

## User's Guide for Programme Managers and Supervisors for the

### **ASSESSMENT AND OBSERVATION TOOL: "CARING" BEHAVIORS BY MATERNITY CARE PROVIDERS**

developed by The CHANGE Project

Many women, although they recognize the safety and other advantages of facility-based delivery with a skilled attendant, still choose home birth with a traditional attendant because they value the caring, supportive behavior available in that environment. In Bangladesh, 92% of births take place in the home. Research has shown that the attitudes and behaviors of skilled providers affect the use of skilled childbirth care, especially facility-based maternity care.

A tool was needed to objectively assess the actual behaviors of individual midwives and other skilled providers during labor and delivery in a facility setting. **The Assessment and Observation Tool: "Caring" Behaviors by Maternity Health Providers was developed to meet this need.** It is based on scientific evidence and research.

This user's guide describes the steps in the process of adapting and using the maternal provider behavior assessment tool. Facilities or programs can then plan strategies (including behavior change interventions), based on the assessment results, to improve maternal provider "caring" behaviors during labor and delivery and to increase utilization of skilled childbirth care.

#### **What is it? (description)**

It is a two-page observation tool that is used in a labour and delivery unit of a hospital over a period of two to three days. One or two observers sit in the labour and delivery unit and mark on the tool when a health provider performs one of the behaviors on a select patient. The tool collects data on "caring" behaviors as well as clinical care. When complete, the tool provides data on the quality of care provided to patients, both "caring" and clinical.

The tool collects data in three areas:

1. labour and delivery unit: staffing; patient to provider ratio; students
2. observations of behaviors by health patient information and clinical data on the patient
3. patient information and clinical data on the patient.

### **Why would you use it? (purpose)**

The purpose of the tool is to assess maternal care provider behaviors during labor and delivery. Supportive and caring provider behavior can be identified and encouraged. Poor provider behavior is a barrier to increased utilization of skilled childbirth attendance and facility-based childbirth and can be addressed. Uses of the tool include:

- an assessment tool of the quality care provided in a labour and delivery unit
- a supervisory tool to be used periodically over time
- an assessment tool and set of guidelines for quality care for pre-service training programs
- integrated into clinical skills training for nurses, midwives, family welfare visitors, and physicians.

### **Who should use this tool it? (target group)**

The tool can be used at national level, district hospital level, health center level and/or clinic level.

- **Program planners or project managers** can use the tool to design strategies and interventions on a larger scale to improve the behaviors of maternal care providers during labor and delivery.
- **Pre-service nursing and midwifery educators/tutors** can use the tool to serve as practical behavioral guidelines to strengthen the pre-service behavioral training of midwives and other maternal health care providers.
- **In-service training coordinators** can use the tool in a similar way as a part of ongoing in-service educational activities.
- **Supervisors of labor and delivery units** can use the tool to help assess the content and quality of their staff's behaviors on the job. It can also be used as a supervisory tool, providing an objective basis to demonstrate improvements in client/provider interaction and provider behaviors.

### **How is the tool used? (instructions)**

The *Assessment and Observation Tool: "Caring" Behaviors by Maternity Health Providers* collects three types of information: **(Please look at the tool to identify this information.)**

- patient information and clinical data on a patient in the process of labor/delivery,
- basic information on the clinical setting on the labor and delivery unit (type of staff present, patient to provider ratio, number of students present). These factors can influence the ability of providers to provide care to patients, and
- recorded observations of provider's behaviors and interactions with clients during labor and delivery

**STEPS IN THE REVIEW, ADAPTATION AND USE OF ASSESSMENT AND OBSERVATION TOOL: “CARING” BEHAVIORS BY MATERNITY HEALTH PROVIDERS**

**Materials needed:** Hospital uniform, white apron or white laboratory coat with name tag  
Clipboard  
2-3 pencils and eraser  
Shoes appropriate for the delivery room  
6-8 observation tools

**Time in labor and delivery unit:** 5-8 hours for 2-3 days

**Step I: Review and adapt the *Assessment and Observation Tool: “Caring” Behaviors by Maternity Health Providers* tool to reflect local setting and program needs**

**A. Establish a working group**

The working group should include key persons such as:

- senior matrons of labor and delivery units,
- senior midwife tutors, principals, or other senior educators
- maternal care providers
- policy-makers
- representatives from Ministries of Health and interested donor organizations.

