



## Health



# Maternal and Child Health Community

## Solution Exchange for the Maternal and Child Health Community Consolidated Reply

### *Query: Birth Preparedness and Complication Readiness Interventions - Experiences; Examples*

Compiled by [Joy Elamon](#), Resource Person and [Meenakshi Aggarwal](#), Research Associate

Issue Date: 29 September 2010

---

### From [Shalini Verma](#), Population Foundation of India, New Delhi Posted 28 June 2010

I work as Senior Advisor (Research and New Program Development) with the Population Foundation of India (PFI). A team at PFI is conducting a study with support from USAID' MCH-STAR Project. The project is a systematic review of studies on effectiveness of Birth Preparedness and Complication Readiness (BP/CR) interventions in reduction of first two delays associated with maternal mortality. That is (a) delays in recognizing complications and deciding to seek care for an obstetric emergency and (b) delays in reaching appropriate care.

The specific problems I would like the community members to consider are –

- What are the components or combination of components of BP/CR proven to be effective in reducing delays associated with maternal mortality in India?
- Which approach/es for implementing BP/CR have proven to be successful (e.g. through community volunteers/workers, village health and sanitation committees, etc.) in reducing delays associated with maternal mortality?
- Is there evidence that BP/CR works at scale (can be scaled up) or the BP/CR components and approaches do not work at scale?

I request MCH community members to please share any published research papers / unpublished manuscripts / unpublished data / evaluation reports / project reports on BP/CR interventions conducted in India on any of the following:

- plan for knowledge of danger signs for mother and newborn and when to seek help
- plan for where to give birth
- plan for using a skilled birth attendant for delivery
- plan for transportation
- plan for saving money for transportation or obstetric emergencies
- prior identification of a blood donor

- preparations for a clean childbirth
- identification of a person to accompany the mother
- knowledge of expected date of delivery
- knowledge of JSY scheme and how to take its benefit (collecting BPL or necessary proofs/certificates)

The study/approach should be community based with pregnant women or women who have recently delivered (within 3 years of data collection) as the primary informants and ideally should have a comparison group (as in a control or a before-after comparison).

This information is needed for the study to provide concrete evidence-based directions to the government program, as well as to large and small civil society organizations that implement BP/CR in various forms. Useful contributions will be duly acknowledged.

---

### Responses were received, with thanks, from

1. [Niranjan Bariyar](#), CINI, Ranchi
2. [Meenakshi Aggarwal](#), Solution Exchange, New Delhi
3. [Sunanda Gupta](#), WHO India Office, New Delhi
4. [A. K. Debdas](#), Rajkumari Foundation, Jharkhand
5. [Anil Kumar Sukumaran](#), United Kingdom
6. [Ashifa Sarkar](#), SNEHA, Mumbai
7. [Sunitha Thampi](#), Project Concern International/India, Pune
8. [N S Iyer](#), Independent Consultant-Maternal Health, Coimbatore \*

*\*Offline Contribution*

**Further contributions are welcome!**

---

[Summary of Responses](#)  
[Comparative Experiences](#)  
[Related Resources](#)  
[Responses in Full](#)

---

### Summary of Responses

Birth Preparedness and Complication Readiness (BPCR) is considered as a useful and practical intervention with several advantages. In particular, it can contribute to increased use of services by assisting women and their families to plan for the necessary support, clothing and equipment for the birth etc and by making women and their partners/families aware of the potential for unexpected events.

Responding to the query, members shared their experiences from various projects focusing on Birth Preparedness and Complication Readiness. The [Standards](#) for Maternal and Neonatal Care by World Health Organization says that all pregnant women should have a written plan for birth and for dealing with unexpected adverse events, such as complications or emergencies that may occur during pregnancy, childbirth or the immediate postnatal period. They should discuss and review this plan with a skilled attendant at each antenatal assessment and at least one month prior to the expected date of birth.

In Sure Start Project in [Uttar Pradesh](#), the Information, Education and Communication (IEC) materials were distributed under Common Minimum Programme (CMP). One part of the CMP targeted building community ownership for the deliveries by involving gram panchayats, male participation besides birth preparedness and household identification of danger signs of pregnancy and child birth using a set of flash cards.

Apart from flash cards, the Sure Start project in Mumbai, [Maharashtra](#) developed a Birth Preparedness Complication Readiness (BPCR) sticker. The stickers were filled jointly by the woman with her family members. It covers information on hospital details, blood bank details and ambulance details, money set aside / borrowed for delivery expenses apart from other details. The project also established Community Resource Centers in each area which provide health-related information like contact information of autorickshaw drivers, ambulances and timings of health post and hospitals services to facilitate preparation for birth. The field workers were trained to develop the BPCR plans and were also trained in counseling skills, communication skills, Behaviour Change Communication techniques etc.

