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| **ISA ISPID  Abstract Submission  Nº: 252**   |  | | --- | | Topics: **Stillbirth** | | Type: **Oral** | | **Impact of the WHO Safe Childbirth Checklist on Stillbirths: a Study from Rajasthan, India** | | **Varghese, Beena**1; **Kumari, Shwetanjali** 1; **Bandhopadhya, Souvik**1 *1 - Public Health Foundation of India.* | | **Introduction** The Safe Childbirth Checklist (SCC), a tool developed by WHO, aims to improve the quality of facility based essential maternal and newborn care in resource-constrained settings. Government of Rajasthan, India implemented the SCC across seven districts during 2013 to 2015 with technical support from Jhpiego. **Objective:** To measure the effectiveness and cost-effectiveness of SCC in reducing facility based stillbirths in Rajasthan  **Material and Methods** A quasi-experimental post-only cluster design was used to measure the effectiveness of the SCC program. The primary outcome of this study was facility based stillbirths (SB, as per WHO definition — fetal deaths after gestational age of more than 28 weeks or birth weight more than 1000 grams).  Required sample size for a 15% reduction in stillbirths from a base rate of 25 per 1000 births (at 5% level of significance and 80% power, adjusted for clustering, with ICC of 0.0002) was estimated to be 52,000 births per arm. The study facilities included 19 intervention and 15 control facilities at district and sub-district levels. All data related to maternal and newborn characteristics including the study outcome came from facility registers; data was collected using mobile phones and managed through an electronic platform. The data were modeled using generalized estimating equations (GEE), with a Poisson link adjusted for time trend and type of facility(district or sub-district level).   Cost analysis included expenditure data as reported by the implementation agency to estimate the additional costs of the SCC intervention from a program perspective.   Cost effectiveness was reported as cost per facility-based stillbirth averted by the SCC program.  **Results** The study reports on 137,039 births (Intervention: 77,239; Control: 59,800). Descriptive statistics indicate the comparability of the control and intervention facilities for almost all parameters. When considering the impact of the SCC intervention on stillbirths, the analysis showed that the relative risk of stillbirths (adjusted for clustering, time trend , and type of facility) in the intervention was 0.8861 [95% CI: 0.805, 0.975]. This translates to a reduction of 11.39% in the risk of stillbirths associated with the SCC intervention. Cost of the SCC program was estimated to be USD 1,400,787. In terms of cost-effectiveness, SCC intervention prevented 226 stillbirths per 100,000 births, which translates to a cost of $4612 per death averted or $77 per life year saved.  **Conclusions** Our study showed that the WHO Safe Childbirth Checklist is a highly cost-effective intervention that is strongly associated with reduction in stillbirths and can be recommended for scale up both nationally and internationally.  In India alone, with an annual birth cohort of 25 million births, and institutional delivery rate of 80%, a conservative estimate indicate that the scale up of SCC may avert around 40,000 stillbirths per year. | |  |  |  |  | | --- | --- | | **CONTACT** | | | Name: | **Beena** | | Lastname: | **Varghese** | | E-mail: | **beena.varghese@phfi.org** | | Country: | **India** | | Institution | **Public Health Foundation of India** | | Cellphone: | **+91 9449811781** | | City: | **Bangalore** | |