**B. Review the tool**

The working group can:

- review the complete generic tool with the full set of 97 maternal provider behaviors
- review the assessment tool developed for Bangladesh and Kenya to see how the list of behaviors becomes an actual tool after modifications are made by a working group
- discuss their relevance to your local setting, and the possible changes required.

**C. Adapt the tool to meet local needs**

- Based on the discussions above, modify the sample assessment tools by adding, deleting, and/or substituting behaviors that are more locally appropriate.
- Try not to increase the number of behaviors in locally adapted assessment tool. The shorter the tool is, the simpler it is to conduct the assessment in an on-site labor and delivery unit setting.

**D. Produce a draft tool for pretesting**

- Using the templates provided on the diskette that accompanies this user's guide, make the necessary modifications to the file, and print locally appropriate draft version of the assessment tool for pretesting.
- After lessons learned from the pretest are incorporated into the tools, final versions can be printed.

**Step II: Select a Site to Pretest the Adapted Assessment Tool**

(if no adaptation is necessary, then select a Site for Observation)

**Select a health facility with a labor and delivery unit as the pretest or observation site.**

Criteria for selection of the pretest and assessment sites include:

- Should have a large number of labor and delivery patients, so that many patients can be observed in a short time period
- Should be representative of the type of facility settings where your program will conduct activities to improve provider behaviors (example: if your programs will be in rural facilities, pretest the adapted tool in a rural facility.)
- Senior and supervisory staff who will allow their facility to be involved in the assessment/observation activities should be willing and enthusiastic to participate
- Staff and facilities who agree to participate should be aware of what benefits they will get from participating in the pretest and assessment

**Step III. Select appropriate individuals or a team to conduct the provider behavior assessment.**

**Criteria: selection of observers**

1. Midwife or person with midwifery skills
2. Impartial; can fill out form just as they see the behaviors
3. Not working directly on the Labor and Delivery unit
4. Available for 5-8 hours a day for 2-3 days

**Step IV. Review the observation tool to ensure a general agreement and understanding of the tool by the observers/assessment team**

Before starting the observation procedure, you must look at and review the observation tool. A sample tool, which has been completed, is attached. Please refer to it as you read the next few pages of this User's Guide.

- Review the overall assessment tool with the assessment team members
- Discuss how to record the Data Collection, Patient Information, and Labour Ward information on the front of the card, and the reasons why the information is necessary.
- Discuss the 7 main behavior categories, and each listed behavior and sub-behaviors listed on the inside of the card
- Discuss the format of the assessment part of the tool (where to make marks, how to use the time and comments boxes).
- Discuss what type of entries would be placed under the COMMENTS section of the tool, and why.  
(Example: "Glass of water given by midwife" is written under Comments, and next to the behavior, "Check that patient takes fluids/food". The reason is keep the patient hydrated. )
- Discuss and be sure there is agreement between the observers on how each listed behavior would be performed before placing a "tick" or check mark on appropriate place in the tool
- Discuss how to record the clinical care information on the back of the card, and the reasons why the information is necessary.
- Discuss how to record the maternal and infant outcome information on the back of the card, and the reasons why the information is necessary.

**Step V. Conduct the Provider Behavior Assessment Activity**

**A. Meet with labor and delivery staff (matron or head of unit)**

- share a copy of the tool
- discuss its purpose, how and when it will be used, the impact on and the time spent with her/his staff
- get permission to complete observations with tool on the L& D unit
- collect data/statistics on the hospital and L&D unit (see Data Collection Sheet)
- schedule day and times of observations
- ask for introductions to and explanations of observations to staff

**Sample Explanation for Staff of Labor and Delivery Unit**

Two persons will be sitting on the labor and delivery unit for 2-3 days. They are doing research and will be observing the activities that occur on the unit. When they are finished, they will share their information with us.

