Road to Results
ACHIEVING SUCCESS STEP BY STEP

Making Pregnancy and Delivery a Better Experience in Zhezkazgan

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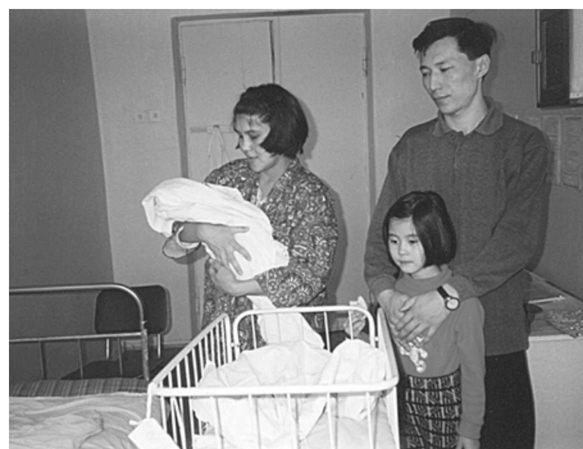
Zhezkazgan, a city of 103,000 in the middle of the Kazakh steppe, is a typical mining town. But something unusual is going on. With the help of the USAID-funded ZdravPlus project, and in close collaboration with WHO, an innovative Safe Motherhood pilot project is underway to modernize and improve the quality of pre- and postnatal care for both women and their newborns. This is particularly needed in Zhezkazgan where, for a number of years, prenatal care has been provided by just two overworked obstetrician-gynecologists (ob-gyns) in the outpatient department of the maternity hospital — and not in primary health care clinics, known as Family Group Practices (FGPs), close to where people live.

While maternity care has become much safer in the last 50 years, it has also become increasingly medicalized. And now a strong body of evidence shows that many practices performed in the name of medical safety have *not* been shown to be effective, while others — not all of them medical — have been shown to have a positive impact on outcomes. Results from formative research done prior to the Safe Motherhood project in Zhezkazgan show that the majority of pregnant women expressed fear about labor and delivery — fear for their own health, fear of complications, and fear for the baby. Both men and women indicated that, to overcome such fear, they would like more information about pregnancy, birth and breastfeeding; a kind and warm attitude from midwives; and the presence of partners during labor. Women believe that for better support at the time of delivery, it is important to attend classes beforehand with their partners. These are exactly the types of concerns that the Safe Motherhood project addresses.

The story of 32 year-old Gulshyan illustrates some of the changes under way. Gulshyan recently delivered her second child at the Zhezkazgan maternity hospital and her experience was completely different from her first delivery in 1996 when her daughter Saniya was born. Here is Gulshyan's story, in her own words just after delivery, with her family gathered around her bedside. The little baby boy was quietly sleeping next to them. "This delivery experience had a lot



of new features... I was in the hospital twice during this pregnancy and started hearing about changes in this hospital. When I was brought into the hospital to deliver, I was asked what position I wanted to use. But I couldn't decide. During the labor stage I walked and sat on a big rubber ball. It was very comfortable to sit on the ball, very relaxing. I ended up delivering in a semi-reclining position. It seemed very strange to me to deliver on the regular hospital bed. I thought about going to the traditional delivery chair, but then I decided to try this new method and everything went very smoothly without any complications. One thing that was very unusual was that the nurse did not put any ice on my stomach as they did in my first delivery (traditional Soviet practice advocates the use of ice on the abdomen to promote contractions). I remember very well how cold and shaky I was the first time as a result of the ice. They put my baby on my chest right after he was born, and after 30 minutes the midwife came and showed me how to breastfeed my son. My baby was dressed in his own clothes, not swaddled tightly, and his hands were left free. Throughout labor, the midwife helped me, and I

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

felt the support of my husband who was holding my hand."

And what did Gulshyan's husband think of this new experience? "I wasn't ready for this experience but I had heard from my friend that this was possible. When we came to the hospital for delivery I was asked if I wanted to stay with her, so I decided right away to stay with my wife. I think that this experience would be helpful to any father. After this, you have a different appreciation for your wife and baby. During labor, I didn't know how to help her... so I just stayed next to her and held her hand."

A Systems Approach

Gulshyan's experience illustrates the human side of ZdravPlus' Safe Motherhood pilot. For the project, however, this is a complex and groundbreaking activity because it approaches maternity services from a systems perspective. It works both in FGPs and hospitals to create improved care and continuity of care across levels of the health system. And it works across project components, integrating clinical and educational services for women and their partners, and anticipating that full implementation of the new, less medicalized approaches will require reform of hospital payment systems.

The project's training package included three different courses: one for ob-gyns and midwives in the maternity hospital; one for neonatologists and nurses in the hospital; and one for ob-gyns and midwives working in outpatient FGPs. All courses were taught by WHO consultants, used WHO materials and included practical sessions allowing participants to practice the new techniques under the eye of their trainers. To reinforce the dramatic shifts in practice incorporated in these courses, ZdravPlus believes several follow-up visits to providers at their worksites will be needed. Accordingly, selected health workers have been trained to monitor and support providers, both in FGPs and in hospitals. In addition, decades-old medical record forms are being revised to eliminate the incentives they provide to continue old practices. The pilot project also ties into the project's efforts to update clinical protocols — the plan is to propose updated protocols based on the experience with the pilot project. Other aspects of the pilot project include the provision of limited amounts of essential equipment to the maternity hospital and the production of educational materials for patients, based on materials developed in Russia.

Planning for the project took many months and was conducted in collaboration with local authorities. Orientation meetings were held for policy makers to learn about and discuss the new approaches with WHO consultants. Crucially, ZdravPlus involved the Sanitary and Epidemiological Service, which, at least for the duration of the pilot project, will waive its inspections and fines for health workers who do not comply with its antiquated infection prevention requirements.

With the potential to have sweeping impact on provider practices, patient satisfaction, hospitalization, and the cost of care and health outcomes, a broad evaluation system has been put into place. The project is seeking to assess women's experiences and attitudes toward the new approaches, using client satisfaction surveys. It is collecting data, though small-scale surveys, on social aspects of the new practices, such as family participation and new positions for delivery. It will also use data from the hospital payment system to track services used, such as Caesarian deliveries, episiotomies or other interventions, as well as reductions in hospitalization during the prenatal period, length of stay and, hopefully, reduced costs for medications and supplies. Finally, of course, it will track birth outcomes for mothers and infants.

Although it is premature to judge the broad impact of the project, Gulshyan's story provides an early indication of the project's success.

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