A manual developed by JHPIEGO and Family care International on [Monitoring Birth Preparedness and Complication Readiness](#) (BPCR) provides guidance in assessing and monitoring safe motherhood programs that intervene at multiple levels. It established a set of indicators, called BPCR Index at six levels: the individual woman, her family (husband/partner), the community, the health facility, the provider and the policy maker. Additionally, the [BPCR Matrix](#) developed by Maternal and Neonatal Health Programme lists the behaviours and skills that address delay-causing factors at various levels. The matrix can be used to select desirable and feasible activities and adapt them to local realities.

In [Chhatisgarh](#), the strategies adopted in the Rachna Programme had a significant impact on behaviour change. The training provided to service providers, block level officials and village level volunteers were focused on BPCR. The programme also involved parents-in-law and husbands during group discussions. The home visits/counseling focussed on identification of danger signs/complications and birth preparedness.

The Sure Start Project in Pune, [Maharashtra](#) implemented by Project Concern International (PCI) also used the BPCR Card in its project area with an objective to increase knowledge and practices related to BPCR among pregnant women. PCI also conducted a cross-sectional community based study to understand the effectiveness of BPCR card on facilitating the knowledge and practice of birth preparedness and danger signs, among pregnant women.

Members shared that one of the observations has been that high decision making power of husbands and their less involvement in the filling up of BPCR card is a major barrier to practice/utilize the information included in it. Further, it was said that beneficiaries easily remember and show interest to follow specific aspects of BPCR like making arrangements for transport and saving money. However, these factors require change in behaviour and level of knowledge on danger signs, antenatal and postnatal care etc are shown difficult to acquire and practice. Due to these reasons apart from financial constraints, birth preparedness is not easy to achieve.

Sustainable improvement in maternal and new born health through effective community action is possible only if secondary care units are available, accessible and are functioning 24\*7. If the facilities are not available then it will discourage community action. It was further said that apart from the focus on delay in seeking care by the woman, there is a need to also focus on delay in reaching care and in getting emergency care.

To conclude, along with provision of affordable, quality emergency obstetric and newborn care, Birth Preparedness and Complication Readiness can be a useful tool to impact and improve maternal and newborn health.

---

## Comparative Experiences

### Uttar Pradesh

#### **Birth Preparedness by Building Community Ownership and Involvement, Hardoi District** (from [Anil Kumar Sukumaran](#), *United Kingdom*)

In the Sure Start project in Hardoi district, IEC materials under the Common Minimum Programmes targeted building of community ownership for the deliveries by involving gram panchayats, male participation besides birth preparedness and household identification of danger signs of pregnancy and child birth. Efforts were made to identify the cases with bad obstetric history in the third trimester. Expected Delivery Date were calculated and Emergency Transport System were pre-identified with the help of village leaders, mothers' group and Village Health and Sanitation Committee's for transporting the needy women to the nearest hospital.

### Maharashtra

#### **Flash Cards, Stickers and Community Resource Centres for Birth Preparedness and Complication Readiness - Maharashtra, Mumbai** (from [Ashifa Sarkar](#), *SNEHA, Mumbai*)

The Sure Start project in Maharashtra provided 13 pictorial flash cards to field workers to give Behavior Change Communication (BCC) messages on healthy maternal and child health practices to pregnant and lactating women. One card focussed on messages on birth preparedness. In addition, SNEHA developed a Birth Preparedness Complication Readiness (BPCR) sticker in June 2009 completed jointly with the woman and her family and placed prominently in the house for easy visibility to all. The stickers cover key points like hospital details, blood bank details, ambulance details etc.

#### **Birth Preparedness and Complication Readiness Card, Pune** (from [Sunitha Thampi](#), *Project Concern International/India, Pune*)

Sure Start project in Pune has designed and implemented BPCR (Birth Preparedness and Complication Readiness) card in its project areas since August, 2008. The card includes information like details of nearby health facilities, blood bank, blood donors, pharmacy, transport facilities, saving money, documents for Janani Suraksha Yojana, danger signs during pregnancy and delivery, and details of mandatory laboratory tests during pregnancy. The field workers explain the content of the card to pregnant woman. The woman fills up the BPCR Card with help of field worker and family members.

### Chhattisgarh

#### **Focus on Birth Preparedness and Complication Readiness during training of workers, Chhattisgarh** (from [Niranjan Bariyar](#), *CINI, Ranchi*)

Care's RACHNA programme focussed on Birth Preparedness and Complication Readiness during the training programmes of Anganwadi Workers, Auxiliary Nurse Midwives and Mitanins. The Information, Education and Communication (IEC) also focused on identification of complications, danger signs and birth preparedness. High risk cases were identified during social map updation with inclusion of parents-in-law and husbands during group discussions along with involvement of PRI (Panchayati Raj Institutions).

