

The GREAT Network Knowledge to Action (or Implementation) Seed Grant Podcast

Supporting Adaptation and Implementation of WHO Maternal and Perinatal Clinical Practice Guidelines in Low and Middle Income Countries

Background

The GREAT Network Knowledge to Action (or Implementation) seed grant funding opportunity aims to facilitate the implementation of knowledge to enhance the quality of care in low and middle income countries. This funding is targeted towards knowledge translation (KT) projects focused on optimizing maternal and infant health outcomes, using the relevant World Health Organization (WHO) evidence-based clinical guidelines. This podcast features work done by Dr. Hemantha Senanayake and his team as part of their seed grant funded project: *Improving quality of perinatal health care in Sri Lanka. Proposal for assessing and improving adherence to WHO guidelines on management of maternal complications at hospital level.*

Interview

Today is May 18, 2016 and I'm here with Dr. Hemantha Senanayake, a recipient of the first round of the GREAT Network Knowledge to Action (or Implementation) seed grant funding. Today, he will speak to us about his team's funded implementation project, its impacts on maternal health and the key success factors and lessons learned from their project.

Thank you for speaking with us today.

You're welcome.

Thank you! To start, could you please tell us about yourself and your work?

I work as a health professional in the University of Colombo. We are a third level university hospital. I do research, I support research, from post-graduate students and from a wide variety of fields but my main research at the moment is the improvement of quality of care. We are doing quite a bit of research on trying to maximize the use of a companion during labour, looking at outcomes and limiting factors of its uptake. I would say those are the two areas I'm working on research at the moment. Although I said I am working at the University of Colombo, in this project, we had partnership with the WHO Collaborating Centre in Trieste, Italy. This is a partnership between our two institutions.

Great! So, for the seed grant funded project you looked at improving quality of perinatal health care in Sri Lanka. Specifically your proposal was around assessing and improving adherence to WHO guidelines on management of maternal complications at hospital level. Could you give us a brief overview of the inspiration and background for the project as well as the purpose of the study?

I will first talk about the inspiration, what inspired us to take this step. What we know about the maternal health service in Sri Lanka is that we are held as an example about how to maximize outcomes with a limited budget. We are one of the prime examples of how to implement home-grown, effective interventions. However, one of the things that has been worrying us, is that for 8 years, the maternal mortality rate has been almost static around 30 to 32 in every one thousand births. We were thinking that we need to look at other strategies to improving the care. Another thing that was inspiring us was that we have a negative reputation for induction of labour statistics. We have a high rate of induction of labour. We thought we need to focus on that as well. Fortunately, for us, Sri Lanka and WHO had put out guidelines on induction of labour as well. We thought we could focus on that as well, in addition to the two main pregnancy complications that are important to us.

That was a great background to the study and really sets the groundwork for what I'm about to ask you next. Could you give us a preview of the results from your study or any key impacts that you would like to highlight?

I will take you through how we have done this study. In March, after receiving the funding from your organization, we launched the project and for this we had two people coming from Italy, our partners from the collaborating centre there. We had a team of 13 people with experience in maternity care of course from the different levels of care. We developed the checklist on induction of labour, post-partum haemorrhage, preeclampsia, and eclampsia. We had a checklist so that they could choose cases, or pick out cases and see the appropriateness of different interventions and then to see whether the interventions were implemented at the facility.

One of the things that is coming out, and we started the study after pre-testing these questionnaires in May 2015, so we've really carried on collecting data until this month. I would say that it is very preliminary data that we are having at the moment. For example, when you look at the checklist on induction of labour, we are finding that the consenting process is not being a written consent. We think that it might be better to have a written consent and at least this should be documented in the notes. And we find that that's a weakness. We also find that the rates of induction for certain indications, say gestational diabetes controlled on diet, still a high percentage of induction on those. The pregnancies that are going past the date, we find that 7%, that's a high percentage, we find that the induction for these are still inappropriate despite our trying to create awareness about that. So these are some of the things that are coming out.

