



SAVING MOTHERS & NEWBORNS

2021

Background

The Facility Assessment Study conducted by India Health Action Trust (IHAT) in 25 High Priority Districts (HPDs) of Uttar Pradesh (2013) showed that there were significant gaps in facility preparedness for providing Reproductive, Maternal, Newborn and Child Health (RMNCH) Services. The primary care level facilities¹, which accounted for nearly 70% of all public health deliveries, were not adequately prepared for providing basic emergency obstetric and newborn care. Less than 20% of the clinical providers - Auxiliary Nurse Midwives (ANMs) and Staff Nurses (SNs) had been trained as Skilled Birth Attendants (SBAs)².

These findings pointed towards the need to strengthen various aspects of facility preparedness for the provision of RMNCH services, including the need to strengthen the referral system for pregnant women and newborns with complications. Acknowledging this urgent need, Uttar Pradesh Technical Support Unit (UP TSU), a Unit implemented by IHAT, in partnership with the University of Manitoba and launched the Nurse Mentoring Program in 2014, beginning with 150 blocks of 25 HPDs in Uttar Pradesh.

¹Primary Health Centers and Community Health Centers

²The 2013 facility assessment study, IHAT

The Nurse Mentoring Program

The Nurse Mentoring program aimed to improve knowledge, skills and practices of the staff nurses around mother and newborn care, intrapartum and post-partum care and management of maternal and newborn complications through its dedicated workforce/change agents called Nurse Mentors (NMs). Nurse Mentors are a new cadre of nurses trained in clinical skills and quality improvement processes in a labor room setup. They strengthen the clinical competencies of the staff nurses and ANMs and also facilitate improvement in system-level components. They are posted at sub-district block facilities and District Women's Hospitals. They work with health facility administration, staff nurses/labour room service providers and outreach ANMs to enhance the quality of care across the continuum of care for mother and newborn. This cadre was supported by a group of qualified public health professionals at the district and zonal level and program policy design, monitoring and clinical specialists at the state level.

Key Components

The major components of the Nurse Mentoring Program include (i) Quality Improvement initiative (ii) Mentoring (iii) Documentation Strengthening (iv) Referral Strengthening (v) Data Systems Strengthening (Figure 1):



Quality improvement



Respectful maternal and newborn care



Documentation and referral strengthening



Improvement of competencies of service provider through mentoring



Facility Systems Improvement such as Infection Prevention, Bio Medical Waste, reporting

