Improving the quality of sexual and reproductive health and rights (SRHR) through pre-service training, research, and evidence-based clinical care delivery in Sub-Saharan Africa



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Facility readiness and knowledge of health care workers to manage postpartum hemorrhage in public health facilities within Kampala metropolitan areas, Uganda

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Background: Postpartum hemorrhage (PPH) accounts for about one-third of all institutional maternal deaths in Uganda. Evidence has shown improved maternal outcomes with better readiness and preparedness for PPH management. We determined the level of readiness of health facilities and knowledge of health care workers (HCWs) to manage PPH among public facilities in Kampala metropolitan areas, Uganda.

Methods: We conducted a cross-sectional study among comprehensive emergency obstetric and newborn care (CEmONC) public health facilities within the Kampala metropolitan areas (Kampala, Wakiso, Mukono, and Mpigi districts). Data was collected using a structured questionnaire and a facility observational checklist to assess the availability of indicators of readiness for PPH management. Adequate knowledge was defined as a score of \geq 75%, and a facility was considered ready to manage PPH if it had a composite score of \geq 90%.

Results: We included 191 HCWs from 14 CEmONC centres and Diploma Midwives constituted most study participants 42% (n=81). Less than a third of health workers had received any recent in-service PPH training. Overall, 50 (26.3%, 95% CI; 20.2 —33.2) HCWs had adequate knowledge of PPH management. The mean knowledge score was 65.4%, significantly different among cadres of service providers (p<0.001) and those with recent training (p<0.001). Overall, 2 health facilities (14.3%) were ready to manage PPH.

Conclusions: The study showed that most public health facilities surveyed lacked the desired capacity to manage a PPH case with 14.3% (n=2) found ready, coupled with low PPH knowledge among health workers. In-service training was found to improve the level of knowledge among health workers. We recommend that stakeholders address the gaps in human resources, medicines and supplies, equipment, and provider competence in PPH management to promote a reduction in maternal mortality and morbidity from PPH.

Keywords: Facility readiness, knowledge of health workers, Postpartum hemorrhage, Kampala metropolitan areas.

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