

innovating to save lives



an affiliate of Johns Hopkins University

In partnership with:



Safer Cesarean Births –Tanzania

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Jhpiego

Cesarean Section Safety and Quality in Low Resource Settings 27 – 28
July 2017, Boston
Harvard School of Public Health

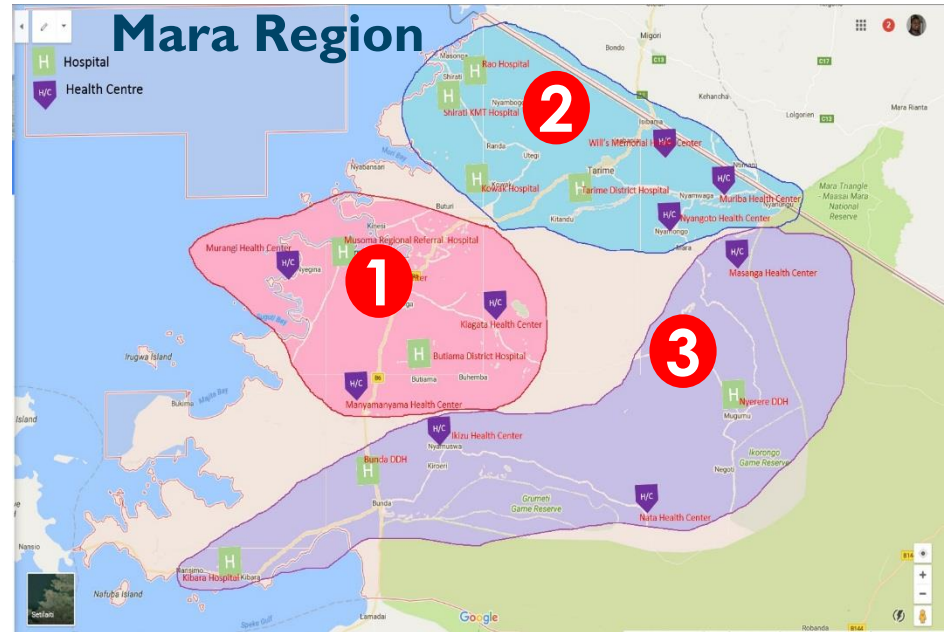
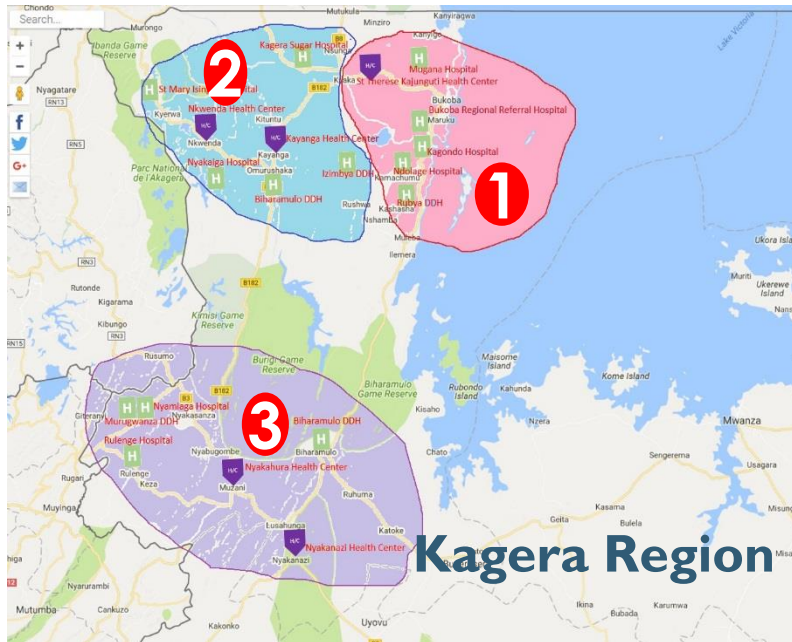
Context

- Leverage SS2020 investments to date
- Build on Ethiopia Safe Surgery project – focus on surgical team leadership
- Jhpiego's platform and relationships in Tanzania
- High post-C/S infection rates
- National Surgical, Obstetrics, Anesthesia Plan (NSOAP) being drafted

