

The ALARM International Program: A Mobilizing and Capacity-Building Tool to Reduce Maternal and Newborn Mortality and Morbidity Worldwide

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Between 1992 and 1998, the Society of Obstetricians and Gynaecologists of Canada (SOGC) progressively assumed a leadership role in the international movement promoting safer pregnancy and childbirth in an effort to reduce the unacceptably high numbers of maternal and newborn deaths persisting in many parts of the world. As part of this commitment and in support of the internationally recognized strategy calling for skilled attendants at birth, SOGC modified the 1995 Advance in Labour and Risk Management (ALARM) program for international use.

The ALARM International Program (AIP) is a mobilizing and capacity-building tool for health professionals responsible for the delivery of emergency obstetric and newborn care. The AIP addresses the five main causes of maternal mortality and morbidity, as well as care of the newborn, and further mobilizes participants to the sexual and reproductive rights approach and the audit methodologies required to improve maternal and newborn health. The AIP is offered either as a continuing medical education program or in-service training program. It can also be used to strengthen the capacity of health systems to provide emergency obstetric care.

The AIP is endorsed by the International Federation of Gynecology and Obstetrics and is recognized by the World Health Organization as an effective tool for the dissemination of its guidelines and practices outlined in its reference

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manual, *Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors*.¹

The AIP has been offered in more than 16 lower income countries from Africa, Central America, the Middle East, and Asia to more than 3 080 health professionals, including obstetricians, gynaecologists, general practitioners, midwives, and nurses. In many of these countries, SOGC supported the establishment of national AIP instructors' teams who then assumed leadership for the full promotion of the program in their respective countries.

In December 2005, SOGC surveyed corresponding professional associations involved in the promotion of the AIP to learn the impact of the program. The professional associations of the following nine countries were surveyed in: Guatemala, Haiti, India, Indonesia, Kosovo, Mali, the Philippines, Uganda, and Yemen. Preliminary results from this global survey confirm that the AIP contributes to the improvements in the standard of care for mothers and newborns in lower resource countries. It also increases the credibility of professional associations and helps them achieve the technical capacities necessary to reduce maternal and newborn mortality and morbidity in their respective countries.

UPGRADING HEALTH PROFESSIONALS' SKILLS IN EMERGENCY OBSTETRIC CARE

The global survey results indicate that from 1998 to 2005, the associations had facilitated the delivery of 87 AIP courses to more than 2850 health professionals in nine countries. Sixty-five percent of all AIP courses were conducted by professional associations with limited support from SOGC. Within the same period, 260 AIP instructors were trained, of whom more than 33% remained active in the promotion of the program at the time of the survey. The majority of the

surveyed professional associations also reported that the AIP contributed to improving standards of care (8/9 respondents), quality of daily practice in emergency obstetric care (6/9 respondents), model of practice (7/9 respondents), and neonatal care (8/9 respondents) in their country. Furthermore, associations believed that the AIP was an effective tool to promote the collaborative approach (8/9 respondents) and contributed to strengthening their collaborations with other national stakeholders involved in maternal and newborn health (9/9 respondents).

However, despite these positive reports, the professional associations were unanimous in expressing their difficulty in evaluating the impact of the AIP on change in practice or competencies. Although some reported using quantitative and qualitative information from the training program (e.g., tests before and after training, objective structured clinical examinations [OSCEs], and course evaluations [2/9 respondents]) or other qualitative data (e.g., revision of procedures and guidelines after the delivery of the AIP [1/9 respondent]) to evaluate the program, many associations (4/9 respondents) indicated that it was still not possible to measure change in practice or impact on the reduction of maternal and newborn mortality and morbidity. One association scaling up the delivery of the program nationally reported having undertaken actions that it was developing a monitoring and evaluation methodology for the program in an attempt to address this issue.

BUILDING LEADERSHIP CAPACITY IN PROFESSIONAL ASSOCIATIONS

The majority of the professional associations (8/9 respondents) reported that they had assumed leadership in promoting the AIP. All associations were successful in building national teams of AIP instructors capable of replicating the AIP in their respective countries. Further, several proved capable of delivering the AIP training courses in national maternal and newborn health initiatives. For example, between 2003 and 2005, Guatemala was successful in conducting nine AIP training courses, in collaboration with the Ministry of Health, for more than 230 health professionals. Indonesia delivered 21 training courses to more than 630 health professionals; the Philippines, 22 training courses to more than 655 health professionals; and Yemen, 5 courses to 180 health professionals. These training programs were supported by a variety of donors, such as the Canadian International Development Agency (CIDA), the Swedish International Development Agency (SIDA), the United Nations Population Fund (UNFPA), and the US Agency for International Development (USAID).

Most of the professional associations (8/9 respondents) surveyed recognized that their promotion of the AIP

contributed to enhancing both their credibility and their technical expertise as well as led to the development of partnerships with national and international stakeholders and leaders in the international safe motherhood and newborn health agenda.

The challenges encountered by the associations in promoting the AIP included evaluating the impact of the program (9/9 respondents), accessing the financial resources necessary to scale up the program (5/9 respondents), and ensuring the availability of resources to promote the program outside the capital (2/9 respondents). Only one country initially encountered resistance on the part of the providers to adopt the promoted practice model.

THE WAY FORWARD

A preliminary review of the global survey results is promising. The responses confirm the AIP's potential contribution to national efforts to strengthen health systems so they can provide quality emergency obstetrical care. They also attest to the commitment of professional associations to assist national efforts to reduce maternal and newborn mortality and morbidity. Recognizing the need to gain more insight into the impact of the program, SOGC is seeking, through a research grant, to evaluate the AIP through a large international trial in three West African countries. Furthermore, SOGC intends to launch a new three-year program (AIP+3) that will not only enhance the participants' clinical skills but also equip participants to assume leadership in revising guidelines and treatment protocols and in fully promoting sexual and reproductive health and rights. Establishing clinical audits will promote team work, enhance practice protocols, and ensure review of critical information for quality care. The new program will also allow for easier monitoring and recording changes in practice.

The AIP has been greatly appreciated by the SOGC leadership and membership. It has allowed the Society's members to participate in training with nursing, midwifery, and obstetric colleagues throughout the world. The program has also presented a unique opportunity for a Canadian national specialty organization to make a difference in the lives of women in low-resource areas. Today, the SOGC leadership and members have a better understanding of the challenges and opportunities in international health. Unexpected results included new friendships, new projects, and closer ties between health professionals in Canada and abroad.

REFERENCE

1. World Health Organization. Integrated management of pregnancy and childbirth (IMPAC) series. Managing complications in pregnancy and childbirth: a guide for midwives and doctors. WHO: Geneva; 2000.