A4

Monitoring and evaluating framework to reduce maternal mortality due to postpartum hemorrhage

Caracostea Gabriela Valentina

First Gynecology Clinic, Cluj-Napoca, Romania

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Assignment 1

Develop an M&E framework for a 3-year initiative to reduce maternal mortality due to postpartum haemorrhage, through wide training of midwives and upgrade of health facilities in active management of the third stage of labour (AMTSL). ([Monitoring and evaluating family planning / reproductive health programmes: an introduction - Alfredo Luis Fort](#))

Objective

Reduce maternal mortality due to postpartum haemorrhage.

Methods (HOW ?)

- Wide training of midwives.
- Upgrade of health care facilities in active management of the third stage of labour.

Indicators (WHAT ?)[1,2]

- # deliveries/year
- #complications at delivery
- % of postpartum haemorrhage
- % of C/S due to postpartum haemorrhage
- % of hysterectomy due to postpartum haemorrhage

- Costs of new equipments
- Costs of haemostatic drugs used
- Material expenses
- Standard costs/uncomplicated delivery
- Additional costs due to postpartum haemorrhage

- Provider performance test
- Patient perception questionnaire
- Labour agentry scale evaluating maternal satisfaction after 2 weeks postpartum

Responsabilities (WHO ?)[3]

Human resources allocated to train midwives and doctors (M&E local staff) formed by:
- Several doctors (it depends on the number of providers who must be trained).
- A representative midwife.
- A person named by the hospital staff responsible with administrative aspects.

Timing (WHEN ?)[2]

- The indicators mentioned above will be determine at the beggining of the process .
- It will be an interimary analysis every 6 months and a final analysis of these indicators after three years.

Assignment 2

If you wanted to evaluate improved performance, from an average 45% who at baseline know well how to perform AMTSL, how many providers would you need to demonstrate it? And,

would you need a "control" group? ([Monitoring and evaluating family planning / reproductive health programmes: an introduction - Alfredo Luis Fort](#))

For a baseline of 45% of well trained midwives we need a number of 40 new trained midwives.[4] It is better to have a control group but I'm not sure that in this case it is appropriate because of the ethical issues.The sample size is has to be choosed in order to respect the causal pathway framework. We have to established first the desidered impact. After that we have to determine our resources and activities for improving the knowledge, attitudes, skills, intentions and/or behaviors of the population of interest that contributes to the desired impact.

References

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3. University of North Carolina. A User's Guide for Monitoring Quality of Care in Family Planning. Carolina: University of Nothern Carolina; 2001.

4. Garnett GP, Cousens S, Hallett TB, Steketee R, Walker N. Mathematical models in the evaluation of health programmes. Lancet. 2011 Aug 6;378(9790):515-25. Epub 2011 Apr 8.