

Birth Preparedness and Complication Readiness: A Matrix of Shared Responsibilities



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Photograph by Rick Maiman, courtesy of The David and Lucile Packard Foundation.

Delays can kill mothers and newborns

Many more women and newborns would survive childbirth if they received the care they need when they need it. The Three Delays, an explanatory model, identifies three phases during which delays can contribute to the death of pregnant or postpartum women and their newborns. These phases are:

- deciding to seek care
- reaching care
- receiving care

There are several reasons for these delays. The model groups the reasons into factors that underlie each delay¹. For example, failure to recognize signs of complications, failure to perceive severity of illness, cost considerations, previous negative experiences with the healthcare system, and transportation difficulties are factors that result in delayed decisions to seek care. The lengthy distance to a facility or provider, the condition of roads, and the lack of available transportation are factors that commonly create a delay in reaching care. The uncaring attitudes of providers, the shortages of supplies and basic equipment, the non-availability of healthcare personnel and the poor skills of healthcare providers are factors contributing to a delay in receiving care.

Many of the reasons contributing to these delays are neither unpredictable nor unique. This means that it is possible to anticipate and plan for them in many settings.

Preparing for birth and complications reduces delays

The Maternal and Neonatal Health Program believes that these commonly cited factors can be averted with advance preparation and rapid action, thus reducing the delays in seeking, reaching or receiving care. This is the essence of Birth Preparedness and Complication Readiness (BP/CR).

Life-threatening delays can happen at home, on the way to care, or at the place of care. BP/CR must, therefore, include plans and actions that can be implemented at each of these points. BP/CR is a comprehensive matrix that includes the woman and her family, as well as the community, healthcare providers, facilities that serve them, and the policies that affect care for the woman and the newborn.

The BP/CR matrix encompasses the responsibilities, actions, practices and skills needed to help ensure the safety and well-being of the woman and her newborn throughout pregnancy, labor, childbirth, and the postpartum period. It outlines plans and actions that can be implemented wherever life-threatening delays may occur—at home, on the way to care or at the place of care.

A key element of birth preparedness is identifying a skilled provider, who can support a woman during labor and childbirth and manage complications that may arise or refer for higher level care.

Birth preparedness and complication readiness is a shared responsibility

The BP/CR matrix is a programming tool. It is a list of behaviors and skills that address delay-causing factors at various levels. Program planners can use the matrix to select desirable and feasible activities and adapt them to local realities.

The BP/CR matrix is also an advocacy tool. It enumerates the roles of facilities and communities and the responsibilities of policymakers, healthcare providers, families, and women. In this role, it helps support provider and community demands for improvements.

Identifying and knowing how to reach a skilled provider, as well as having adequate personal funds to pay for expenses incurred, are examples of how individuals and families can be prepared for childbirth. Establishing communal transportation schemes and accessible emergency funds are examples of how communities can be ready, should life-threatening complications occur. Advocating for skilled providers, 24-hour services, improved roads and communication systems are examples of what communities and families can do together for readiness. Collaboration among the community, the health center, and the district hospital for efficient referral is an example of a joint partnership that helps ensure that women will have skilled care when they need it. Finally, policies that allow performance of life-saving procedures by a range of providers build an enabling environment focused on maternal and newborn survival.

The BP/CR matrix promotes a comprehensive, empowering approach to maternal and newborn well-being. The hallmark of the BP/CR matrix is that all of its parts are complementary. It shows that individually as well as together, policymakers, facility managers, providers, communities, families and women affect birth preparedness and influence complication readiness. It demonstrates that all of these stakeholders share responsibility for saving the lives of women and newborns.

¹ Thaddeus S and D Maine. Too far to walk: maternal mortality in context. *Soc Sci Med* 38, 1091, 1994.

