

SAVING BABIES' LIVES

A SIMPLE CHECKLIST IS MAKING A REMARKABLE DIFFERENCE IN THE LABOUR ROOMS OF RAJASTHAN

Every year, India loses more than 1.1 million infants and nearly 48,000 mothers to childbirth-related complications. Most of these deaths can be prevented by defining and implementing a set of minimum standards for childbirth that are practical, effective and universally applicable.

Despite the best efforts of maternity and medical staff, simple checks and practices are often overlooked or forgotten.

New findings from a programme in the Indian state of Rajasthan shows an innovative to-do list can improve the quality of care for mothers and newborns, and save babies lives.

The WHO's Safe Childbirth Checklist is a simple paper-based tool which prompts health workers to perform 29 essential practices before, during and immediately after the birth, as well as on discharge, including taking the temperature of the newborn and resuscitation if the baby is not breathing.

In Rajasthan, with Jhpiego's help, the Checklist programme was implemented in 101 public health facilities across seven districts from 2012 to 2015. A further 99 facilities across six districts served as control sites.

A key element of the programme was ensuring the supply of essential drugs, equipment and the provision of ongoing coaching and feedback to the health providers in order to embed Checklist use, and transfer learning and practice.

The data shows a clear improvement in adherence to essential lifesaving practices in facilities using the Checklist compared to those who are not using the tool.

For example, the Checklist programme has led to a significant improvement in timely diagnosis and management of severe pre-eclampsia and eclampsia using magnesium sulphate (rising from 35% to 74% in intervention sites compared to only 14% to 15% in control). More newborns are being appropriately resuscitated if needed, and breastfeeding within one hour of birth has increased dramatically.

It is clear the Checklist is having an impact as a framework for care, management, training and resource allocation. It has boosted the confidence of the nurses to deal with complications; improved drug availability and use in the labour room; and, crucially, it is holding staff to account to provide better quality care for patients.

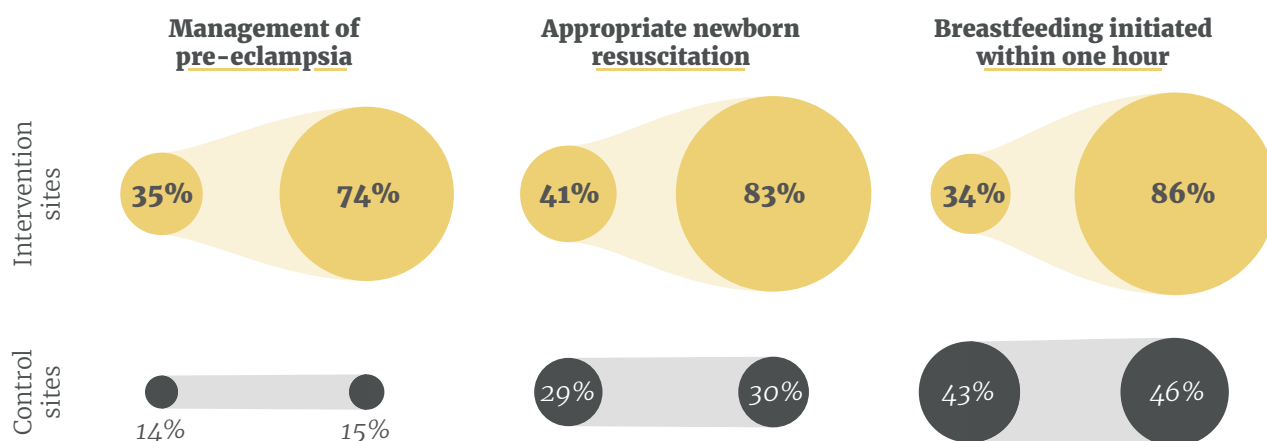
The Public Health Foundation of India conducted an independent evaluation of the programme in 34 high-load facilities, covering 137,039 live births. The evaluation found that after a one year period, there were **11% fewer stillbirths and very early newborn deaths** (ie. deaths within the first 48 hours) in Checklist facilities compared to the control sites.

The programme **saved 375 babies** at a cost of **\$3,783 per stillbirth and very early newborn death averted** and **\$63 per life year saved**.

The evaluation results demonstrate that a pragmatically-designed intervention to fit the Indian public health system can deliver mortality reduction and be highly cost effective.

In response to this evidence, the Government of India launched a new national programme in mid-2015, *Dakshata*, which will scale up the Checklist approach to the states with a high burden of newborn deaths.

We estimate that expanding the Checklist programme across the country **will prevent around 40,000 stillbirths and very early newborn deaths each year**. This would put India on a strong pathway to achieving national neonatal reduction goals, as well as make a substantial contribution to the global sustainable development goal.

