SECOND STAGE

**THIRD STAGE ACTIVE MANAGEMENT
AND NEWBORN CARE**

**THE TRAINING COURSE IS DESIGNED FOR CLINICIANS
(PHYSICIANS, NURSES AND MIDWIVES)**

**THE COURSE BUILDS ON EACH PARTICIPANT'S PAST
KNOWLEDGE AND TAKES ADVANTAGE OF HIS/HER
HIGH MOTIVATION TO ACCOMPLISH THE LEARNING
TASKS IN THE MINIMUM TIME**

**TRAINING EMPHASIZES DOING, NOT JUST KNOWING,
AND USES COMPETENCY-BASED EVALUATION OF
PERFORMANCE**

**AS A RESULT, THE TRAINING WILL ALSO GENERATE
STANDARD GUIDELINES AND CLINICAL PROCEDURES
TO SERVE HIGH-QUALITY MANAGEMENT OF NORMAL
DELIVERY FOR SERVICE PROVIDERS**

EVERY EFFORT HAVE BEEN MADE IN PREPARING THIS GUIDELINES AND STANDARD CLINICAL PROCEDURES TO ENSURE THAT THEY ARE OF PRACTICAL VALUE, AND CAN BE CONTINUOUSLY EVALUATED IN ORDER TO PROVIDE HIGH QUALITY SERVICES AND QUALITY IMPROVEMENT



THIRD-STAGE ACTIVE MANAGEMENT CONSISTS OF:

- OXYTOCIN INJECTION SHORTLY AFTER NEWBORN DELIVERY
- EARLY UMBILICAL CORD CLAMPING
- CONTROLLED CORD TRACTION FOR DELIVERING THE PLACENTA



STATEMENT OF PROBLEMS

IN INDONESIA THERE HAS BEEN AN INCREASED DEMAND FOR HEALTH SERVICES AT ALL LEVEL OF THE HEALTH SYSTEM



THE MAJOR PROBLEM HAVE BEEN RELATED TO:

- LACK OF GOOD INFORMATION REGARDING HUMAN RESOURCES
- THE NEED TO DEVELOP CLEAR CONCEPTS AND STRATEGIES TO RESOLVE SOME MAJOR PROBLEMS AND CHANGES IN THE WORKFORCE IN HEALTH



THE DIRECTIONS OF HEALTH DEVELOPMENT IN INDONESIA HAS BEEN GUIDED BY THE FOLLOWING PRINCIPLES:

- **ENHANCING THE QUALITY OF HUMAN RESOURCES, THE QUALITY OF LIFE AND LIFE EXPECTANCY, FAMILY AND COMMUNITY WELFARE AND AWARENESS OF THE IMPORTANCE OF PURSUING A HEALTHY LIFE STYLE**
- **FURTHER DEVELOPING INTEGRATED HEALTH MANAGEMENT, INCLUDING MONITORING OF APPROPRIATE MEDICAL TECHNOLOGY, ENHANCING THE QUALITY OF HEALTH SERVICES, EXPANDING THE CAPABILITIES OF THE HEALTH SYSTEM AND INCREASING THE ACCESSIBILITY TO SERVICES, PARTICULARLY FOR THE LOW-INCOME POPULATION**



THE DIRECTIONS OF HEALTH DEVELOPMENT IN INDONESIA HAS BEEN GUIDED BY THE FOLLOWING PRINCIPLES:

- **IMPROVING THE QUALITY AND DEVELOPING HEALTH FACILITIES WITH HEALTH PERSONNEL EQUITABLY DISTRIBUTED THROUGHOUT THE COUNTRY AND**
- **IMPROVING COMMUNITY HEALTH THROUGH PREVENTION AND INFECTIOUS DISEASE CONTROL, CREATING A HEALTHY ENVIRONMENT, IMPROVING NUTRITIONAL STATUS, AND ASSURING CLEAN WATER SUPPLY, HEALTH EDUCATION AND APPROPRIATE MATERNAL AND CHILD HEALTH SERVICES**

