

Intrapartum package to improve quality of care & reduce the burden of prematurity in Kenya & Uganda

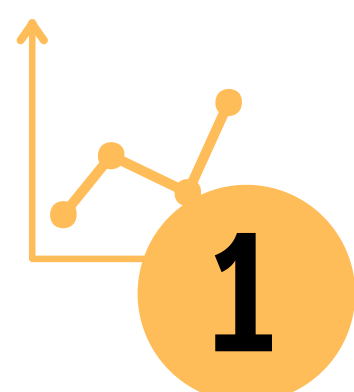
Led to
34%

greater odds of neonatal survival among preterm infants



OVERVIEW

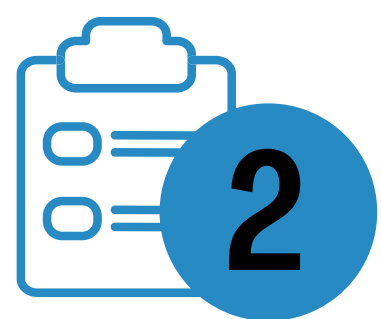
This cluster randomized control trial aimed to evaluate the impact of an intervention package on preterm mortality across 20 facilities in Eastern Uganda and Western Kenya. We aimed to improve existing data systems, strengthen provider skills and team communication, and catalyze system improvement.



DATA STRENGTHENING

We reinforced key indicator definitions, reviewed gestational age assignment, and provided a platform for ongoing data feedback and mentoring.

Maternity registry completion for key indicators increased from **33% to 77%** in Uganda and **51% to 94%** in Kenya.



MODIFIED SAFE CHILDBIRTH CHECKLIST

We modified the WHO Safe Childbirth Checklist, by adding a pause point for labor triage and emphasizing preterm birth identification and management.

Integration of the checklist into patient charts improved completion of triage mSCC at triage and admission pause points by **91% in Kenya and 66% in Uganda.**



PRONTO SIMULATION & TEAM TRAINING

Our emergency obstetric and neonatal care simulation-based training aimed to increase uptake of evidence-based practices and strengthen communication and teamwork among facility teams.

Provider knowledge about preterm birth increased from **62% to 73%**. Appropriate preterm management practices in simulation increased from **63% to 84%**.



QUALITY IMPROVEMENT COLLABORATIVE

We supported facility-based QI teams to overcome system bottlenecks and to track core QI indicators using the PDSA approach. Learning sessions enabled cross-facility sharing of QI experiences and ideas for change.

Provision of antenatal corticosteroids increased from **9% to 87%**. Uptake of Kangaroo Care increased from **29% to 90%**.



MAKERERE UNIVERSITY



University of California
San Francisco