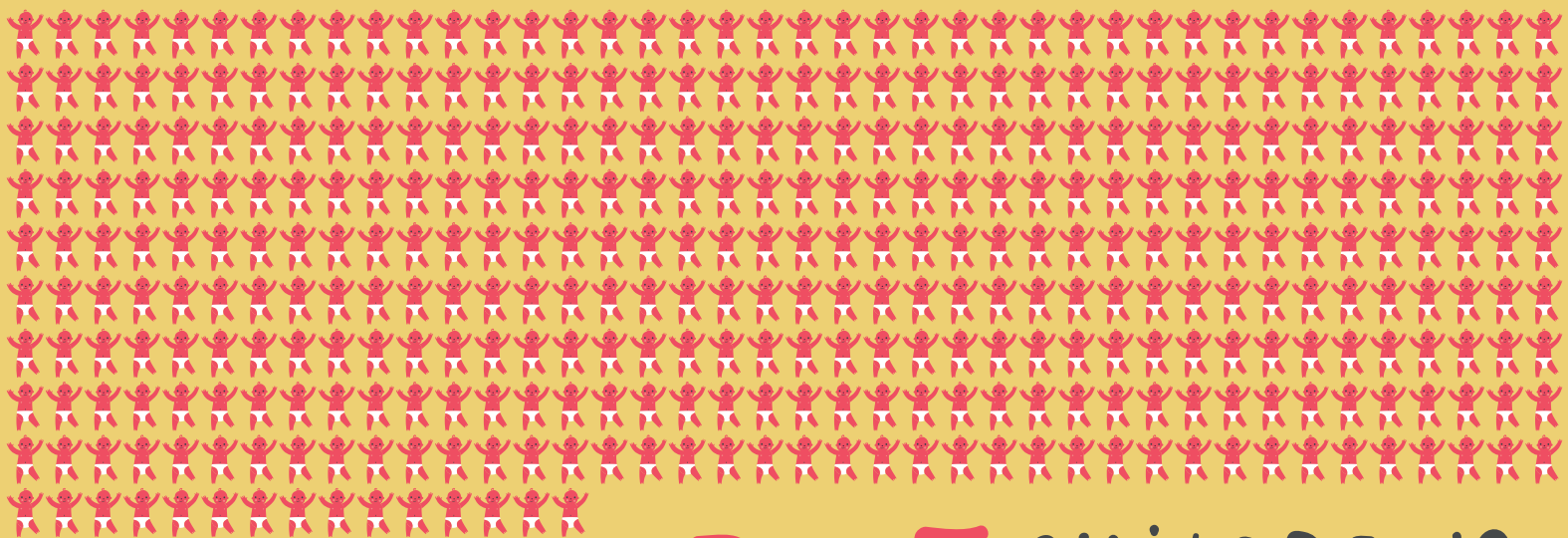


Source: observational study conducted by Jhpiego in 2014

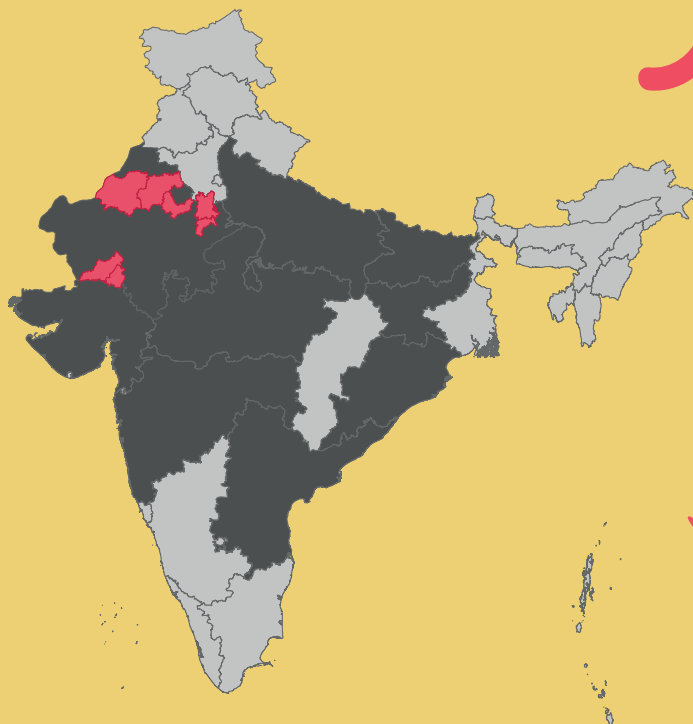
EVERY CHILD DESERVES TO SURVIVE & THRIVE

A SIMPLE TOOL, HUGE IMPACT

KNOWING WHAT TO DO AND WHY
CAN MEAN A NEWBORN CHILD WON'T DIE
A SIMPLE CHECKLIST TELLS YOU HOW
AND HELPS YOU OUT RIGHT HERE AND NOW



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LIVES SAVED



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- Checklist pilot districts (Rajasthan)
- Dakshata scale-up states