IMPROVING PERINATAL OUTCOMES THROUGH CLINICAL MENTORSHIP: A CASE OF BUSIA COUNTY

Introduction
◊ Clinical mentorship complements the intensive clinical trainings (WHO 2006).
◊ “Low dose high frequency trainings”.
◊ Sub—county Mentors are ToTs for EmONC & KMC. County RH dept supervises.
◊ Mentees followed at intervals until mastery of skills is demonstrated.

Areas of mentorship
⇒ Signal functions of BEMONC/CEMONC
⇒ Breech deliveries
⇒ Partograph use in labor
⇒ KMC

Objective: To document the effect of clinical mentorship program on perinatal outcomes in a BEMONC and CEMONC facility

Methods
• Cross – sectional data at two similar 10 month time points: October 2015 – July 2016 (pre – intervention period) and August 2016 – May 2017.
• Two – sample mean comparison t – tests compared perinatal outcomes indicators between two periods.

Results 1: Mode of delivery
⇒ Overall deliveries: CEMONC - 304 vs 223 (p=0.0366); BEMONC—107 vs 110
⇒ AVDs (%): BEMONC - 0 vs 2.44 (p<0.0001); CEMONC—0.92 vs 0.26 (p=0.0218)
⇒ C/S (%): CEMONC: 14.36 vs 11.01 (p=0.0991)

Results 2: Perinatal mortality outcomes
⇒ FSBs decreased from 0.47% to 0.09% at BEMONC facility (81%) (P <0.05)
⇒ MSBs reductions: CEMONC – 1.57% to 1.12% (29%) and BEMONC – 0.84% to 0.63% (25%)
⇒ NNDs reductions: CEMONC – 2.82% to 1.79% (37%, p<0.05) and BEMONC – 0.47% to 0.45% (4%).

Conclusion and recommendation: Regular mentorship improves the quality of obstetrics care contributing to improved perinatal outcomes.