Save the Children

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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.