PREGNANCY

POLICYMAKER	FACILITY	PROVIDER	COMMUNITY	FAMILY	WOMAN
<i>Creates an environment that supports the survival of pregnant women and newborns.</i>	<i>Is equipped, staffed and managed to provide skilled care for the pregnant woman and newborn.</i>	<i>Provides skilled care for normal and complicated pregnancies, births and the postpartum period.</i>	<i>Advocates and facilitates preparedness and readiness actions.</i>	<i>Supports pregnant woman's plans during pregnancy, childbirth and the postpartum period.</i>	<i>Prepares for birth, values and seeks skilled care during pregnancy, childbirth and the postpartum period.</i>
<p>Promotes health and survival for pregnant women and newborns.</p> <p>Ensures that skilled antenatal care policies are evidence-based, in place and politically endorsed</p> <p>Uses evidence-based information to support systems that routinely update service delivery and cadre-specific guidelines</p> <p>Promotes and facilitates the adoption of evidence-based antenatal care</p> <p>Ensures that adequate levels of resources (financial, material, human) are dedicated to supporting antenatal care and an emergency referral system</p> <p>Encourages and facilitates participation in policy-making and resource allocation for safe childbirth and emergency referral services by communities, families, individuals and advocacy groups</p> <p>Coordinates donor support to integrate birth preparedness and complication readiness into antenatal services</p> <p>Has a national policy document that includes specific objectives for reducing maternal and newborn deaths</p> <p>Ensures that protocols are in place for clinical management, blood donation, anesthesia, surgical interventions, infection prevention and physical infrastructure</p> <p>Advocates birth preparedness and complication readiness through all possible venues (e.g., national campaigns, press conferences,</p>	<p>Has essential drugs and equipment</p> <p>Follows infection prevention principles and practices</p> <p>Has a functional emergency system, including:</p> <ul style="list-style-type: none"> • communication • transportation • safe blood supply • emergency funds <p>Has service delivery guidelines on appropriate management during the antenatal period</p> <p>Has job aids to assist providers in performing appropriate antenatal care</p> <p>Ensures availability of a skilled provider 24 hours a day, 7 days a week</p> <p>Is gender and culturally sensitive, client-centered and friendly</p> <p>Involves community in quality of care</p> <p>Reviews case management of maternal and neonatal morbidity and mortality</p>	<p>Provides skilled antenatal care, including:</p> <ul style="list-style-type: none"> • detecting and managing complications • promoting health and preventing disease, including: <ul style="list-style-type: none"> • provision of iron/folate and tetanus toxoid • vitamin A and iodine in areas with deficiencies • presumptive treatment of malaria and worms in areas of prevalence • encourages use of bed nets • screening for and managing HIV/AIDS, tuberculosis, STDs • assisting the woman to prepare for birth including: <ul style="list-style-type: none"> • items needed for clean birth • identification of skilled provider for the birth • plan for reaching provider at time of delivery • identification of support people to help with transportation, care of children/household, and accompaniment to health facility • Complication Readiness Plan - in case of emergency: emergency funds, transportation, blood donors, and decision-making • counseling/educating the woman and family on danger signs, nutrition, family planning, breastfeeding, HIV/AIDS • informing woman and family of existence of emergency funds • referring to higher levels of care when appropriate • honoring the pregnant woman's choices <p>Supports the community s/he serves</p> <p>Respects community's expectations and works within that setting</p> <p>Educates community members about birth preparedness and complication readiness</p>	<p>Supports and values the use of antenatal care</p> <p>Supports special treatment for women during pregnancy</p> <p>Recognizes danger signs and supports implementing the Complication Readiness Plan.</p> <p>Supports mother- and baby-friendly decision-making for normal births and obstetric emergencies</p> <p>Has a functional transportation infrastructure for woman to reach care when needed</p> <p>Has a functional blood donor system</p> <p>Has community financing plan for obstetric emergencies</p> <p>Can access facility and community emergency funds</p> <p>Conducts dialogue with providers to ensure quality of care</p> <p>Dialogues and works together with provider on expectations</p> <p>Supports the facility that serves the community</p> <p>Educates members of the community about birth preparedness and complication readiness</p> <p>Advocates for policies that support skilled healthcare</p> <p>Promotes concept of birth preparedness and dispels misconceptions and harmful practices that could prevent birth</p>	<p>Advocates for skilled healthcare for woman</p> <p>Supports and values the woman's use of antenatal care, adjusts responsibilities to allow attendance</p> <p>Makes plan with woman for normal birth and complications</p> <p>Identifies a skilled provider for childbirth and the means to contact or reach the provider</p> <p>Recognizes danger signs and facilitates implementing the Complication Readiness Plan</p> <p>Identifies decision-making process in case of obstetric emergency</p> <p>Knows transportation systems, where to go in case of emergency, and support persons to accompany and stay with family</p> <p>Supports provider and woman in reaching referral site, if needed</p> <p>Knows supplies to bring to facility or have in the home</p> <p>Knows how to access community and facility emergency funds</p> <p>Has personal savings for costs associated with emergency care or normal birth</p> <p>Knows how and when to access community blood donor system</p> <p>Identifies blood donor</p>	<p>Attends at least four antenatal visits (obtains money, transport)</p> <p>Makes a birth plan with provider, husband, family</p> <p>Decides and acts on where she wants to give birth with a skilled provider</p> <p>Identifies a skilled provider for birth and knows how to contact or reach the provider</p> <p>Recognizes danger signs and implements the Complication Readiness Plan</p> <p>Knows transportation systems, where to go in case of emergency, and support persons to accompany and stay with family</p> <p>Speaks out and acts on behalf of her and her child's health, safety and survival</p> <p>Knows that community and facility emergency funds are available</p> <p>Has personal savings and can access in case of need</p> <p>Knows who the blood donor is</p>