---

## Related Resources

### Recommended Documentation

#### **Birth and Emergency Preparedness in Antenatal Care - Standards for Maternal and Neonatal Care** (from [Sunanda Gupta](#), WHO India Office, New Delhi)

Standards; by Department of Making Pregnancy Safer, World Health Organization, 2006

Available at [http://www.who.int/making\\_pregnancy\\_safer/publications/Standards1.9N.pdf](http://www.who.int/making_pregnancy_safer/publications/Standards1.9N.pdf) (PDF, Size: 462 KB)

*The document provides the details on the standards for maternal and neonatal care with details on birth plan and evidence from relevant studies.*

#### **CARE – Rachna Programme** (from [Niranjan Bariyar](#), CINI, Ranchi)

Final Evaluation; by Care India; May 2006

Available at <http://www.usaid.gov/in/Pdfs/Annexure A Care Rachna ER.pdf> (PDF; Size: 1.2 MB)

*Evaluation report of the CARE's Rachna Programme*

From [A. K. Debdas](#), Rajkumari Foundation, Jharkhand

#### **Red Card – Garbavastha aur Prastuti Ke Dauran Khatre ke Nishan**

Publication; by A.K. Debdas; Rajkumari Foundation; Jamshedpur

Available at <ftp://ftp.solutionexchange.net.in/public/mch/cr/res28061001.jpg>;  
<ftp://ftp.solutionexchange.net.in/public/mch/cr/res28061001.jpg>

*A 2 fold 4 pager providing brief information on the danger signs during pregnancy; delivery and after delivery, the publication was awarded the best publication award by FOGSI in 2007*

#### **Formula of "TWO" for Safe Maternity Right Through**

Publication; by A.K. Debdas; Rajkumari Foundation; Jamshedpur; June 2008; Hard copy can be requested from the organization

Available at <ftp://ftp.solutionexchange.net.in/public/mch/cr/res28061003.jpg>;  
<ftp://ftp.solutionexchange.net.in/public/mch/cr/res28061004.jpg>

*A small booklet providing crisp and precise information on antenatal care during pregnancy, during delivery and care of the newborn in Hindi*

From [Meenakshi Aggarwal](#), Research Associate

#### **Monitoring Birth Preparedness and Complication Readiness: Tools and Indicators for Maternal and Newborn Health**

Manual; by Maternal and Neonatal Health Program at Johns Hopkins Bloomberg School of Public Health and Family Care International; 2004

Available at <http://www.jhpiego.org/resources/pubs/mnh/BPCRtoolkit.pdf> (PDF, Size: 1.2 MB)

*Provides guidance in assessing and monitoring safe motherhood programs that intervene at multiple levels and establishes a set of indicators, called Birth Preparedness and Complication Readiness (BP/CR) Index.*

#### **Birth Preparedness and Complication Readiness: A Matrix of Shared Responsibility**

Poster; by Maternal and Neonatal Health Program; Published in 2001; revised 2004

Available at <http://www.jhpiego.jhu.edu/resources/pubs/mnh/bpcrmatrix.pdf> (PDF, Size: 300 KB)

*A programming tool which lists the behaviors and skills that address delay-causing factors at various levels and can be used by program planners to select desirable and feasible activities and adapt them to local realities.*

### **Is the Childbirth Experience Improved by a Birth Plan?**

Article; by Lundgren I, Berg M, Lindmark G; Journal of Midwifery and Women's Health, 2003, 48: 322–328; Permission Required: Yes; Paid Article

Abstract Available at <http://www.ncbi.nlm.nih.gov/pubmed/14526345>

*Study from antenatal clinics in Sweden concluded that although a birth plan did not improve the experience of childbirth in the overall group, it may be beneficial with regard to fear, pain, and concerns about the newborn for certain subgroups of women.*

### **Birth Preparedness: An essential part of ANC Counselling**

Module; by Family Care International

Available at [http://www.familycareintl.org/UserFiles/File/pdfs/sci\\_birth\\_prep\\_mod.pdf](http://www.familycareintl.org/UserFiles/File/pdfs/sci_birth_prep_mod.pdf) (PDF, Size: 383 KB)

*Provides a detailed birth preparedness module developed by Family Care International and gives details of the information needs.*

### **Recommended Organizations and Programmes**

From [Shalini Verma](#), Population Foundation of India, New Delhi

#### **Population Foundation of India, New Delhi**

B-28, Qutab Institutional Area, Tara Crescent, New Delhi - 110016; Tel: 91-11-42899770; Fax: 91-11-42899795; [popfound@sify.com](mailto:popfound@sify.com); [http://www.popfound.org/about\\_us.html](http://www.popfound.org/about_us.html)

*Conducting a systemic review of studies on effectiveness of Birth Preparedness and Complication Readiness interventions in reduction of first two delays associated with maternal mortality*

