

THE MANAGER

CASE STUDY FOR TRAINING AND GROUP DISCUSSION

Solungu District Changes Practices to Reduce Maternal Mortality

Scenario

AS SHE WAITED TO MEET with the District Health Officer, Mrs. Agnes Mahodi, matron in the Maternity in the Solungu District Hospital, thought back six months to the morning when everything began to change. At 10 am, she had looked around at the discouraged nurses who had worked beside her through the night. The young mother who had presented at the maternity ward weak, anemic, and already in labor, had just died, despite their heroic efforts. Mrs. Mahodi had faced the anxious husband and told him that his wife had died. The cause was postpartum hemorrhage (PPH), uncontrolled bleeding just after the child was born.

That tragedy had compelled Mrs. Mahodi to look at instances of PPH at the Solungu Maternity. She discovered 70 cases of PPH last year resulting in serious complications for many new mothers and two deaths out of 500 deliveries. Most of the women who experienced PPH had been too anemic and weak to enjoy and care comfortably for their babies. Mrs. Mahodi decided that she had to do something. She wrote an instructor at the provincial Nurse-Midwives School who told her about a simple and effective procedure called active management of the third stage of labor (AMTSL), which reduced bleeding by helping the uterus contract more quickly after the birth of a baby.

The instructor encouraged Mrs. Mahodi to sign up for a training course in AMTSL. After the course, Mrs. Mahodi enthusiastically brought her new skills back to the Solungu Maternity. With the approval of the Provincial Health Office, she trained the rest of her staff to administer AMTSL to all women after delivery. The

nurses learned to give their patients an injectible uterus-contracting drug (oxytocin) immediately after the birth of the baby, to gently pull on the umbilical cord in a prescribed manner that would speed up delivery of the placenta, to massage the uterus, and to watch carefully for two hours to ensure that the uterus remained contracted. The ordering system was revised to guarantee a steady supply of oxytocin and sterile syringes and needles.

After some initial resistance, several staff members accepted AMTSL, and Mrs. Mahodi invited them to form a change team to advocate for the procedure with their colleagues. The team met regularly and together implemented the new practice. Reluctance became wholehearted support as staff began to see results with individual patients. At the end of six months, AMTSL was standard procedure for all deliveries at the Maternity. The records showed only 14 instances of PPH during those six months, and no deaths that clearly resulted from PPH.

Having successfully tested the procedure in the Maternity, Mrs. Mahodi and her staff now see an important challenge in the district—the large number of women who deliver babies in rural health centers assisted by auxiliary nurses. Today, Mrs. Mahodi and two nurse midwives are meeting with the District Health Officer, Dr. Ndila, to explore training these auxiliaries to incorporate AMTSL into their delivery and postpartum practice.

Mrs. Mahodi has explained AMTSL treatment guidelines and shared data showing AMTSL's impact on PPH at the Maternity. One of the nurse-midwives, Miss Chintu, has explained the procedure. Mrs. Bwalya, the other nurse-midwife, has presented the process they undertook

to plan for and implement the new practice and revise management practices, such as the ordering system.

“You make this change sound easy,” said Dr. Ndila. “The auxiliary nurses have their current practices for postpartum care and may not want to change. What will convince them and other district-level decision-makers to join us?”

Miss Chintu replied. “Mrs. Mahodi held informal meetings in her office with nurses who disliked the change when first introduced. She let us speak our minds but was very clear in explaining the benefits of AMTSL.”

Mrs. Mahodi spoke. “It was helpful to be firm that this change was clearly going to benefit our patients. But I also knew my staff needed to express their concerns. I asked them to help find the best ways to make the change. They gave good suggestions that we still use, and some of our strongest resisters became our strongest advocates.”

“This new practice sounds both feasible and effective,” said Dr. Ndila. “But will the auxiliary nurses be able to follow it correctly in their rural settings?”

Mrs. Bwalya reassured her, “I helped train our staff at the hospital. I’m sure the auxiliary nurses will do well if they come to the Maternity for a week to work beside us and gain experience with the practice. Their supervisors will also need training. Your support will help to ensure that supervisors follow up with the auxiliary nurses to track the effect of these changes on their practices and, at the end of the day, on their clients’ health.”

Dr. Ndila agreed, but said, “Once the auxiliary nurses are trained, how can they always have the supplies they need? How do you think we can make this happen?”

Miss Chintu spoke up. “When we introduced AMTSL at the Maternity, I worked with the pharmacy to estimate supply needs for oxytocin, syringes, and needles and make changes in our record-keeping to routinely anticipate our needs. I will work with district health centers to revise their ordering system, so that the supplies are available at all health centers. I will also secure approval from the District Administrator for needed funds.”

“We have experienced change efforts that have failed,” said Dr. Ndila. “The auxiliary nurses will be upset if next year the Ministry wants to change practices again.”

Mrs. Mahodi spoke. “The World Health Organization recognizes AMTSL as an excellent practice, and projects

around the world are showing that different settings can use it effectively. I am confident this new practice will endure over time. However, you have raised a crucial issue. What do you think we can do to address skepticism that some auxiliary nurses are likely to feel?”

Dr. Ndila smiled. “You know how quickly information—and misinformation—spreads in our district. The auxiliary nurses who experience the effectiveness of this practice will tell their friends. We can encourage them to share positive experiences at our monthly auxiliary nurse meetings.

Mrs. Mahodi agreed, then spoke earnestly, “Let us remember that we all have a responsibility to lead this change. Consider for a moment why this effort is important. I am reminded of an 18-year-old woman who recently delivered at our hospital. This woman was weak and anemic when she came in. Six months ago she might have lost a lot of blood after her delivery and died. Because we introduced a new standard treatment, now accepted around the world, we helped to preserve her health and give her baby a good start. When we work with auxiliary nurses and their supervisors to plan for and implement this change, let’s keep this young mother and child in mind.”