community talks, local coalitions, supportive facilities)		Promotes concept of birth preparedness and dispels misconceptions and harmful practices that could prevent birth preparedness and complication readiness	preparedness and complication readiness		
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LABOR AND CHILDBIRTH

POLICYMAKER	FACILITY	PROVIDER	COMMUNITY	FAMILY	WOMAN
<i>Creates an environment that supports the survival of pregnant women and newborns.</i>	<i>Is equipped, staffed and managed to provide skilled care for the pregnant woman and newborn.</i>	<i>Provides skilled care for normal and complicated pregnancies, births and the postpartum period.</i>	<i>Advocates and facilitates preparedness and readiness actions.</i>	<i>Supports pregnant woman's plans during pregnancy, childbirth and the postpartum period.</i>	<i>Prepares for birth, values and seeks skilled care during pregnancy, childbirth and the postpartum period.</i>
<p>Promotes improved care during labor and childbirth.</p> <p>Ensures that skilled care policies for labor and childbirth are evidence-based, in place and politically endorsed</p> <p>Uses evidence-based information to support systems that routinely update service delivery and cadre-specific guidelines</p> <p>Promotes and facilitates the adoption of evidence-based practices</p> <p>Supports policies for management of complications based on appropriate epidemiological, financial and sociocultural data</p> <p>Ensures that adequate levels of resources (financial, material, human) are dedicated to skilled care at birth and an effective emergency referral system</p> <p>Encourages and facilitates participation in policy-making and resource allocation for safe childbirth and emergency referral services by communities, families, individuals, and advocacy groups</p> <p>Coordinates donor support for improved management of labor and childbirth</p> <p>Ensures that protocols are in place for clinical management, blood donation, anesthesia, surgical interventions, infection prevention and physical infrastructure</p>	<p>Has essential drugs and equipment</p> <p>Follows infection prevention principles and practices</p> <p>Has appropriate space for birthing</p> <p>Has a functional emergency system, including:</p> <ul style="list-style-type: none"> • communication • transportation • safe blood supply • emergency funds <p>Has service delivery guidelines on appropriate management of labor and childbirth</p> <p>Has job aids to assist providers in performing labor and childbirth procedures</p> <p>Ensures availability of a skilled provider 24 hours a day, 7 days a week</p> <p>Is gender and culturally sensitive, client-centered and friendly</p> <p>Involves community in quality of care</p> <p>Reviews case management of maternal and neonatal morbidity and mortality</p>	<p>Provides skilled care during labor and childbirth, including:</p> <ul style="list-style-type: none"> • assessing and monitoring women during labor using the partograph • providing emotional and physical support through labor and childbirth • conducting a clean and safe delivery including active management of 3rd stage of labor • recognizing complications and providing appropriate management • informing woman and family of existence of emergency funds (if available) • referring to higher levels of care when appropriate <p>Supports the community s/he serves</p> <p>Respects community's expectations and works within that setting</p> <p>Educates community about birth preparedness and complication readiness</p> <p>Promotes concept of birth preparedness and dispels misconceptions and harmful practices that could prevent birth preparedness and complication readiness</p>	<p>Supports and values use of skilled provider at childbirth</p> <p>Supports implementing the woman's Birth Preparedness Plan</p> <p>Makes sure that the woman is not alone during labor, childbirth and immediate postpartum period</p> <p>Supports the woman in reaching place and provider of her choice</p> <p>Has a functional blood donor system</p> <p>Recognizes danger signs and supports implementing the Complication Readiness Plan</p> <p>Supports mother- and baby-friendly decision-making in case of obstetric emergencies</p> <p>Can access facility and community emergency funds</p> <p>Supports timely transportation of woman</p> <p>Promotes community norms that emphasize priority of transportation for pregnant women and obstetric emergencies</p> <p>Dialogues and works together with provider on expectations</p> <p>Supports the facility that serves the community</p> <p>Advocates for policies that support skilled healthcare</p> <p>Promotes concept of birth preparedness</p>	<p>Advocates for skilled healthcare for woman</p> <p>Recognizes normal labor and facilitates implementing Birth Preparedness Plan</p> <p>Supports woman in reaching place and provider of choice</p> <p>Supports provider and woman in reaching referral site, if needed</p> <p>Agrees with woman on decision-making process in case of obstetric emergency</p> <p>Recognizes danger signs and facilitates implementing the Complication Readiness Plan</p> <p>Discusses with and supports woman's labor and birthing decisions</p> <p>Knows transportation systems, where to go in case of emergency, and support persons to stay with family</p> <p>Knows how to access community and facility emergency funds</p> <p>Has personal savings for costs associated with emergency care or normal birth</p> <p>Purchases necessary drugs or supplies</p> <p>Knows how and when to access community blood donor system</p> <p>Identifies blood donor</p>	<p>Chooses provider and place of birth in antenatal period</p> <p>Recognizes normal labor and understands Birth Preparedness Plan</p> <p>Recognizes danger signs and understands Complication Readiness Plan</p> <p>Knows transportation systems, where to go in case of emergency, and support persons to stay with family</p> <p>Can access community and facility emergency funds</p> <p>Has personal savings and can access in case of need</p>