#### **USAID MCH STAR Initiative; New Delhi**

Upper Ground 4 - 9, Mohta Building; 4 Bhikaiji Cama Place; New Delhi – 110066; Tel: +91-11-46749900; Fax: +91-11-46749904; [info@mchstar.org](mailto:info@mchstar.org); <http://www.mchstar.org/>

*The MCH Star project of USAID is working to policies, program approaches and resources in the areas of maternal, neonatal, child health and nutrition (MNCHN) in India*

#### **Department of Making Pregnancy Safer (MPS); World Health Organization (WHO), Geneva** (from [Sunanda Gupta](#), WHO India Office, New Delhi)

20 Avenue Appia; 1211 Geneva 27; Switzerland; Tel: +41 22 791 3371; Fax: +41 22 791 5853; [MPSinfo@who.int](mailto:MPSinfo@who.int); [www.who.int/making\\_pregnancy\\_safer/publications/en](http://www.who.int/making_pregnancy_safer/publications/en)

*Published document on Birth and Emergency Preparedness in Antenatal care*

#### **Rajkumari Foundaiton, Jharkhand** (from [A. K. Debdas](#))

26; Nidhi Enclave; Nildih; Jamshedpur - 831003; Tel: 0657-2288777

*Developed and printed publications on Birth Preparedness and Complication Readiness which were awarded Best Publication by FOGSI in 2004 and 2007*

#### **PATH – Sure Start Project, India** (from [Anil Kumar Sukumaran](#), United Kingdom)

A-9 Qutab Institutional Area; USO Road; New Delhi – 110067; Tel: 91-11-26530080; Fax: 91-11-26530089; [info@path.org](mailto:info@path.org); <http://www.path.org/projects/sure-start.php>

*PATH is implementing Sur Start – A maternal and newborn health project and has developed a Common Minimum Programmes including birth preparedness*

#### **SNEHA – Society for Nutrition, Education and Health Action, Maharashtra** (from [Ashifa Sarkar](#), SNEHA, Mumbai)

310, 3rd Floor, Urban Health Center, 60 Feet Road, Dharavi, Mumbai 400017; Tel: +91 22 24042627 / 24086011; [snehamumbai@snehamumbai.org](mailto:snehamumbai@snehamumbai.org); <http://www.snehamumbai.org/our-work/maternal-a-newborn-health.html>

*Implementing the PATH's Sure Start Project in Mumbai and has developed Birth Preparedness Complication Readiness stickers.*

**Project Concern International/India, Pune, Maharashtra** (from [Sunitha Thampi](#))

"Yashashree", 8 Panini Society, Santnagar, Aranyeshwar, Pune 411009 Maharashtra; Tel: 91-020-24222334; [leena@pciindia.org](mailto:leena@pciindia.org); <http://www.pciindia.org/html/AboutUs.html>

*Project Concern International/India is implementing PATH's Sure Start Project in Pune and is working to improve knowledge and practice related to Birth Preparedness and Complication Readiness among pregnant women*

### **Related Consolidated Replies**

**Designing Birth Planning Calendars for Safe Motherhood, from Biswajit Padhi, SRUSTI, Nuapada (Experiences). Maternal and Child Health Community, Solution Exchange India,**

Issued 20 April 2007. Available at <ftp://ftp.solutionexchange.net.in/public/mch/cr/cr-se-mch-03040701-public.pdf> (PDF, Size: 188 KB)

*Discussed issues related to designing a birth planning calendar, including some real life examples and experiences on designing communication materials from the field*

**Implementing Home Based Life Saving Skills (HBLSS) Programme, from Jayashree Nair, Population Services International (PSI) India, New Delhi (Experiences; Referrals). Maternal and Child Health Community, Solution Exchange India,**

Issued 22 June 2007. Available at <ftp://ftp.solutionexchange.net.in/public/mch/cr/cr-se-mch-04060701-public.pdf> (PDF, Size: 140 KB)

*Discussed implementation issues of HBLSS including the Take Action Cards and identified referral points for further information and partnership.*

---

## **Responses in Full**

**[Niranjan Bariyar](#), CINI, Ranchi**

I would like to share our learning's from Care's RACHNA programme (from Chhattisgarh) where we focussed on Birth Preparedness and Complication Readiness during our training programmes (of AWW, ANMs and Mitani) and also in the IEC (Information, Education and Communication) focussing on identification of complications, danger signs and birth preparedness. The strategy adopted for behaviour change and to educate the community on the same, was trainings at all levels (service providers, block level officials and village level volunteers), IEC campaigns, developing work plans like structured home visits, educational sessions during Nutrition and Health days, identifications of high risk cases during social map updation, inclusion of parents-in-law and husbands during group discussions and involvement of PRI (Panchayati Raj Institutions).