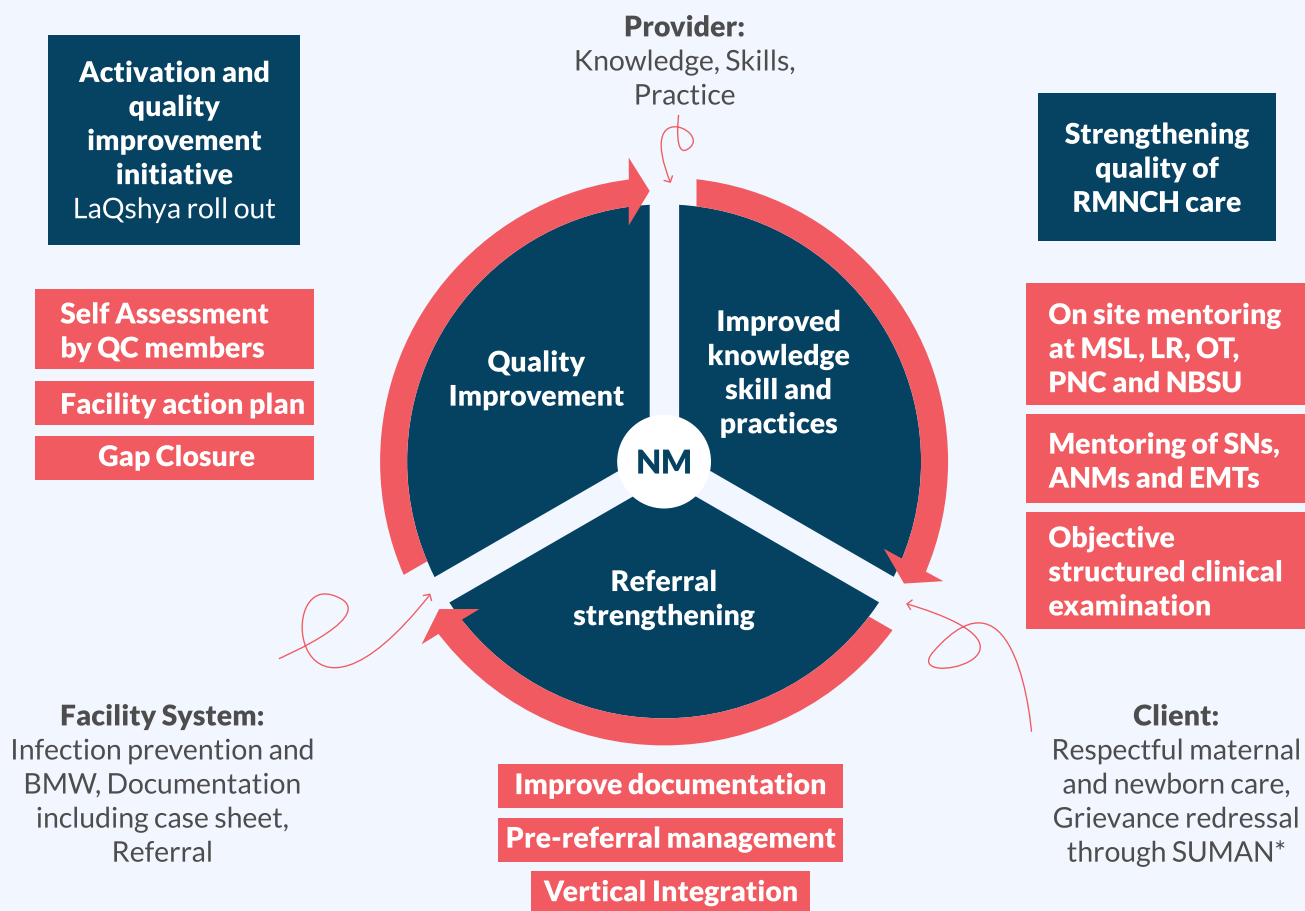


Figure 1: The Nurse Mentoring Implementation Framework

*Surakshit Matritva Aashwasan Scheme

NMs played a critical role in improving the quality of services at the facility through systemic mechanisms and protocols. The Mini Skill labs were established at the block level facilities where the NMs carried out baseline Objective Structured Clinical Examination to assess the knowledge and skills of labor room service providers. Spread over a period of one year, a mentoring plan was prepared to improve the skill score of each staff to 80% and more on the key clinical competencies related to intrapartum and post-partum care. The NMs provided handholding support in strengthening the referrals, data management and documentation skills of the SNs. Further, a system of Whats app referral group and Vertical Integration Meetings were established to create effective linkages between peripheral delivery points that provide basic emergency obstetric and newborn care with First Referral Units (FRUs) that can provide advanced care.

Progress

The NM program started in 2014 -15, initially placed one NM in 100 blocks of 25 HPDs and scaled to 200 blocks by 2016. In 2019, the program was scaled to all 820 blocks of 75 districts of Uttar Pradesh with nominated nurse mentoring model. Over a period of five years, the NMs have mentored over 2400+ Staff Nurses and 800+ ANMs in 25 HPDs, covering 240 facilities, including 26 District Women Hospitals. The Nurse Mentoring Program has brought a substantial shift in detection and management of maternal and newborn complications at district hospitals and block-level facilities, thus, equipping facilities to manage such complications and facilitate the reduction in maternal and neonatal mortality across the state.

(a) Improved clinical competency of SNs and ANMs

There is a significant improvement in the composite index based on the indicators of initial assessment, AMTSL and ENBC from round 1 and round 3. The median score has reached above 50 percent in HPDs compared to less than 40 in Non-HPDs (Figure 2).

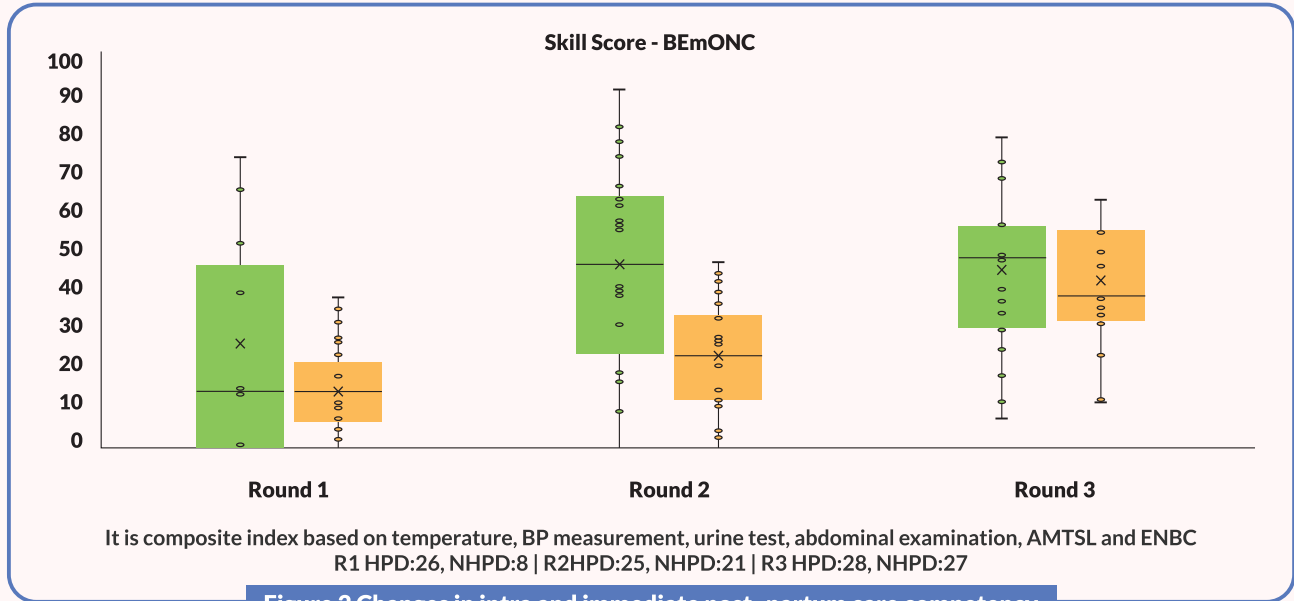


Figure 2 Changes in intra and immediate post- partum care competency

(b) Improvement in knowledge/skill and clinical practices of intrapartum care

The composite index was calculated based on eight knowledge/skills and nine clinical practice indicators. There is a significant improvement of skills, knowledge and practice in the last two Rolling Facility Survey (RFS) rounds conducted between 2017 and 2019 (Figure 3)