- B. Greet and introduce themselves to the L&D staff.** Explain the activity to staff (see above box). Do not share the tool with staff before the observations or the validity of the observations will be in question. If staff knows what is being observed in detail, then they are likely to behave differently.
- C. Collect data on the number and types of staff on the L&D unit** during the observation time period. This provides background information on the setting in which the observation takes place. The information helps provide a realistic backdrop/background in which to evaluate the observations. (e.g. with 2 midwives and 20 patients in labor, you expect to see fewer behaviors per patient than with 5 midwives and 20 patients.
- D. In order to choose the most appropriate patient for observation,** review the patient charts/files and discuss which patient is in active labor with the midwife-in-charge and/or the midwife doing admissions. Select the patient and write the pertinent data on the observation tool.

If there are few patients, choose the patient or two that are in active labour but not too close to giving birth. \* It is suggested for the two observers choose the same patient as their first observation. When the observation is finished, the two observers can then review how they completed the tool to ensure that they have the same understanding about how to mark the behaviors.

### Criteria for Selection of Patient

1. in active labor (4-5 cms.)
2. no serious complications

#### E. Complete the

**Data Collection information** on the front of the tool. Under the “Type & Number of Providers Observed”, identify each staff or student that provides care for the patient during the time you are observing, e.g. if there were 2 different midwives, 2 students and a physician, you would write:

TYPE & NUMBER OF PROVIDERS OBSERVED: midwife   II   aya      student   II   physician     

#### F. Find a location for two chairs for the observers that does not inconvenience the providers when giving clinical care.

#### G. Sit quietly in the chair and observe behaviors of all health providers as they interact and provide care to the selected patient.

- Write the current time in the box under the word “TIME” (Example: it is currently 9 am so write 9 in the first box, 10 in the second box, etc.)
- **Enter a mark** next to the **behavior** the health provider is performing each time the health provider you are observing (midwife, student, other) performs the behavior with a patient. Be sure to make the mark under the correct time when the behavior was actually observed. Make a mark each time the behavior is observed.
- As the health provider you are observing (midwife, student, other) performs clinical care for the patient:
  - **Enter a mark** next to the **Patient Assessment** task the health provider is performing. (These are recorded on the back of the card and include fetal heart, blood pressure, etc.).
  - Be sure to make the mark under the correct time when the behavior was actually observed. Make a mark each time the patient assessment task is observed.
  - You do not need to record the actual fetal heart rate, blood pressure measurement or urine/fluid amounts – only make a mark when the assessment is taken
  - For Cervical Dilation, it can be useful to write the dilation in the box, e.g. the patient is 5 cms. At 9 am -- write 5 in the box. Be sure to write the dilation under the correct time when the behavior was actually observed.
  - For Status of Membranes, write “I” for Intact membranes or “R” for Ruptured
  - If you see an exam performed but the results are not announced (e.g.

cervical dilation), look at the patient chart to get the data.

- observations should continue for 5-8 hours. This should be adequate time to document the type and amount of □caring□ and clinical behaviors performed
    - a break or time away from observation can occur after the birth of each patient observed and before the next patient is selected.
- OR
- a 10-minute break every three hours is advised with a one-hour lunch or dinner break.

**H. After daily assessments are completed,**

At the end of each day, when observations are completed (after 5-8 hrs.)

- return chairs to where you found the chairs
- thank staff and inform them of your departure
- inform staff of the time and day of your return

**I. After all the assessments are completed:**

On the last day of observations:

- express sincere appreciation to the staff for the assistance provided you and their willingness to participate in the observation. If possible, provide snacks and drinks for the L&D staff
- make a visit to the in-charge of L&D, the matron and head of hospital (as appropriate) to express appreciation for allowing the observations. Advise them when you will provide them the results of the observations and discuss next steps
- complete the Summary of Data sheets.

**Step VI: Review and analyze** the data collected during the behavior assessment activity

**What does the data you collected mean?**

After you complete the Summary of Data sheet, you will see the number and type of caring behaviors that the staff of the labour and delivery unit perform. Share this data with the hospital leadership, L&D matron and in-charge and staff. Assist them in interpreting the data.

**Step VII: Develop a Plan for Follow-on Activities to Improve Provider Behaviors**