

Improving Labor and Delivery in Issyk-Kul Oblast Kyrgyzstan

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Today in Issyk-Kul Oblast in Kyrgyzstan, women are experiencing a new, more family-focused approach to labor and delivery. Giving birth with a partner present, in a room without other patients, and with the freedom to move around during labor and choose the most comfortable delivery position has made labor and delivery both safer and more pleasant. After delivery, breastfeeding and skin-to-skin contact are emphasized, babies room in with their mothers, and visitors are encouraged. All of these practices have not only made labor and delivery more pleasant, but have also been proven to reduce duration and discomfort of labor and delivery and lead to improved outcomes for mother and child.

Effective Perinatal Care Training

These positive changes in practice are due in large part to support provided by the USAID-funded ZdravPlus Project, which provided a two-week Safe Motherhood training course, based on the WHO's Effective Perinatal Care (PEPC) materials, in Issyk-Kul Oblast for hospital-level health care providers from Cholpon-Ata, Balykchy, and Karakol maternity hospitals. Eleven ob/gyns, seven neonatologists, six neonatology nurses and nine midwives from the three maternity hospitals were trained in evidence-based Safe Motherhood practices. The training asks health care workers to change the way they think about childbirth, to look at pregnancy and labor not as medical conditions to be managed but as natural processes to be monitored in which women and families should be supported in making decisions that are right for them and their families.

Participants learn that procedures such as enemas, shaving, episiotomies, and separation of mother and baby at birth are not evidence-based and can actually negatively affect mother and child. They also learn about postpartum and newborn care, including the importance of immediate skin-to-skin contact between mothers and their newborns and initiating breastfeeding within an hour of birth. The training also introduces a variety of concrete tools, such as the partogram, that help the provider monitor labor

and delivery. Another important component of the training is skill development for neonatal resuscitation. In addition, the participants spend one week in the maternity hospital with the WHO expert trainers, getting hands on experience.



A Safe Motherhood Trainer Demonstrates Use of the Partogram

Implementation through Quality Improvement processes

Since the training, health care providers have been using evidence-based practices to support labor and delivery. This has involved a change of mindset. In fact, at first, many of the trainees stated that these methods sounded like those their grandmothers used – before there was good medical care – and were skeptical that such methods would be beneficial. Over the two weeks of reviewing evidence-based materials and studies on childbirth with international experts and putting these new practices into use with women giving birth in the Karakol Maternity hospital, these gynecologists, neonatologists, nurses and midwives came to embrace the new practices as their own.

To help with implementation of the new approaches, the health care providers who went through the training are now also engaging in a Continuous Quality Improvement (CQI) process. While facilities in Kyrgyzstan have traditionally been assessed only by outside bodies and largely in a punitive manner, the CQI method gives the facilities tools with which they can evaluate their own facility and their care of patients through self

assessments and patient questionnaires. This self-monitoring encourages the providers to continuously assess and improve provision of medical care with the patients as their primary focus. Examples of indicators include the percentage of deliveries attended by a partner, and the percentage of newborns with a body temperature within the target range 2 hours after birth.



A Mother Helps Her Daughter Through Labor and Delivery

Patients have also been pleased with the new approach. As one new grandmother in Cholpan-Ata noted, “Years ago, I gave birth on a table without a partner and it was scary. But now we are very happy – my daughter just gave birth and I was able to be with her through the whole process. She could eat and drink and gave birth in the position that she wanted. And the doctor, a young woman, was very nice and helpful.”

Follow Up

ZdravPlus, in conjunction with its partner Scientific Technology and Language Institute (STLI) and several national trainers, organized a follow-up visit in May to reinforce the initial PEPC training and offer support to the trained health care workers in their facilities. The team of trainers found continued enthusiasm and commitment to the new Safe Motherhood methods. They were delighted to discover that in Balykchi, the trained providers were not only implementing the new practices in their maternity hospital, they had also taken the initiative to hold a brief training for local PHC providers on their own.

In July, ZdravPlus will support additional trainings in Issyk-Kul Oblast, aimed at preparing primary health care providers to offer evidence-based prenatal care, educate couples about pregnancy, and counsel and prepare them for childbirth at facilities now implementing Safe Motherhood practices.

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