A COMPREHENSIVE PACKAGE OF SERVICES FOR SAFE MOTHERHOOD SHOULD INCLUDE:

- DURING PREGNANCY
- DURING CHILDBIRTH
- AFTER DELIVERY
- BEFORE AND AFTER PREGNANCY
- THROUGHOUT THE REPRODUCTIVE LIFE SPAN
- DURING ADOLESCENCE
- FOR WOMEN AND FAMILIES



PURPOSE OF THE RESEARCH

- ❧ COMPARE THE IMPACT ON HEALTH PROVIDER'S CLINICAL SKILLS AFTER COMPETENCY-BASED TRAINING ON ACTIVE VS. EXPECTANT MANAGEMENT OF NORMAL DELIVERY IN BASIC MATERNAL HEALTH CARE SERVICE
- ❧ COMPARE THE INFLUENCE OF THE TRAINING ON THE EVIDENCE OF THIRD-STAGE AND POSTPARTUM HEMORRHAGE
- ❧ COMPARE THE INFLUENCE OF THE NORMAL DELIVERY COMPETENCY-BASED TRAINING AT THE EVIDENCE OF DELIVERY COMPLICATIONS, MATERNAL AND PERINATAL MORBIDITY AND MORTALITY

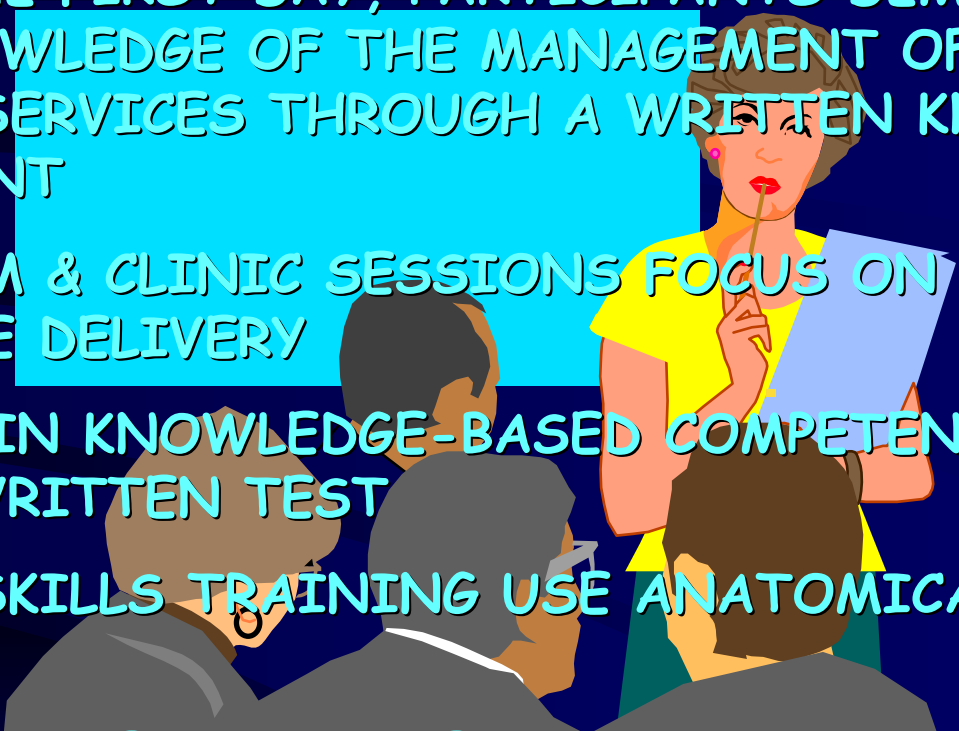
BENEFIT OF THE RESEARCH

- TO UNDERSTAND AND HAVE THE EXPERIENCE ON THE ADVANTAGE AND DISADVANTAGES OF ACTIVE MANAGEMENT OF THIRD-STAGE OF LABOUR IN THE EFFORT TO DECREASE THE EVIDENCE OF POSTPARTUM HEMORRHAGE AND MATERNAL AND PERINATAL MORBIDITY AND MORTALITY
- TO PROVIDE NATIONAL STANDARD CLINICAL PROCEDURE IN MANAGEMENT OF NORMAL DELIVERY WITH ACTIVE MANAGEMENT OF THIRD-STAGE OF LABOUR