Project Description

- **Goal:** Reduce cesarean section related infection and maternal morbidity through a unified and cohesive program: **leadership and clinical skills**
- **Approach:** Identify surgical teams at high volume district and regional facilities
 - Create an enabling environment for surgical change (leadership)
 - Implement safe cesarean practices to reduce maternal and newborn surgical morbidity and improve care (clinical)
- **Donor:** ELMA Philanthropies and GE Foundation, building on USAID bilateral)
- **Partners:** Government of Tanzania, Jhpiego and Safe Surgery 2020
- **Geographic Focus:** 40 facilities in 5 regions of the Lake Zone
- **Duration:** 2 Years

40 Facilities in 2 Regions



Monthly Mentorship

**Needs and
Baseline
Assessments**



**Leadership
Capacity
Development**



**Mentorship
Capacity
Development,
Clinical
Standardization**



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Monitoring and Evaluation

Needs and
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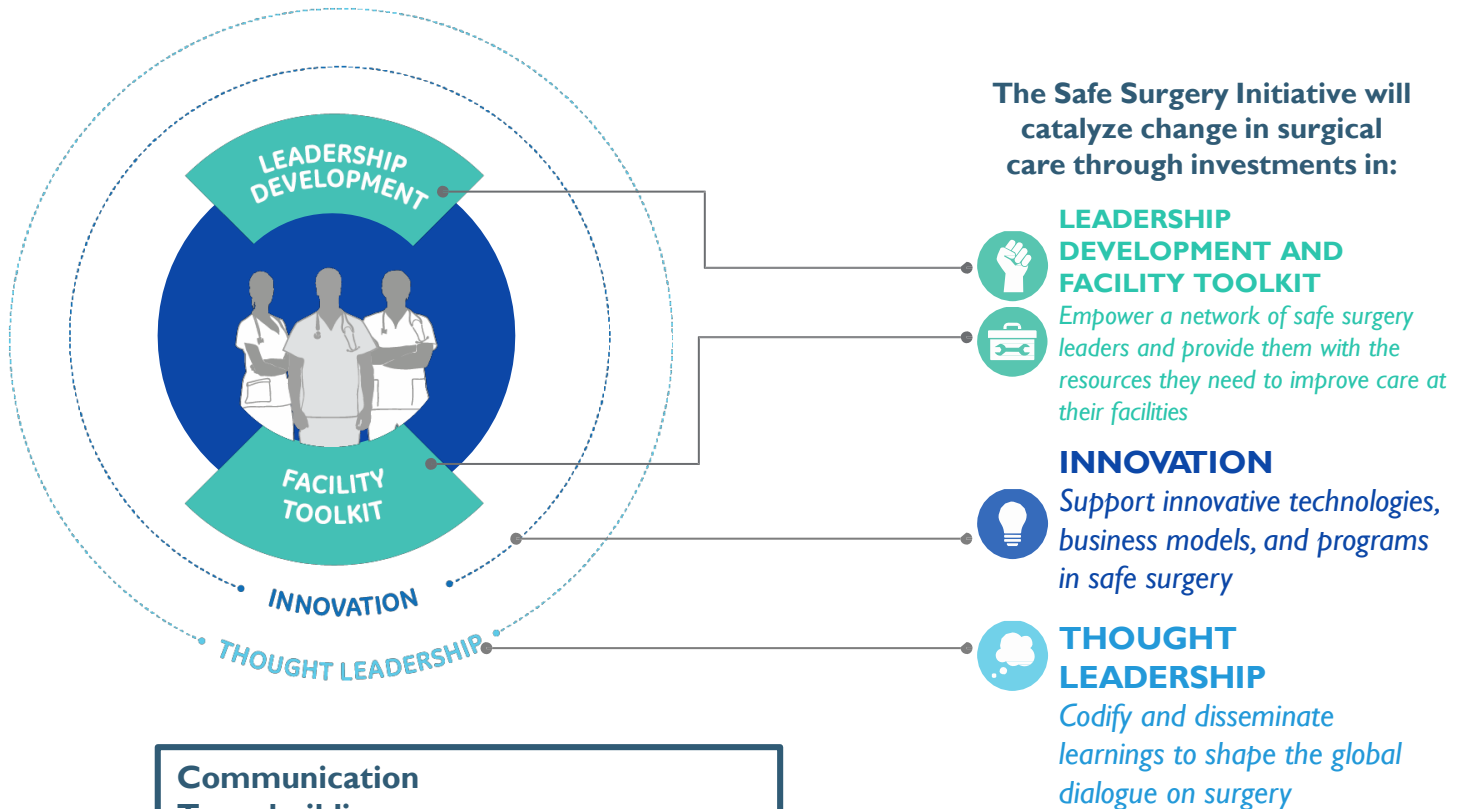
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Monitoring and Evaluation