There was no concrete result whether these resulted in lowering the incidences of maternal mortality; however these processes and strategies did have a significant impact in behaviour change, creating demand and increasing home visits and counseling by service providers/volunteers. These home visits/counseling focussed on identification of danger signs/complications and birth preparedness. Presented below is a table of RAPS (Rapid Assessment of Programme Survey) outcome conducted in Kanker district of Chhattisgarh from 2003 to 2005. This was conducted in 155 villages which were the replication sites where all the intervention were from the Government without any NGO partner support.

**DETAILS OF HEALTH AND NUTRITION INDICATORS CARRIED OUT IN RAPS  
III**

No	<b>Antenatal and Newborn Care</b>	<b>Nov-03</b>	<b>Jul-04</b>	<b>Sep-05</b>
		<b>in %</b>	<b>in %</b>	<b>in %</b>
1	Receipt of 2 doses of TT during pregnancy (among mothers of 0-5 mon children)	62.3	72.3	73.1
2	Prenatal check-ups: 3 or more (among mothers of 0-5 mon children)	26.5	33.9	51
3	Women who delivered at home (among mothers of 0-5 mon children)	87.7	85.4	88.8
4	Followed the use of 5 cleans at birth (among mothers of 0-5 mon children delivered at home)	39.4	66.4	86
5	Applied nothing to the cord or umbilicus (among mothers of 0-5 mon children delivered at home)	57.4	75.6	91.7
6	Dried and wrapped immediately after birth (among mothers of 0-5 mon children delivered at home)	3.5	9.4	7.6
7	Delayed bath for at least 3 days (among mothers of 0-5 mon children delivered at home)	12.7	48.6	74
8	Early breastfeeding (among mothers of 0-5 mon children delivered at home)	64.1	75.6	98.2
9	Pre-lacteal feeds not given (among mothers of 0-5 mon children delivered at home)	79.6	93.4	94.5
10	Any contact by ANM or AWW in the last trimester (among mothers of 0-5 mon children)	58	72.6	89.6
11	AWW or ANM present at home on day of birth (among mothers of 0-5 mon children delivered at home)	28.2	38.6	48.5
12	Mean number of visits by AWW+ANM in the 1st week (mothers of 0-5 m children delivered at home)	1.08	1.82	2.89
13	Any contact by CA in the last trimester (among mothers of 0-5 m children)	-	23.1	35.5
14	Any contact by CA in the first week after birth (among mothers of 0-5 m children delivered at home)	-	33.3	54.7
15	Advice about breastfeeding received by first week (among mothers of 0-5 m children delivered at home contacted by 1st week after delivery)	77.2	82.5	96.1
	<b>Outputs related to Nutrition</b>			
16	Receipt of supplementary food during pregnancy (among mothers of 6-23 m children)	91.9	92.3	97.1
18	Receipt of supplementary food after 6 months (among mothers of 6-23 m children)	78.5	89.8	93
19	Received at least 90 IFA tablets(among mothers of 0-5 m children)	37	61.7	81.8
20	Consumed at least 90 IFA tablets(among mothers of 0-5 m olds who received 90+ IFA)	51.7	88.4	92

The intervention can work at scale if learning's from a small successful model is used for knowledge building and reward and recognition. One danger sign 'take the women to a health

center, if labour pain continues for more than 12 hours' had a high acceptance and had high recall value.

Hope the information provided are useful for the study.

---

**Meenakshi Aggarwal, Solution Exchange, New Delhi**

I came across these resources which may be relevant to this discussion –

**I Monitoring Birth Preparedness and Complication Readiness: Tools and Indicators for Maternal and Newborn Health**

This manual is the product of a joint collaboration between the Maternal and Neonatal Health Program at Jhpiego and Family Care International through its Skilled Care Initiative. The manual provides guidance in assessing and monitoring safe motherhood programs that intervene at multiple levels. It establishes a set of indicators, called a Birth Preparedness and Complication Readiness (BP/CR) Index, for each of six levels: the individual woman, her family (husband/partner), the community, the health facility, the provider and the policymaker. It also provides a comprehensive set of tools for deriving these indicators and tracking progress. The manual therefore represents an initial attempt to establish a standardized set of indicators that could be used across countries and/or programs for monitoring safe motherhood programs based on a birth preparedness and complication readiness approach. (2004).

Available at <http://www.jhpiego.jhu.edu/resources/pubs/mnh/BPCRtoolkit.pdf> (PDF, Size: 1.2 MB)

**II Birth Preparedness and Complication Readiness: A Matrix of Shared Responsibility**

This fold-out poster describes 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. BP/CR includes the woman and her family, as well as the community, health care providers, facilities that serve them, and the policies that affect care for the woman and the newborn. 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 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. (2001).

Available at <http://www.jhpiego.jhu.edu/resources/pubs/mnh/bpcrmatrix.pdf> (PDF, Size: 300 KB)

Hope they are useful.

