Status of India's Skilled Birth Attendants Programme

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Introduction

Effective skilled birth attendants (SBA) can reduce maternal delivery costs and prevent maternal deaths (1,2). Using SBAs has long been a priority for the Government of India. Launched in 2005, India's SBA Training Programme, trains and empowers health workers (Auxiliary Nurse Midwives , Staff Nurses, and Lady Health Visitors) to provide essential reproductive and newborn health services, conduct safe deliveries, identify complications and provide basic life saving interventions. The objectives of this research were (a) to identify the gaps in SBA training, and (b) to enhance its quality.

Methodology

➤The first assessment in Odisha was carried out in February 2012 using the Rapid SBA Assessment Tool developed by the Liverpool School of Tropical Medicine.

➤The sampling frame comprised of all the 76 training facilities in Odisha State that carried out SBA training in Odisha in the first quarter of 2012.

➤**Lot Quality Assurance Sampling (LQAS)** was used as a method to classify Odisha by the quality of the training programme. Using the hypergeometric (finite population correction) (3), the required sample size of 13 was identified assuming a threshold of quality of p=0.80.

➤At least 9 of the 13 facilities (Decision Rule DR=9) had to perform according to the standard for the state training program to be judged as reaching the 80% standard (alpha=0.0313 and beta= 0.0610).

➤We stratified the sampling frame according to the finishing dates of the training and scheduled our survey in the period where the majority of trainings were in the 3rd (last) week (in order to allow trainees to build up the relevant skills). The 13 secondary level heath facilities finally selected using random sampling were spread over 11 districts of Odisha State.
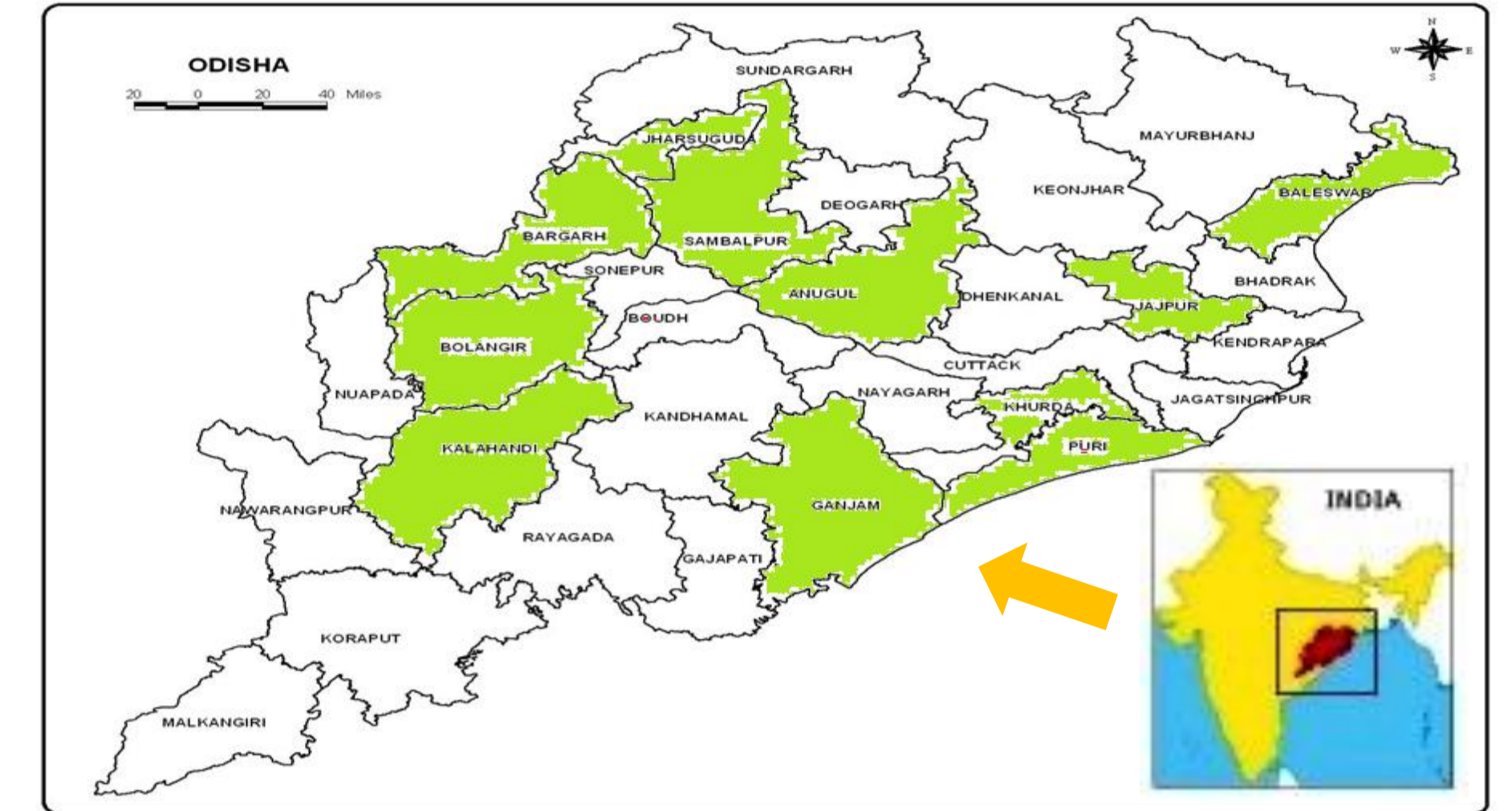

