

WHO Safe Childbirth Checklist Collaboration

EVALUATION REPORT



World Health
Organization

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About this document

This document presents the results of an evaluation of the WHO Safe Childbirth Checklist Collaboration and provides useful insights for any group wishing to implement the WHO Safe Childbirth Checklist. It first provides an overview of the WHO Safe Childbirth Checklist and the Collaboration set up to explore factors that influence use of the Checklist in diverse settings around the world. This section includes information on the Collaboration members and their work. It then describes the methodology of the evaluation and ultimately the results.

Background

Estimates from 2015 suggest that 303 000 women die every year during and following pregnancy and childbirth.¹ Complications in pregnancy and childbirth are one of leading causes of death among adolescent girls in developing countries, with the risk of mortality highest for mothers under 15 years of age.^{2,3} Furthermore, approximately 2.7 million newborn babies die every year within the first month of life,⁴ and an additional 2.6 million are stillborn.⁵

Analysis shows that the greatest burden of maternal and perinatal mortality is clustered around the time of birth, with the majority of deaths occurring in the first 24 hours after delivery.

Achieving skilled attendance at every birth has emerged as a global priority as timely management and treatment can make the difference between life and death for both the mother and her baby. In practice, however, poor quality care is frequently observed and has been identified as a major contributor to childbirth-related harm.^{6,7} A WHO-led multi-country study also suggests that the provision of life-saving interventions alone is not enough

The WHO Safe Childbirth Checklist

The World Health Organization (WHO) established a working group to analyse the common causes of morbidity and mortality around the time of childbirth. The group identified three components of childbirth that suggested the process would be amenable to improvement through a checklist-based intervention: 1) the major causes of maternal and perinatal mortality are well known; 2) most deaths occur within a narrow time frame; and 3) international guidelines for essential practices during childbirth exist but are not systematically followed. Furthermore, it was recognized that interventions may be simple to perform, but can be difficult to remember and execute in the proper sequence.

As such, WHO and the Harvard T.H. Chan School of Public Health developed a checklist to support the delivery of essential maternal and perinatal care practices. The WHO Safe Childbirth Checklist contains items addressing the major causes of maternal death,

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