COMPETENCY-BASED

BASIC MATERNAL HEALTH CARE TRAINING

- ⌘ DURING THE FIRST DAY, PARTICIPANTS DEMONSTRATE THEIR KNOWLEDGE OF THE MANAGEMENT OF NORMAL DELIVERY SERVICES THROUGH A WRITTEN KNOWLEDGE ASSESSMENT
- ⌘ CLASSROOM & CLINIC SESSIONS FOCUS ON KEY ASPECTS OF SERVICE DELIVERY
- ⌘ PROGRESS IN KNOWLEDGE-BASED COMPETENCY MEASURED USING A WRITTEN TEST
- ⌘ CLINICAL SKILLS TRAINING USE ANATOMICAL MODEL PRACTICE
- ⌘ PROGRESS IN LEARNING NEW SKILLS IS DOCUMENTED USING DETAILED LEARNING GUIDES, WHILE A COMPETENCY-BASED EVALUATION PERFORMANCE CONDUCTED BY THE TRAINER DURING THE COURSE



COMPETENCY-BASED

BASIC MATERNAL HEALTH CARE TRAINING

- ☞ TRAINING IN CLINICAL SKILLS SHOULD MAKE AS MUCH USE OF TEACHING TECHNIQUES THAT MINIMIZE RISK TO CLIENTS
- ☞ EFFECTIVE TRAINING WITH MODELS FACILITATES LEARNING AND SHORTEN TRAINING TIME
- ☞ ONLY WHEN SKILL COMPETENCY AND SOME DEGREE OF SKILL PROFICIENCY HAVE BEEN DEMONSTRATED ON MODELS SHOULD THE TRAINEE HAVE HIS/HER FIRST CONTACT WITH A CLIENT
- ☞ THE NUMBER OF PROCEDURES THAT TRAINEE OBSERVED, ASSIST WITH AND PERFORM WILL VARY DEPENDING ON THEIR BACKGROUND AND SKILLS AND OF THE METHOD OF TRAINING



HYPOTHESIS

- ⌘ USING THE COMPETENCY-BASED NORMAL DELIVERY TRAINING WILL IMPROVE THE SERVICE PROVIDER'S CLINICAL SKILLS, THUS LOWERING THE EVIDENCE OF PATHOLOGICAL DELIVERY, RATE OF COMPLICATIONS AND MATERNAL AND PERINATAL MORBIDITY AND MORTALITY
- ⌘ THIRD-STAGE ACTIVE MANAGEMENT WILL DECREASE THE AMOUNT OF THIRD-STAGE HEMORRHAGE AND PREVENT THE RISK OF POSTPARTUM HEMORRHAGE AFTER NORMAL DELIVERIES
- ⌘ THIRD-STAGE ACTIVE MANAGEMENT WILL DECREASE THE COMPLICATION / RISK ON THE THIRD-STAGE OF DELIVERY

METHODOLOGY



SELECTION OF SUBJECTS

- ☺ INCLUSION CRITERIA
- ☹ EXCLUSION CRITERIA
- ☹ NOT INTENDED TO CONTINUE

METHODOLOGY

COLLECTION OF DATA

- SAMPLE SCREENING
- BASIC PHYSICAL & OBSTETRICS EXAMINATION
- LABOUR MONITORING & EVALUATION
- REFERRED CASES / DROP-OUT / TERMINATION



METHODOLOGY



OUTCOME MEASUREMENT

- AMOUNT OF THIRD-STAGE HEMORRHAGE
- INCIDENCE OF POSTPARTUM HEMORRHAGE
- DELIVERY COMPLICATIONS
- EVIDENCE OF MATERNAL/PERINATAL MORBIDITY/MORTALITY

DATA ANALYSIS

THANK YOU



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