

12

EVALUATING COMMUNITY-BASED MATERNITY CARE

SESSION 12

EVALUATING COMMUNITY-BASED MATERNITY CARE

Aims

- To enable students to evaluate the progress made in communities visited with regard to community-based maternity care.
- To provide encouragement and to give direction regarding future programmes.

Objectives

On completion of Session 12, students will be able to:

- Recall the diagram of The Road to Maternal Death (Session 1), Why did Mrs X die? and discuss ways of getting off that Road in a community with which they are familiar.
- Recall the statement made earlier in Session 3, and evaluate its stage of implementation.
- Develop an action statement with regard to future community-based care.

Plan

Group work, discussion (2 hours).

Resources

Instructions for Group Work.

Diagram of The Road to Maternal Death.

Evaluation sheet.

Video "Opening the gates to life". This video is on sale from the World Health Organization, Marketing and Dissemination, CH-1211, Geneva 27, Switzerland. email: publications@who.int

INTRODUCTION

In this last session of the Foundation module, students will be given the opportunity to decide for themselves whether their activities in the community have made a difference. If no difference can be seen, they are also enabled to evaluate why not.

However, before the session is started, the teachers should ask themselves the following questions:

1. *What recommendations am I expecting? (The teacher will have a good idea about the problems encountered in providing care in local communities. Do not make recommendations for the students, but think ahead in order to guide and encourage them).*
2. *Which of these recommendations do I have authority to implement?*
3. *Which of the expected recommendations do I need to refer to someone with different or higher authority? (Decide on the first steps in doing this).*
4. *How will I cope with recommendations/ideas from students which I consider inappropriate or unwise? (Think about this in the local situation. If it is really inappropriate it is either the wrong time, wrong approach or not very helpful anyway).*

Approach these issues with an open mind.

Remember, being a pioneer is not easy, and if you meet with problems this is normal!

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Ask the students to form discussion groups to consider these questions.

- *What difference has our studying this module made to the people of the communities we have visited?*
- *Has safe motherhood been made possible for anyone in the community because of our commitment?*

If there are negative answers to either of these questions, discuss why it was not possible to bring about change.

Lead the students into discussion and provide an opportunity for them to share their experiences.

Remind the students about the story of Mrs X. Explain that they are going to evaluate the situation in the community/communities where they have been working throughout this module.

Divide the students into groups of approximately six and give them the Instructions for Group Work. If possible they should join a group which includes colleagues they worked with in the community.

Refer to the diagram “The Road to Maternal Death” included again at the end of the session. You may choose to sketch “The Road” and label it on a blackboard or flipchart which the students can refer to before and during the group work.

Provide the students with the Instructions for Group Work, “The Road to Maternal Death” diagram, the Evaluation sheet and a copy of the Statement of Intent from Session 3.

Following the group work, allow time for feedback.

Address each of the points which the groups were asked to discuss, and consider them more fully with the whole class.

By the end of the feedback and discussion time you should have agreed on an action statement.

It would be wise to discuss the students’ recommendations in the action statement with colleagues in management and teaching.

Make sure that an action statement becomes an action, and not just an idea.

Remember, solving some of these problems will mean that some women’s lives will be saved. It is worth every effort.

Summarize.

You may wish to conclude the module by showing the video “Opening the Gates to Life”. This video explains how “The Road to Maternal Death” can be transformed into “The Road to Life”.

INSTRUCTIONS FOR GROUP WORK

You will need:

- The diagram of The Road to Maternal Death.
- The Evaluation sheet: evaluation of safe motherhood status in _____ Community
- A copy of the Statement of Intent which you made earlier in this module.

1. The Community:

Think about the community where you have been working. Discuss the following questions:

- In your community, do you have the same sort of problems as Mrs X?
- If so, are there exits off The Road to Maternal Death for women in that community?

Complete the Evaluation sheet.

Be honest but realistic.

2. Statement of goals:

- (a) Has the Statement which you made in Session 3 been put into practice?
- To some extent?
 - To a large extent?
 - Not at all?

- (b) Do you need to modify your Statement in any way?

Remember that it must be realistic. If you have not been able to put it into practice, or either very little, consider the following:

- Is it realistic?
- Are there matters which are beyond your control (e.g. finance, management, legislation)?

If the answer here is yes, discuss who can help and what is your best approach (e.g. managers, teachers, Ministry/Department of Health, other government or nongovernmental organizations).

Should you make official recommendations?



3. Action statement:

Write a statement which will help promote safe motherhood in the community for which you are responsible.

Example:

“This group affirms that maternity care in the community is essential to safe motherhood. We wish to re-affirm our statement made on _____ and further commit ourselves to the following action:

