Summary of Change Package to Accelerate Attainment of Millennium Development Goal 4 in Ghana – Part 1

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<th>Care Pathway</th>
<th>Successful Change Idea(s)</th>
<th>Facility Type*</th>
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<td><strong>ANTEnatal</strong></td>
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| 1. Registration in 1st Trimester | 1A. Community stakeholder meetings with opinion leaders and other influential groups about the importance of early and regular ANC  
1B. Community stakeholder meetings followed by registration of pregnant women by community volunteers on monthly basis | C |
| 2. At least 4 visits before delivery | 2A. Increase number of days ANC is offered at static site AND re-design clinic processes to reduce visit duration per client to < 1hr  
2B. Offer ANC as outreach service as well as at static site AND re-design clinic processes to reduce visit duration per client to < 1hr | C & H, C |
| **PERINatal**|                            |                |
| 3. Skilled Delivery & Immediate Postnatal Care | 3A. Video show in communities on the risks of labour & delivery  
3B. Male advocacy group in communities to promote skilled delivery  
3C. TBA engagement on risks of unskilled delivery and provide incentives  
3D. Use ANC register to identify women at 36+ weeks gestation to remind them & family members about skilled delivery & confirm transport plan  
3E. Provide domiciliary delivery if, upon notification by mobile phone, labour too advanced, woman has no means of transport from community or health staff cannot arrange transport from clinic or hospital  
3F. Create a welcoming, patient-friendly environment in health facility for labouring women  
3G. Create systems to ensure consistent and correct use of partographs  
| **POSTnatal**|                            |                |
| 4. Care on Day 1 or 2 | 4A. If facility skilled delivery – detain for observation for ≥24hrs if possible. If not, discharge after minimum of 6hrs and follow-up on Day 2 with facility or home visit  
4B. If domiciliary skilled delivery – follow-up on Day 2 with facility or home visit.  
4C. If unskilled delivery – ask family members or volunteers to notify health staff immediately by mobile phone/bicycle/motorbike. Woman comes to facility on Day 1 if possible or health staff follow-up with home visit on Day 1 or 2 | C & H, C, C |
| 5. Care on Day 6 or 7 | 5A. During Day 1/2 visit, make appointment for Day 6/7 visit at facility or home. Use reminder systems at community, clinic/hospital to improve reliability.  
5B. If woman lives in different sub-district or distant community within CHPS zone, refer to other sub-district or CHO for Day 6/7 visit. Contact CHO to follow-up if no show.  
5C. If woman lives in distant community without CHO AND return facility visit not possible AND health staff home visit not possible, train IMCI volunteers to provide Day 6/7 care. | C & H, C & H, C |

*C=Health centre, clinic or CHPS compound; H=hospital