Safer Cesarean Births – Tanzania

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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

Kagera Region

Mara Region

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Needs and Baseline Assessments

Leadership Capacity Development

Mentorship Capacity Development, Clinical Standardization

Safer Cesarean Birth Course

Monitoring and Evaluation

Monthly Mentorship
Needs and Baseline Assessments
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Safe Surgery Initiative Model

The Safe Surgery Initiative will catalyze change in surgical care through investments in:

**Leadership Development and Facility Toolkit**
Empower a network of safe surgery leaders and provide them with the resources they need to improve care at their facilities.

**Innovation**
Support innovative technologies, business models, and programs in safe surgery.

**Thought Leadership**
Codify and disseminate learnings to shape the global dialogue on surgery.

Communication
Team building
Critical thinking
Management; negotiation and conflict
Innovation

Innovating to save lives
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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 uterotonically 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

Safe Surgery 2020
innovating to save lives

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**Robson Classification**

**Group 1:** Nulliparous with single cephalic pregnancy, ≥37 weeks gestation in spontaneous labour

**Group 6:** All nulliparous women with a single breech pregnancy

**Group 2:** Nulliparous with single cephalic pregnancy, ≥37 weeks gestation who either had labour induced or were delivered by caesarean section before labour

**Group 7:** All multiparous women with a single breech pregnancy, including women with previous uterine scars

**Group 3:** Multiparous without a previous uterine scar, with single cephalic pregnancy, ≥37 weeks gestation in spontaneous labour

**Group 8:** All women with multiple pregnancies, including women with previous uterine scars

**Group 4:** Multiparous without a previous uterine scar, with single cephalic pregnancy, ≥37 weeks gestation who either had labour induced or were delivered by caesarean section before labour

**Group 9:** All women with a single pregnancy with a transverse or oblique lie, including women with previous uterine scars

**Group 5:** All multiparous with at least one previous uterine scar, with single cephalic pregnancy, ≥37 weeks gestation

**Group 10:** All women with a single cephalic pregnancy <37 weeks gestation, including women with previous scars
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!