Dr. Ndila smiled. “Well spoken, Mrs. Mahodi. Let’s take a break and convene again to go over the practical details of leading this change in the district health centers.”

Discussion Questions

1. What factors need to be in place for change to happen, and what did the Maternity in the Solungu District Hospital do to put these factors in place?
2. What phase in the process of changing practices is Solungu District experiencing related to reducing maternal mortality through AMTSL? Explain your thinking.
3. What are some of the positive factors that have facilitated the change so far? Based on experience during implementation, what are some of the obstacles that may be encountered during scale-up? What strategies can be used to overcome the obstacles?

QUESTION 1 What factors need to be in place for change to happen, and what did the Maternity in the Solungu District Hospital do to put these factors in place?

Necessary factors for successful change are: a dedicated change agent, clarity about the purpose and anticipated results of the change, motivation and ongoing support of staff throughout the process, clearly assigned and accepted responsibility for implementing the change, and an environment that encourages change.

Dedicated change agent. The key factor required is a dedicated change agent who recognizes a problem or challenge, believes strongly that it can be resolved by changing a familiar practice, and mobilizes resources and support from staff and other stakeholders to make the change happen.

Clarity about the purpose and anticipated results of the change. Mrs. Mahodi wanted to reduce the incidence of postpartum hemorrhage among women delivering at Solungu District Maternity. After learning about AMTSL through the Nurse-Midwives School, Mrs. Mahodi felt certain that the practice would greatly reduce postpartum hemorrhage, lower the risk of maternal disability and death for new mothers, and increase their ability to care for their babies. Mrs. Mahodi acted as the dedicated change agent, bringing the practice to Solungu District Maternity, helping get support from the Provincial Health Office for the change, and training the Maternity's nurse-midwives in the new practice. The clear maternal health benefits of AMTSL were a strong selling point. The endorsement of AMTSL at the provincial Nurse-Midwives School and recognition by the World Health Organization may have also helped Mrs. Mahodi garner support from the Provincial Health Department and others.

Motivation and ongoing support of staff throughout the process. The enthusiasm of Mrs. Mahodi certainly helped to motivate first the change team members and later the rest of the staff involved in the change. Forming a change team, involving staff at different levels, providing safe opportunities for staff to express their concerns,

and then recruiting the resisters to help resolve the challenges related to the change—all these actions motivated and supported staff throughout the change process. Training in AMTSL and careful tracking of service data, which showed the benefits, were also helpful in motivating staff to support and be part of the effort.

Clearly assigned and accepted responsibility for implementing the change. Mrs. Mahodi took on major responsibility in recruiting the change team and working with them to motivate and support the rest of her staff during the change process. Miss Chintu, who at first resisted the change, became a strong advocate for AMTSL as standard practice. She worked with the pharmacy to estimate supply needs and identify the record-keeping changes to provide adequate supplies of oxytocin, syringes, and needles to the Maternity. Mrs. Bwalya helped to train the staff at the Maternity. The Provincial Health Office supported the initial trial in Solungu District Maternity, and the District Health Officer is now playing a role in implementing the change with auxiliary nurses throughout Solungu District.

An environment that encourages change. Support from the Provincial Health Officer for the initial effort clearly indicates that health officials were open to suggestions of change from staff that they supervise. The fact that Mrs. Mahodi was allowed to leave her post for training also indicates an encouraging environment.

QUESTION 2 What phase in the process of changing practices is Solungu District experiencing related to reducing maternal mortality through AMTSL? Explain your thinking.

Solungu District has completed the third phase of change—adapt and test a practice—and is planning for implementation through the auxiliary nurses across the district. As evidence of this phase, the matron and nurse-midwives at the Solungu District Maternity are:

- meeting with the district health officer to initiate implementation with auxiliary nurses and secure funding through the district administrator for supplies;
- incorporating new management systems for the new practice (logistics, record-keeping);

- adapting the protocol and planning training to enable the auxiliary nurses to administer the procedure;
- reaching agreement on how the practice will be scaled up;
- monitoring and documenting progress against the baseline indicators.

QUESTION 3 What are some of the positive factors that have facilitated the change so far? Based on experience during implementation, what are some of the obstacles that may be encountered during scale-up? What strategies can be used to overcome the obstacles?

Positive responses to change observed in the scenario include forming a change team, enthusiasm for the practice from initially resistant staff, support from the pharmacy for ensuring adequate ongoing supplies of oxytocin, and support from the District Health Officer for implementation by auxiliary nurses.

One obstacle observed is that auxiliary nurses may resist changes in their customary practices. There are several strategies that may be used to overcome this:

- Clearly explain the benefits of the change.
- Let resisters speak their minds without arguing with them.
- Be firm that change will happen because it will bring important benefits to clients.

- Enlist resisters' support in determining how best to plan for and implement the change.
- Recognize achievements as the change is implemented.

Another obstacle is that district-level decision-makers may be unsure of the feasibility and value of scale-up, due to past failures. To combat this, they can:

- Develop baseline service and cost data and track changes over time. This will help to show the impact of the change and help decision-makers make an informed judgment about implementation.
- Publicize change efforts and successes.

Finally, existing management practices may not be adequate to implement the change. To encourage appropriate management practices:

- Work with relevant departments and staff to plan for and implement management practice changes. *For example, estimate supply needs and improve record-keeping to ensure a steady flow of needed supplies.*
- Share responsibilities among team members and meet periodically as a team to share progress and challenges.
- Train and supervise staff to ensure correct and consistent implementation of the new practice.
- Change standard treatment guidelines for deliveries and postpartum care.

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