Figure 1: Sampled Districts in Odisha State

Selected Results

The tables present the indicator, the sample size n and the number of correct responses that determines whether the DR was reached (high)or not reached (low).

For the sake of clarity and brevity, the tables only display general assessments but not the sub-categories of any particular indicator.

Training Site Readiness

Indicator	n	Correct	LQAS classification (DR=9)
Complete Antenatal Care (ANC) Record	13	0	Low
Essential ANC infrastructure	13	11	High
Essential ANC equipment	13	13	High
Essential ANC drugs	13	9	High
Essential infrastructure in the Labour Room	13	7	Low
Essential equipment in Labour Room	13	1	Low
Labour Room with marked Newborn corner	13	11	High
Labour room with functioning Newborn corner	13	6	Low
Partograph available	13	2	Low
Correct use of partograph	13	1	Low
Essential drugs for the labour room	13	9	High
Essential instruments in the labour room	13	4	Low
Essential utility items in the labour room	13	4	Low
Essential infection prevention measures in the labour room	13	1	Low

Trainer Availability & Teaching Materials

Indicator	n	Correct	LQAS classification (DR=9)
Trainers who received at least a 2 day Training of Trainers course	13	13	High
Training sites with at least 4 key trainers available for SBA training	13	11	High
Training schedule that shows the recommended duration and composition of training	13	10	High
Attendance records of trainees kept up to date	13	12	High
Attendance record with no gap in attendance for all trainees	13	13	High
Trainers who possess relevant teaching materials	13	4	Low
Trainers who record skill practice of all trainees using the log sheets	13	0	Low
Trainers who assess SBA trainees during training period using curriculum checklists	13	2	Low
Training sites with pre-test questionnaires of previous batch available and filled by all SBA trainees	13	5	Low
Training sites with all recommended teaching aids	13	2	Low

Trainee Knowledge & Skills

Indicator	n	Correct	LQAS classification (DR=9)
SBA trainees who know that a pregnant woman should have at least 4 ANC visits	11	9	High
SBA trainees who know that the 1st ANC visit should take place within 12 weeks	11	11	High
SBA trainees who know that pregnant women should receive 2 TT injections during pregnancy	11	11	High
SBA trainees who can calculate the EDD	11	9	High
SBA trainees who know the correct dose of IFA tablets for the prophylaxis of anaemia	11	10	High
SBA trainees who know the 3 essential laboratory investigations to be carried out at each ANC visit	11	6	Low
SBA trainees who know all the 4 essential physical examinations to be carried out at each ANC visit	11	4	Low
SBA trainees who know at least 4 of 7 topics to counsel pregnant women during ANC	11	6	Low
SBA trainees who know at least 5 of 9 danger signs of pregnancy complications	11	5	Low
SBA trainees who correctly identify the fundal height	11	1	Low

Summary of Findings

The findings showed operational gaps that hinder successful training including: deficient infrastructure, equipment and infection prevention measures in the training sites, and a lack of partographs to monitor labour. Trainers did not use recommended teaching methods, materials and trainee assessment methods. Trainees demonstrated insufficient knowledge on the Active Management of the Third Stage of Labour, the management of puerperal sepsis & other complications.

Conclusion

Priority actions to enhance the training were agreed upon, one of which is the establishment of a continuous monitoring and evaluation system to track the training status and improvements over time.

Quality assurance should urgently be embedded into the SBA training to enhance the training but ultimately also service provision and thereby, health outcomes. The Government of India has decided to expand this research to 10 priority states.

Impressions from the Field

Inspection of the Training Hall

During Trainee Interview

Facility Checklist: Laboratory

The Pre-test Team with one co-author

Facility Checklist: Emergency Drug Tray

Trainer Interview

Facility Checklist: Labour Room

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