Leadership Capacity Development

Safe Surgery Initiative Model



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Monitoring and Evaluation

Safe Cesarean Birth Practices

- Appropriate use of prophylactic antibiotics
- Proper skin preparation technique
- Vaginal cleansing with povidone-iodine immediately prior to cesarean section
- Adequate tissue oxygenation
- Proper surgical techniques
- Proper infection prevention

Cesarean Section Surgical Safety Checklist

Robson Classification to assess, monitor and compare cesarean section rates

Patient Pathway Tool to assess level of readiness and organization of services

Data Management Tools to collect, visualize and analyze key indicators

C-SECTION SURGICAL SAFETY CHECKLIST

Registration Number: _____

Date of Surgery: _____

Patient Name: _____

Husband Name: _____

Before Anesthesia Procedure

SIGN IN

C-SECTION TEAM VERIFIES:

- ☐ All operating and newborn team members have been mobilized
- ☐ Level of urgency for C-S
- ☐ Patient has confirmed her identity, procedure (s), and consent
- ☐ Anesthesia machine and medication check complete?
- ☐ Pulse oximeter on the patient and functioning
- ☐ If patient has known allergy
- ☐ Antibiotic prophylaxis given/time
- ☐ Appropriate/recent antacid prophylaxis has been given
- ☐ If patient has a difficult airway or aspiration risk
 - ☐ If Yes, if equipment/assistance available
- ☐ Blood group/Rh and Hb results
- ☐ Blood is available
- ☐ Readiness of necessary equipment, instruments and materials for operation and resuscitation (adult and newborn).

Before Skin Incision/Procedure

TIME OUT

C-S TEAM MEMBERS ALL PRESENT INTRODUCE THEMSELVES BY NAME & ROLE

VERBALIZED OUT LOUD

FOR ALL TEAM MEMBERS TO VERIFY

STOP!

SURGICAL TEAM CONFIRMS:

- ☐ Correct patient and correct procedure.
- ☐ Written consent on the chart (if applicable in the setting)

NURSING VERIFIES:

- ☐ Sterility of equipment and instruments
- ☐ Skin prep with Chlorhexidine-alcohol
- ☐ Vaginal prep with povidone-iodine

SURGEON VERIFIES:

- ☐ Anticipated critical or unexpected steps
- ☐ Anticipated procedure level of difficulty and duration
- ☐ Anticipated blood loss
- ☐ Any patient-specific concerns

ANESTHETIST VERIFIES:

- ☐ Any patient-specific concerns

NEWBORN PROVIDER VERIFIES:

- ☐ Any newborn-specific concerns

Before Patient Leaves Room

SIGN OUT

VERBALIZED OUT LOUD FOR ALL TEAM MEMBERS TO VERIFY

OPERATIVE TEAM MEMBERS VERIFY:

- ☐ Name of procedure
- ☐ Hemostasis secured and uterotonic given
- ☐ Instrument, sponge, and needle counts are correct