In RFS 4, it was observed that Government nurse mentor facilities are catching up with the blocks where UP TSU had deployed the NMs. There is a clustering of facilities in the right upper quadrant showing improvement in skill, knowledge and practice with few outliers with the facility having poor practices. However, skills are on the higher side

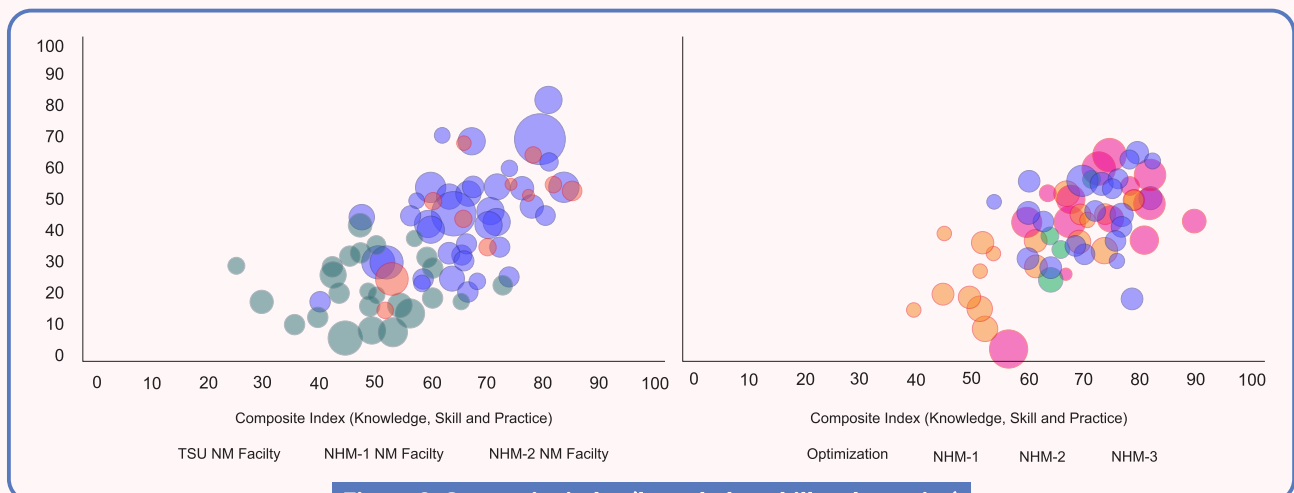


Figure 3: Composite index (knowledge, skill and practice)

(Each bubble represents the delivery points and size is an indicator of delivery load. Dark blue bubbles represent optimization blocks whereas light blue, pink and orange represent NHM NMs facility where implementation started later).

(c) Improvement in detection and management of maternal and newborn complications

Both identification of PPH and Birth asphyxia at block level facilities have shown significant improvement. Identification of Birth Asphyxia has improved six times from a baseline of 1.2% in 2015 to 7.6% in 2020, while identification of PPH has significantly increased about five times from 1% in 2015 to 5% in 2020. There have been around 30% improvement in the management of both PPH and Birth asphyxia cases at the respective facilities, and referral of these cases has also seen a multifold decrease during this period. At District hospitals, identification of PPH has seen an increase from 0.2 % to 5.4%, while asphyxia has improved from 0.3% to 7.5%, and management of these complications has improved to about 40% from 2015 to 2020.

Way Forward

Based on the learnings from the Nurse Mentoring Program in 200 Blocks of 25 HPDs, GoI approved the scale-up of the program in all the 820 blocks of all 75 districts of Uttar Pradesh. In two years, the dedicated NMs at the District Hospitals will be replaced by Government NMs. Mini skill labs will be established in the remaining 620 block facilities and all DWHs across the state. Uniform mentoring plan across the state will be developed/operationalized. UP TSU will support GoUP in the following activities pertaining to the transition and sustainability of the Program:

- **Establishing a sustainable mechanism for Nomination and Attrition management of the Nurse Mentors**
- **Creating a pool of government master trainers at the state and regional level to train nominated nurse mentors.**
- **Establishing a skill ecosystem** by establishing the network of skill labs at State/District and Block Level.
- **Strengthening the existing monitoring and evaluation system** to review the:
 - A. Performance of the Nurse Mentors
 - B. Performance of the Mentees
- **Identifying and capacitating ecosystem partners** to sustain the system, processes, and best practices of the Nurse Mentoring Program.



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