

**Interventions to increase
access to skilled attendants
in the last twenty years
(1986 - 2006)**

Systematic review protocol
1st. Draft as of March 24, 2006

Lucrecia Peinado MD

Skilled attendant

“Skilled attendant is an accredited health professional, such as a midwife, doctor or nurse, who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns”

Making Pregnancy Safer: the critical role of the skilled attendant. Joint statement by WHO, ICM and FIGO. WHO 2004.

Skilled attendance

“Care provided to a woman and her newborn during pregnancy, childbirth and immediately after birth by an accredited health care provider who has at her/his disposal the necessary equipment and the support of a functioning health system, including transport and referral facilities for emergency obstetric care”

Making Pregnancy Safer: the critical role of the skilled attendant. Joint statement by WHO, ICM and FIGO. WHO 2004.

Protocol Outline

- 1. Background**
- 2. Objectives**
- 3. Search strategy**
- 4. Selection criteria**
- 5. Methods of the review**
- 6. Description of studies identified**
- 7. References**

1. Background

- Description of the condition:

Advocacy that claims on the *evidence* to reduce maternal morbidity and mortality

- Description of the intervention:

Skilled attend~~ance~~ at delivery association to reduced maternal mortality

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Strategies that a skilled attend~~ant~~ can use

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Bases to the actual recommendation of having a skilled attendant at every birth

1. Background

- How the intervention might work?
 - Professional category
 - Skilled attendant not synonymous of skilled attendance
 - Pattern in maternal deaths and births attended by doctors and midwives
 - Skilled attendance at delivery vrs effectiveness skilled attendance at the population level
 - “Attendants” in plural
 - Larger pool of attendants, not enough
 - Partnership ratio
 - Countries or regions already achieved 60% of deliveries attended by health professionals and still have elevated levels of maternal mortality

1. Background

- **Why it is important to do this review?**
 - How to move ahead?
 - Political commitment, training, policies, regulatory mechanisms, enabling environment, supervision, professional associations, standards of care, effective maternal care systems, public awareness, community acceptance.
 - Plan, implement, finance and monitor
 - **Steps proposed by WHO**

1. Background

- **Why it is important to do this review?**
 - Steps proposed by WHO: **Planning a strategy for the provision of skilled attendants**
 - Geographical diversity
 - Types of health care professionals
 - Organization and structure of the health system
 - Monitoring and reporting

1. Background

- **Why it is important to do this review?**
 - **Steps proposed by WHO: Global action for skilled attendants for pregnant women**
 - **5 + 5 Strategy: 5 key partners plus 5 key strategies**
 - **5 key partners: health professionals, women and their families, authorities, private sector, international agencies**
 - **5 key strategies: norms and standards, human resources, enabling environment, resource mobilization, monitoring and evaluation**
 - **http://www.who.int/reproductive-health/publications/global_action_for_skilled_attendants/rhr_02_17_9.html**

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2. Objectives

- Describe the evidence that supports the **steps that are actually recommended by WHO** to increase **access** to skilled attendants.
- Determine which **policy interventions** are associated with increased **access** to skilled attendants.
- Determine if there is a set of interventions that has a stronger **association** with increased **access** to skilled attendants.

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3. Search strategy

- **Electronic searches**
- **Search: February to March 22nd 2006 at the following electronic sources:**
 - **MEDLINE**
 - **Cochrane database**
 - **Lilac database**
 - **World Bank database**
- **Other sources**
 - **Google search engine**
 - **Hand search at WHO library**
 - **Interviews with experts**
 - **Reference lists of articles**

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4. Selection criteria

- **Types of studies:** Reviews: historical, observational, contemporary, **descriptive**.
- **Types of participants:** Midwives, doctors, nurses, **policy makers, governments**.
- **Types of interventions:** Policy development and/or implementation, training, community interventions, facility based interventions.
- **Types of outcome measures:** percentage of births attended by health personnel, maternal mortality ratio, maternal mortality rate, maternal morbidity, neonatal mortality, neonatal morbidity, home based deliveries, facility based deliveries, number of personnel with midwifery skills, facilities providing EOC, partnership ration between midwives and doctors. Variations of selected outcomes by urban, rural, age, ethnicity, literacy and poverty level.

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GRACIAS MERCI THANK YOU



Defining the question

- **Interventions**: policy, strategy, training?
- Increase **access**: coverage, use, measurement, effect, impact.
- Skilled **attendants** ... Skilled **attendance**
- Last twenty years (**1986** - 2006)