



TACMIL Health Project Technical Assistance for Capacity building in Midwifery, Information and Logistics

Increasing the use of Evidence Based MCH Care in Pakistan



Nurse giving demonstration for use of partograph

Pakistan is one of many countries committed to reaching the Millennium Development Goals (MDGs), set by members of the United Nations in 2000, in an effort to improve development outcomes by the year 2015. In particular Pakistan hopes to meet MDG 5 which targets decreasing the maternal mortality ratio by three quarters.

Poverty exacerbates poor health outcomes, in particular for women and young children, and complicates Pakistan's ability to meet this goal. For example currently the Maternal Mortality Ratio is as high as 276 per 100,000 live births and infant and under-five mortality rates 78 per 1000 live births and 94 per 1000 live births respectively are far from ideal. As the sixth most populous country in the world with an estimated population of 167 million, a population growth rate at 2% and a total fertility rate of 4.11 the Government of Pakistan's (GOP) is faced with a significant burden on its health systems and resources.



Immediate breast feeding and skin to skin contact with the mother saves baby's life

Proper care in hospitals could assist in improving health outcomes for women and children in Pakistan; however, the majority of the population prefers not to seek health care services in public sector hospitals. Past experiences and evaluations reveal that the main reason for poor performance of these hospitals comes from following outdated practices for provision of health care and an insufficient emphasis on infection prevention, which contribute to an increased number of complications and generally poor health service in public sector hospitals. Improving this situation is imperative, as the majority Pakistanis are dependent on government hospitals for financial reasons.

The USAID-funded TACMIL Health Project is making efforts to help the GOP achieve MDG 5. A vital part of these efforts is training health care providers in Maternal and Child Health issues at established Centers of Excellence (COEs) across Pakistan. The project initially organized Trainings-of-Trainers (TOTs) to educate health care providers about using evidence based practices through a course titled Professional Development in Intrapartum Care (PDIC). These trainings were facilitated by international experts from the American College of Nurses Midwives and TACMIL staff. The attendees of the TACMIL Health Project's PDIC TOTs have facilitated follow-up trainings to staff members and health care providers of different hospitals from the catchment areas of the COEs. Since October 2008, TACMIL Health Project has conducted 29 PDIC trainings training 287 healthcare providers from all over the country.

The scope of the PDIC course is wide. It includes using family friendly measures to support women in labor, active management of the third stage of labor, updated immediate newborn care practices and most importantly use of the partograph to document and make clinical decisions while managing labor. All these practices are evidence-based and globally renowned for their effectiveness and positive outcomes.

Prof. Dr. Shehnaz Baloch, Head of Department OBGyn, Bolan Medical College (BMC), Baluchistan appreciated interventions of the TACMIL Health Project, after the nurses, community midwives (CMWs), and doctors from her hospital received PDIC training. In a letter to Dr. Zafarullah Gill, the Chief of Party for the TACMIL Health Project, she wrote: *"We are [also] grateful to TACMIL Health Project for the orientation of evidence-based practice of Intrapartum Care and site strengthening trainings, after these types of trainings, the attitude has been changed and the health providers have developed the sense of responsibility for the care provision to women and specially the mother and child"*.

Dr. Shehnaz also noted that the nurses of BMC were using up-to-date practices such as early skin-to-skin contact and delayed bathing of newborn babies to facilitate breastfeeding, decrease risk of hypothermia and promote overall bonding between baby and mother. Furthermore, she said that the trainings also increased her staff's awareness and use of infection prevention practices and as a result staff is wearing personal protective equipment and the numbers of postnatal complications are decreasing.

As a result of the interventions learned through PDIC, there has been an increase in number of births taking place in COEs. According to Prof. Dr. Shehnaz, women treated at BMC are much more satisfied with the services they have received at BMC and are now showing health seeking behaviors. The use of evidence based practices and the provision of clean environment and woman friendly care provided by the sensitized and trained health care providers has made this possible. She is hopeful that these trainings will continue in future through the support of USAID and women and their families in of all the districts in Baluchistan will benefit from them.



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As demonstrated by BMC, the trainings have brought very positive results and change in the behavior and attitudes of CMWs, Lady Health Visitors and Nurses in the related sites. The changes made in the COEs, and the resulting interest in women and their families to seek care at the COEs is one step toward helping Pakistan reach MDG 5.