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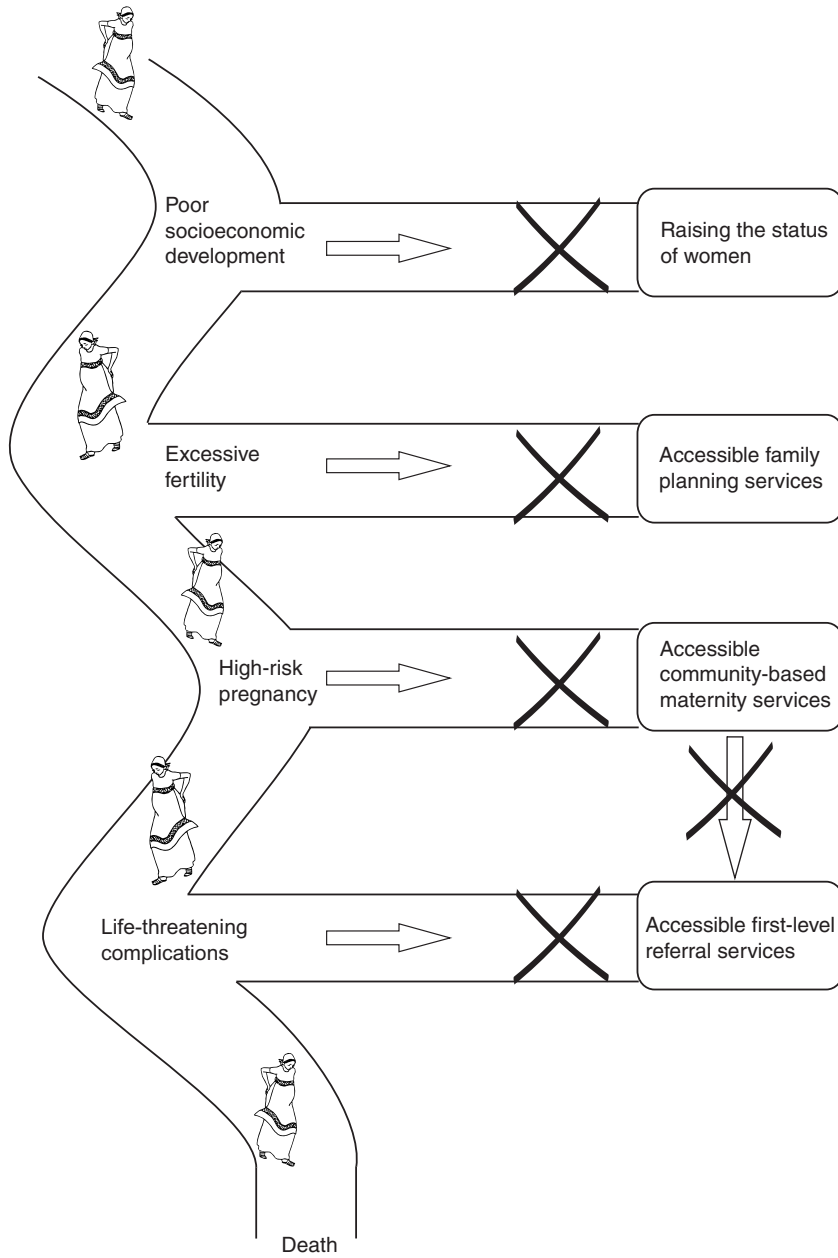
Appoint a group leader, and someone to report back on behalf of the group.
You have one hour in your group.

Evaluation of safe motherhood status in _____ (community)
 (Refer to The Road to Maternal Death diagram)

Problem identified on the “ Road to maternal death”	<ul style="list-style-type: none"> ▪ Does not exist ▪ EXIT available 	<ul style="list-style-type: none"> ▪ Exists but is being addressed <ul style="list-style-type: none"> a. by other workers* b. community members 	Needs attention
1. Poor socioeconomic status: (Exit needed = raising the status of women)			
2. Excessive fertility: (Exit needed = family planning services)			
3. High risk pregnancy: (Exit needed = community-based maternity services)			
4. Life threatening complications: (Exit needed = accessible first level referral services)			

* If there are other workers involved, discuss how you could cooperate with them.

THE ROAD TO MATERNAL DEATH



GLOSSARY

As this is a combined glossary for all six modules, the terms below may not necessarily be found in this module.

A

Abortion

The term refers to the termination of pregnancy from whatever cause before the foetus is capable of extrauterine life.

Complete abortion is the expulsion from the uterus of all the products of conception, which is more likely to occur before the eighth week of pregnancy.

Incomplete abortion is the partial expulsion of the products of conception. All or part of the placenta may be retained resulting in profuse bleeding. Usually occurs in the second trimester of pregnancy. Women who seek emergency treatment for complications of abortion, whether they have had a spontaneous or induced abortion, are most often diagnosed with incomplete abortion.

Induced abortion refers to the termination of pregnancy through deliberate interference to end the pregnancy. Induced abortion may take place in a safe health care setting and in accordance with the law and health policy guidelines or it may occur outside of the health care system and the provisions of the law.

Inevitable abortion involves vaginal bleeding, abdominal cramping and progressive dilation of the cervix, with or without rupture of the membranes. It is impossible for the pregnancy to continue and eventual expulsion of the products of conception will occur.

Missed abortion occurs when the fetus dies and is retained in the uterus. The dead conceptus will be expelled eventually, although blood coagulation disorders may develop in cases of missed abortion which persist for more than 6–8 weeks.

Septic abortion

An abortion (loss of pregnancy during the first 22 weeks) that is followed by infection of the uterus and may spread throughout the genital tract causing fever and chills, foul-smelling vaginal discharge, pelvic pain and septicaemia. Septic abortion happens most commonly where facilities and standards are poor.

Spontaneous abortion refers to terminated pregnancy for which no deliberate steps have been taken to end the pregnancy. Spontaneous abortion, which is sometimes referred to as miscarriage, affects approximately 10–15% of all known or suspected pregnancies.

Threatened abortion involves vaginal bleeding with or without cervical dilatation. The symptoms may resolve and a viable pregnancy may continue. If the symptoms continue, the pregnancy will result in an inevitable, complete or incomplete abortion.