emergency obstetric care
CHECKLIST FOR PLANNERS

UNFPA's three-pronged strategy to reducing maternal mortality includes:

- Family planning to ensure that every birth is wanted
- Skilled care by a health professional with midwifery skills for every pregnant woman during pregnancy and childbirth
- Emergency Obstetric Care (EmOC) to ensure timely access to care for women experiencing complications.

This checklist focuses on EmOC specifically.

Why Emergency Obstetric Care matters:

Maternal mortality claims 514,000 women's lives each year. Nearly all these lives could be saved if affordable, good-quality obstetric care were available 24 hours a day, 7 days a week.

Most of the deaths are caused by haemorrhage, obstructed labour, infection (sepsis), unsafe abortion and eclampsia (pregnancy-induced hypertension). Indirect causes like malaria, HIV and anaemia also contribute to maternal deaths.

For every woman who dies, an estimated 15 to 30 women suffer from chronic illnesses or injuries as a result of their pregnancies. Obstetric fistula is a serious and isolating injury that would be significantly prevented through EmOC.

About fifteen per cent of all pregnancies will result in complications. Most complications occur randomly across all pregnancies, both high- and low-risk. They cannot be accurately predicted and most often cannot be prevented, but they *can* be treated.

Standards for basic and comprehensive EmOC

FOR A FACILITY TO MEET THESE STANDARDS, ALL SIX OR EIGHT FUNCTIONS MUST BE PERFORMED REGULARLY AND ASSESSED EVERY THREE TO SIX MONTHS.

Basic EmOC Functions
Performed in a health centre without the need for an operating theatre

- IV/IM antibiotics
- IV/IM oxytoxics
- IV/IM anticonvulsants
- Manual removal of placenta
- Assisted vaginal delivery
- Removal of retained products

Comprehensive EmOC Functions
Requires an operating theatre and is usually performed in district hospitals

All six Basic EmOC functions plus:

- Caesarean section
- Blood transfusion

It is recommended that for every 500,000 people there should be at least four facilities offering Basic EmOC and one facility offering Comprehensive EmOC (appropriately distributed).

Policies	Yes/No	Action Points/Notes
Are national policies in place to promote safe motherhood in general and EmOC, in particular?		
Do policies explicitly mention the rights of patients?		
Who is accountable for monitoring and evaluation at the country level?		
Who is accountable for monitoring and evaluation at the regional level?		
Is EmOC included in : ▪ Standard definitions and official discussions of maternal care and reproductive health?		
▪ The basic/essential health care package?		
Is EmOC addressed in multi-agency processes such as: ▪ Sector-wide approaches?		
▪ Poverty Reduction Strategy Papers and Support Credits frameworks?		
▪ Common Country Assessments and Development Assistance Frameworks?		
▪ Millennium Development Goals reporting?		

Resource Mobilization & Donor Coordination	Action Points/Notes
What maternal health activities are funded?	
How much government funding is allocated to EmOC activities?	
Are there any SWAps in place or currently being negotiated for the health sector?	
Are additional private (NGOs, philanthropic organizations or the academic sector) or public funding sources available?	
Are need-based subsidies available for EmOC when complications arise?	
Are cost recovery systems in place?	

Availability and Quality of EmOC	Yes/No	Action Points/Notes
Has a needs assessment of obstetric services been done?		
▪ If so, by whom? When?		
▪ Does this include the use of EmOC process indicators?		
▪ Does it include qualitative and quantitative data?		
▪ Does it cover public and private services?		
Are the basic and comprehensive EmOC facilities adequate in terms of geographic distribution and numbers (4 basic and 1 comprehensive per 500,000 people)?		
When were these services last mapped?		
Are these facilities adequately staffed to perform EmOC functions?		

Obstetric Fistula	Action Points/Notes
What is the estimated prevalence of obstetric fistula?	
What is the estimated backlog of patients awaiting repair?	
Are activities in place for : • Prevention?	
• Repair?	
• Rehabilitation?	
If repairs of obstetric fistula are available, how many are performed each year?	
What is the average cost?	

Human Resources	Yes/No	Action Points/Notes
Were human resources country-wide, and for each region/district, recently assessed for Obstetricians/gynecologists		
Anaesthesiologists/nurse anaesthesiologists		
Surgeons/urologists		
Midwives/nurses		
General practitioners with midwifery skills		
Social workers		
Ancillary staff/community health workers		
Does the country have a human resources development plan for the health sector?		
Is there a plan for placement of health professionals in underserved areas?		
Is training competency based?		
How is competency assessed?		
How are clinical protocols and procedures implemented?		

These three delays contribute to many maternal deaths:

- Delay in deciding to seek care
- Delay in reaching appropriate care
- Delay in receiving care at the health facility

For Each EmOC Facility

Facility Renovation & Maintenance	Yes/No	Action Points/Notes
Is the physical building well structured and well maintained?		
If no, what renovation (for example, painting or restructuring for privacy, electrical systems, running water and sanitation, ventilation) is needed before services are offered?		
Is a room by room inspection performed regularly to ensure that equipment and supplies needed for EmOC is present and functioning?		
Are infection prevention measures in place?		
Is a management system in place to ensure that EmOC is available 24 hours a day?		
Is a list of standard maternal care equipment available?		
Does the facility equipment correspond to the above standards?		
• Is the equipment in working order?		
• What is the plan if equipment fails?		
• How is equipment repaired?		
• Where do spare parts come from?		
• Are supplies properly stored?		
Are communication systems in place between health hospitals and ambulances?		
Are manuals detailing standards of practice available and accessible for staff use?		
Are data collected in accordance with EmOC-related indicators?		
Are signal functions performed regularly and assessed every three to six months?		
Does the logbook document obstetric complications?		
Are clinical audits conducted?		
Who is accountable for monitoring and evaluation at the facility level?		

Mapping Community Needs and Resources	Yes/No	Action Points/Notes
Is EmOC affordable to poorer families?		
Is it supported by the community?		
Have community perspectives on health care been taken into account?		
Does the community know the danger signs in labour?		
Are newlyweds and young couples informed about family planning options and danger signs in labour?		
Are adequate transportation options to medical care facilities available?		
Are communication systems (radios/phones) available for referrals?		
Are community leaders interested in the subject of maternal mortality?		
In what ways could they be helpful in mobilizing and educating the community?		

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