- ☐ Specimen labeling & pathology forms filled out per protocol

- ☐ Equipment/Instrument problems to be addressed

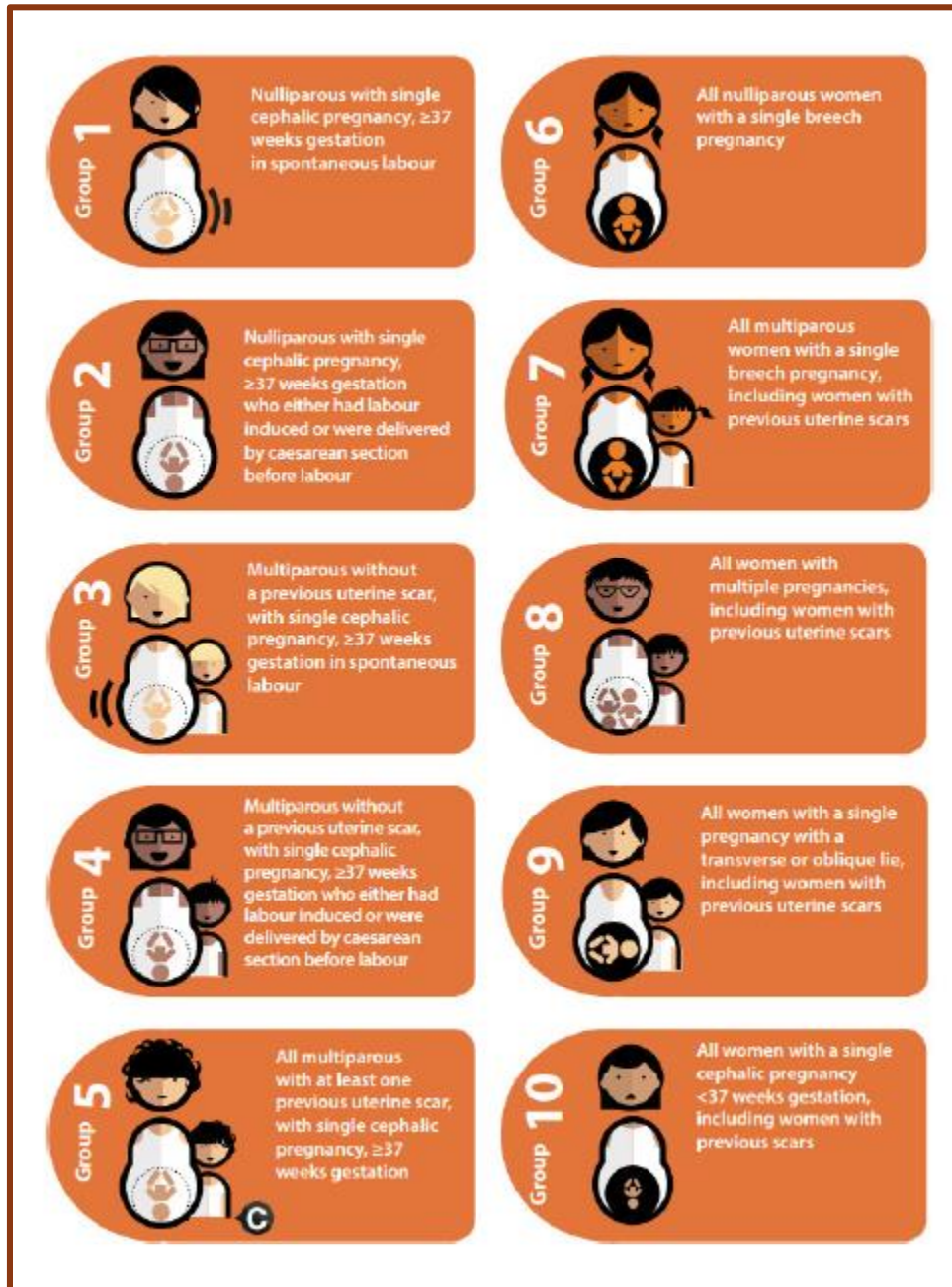
- ☐ Where patient will immediately be recovered followed by ward for post-op care

OPERATIVE TEAM MEMBERS DISCUSS:

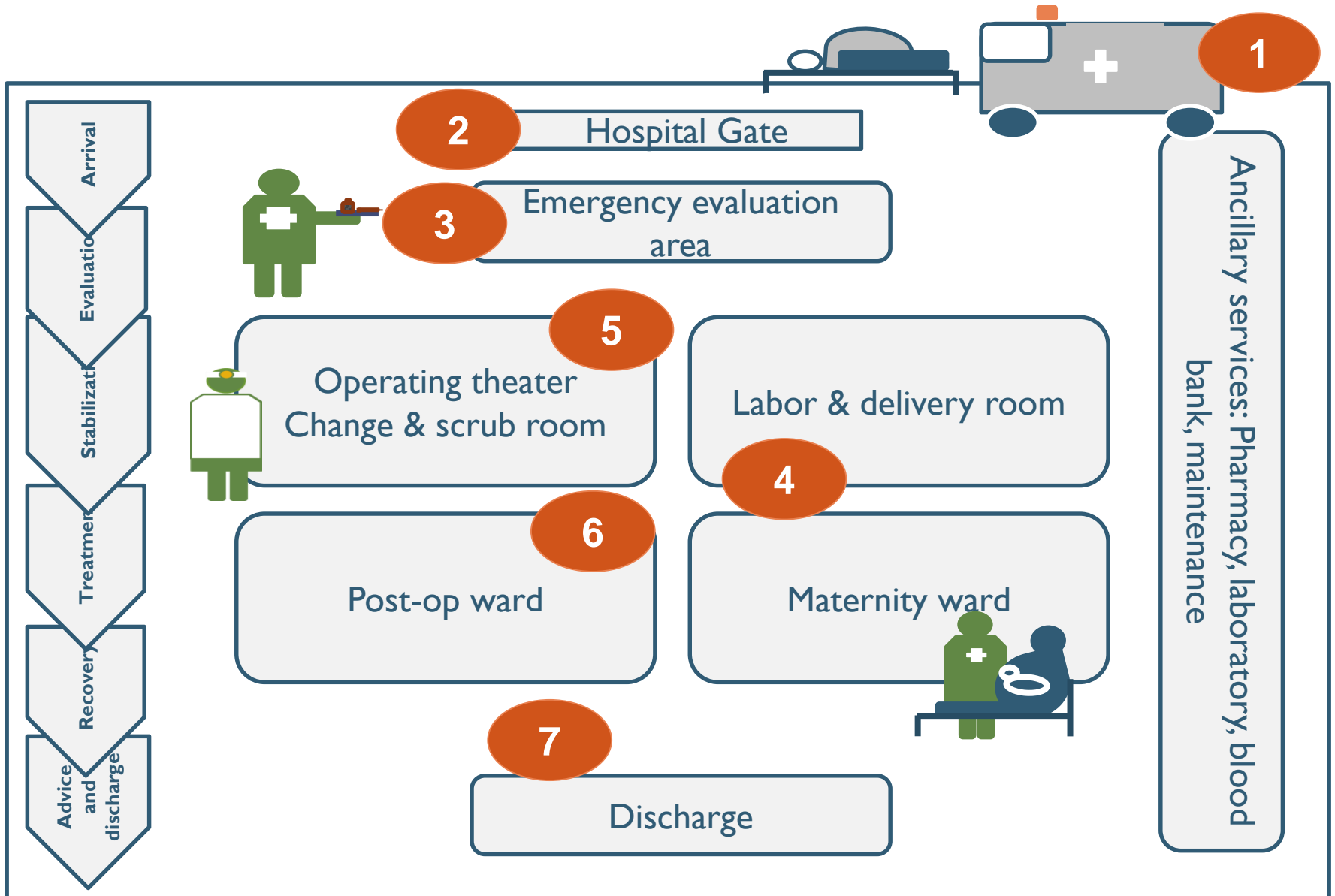
- ☐ Key concerns for recovery and management of patient

Based on the WHO Surgical Safety Checklist

Robson Classification



Cesarean Birth Patient Pathway



Data Management



- Identify Priority Indicators
- Capacity development to:
 - ✓ Collect
 - ✓ Visualize
 - ✓ Analyze
 - ✓ Use data for decision making

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Monitoring and Evaluation

Thank you!