The BetterBirth intervention was designed to improve the quality of facility-based childbirth care for women and infants. The BetterBirth randomized controlled study combined the WHO Safe Childbirth Checklist with supportive, peer-to-peer, birth attendant coaching and feedback in primary care facilities in Uttar Pradesh, India. We measured the intervention’s impact on:

» Birth attendant delivery of Checklist essential birth practices, such as handwashing and taking temperature
» Rates of maternal/perinatal death within seven days of delivery
» Maternal complications within seven days of delivery, including seizures, loss of consciousness for more than an hour, fever with foul-smelling vaginal discharge, hemorrhage, and stroke

Location: Uttar Pradesh (UP), India, population 204 million

» UP maternal mortality ratio: 258 deaths per 100,000 live births; neonatal mortality rate: 32 deaths per 1,000 live births
» India’s maternal mortality ratio (2015): 174 per 100,000 live births; neonatal mortality rate (2016): 25 per 1,000 live births

Partners:

» Ariadne Labs
» Harvard T.H. Chan School of Public Health
» Governments of India and Uttar Pradesh
» Community Empowerment Lab (Lucknow, India)
» Jawaharlal Nehru Medical College (Belgaum, India)
» Population Services International
» World Health Organization
» Supported by the Bill & Melinda Gates Foundation

Study Size:

» More than 300,000 women and babies
» 120 primary care centers and first referral units (60 intervention/60 control)
» 168 birth attendants coached over 8 months and 43 visits
» More than 60 facility medical officers and 24 district medical officers collaborated on quality improvement

Study Data:

» Achieved 98.3% data accuracy with an extensive data quality assurance protocol
» Achieved 99.7% follow-up with women in the study to track 7-day outcomes

Results

Percent of Checklist essential birth practices completed by intervention sites and control sites:

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After two months of coaching, intervention sites performed 1.7x the number of essential birth practices as control sites. (Intervention sites completed 73%, while the control sites completed 42%.)

Four months after coaching ended in the intervention sites, they performed 1.4x the number of essential birth practices as control sites. (Intervention sites completed 62%, while the control sites remained unchanged at 44%.)

Overall, birth attendants who were coached to use the Safe Childbirth Checklist performed significantly more of the essential birth practices that are linked to improved care for women and newborns.

However, the intervention had no impact on maternal and neonatal mortality rates or maternal complications.

To download the Safe Childbirth Checklist and learn more, visit www.ariadnelabs.org/betterbirth