In our next phase, we also developed a data collection comprehensive prospective data collection sheet for each mother we had 153 variables, which included both the maternal and new born information. So we are creating a very useful database for the research and we think we will be able to publish some of this data. We also entered this into epidata which contains over 100 data validation rules to ensure the quality of data. So, in the next phase, we are having one of the partners from Trieste coming over to have another meeting with us and also to disseminate this information to other stakeholders at a meeting on the 3rd of June. We are going to also have a meeting of the 13 people who collaborated initially to see how we can move this project forward and involve other hospitals in this project and to spread this laterally to other hospitals.

Great! That's all very interesting. It sounds like you guys are getting interesting data so far and you've thought about the dissemination plan and spreading it to the other hospitals, which is great. So, my next question is about if you could speak to the evaluation, I don't know if you're at this point yet, but if there has been an evaluation conducted to assess the success of the project. And if you're not at this point, are there plans for it in the future?

I told you that with the checklist, we looked at post-partum haemorrhage, preeclampsia and eclampsia, and induction of labour and we are finding that in our university units where we were running this study, we find that the quality of care is relatively good because they are adhering to the guidelines. And the average appropriateness of the care they are providing is coming out as 76%. However, we are a bit concerned because we find that the range of appropriateness is varying between 40-90%. These are some of the things we need to address in our dissemination meeting; we will be emphasizing some of these things.

Great. So you've already touched on this a little bit but could you speak more to how your project has contributed to the area of Knowledge Translation science and practice in low- and middle-income country contexts?

I must say that some of the checklists we have developed using the guidelines is one of the uses of that is to audit any adverse events. I know that we have not comprehensively, rather ad-hoc, these checklists have been, I would say, partially implemented in our maternal death reviews as well and that's one of the things that is coming out of this and we want to emphasize that to the ministry of health and the people that work in the maternal death reviews to try to use these checklists to do a quality check on the care that has been provided. We think we have got a very good basis for data collection and from the experience of our data collection, we know that we need to have good quality control measures to get good quality data and with the staffing levels that we have in low- and middle-income countries, we may not be able to achieve some of these without special attention to the data collection. Mind you, for me this has been an interesting project in this way as well. Some of the data, in the more detailed way, has not

been available to us because we do the work but we do not enter the data or look back and study the data. For us, that has been an interesting proposition as well, looking at the data and creating a database for ourselves. We want to share the data collection tools with other facilities in the country. I think this might be the way forward for a country in our situation where the spread of maternity care is good but we still have that unique situation that I mentioned to you at the beginning of this interview about the maternal death rates being static for some time.

Do you have any advice for others who may be listening to this podcast and may be wanting to conduct implementation or KT work in low- and middle-income countries. If you could speak to some of the success factors or lessons learned from your project that may help inform future implementation efforts?

I think one of the main success factors in this study has been that we can convert an emergency management review to a tick-box quite effectively and we can give it a score and see how things are done and we can learn about the weakness and the strong points. I think that's one of the great successes of this project. That's something that I would really recommended to other low- and middle-income countries, that would be very useful. And I think this is something we're going to do in the future and recommend to our colleagues working elsewhere and to the ministry of health; we will be doing that the 3rd of June when we have our meeting and will be inviting a wide range of stakeholders.

Excellent. Before we conclude, is there anything else you want to share with us today either related to your project or to the area of implementation and KT work in Sri Lanka in general?

I think in general, I would think if this could be a template for other studies. In June, when we meet up with our partners, we are going to address another area that may need attention and is something coming out of this study and that is women who are having caesarean section for what is diagnosed as non-progressive labour. We want to develop another checklist for that situation as well although the guidelines are very new. We want to use those and develop another checklist for that as well. So really speaking, if there are any kind of guidelines, get a tick-box, make it appropriate for the setting that you are working in and get something very useful out of it. And I think that is what I want to share with our colleagues in low- and middle-income countries.

Great, thank you! Dr. Senanayake, thank you for taking the time to speak with us today about the work you're doing to improve maternal and infant health outcomes in Sri Lanka and low- and middle-income countries more broadly. For more information about similar work done, please visit our website at www.greatnetworkglobal.org.