---

**Sunanda Gupta, WHO India Office, New Delhi**

The link below gives details of evidence based studies relevant to the topic. It provides a list of indicators to assess the intervention. Though there are no studies from India, the link is a good resource to design interventions on this important topic.

**Birth and Emergency Preparedness in Antenatal Care - Standards for Maternal and Neonatal Care developed by the Department of Making Pregnancy Safer, WHO, 2006—**  
[http://www.who.int/making\\_pregnancy\\_safer/publications/Standards1.9N.pdf](http://www.who.int/making_pregnancy_safer/publications/Standards1.9N.pdf) (PDF, Size: 462 KB)

**For further information please contact:**

Department of Making Pregnancy Safer (MPS)  
World Health Organization (WHO)  
20 Avenue Appia  
1211 Geneva 27  
Switzerland  
Tel: +41 22 791 3371  
Fax: +41 22 791 5853  
Email: [MPSinfo@who.int](mailto:MPSinfo@who.int)  
Web site: [www.who.int/making\\_pregnancy\\_safer/publications/en](http://www.who.int/making_pregnancy_safer/publications/en)

---

**A. K. Debdas, Rajkumari Foundation, Jharkhand**

We have two printed material on Birth Preparedness and Complication Readiness (BP/CR) both are in Hindi. The booklet on Birth Preparedness is of 16 pages. The RED CARD on Complication Readiness is a card of A6 size.

The Booklet was awarded the 'Best Publication Award' by FOGSI (The Federation of Obstetric and Gynaecological Societies of India) in 2004 and the Red Card was awarded the 'Best Publication Award' by FOGSI in 2007.

I would be sharing a copy with the Resource Team of the Community. Please contact them for further details.

---

**Anil Kumar Sukumaran, United Kingdom**

Sure Start Project (Bill and Melinda Gates Foundation funding through PATH) is a Maternal and Newborn Health (MNH) project being implemented since June 2006 in six rural districts of Uttar Pradesh and urban areas of Maharashtra. I was part of Sure Start team that implemented Sure Start project in Hardoi district. As a lead partner, PATH had a series of participatory meetings and developed several IEC (Information, Education and Communication) materials for the use of about 600 staff in Uttar Pradesh. These IEC materials were distributed in two modules: Common Minimum Programmes (CMP)-I and CMP-2. CMP-1 addressed the community mobilization while the CMP-2 targeted building community ownership for the deliveries by involving Gram Panchayats, male participation besides birth preparedness and household identification of danger signs of pregnancy and child birth.

Nine months were divided into three trimesters (T-1, T-2 and T-3) and CMP modules were administered accordingly. We identified households having women in their third trimester by pasting a yellow card in front of their house. Mobility of pregnant women in their third trimester is a crucial factor that we addressed by establishing inter-block communication, so that they get the support in their parental home. Meanwhile, efforts were also made to identify the cases with bad obstetric history in their third trimester. Expected Delivery Date (EDD) were calculated and Emergency Transport System were pre-identified with the help of Village leaders, Mothers' Group (pregnant and lactating mothers) and Village Health and Sanitation Committee (VHSC; headed

Gram Pradhan involving representatives of local groups, ANM and ASHA) for transporting the needy women to nearest hospital.

The IEC developed were very interesting -

- A set of about 16 flashcards; each set depicting danger signs of pregnant women and newborn
- Wall charts highlighting mothers' group meetings, open meetings of Gram Panchayat emphasizing their involvement for building ownership
- Toolkits for educating the village women about body (male and female) anatomy and physiology and showing the process of child birth
- Two letters for T-2 and T-3 targeted for male involvement highlighting the importance of love and care besides timely attention and birth preparedness
- A flip chart for steps-by-step education of the mothers of the importance and utility of birth registration, folate tablets, balanced diet, periodical health check-up etc.

We have seen similar sporadic efforts, but in this project we had the opportunity to systematically think, develop and use the IEC tools as we face different kinds of hurdles. They are user friendly, attractive with line drawings and printed in colour on hardbound paper. With due acknowledgement, I have introduced some of these tools in urban Maternal and Child Health (MCH) projects implemented by Mamta Health Institute for Mother and Child in Delhi urban slums. I am sure, PATH will be happy to share their tools for further broadcasting/replication.

You may send individual request to PATH India or Lucknow office for further information soliciting project outline, objectives, strategy, programme effectiveness and progress.

I wish this could be of help to achieve MDG-4 and MDG-5.

---

**Ashifa Sarkar, SNEHA, Mumbai**

SNEHA is an NGO that has focused on women and children's health in the slums of Mumbai since 1999. The SNEHA Sure Start project has been working in the N-Ward of Mumbai since 2007 in four vulnerable slum areas covering a population of 200,000. PATH developed the Sure Start Initiative to focus on improving Maternal and Newborn Health (MNH) in 7 urban areas of Maharashtra as well as in rural UP. SNEHA is one of the 7 urban partners in Maharashtra.

