Guidelines – challenges and successes in dissemination and implementation at the country/facility level

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PPH Community of Practice Annual Meeting
July 21–23, 2020
NDHS 2016
MMR: 239
Institutional Delivery: 57%
Policy to Practice: Government of Nepal for Preventing PPH

Prevention of PPH

AMTSL by SBA
SBA training, 2006

Misoprostol distribution by FCHV, 2005

% MM due to PPH

PPH leading cause
41%

PE/E leading cause
17%

1998
2009
Cause of Maternal Deaths in Hospitals
July 2015 till Jan 2019 (N=267)

- Hypertensive disorder during pregnancy, childbirth, and postpartum period
- Obstetric Hemorrhage (PPH)
- Obstetric Hemorrhage (APH)
- Other Direct Causes
- Pregnancy-related infection
- Pregnancy with abortive outcomes
- Indirect Causes (NCD)
- Indirect Causes (Infection)
- Coincidental Causes
- Undetermined
- Unanticipated complications of management

Notes: ICD = International Classification of Diseases
PPH: Challenges

- Infrequent updating of national guidelines
- No systematic dissemination to update frontline health workers
  - Pre-service & In-service
  - Printing and dissemination costs
  - Private sector left out of these trainings
- Improve PPH practice: no culture or requirement of CME; accountability for performance
- New decentralization: opportunity/challenge
The WHO Guideline Development Group (GDG) has recommended that the standards, guidelines, and protocols have to be revised before five years of its development.
National Medical Standards

National Medical standard for Reproductive health, Volume I: Contraceptive methods, 2010

National Medical standard for Reproductive health, Volume II: Other Reproductive Health Issues, 2003

National Medical standard for Reproductive health, Volume III: Maternal and Neonatal Care, 2007
Dissemination and Decentralization

- WHO guidelines received through mails and sometimes hard copies
- Shared with concerned Government Divisions and concerned stakeholders including partners, professional bodies, academia
- Guidelines shared during Technical Working Groups (TWGs)

Only 28% of all health institutions and 30% of public health institutions had one of the recommended clinical standards/protocols/job-aids available
Ensuring measures for the practitioner to follow guidelines and protocols

Poor infection prevention practices (FHD/USAID 2014)

56% Hand washing before vaginal examination during childbirth

< 17% Infection prevention measures in second stage of labor

21% Infection prevention measures at delivery room after childbirth

Survey: Knowledge (N 25)

- Carbetocin for prevention of PPH: 34%
- Misoprostol for PPH prevention: 95%
- TXA for treatment of PPH: 43%
Key Messages

1. PPH prevention is a success in Nepal moving from policy to practice (2005-2020)
2. Ongoing challenges updating and disseminating guidelines (e.g., AMTSL change 2012; TXA 2017; Uterotonic 2018)
3. New context of decentralization inhibits dissemination (systems, roles, budgets, procurement all are not yet defined)

Opportunity to scale exists:
- Nurses/Midwives allowed to give injections
- Task sharing - Medical Officers after training providing CEONC services in remote districts
THANK YOU