<p>Advocates birth preparedness and complication readiness through all possible venues (e.g., national campaigns, press conferences, community talks, local coalitions, supportive facilities)</p>			<p>and dispels misconceptions and harmful practices that could prevent birth preparedness and complication readiness</p>	<p>Identifies transportation systems, where to go in case of emergency, and support persons to stay with family</p>	
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POSTPARTUM AND NEWBORN

POLICYMAKER	FACILITY	PROVIDER	COMMUNITY	FAMILY	WOMAN
<i>Creates an environment that supports the survival of pregnant women and newborns.</i>	<i>Is equipped, staffed and managed to provide skilled care for the pregnant woman and newborn.</i>	<i>Provides skilled care for normal and complicated pregnancies, births and the postpartum period.</i>	<i>Advocates and facilitates preparedness and readiness actions.</i>	<i>Supports pregnant woman's plans during pregnancy, childbirth and the postpartum period.</i>	<i>Prepares for birth, values and seeks skilled care during pregnancy, childbirth and the postpartum period.</i>
<p>Promotes improved postpartum and newborn care.</p> <p>Ensures that skilled postpartum and newborn care policies are evidence-based, in place and politically endorsed</p> <p>Uses evidence-based information to support systems that routinely update service delivery and cadre-specific guidelines</p> <p>Promotes and facilitates the adoption of evidence-based practices</p> <p>Supports policies for management of postpartum and newborn complications using appropriate epidemiological, financial, and sociocultural data</p> <p>Ensures adequate levels of resources (financial, material, human) are dedicated to supporting the skilled management of postpartum and newborn care and the effectiveness of an emergency referral system</p> <p>Encourages and facilitates participation in policy-making and resource allocation for safe childbirth and emergency referral services by communities, families, individuals and advocacy groups</p> <p>Coordinates donor support for improved postpartum and newborn care</p> <p>Ensures that protocols are in place for clinical management, blood donation, anesthesia, surgical interventions, infection prevention and physical infrastructure</p> <p>Advocates birth preparedness and complication readiness through all</p>	<p>Has essential drugs and equipment</p> <p>Follows infection prevention principles and practices</p> <p>Has a functional emergency system, including:</p> <ul style="list-style-type: none"> • communication • transportation • safe blood supply • emergency funds <p>Has service delivery guidelines on care of newborn and mother postpartum</p> <p>Has job aids to assist providers in performing appropriate postpartum and newborn care</p> <p>Ensures availability of a skilled provider 24 hours a day, 7 days a week</p> <p>Is gender and culturally sensitive, client-centered and friendly</p> <p>Involves community in quality of care</p> <p>Reviews case management of maternal and neonatal morbidity and mortality</p>	<p>Provides skilled newborn and postpartum care, including:</p> <ul style="list-style-type: none"> • recognizing complications in the newborn and postpartum woman and providing appropriate management • promoting health and preventing disease in the woman, including: <ul style="list-style-type: none"> • provision of iron/folate and tetanus toxoid • vitamin A and iodine in areas of deficiencies • encouraging