The Common Minimum Program (which is common to all 7 urban partners in Maharashtra) provides behavior change communication (BCC) messages about healthy MNH practices to pregnant and lactating women in the intervention areas. This is done through field workers who survey and visit these women and their newborns. Each field worker has a set of 13 highly pictorial flash cards with messages relating to healthy pregnancy, nutrition, antenatal check-ups, danger signs, Janani Suraksha Yojana (JSY), postnatal care, neonatal care. These flashcards and messages were developed by PATH and Institute of Health Management, Pachod (IHMP). Specifically to address delays in recognizing complications and encouraging early seeking of care for emergencies, there are 4 flash cards that cover antenatal, delivery, postnatal, and neonatal danger signs. These facilitate early identification of danger signs and early seeking of treatment. The field worker, using the flash card on JSY, also clearly informs each pregnant mother about the JSY scheme and explains the eligibility and requirements for availing of its benefits.

There is also 1 flash card specifically on points for birth preparedness. In addition to this flashcard, SNEHA Sure Start developed a Birth Preparedness Complication Readiness (BPCR) sticker in June 2009 that each field worker fills with each pregnant woman in her third trimester. These stickers are often completed jointly with the woman and her family and placed prominently in the house for easy visibility to all. It is also pictorial in nature and covers the following key points:

1. Hospital details where registered for delivery
2. Blood bank details
3. Money set aside / borrowed for delivery expenses
4. Ambulance / transportation details
5. Clothes prepared for mother and baby
6. File of medical / income / caste records
7. Contact person details
8. Details of person assuming household responsibilities

The importance of the BPCR issue was extended beyond just home visits too. It was the focus during some group meetings and exhibits were held at the local health posts during the antenatal, postnatal, and neonatal (APN) clinics to further generate awareness and reinforce importance of BPCR and knowledge of danger signs.

The establishment of Community Resource Centers (CRCs) in each area that house various health-related information also has indirectly affected birth preparedness of local pregnant women. Details such as **contact information of autorickshaw drivers, blood banks, ambulances and timings of health post and hospitals services** are now available at these CRCs (in addition to other resources) which are run by local resident volunteers. These details have been disseminated through the field workers to the pregnant women and are used to complete the SNEHA Sure Start BPCR sticker.

The following data is collected by the field workers to track behaviors of 16,894 eligible couples (the target population) in the intervention areas. Its purpose is to inform the on-going interventions, thus it is not necessarily validated.

	<b>Indicator</b>	<b>Jan-June 2009</b>	<b>July-Dec 2009</b>	<b>Jan-May 2010</b>
1	Pregnant women with complications/problems who took treatment for complications	97.5%	100%	98.0%
2	Women who took treatment out of those who developed complications during delivery	100%	100%	100%
3	Postnatal mothers who took treatment for postnatal complications	100%	100%	100%
4	Neonates took treatment for neonatal complications among total number of newborns with complications	97.2%	100%	100%
5	Delivered women benefiting from JSY scheme (among who delivered and eligible)	27.6%	67.7%	86.9%
6	BPCR Stickers completed	-	84.6%	93.3%
7	Number of community members who accessed JSY information through CRC	-	103	131
8	Number of community members who accessed health related information through CRC	-	-	318

There is no control group for this intervention. The project is following a baseline versus end line evaluation.

The SNEHA Sure Start approach requires intensive manpower and training. A team of 48 fieldworkers have been trained in MNH, home visits, group meetings, and information dissemination on an on-going basis since 2007. Developing BPCR plans is part of their responsibilities. The fieldworkers are local women from the communities, many with prior community work experience (Polio, Anganwadi, balwadi, Pratham library, SHG, etc.). Trainings have focused in counseling skills, communication skills, BCC techniques, and detailed and thorough recording. Building strong interpersonal relationships with other community women and their families is seen as of paramount importance.

A similar system could be replicated through existing infrastructure – e.g. Community Health Volunteers at Health Posts, ASHAs, RCH II Link Workers – however, it would need to be implemented realistically. Often other work (such as vertical programs like Pulse Polio and DOTS) may not make it feasible to allow for such detailed home visits, though the BCC messages and BPCR stickers could possibly be clubbed to already existing work. Detailed and on-going training and carefully planned workload for each field worker would be required.

Hope this response is useful for the study. Do let us know if you would have any questions or require any further details / information. We would be happy to help.

---

**Sunitha Thampi, Project Concern International/India, Pune**

Sure Start Project is an initiative by PATH that focuses on reducing maternal and newborn mortality and morbidity in eight districts of Uttar Pradesh and underprivileged urban areas of Maharashtra. Pune is one among the seven sites of the project areas in Maharashtra. The goal of Sure Start program is to catalyze sustainable improvement in maternal and new born health through effective community action. Project Concern International (PCI) is implementing the project in 415,000 population from Pune city. The project has piloted innovative strategies in Maternal and Newborn Health (MNH).

