

Road to Results

ACHIEVING SUCCESS STEP BY STEP

Safe Motherhood Project in Kazakhstan Brings Results

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In many ways, the town of Zhezkazgan in central Kazakhstan is a model for primary health care in the country, with Family Group Practices (FGPs) providing a broad range of primary health care services close to where people live and work. Since their formation, however, the FGPs have been barred from providing prenatal care. So until recently pregnant women in the town of 103,000 all had to get their care from two overworked obstetrician-gynecologists (ob-gyns) in the outpatient department of the maternity hospital. Perinatal care was highly medicalized and outdated procedures were common.

The legacy of the health systems of the former Soviet Union meant that the overwhelming majority of pregnancies were considered to be at risk. In fact, a 2002 assessment undertaken for ZdravPlus by a WHO consultant revealed that health care providers viewed 85-90 percent of pregnancies as “at-risk” and they considered the main purpose of prenatal care as screening for pathologies and referring when problems were found. Already required to make large numbers of prenatal visits, even for uncomplicated pregnancies, this highly medicalized approach meant that women were referred to several specialists, given various medications, lab tests and ultrasound scans, and about half were hospitalized during the prenatal period. Delivery and newborn care followed similar patterns. Both men and women indicated that they would like more information about pregnancy and delivery, and a more caring attitude from midwives and doctors to overcome common fears about the process. A shift was needed toward less medicalized, more woman- and family-centered care and toward evidence-based approaches.

In 2002, ZdravPlus and the World Health Organization (WHO) Regional Office for Europe launched a pilot project in the health reform site of Zhezkazgan to address these concerns through a systems perspective. The project set out to work both in FGPs and maternity hospitals to improve care and establish continuity of care across levels

of the health system. Training courses were conducted for ob-gyns and midwives in hospital maternity units as well as FGPs and also for neonatologists, neonatal nurses and midwives working in the hospitals. Theoretical and practical sessions, training in interpersonal communications skills and follow-up monitoring visits helped health care workers make the shifts in their practices.



The Safe Motherhood project encourages women to find positions that keep them comfortable during labor

This training had a significant impact on participants. As one doctor explains, at the beginning “what [the trainer] told us seemed unreal, although somewhere inside we felt that it was ok but we had had so much instruction that was against what he was saying.” By the end of the training the doctors and nurses involved came to trust that fewer interventions were needed and that deliveries could be woman- and family-friendly and still be medically safe—in fact, safer.

In addition to working on the “supply” side, with hospitals and clinics, the project also worked on



The USAID-funded ZdravPlus Program provides technical assistance and training to improve the health of Central Asian populations by improving health delivery systems

the “demand” side, educating women and their families about self care during pregnancy and what to expect during the prenatal period and delivery. Informational brochures were created for women and their partners and a short video was disseminated.

Some immediate qualitative results were seen in the project, with both delivering women and doctors working in the Zhezkazgan Maternity Hospital noting the improvements under the new system, which was more patient-focused, with women choosing their own delivery positions; fewer medical interventions in most deliveries; allowing each woman her own hospital room where she labors, delivers, and remains with her baby throughout her whole hospital stay; early initiation of breastfeeding; and the presence of husbands or other supportive persons throughout the process. The level of satisfaction of new mothers with the care they received increased: during the initial stages of the project in 2002, 40 percent of women said they were “completely satisfied” with their care and 40 percent were “satisfied.” In 2003, these figures improved even further, to 98 percent “completely satisfied,” with another two percent “satisfied.”

Impressive quantitative results were also achieved in the first year of project implementation (2002–2003), as compared to the prior year. For example:

- Prenatal hospitalizations for 11 conditions for which hospitalization is not normally required, declined by 19 percent, and the average length of hospital stay for these conditions fell from eight days to less than seven;
- Ultrasound use fell, from 65 percent of new mothers having had two or more scans to 46 percent;
- The partogram, which had not previously been used, was used in more than three-quarters of deliveries for charting the progress of labor, including the vital signs of mother and baby;
- The average length of stay for deliveries declined from 4.1 to 3.7 days;
- Caesarian deliveries fell by 12 percent;
- Despite a shift from outdated disinfection policies to simply “clean” – not “sterile” – rooms,

infection rates did not increase; and

- 98 percent of new mothers reported choosing their delivery position themselves, while previously all women were required to deliver lying flat on their backs.

Some of the most compelling evidence of success—and the most compelling evidence that these programs will continue—comes not from the data, but from the changed attitudes of the health workers. Dr. Serik Tuleybaev, head of the Zhezkazgan Maternity Hospital, explained why he decided to introduce the new approaches in his hospital. “First of all, I looked at the economic side,” he said, “because we always lack finances and always try to save as much as possible.” Tuleybaev’s staff note that the radical transition in practices wasn’t an easy one: “In the beginning of course the attitude was negative because it was difficult for us. But then we could see the results, we saw that there are many fewer complications after the delivery.”

With the success of the initial pilot and the enthusiastic support of Karaganda Oblast, word of the effectiveness of WHO’s Safe Motherhood approach has been spreading in Kazakhstan. Less than a year into the pilot, the Government of Kazakhstan adopted a new Perinatal Care Improvement Program, incorporating the new approaches as national policy, citing the ZdravPlus sites as models. The program is now being rolled out in Karaganda City. Top experts in the field of obstetrics from around the country, as well as senior staff from the nation’s capital city of Astana have received training on Safe Motherhood from the WHO. And in September 2004, the head ob-gyn for the Ministry of Health and the director of the policy-making Mother and Child Health Center in the commercial capital of Almaty visited the pilot project sites and were impressed with the facilities’ everyday operations: modest, clean, well kept facilities, which concentrate on providing friendly, quality client-centered perinatal care. It is this kind of enthusiasm and commitment to providing quality care that will bring Safe Motherhood to all areas of Kazakhstan, making women and their families healthier throughout pregnancy and delivery.

For more information

Office in Kazakhstan

39 Begalina Street
Almaty, Kazakhstan 480100
Tel: (3272)915-775, 919-285
Fax: (3272)919-370
E-mail: office@zplus.kz

Office in Kyrgyzstan

1 Togolok Moldo Street
Bishkek, Kyrgyzstan 720405
Tel: (996-312)663-816, 663-708
Fax: (996-312)661-024
E-mail: abt_bish@infotel.kg

Office in Uzbekistan

16 Bozbozor Street
Tashkent, Uzbekistan 700007
Tel: (998-71)169-2212, 169-1491
Fax: (998-71)169-1492
E-mail: abt@zdravplus.uz

Office in Tajikistan

10 Chapaeva Street
Dushanbe, Tajikistan 734025
Tel: (992-372)276-265, 231-717
Fax: (992-372)276-265
E-mail: zdrav@tajnet.com

Office in Turkmenistan

43 Gyorogly Street, # 4
Ashgabad, Turkmenistan 744020
Tel: (993-12)344-242
Fax: (993-12)344-242
E-mail: natalyazp@online.tm