use of impregnated bednets for the woman and newborn in areas of malaria prevalence • provision of contraceptive counseling and services • promoting health and preventing disease in the newborn, including: <ul style="list-style-type: none"> • thermal protection • promotion of breastfeeding • eye care • cord care • vaccinations • providing appropriate counseling and education for the woman and family about danger signs and self-care for the postpartum woman and newborn • informing woman and family of existence of emergency funds • referring to higher levels of care when appropriate <p>Supports the community s/he serves</p> <p>Respects community's expectations and works within that setting</p> <p>Educates community about complication readiness</p> <p>Promotes concept of and dispels misconceptions and harmful practices that could prevent complication readiness</p>	<p>Supports and values women's use of postpartum and newborn care</p> <p>Supports and values use of skilled provider during postpartum period</p> <p>Supports appropriate and healthy norms for women and newborns during the postpartum period</p> <p>Makes sure that the woman is not alone during the postpartum period</p> <p>Recognizes danger signs and supports implementing the Complication Readiness Plan</p> <p>Supports mother- and baby-friendly decision-making in case of newborn emergencies</p> <p>Supports timely transportation of woman and newborn to referral site, if needed</p> <p>Has a functional blood donor system</p> <p>Can access facility and community emergency funds</p> <p>Dialogues and works together with provider on expectations</p> <p>Supports the facility that serves the community</p> <p>Educates community members about complication readiness</p> <p>Advocates for policies to support skilled healthcare</p> <p>Promotes concept of and dispels misconceptions and harmful practices that could prevent complication readiness</p>	<p>Advocates for skilled healthcare for woman</p> <p>Supports the woman's use of postpartum and newborn care, adjusts responsibilities to allow her attendance</p> <p>Recognizes complication signs and facilitates implementing the Complication Readiness Plan</p> <p>Agrees with woman on decision-making process in case of postpartum or newborn emergency</p> <p>Knows transportation systems, where to go in case of emergency, and support persons to stay with family</p> <p>Supports provider, woman and newborn in reaching referral site, if needed</p> <p>Knows how to access community and facility emergency funds</p> <p>Has personal savings for costs associated with postpartum and newborn care</p> <p>Purchases drugs or supplies needed for normal or emergency postpartum and newborn care</p> <p>Knows how and when to access community blood donor system</p> <p>Identifies blood donor</p>	<p>Seeks postpartum and newborn care at least twice—at 6 days and at 6 weeks postpartum (obtains money, transport)</p> <p>Recognizes danger signs and implements the Complication Readiness Plan</p> <p>Speaks out and acts on behalf of her and her child's health, safety and survival</p> <p>Knows transportation systems, where to go in case of emergency, and support persons to stay with family</p> <p>Can access community and facility emergency funds</p> <p>Has personal savings and can access in case of need</p>

possible venues (e.g., national campaigns, press conferences, community talks, local coalitions, supportive facilities)					
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