Situation Analysis study conducted by PCI from April 2007 to June 2007, in the project area revealed that awareness of pregnant women and her family about essential ANC (Antenatal Care), PNC (Postnatal Care) and newborn care, awareness on danger signs during pregnancy, knowledge about nearby hospitals and other medical facilities are inadequate. The study also showed that distance to medical facility, lack of knowledge about available resources, non-availability of vehicle at the time of emergency, influence of other family members in decision making and financial unpreparedness are major challenges which prevent women from accessing medical care. Baseline study conducted by PATH in 2007 showed that the awareness was very low on danger signs during pregnancy, labour, post partum care and neonatal care.

With an objective to increase knowledge and practices related to Birth Preparedness and Complication Readiness (BPCR) among pregnant women, Sure Start project in Pune has designed and implemented BPCR (Birth Preparedness and Complication Readiness) card in its project areas since August, 2008. It includes information like details of nearby and appropriate health facilities for mother and child, blood bank, blood donor, pharmacy, transport facilities, saving money, documents to be kept ready for getting Janani Suraksha Yojana Scheme (JSY), danger signs during pregnancy and delivery, and details of mandatory laboratory tests during pregnancy. The field workers of the project explain the content of the card to every pregnant woman who are registered with the project and to her family members. With the help of the field worker and family members, the pregnant women fill-up the BPCR card. It requires multiple visits by the field worker to furnish all the necessary information in the card.

To understand the effectiveness of BPCR card on facilitating the knowledge and practice of birth preparedness and danger signs, among pregnant women PCI has conducted a **cross-sectional community based study** using quantitative and qualitative research methods in April, 2010. The preliminary data analysis is completed and PCI is in the process of publishing the findings.

**Major observations during the implementation of BPCR cards are –**

- Significantly less involvement of husbands in the process of filling up the card
- Decision making power in the family is skewed and it is a major barrier for the pregnant women to avail appropriate service
- Field workers who are facilitating the implementation of BPCR cards should be well oriented about the objective of implementing the card

Some of the trends shown in preliminary analysis of the data are –

- Knowledge of pregnant women about an appropriate service/facility is not adequate for her to access it
- High decision making power of husbands and their less involvement in the filling up of BPCR card is a major barrier to practice/utilize the information included in it
- Beneficiaries easily remember and show interest to follow specific aspects of BPCR like making arrangements for transport and saving money. However factors require change in behaviour and level of knowledge like knowledge on danger signs, antenatal and postnatal care etc are shown difficult to acquire and practice
- BPCR card could achieve limited success in facilitating the utilization of JSY scheme to the beneficiaries.

---

**N S Iyer, Independant Consultnat-Maternal Health, Coimbatore\***

I am very much interested in the ongoing discussion on BPCR. My concern is that the findings related to Basic ANC and PNC are still appalling. This is even after so many years of work in the field by government as well as missionaries and NGOs. There is no dearth of such studies and findings in India and even after 10 years it appears that we will have the same findings.

There are a number of NGOs working in India on maternal health and they all have their limitation. Every one is ready to work at primary level. No one dares to enter the secondary care as they feel or somewhat know that in India nothing can be done. Sustainable improvement in maternal and new born health through effective community action is possible only if the secondary care units are there which are functioning 24\*7, accessible, available and affordable. If they are not there, it will only help in discouraging community action.

Piloting of such projects helps in addressing the first delay - Delay in seeking care. What about the delays in reaching care and getting care? Here by the word care I mean emergency care and not care for normal labour.

Let us invite ideas on how to provide affordable, quality emergency obstetric and newborn care, that are easily accessible and available round the clock. Then only BPCR will be complete and can have a impact on maternal and newborn health.

---

***Many thanks to all who contributed to this query!***

If you have further information to share on this topic, please send it to Solution Exchange for the Maternal and Child Health Community in India at [se-mch@solutionexchange-un.net.in](mailto:se-mch@solutionexchange-un.net.in) with the subject heading "Re: [se-mch] Query: Birth Preparedness and Complication Readiness Interventions - Experiences; Examples.. Additional Reply."

**Disclaimer:** In posting messages or incorporating these messages into synthesized responses, the UN accepts no responsibility for their veracity or authenticity. Members intending to use or transmit the information contained in these messages should be aware that they are relying on their own judgment.



Copyrighted under Creative Commons License "[Attribution-NonCommercial-ShareAlike 2.5](https://creativecommons.org/licenses/by-nc-sa/2.5/)". Re-users of this material must cite as their source Solution Exchange as well as the item's recommender, if relevant, and must share any derivative work with the Solution Exchange Community.



Solution Exchange is a UN initiative for development practitioners in India. For more information please visit [www.solutionexchange-un.net.in](http://www.solutionexchange-un.net.in)

---