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Improving Childbirth Safety in Pakistan: How a Simple Checklist Made a Big Impact

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Raising the Standard of Birth Safety: What One Hospital in Pakistan Revealed

Pakistan continues to struggle with high maternal and neonatal mortality rates, a troubling reflection of persistent gaps in its healthcare system. To tackle this challenge, a clinical audit was carried out at the Federal Postgraduate Medical Institute in Lahore. The audit aimed to measure how well healthcare workers followed the World Health Organization's (WHO) *Safe Childbirth Checklist* (SCC), a 29-step guide created to improve delivery room practices. After a targeted educational intervention, the audit showed a marked

improvement in checklist compliance. These results offer a rare, data-backed case for how modest changes can deliver meaningful health outcomes, even within an under-resourced and bureaucratically tangled system.

The SCC, developed by WHO in 2015, is designed to be used during four critical “pause points” of childbirth: on admission, before pushing or C-section (cesarean section), within one hour after birth, and before discharge. The checklist emphasizes essential actions like infection control, medication administration, newborn resuscitation readiness, and counseling on postpartum family planning.

The study’s audit was conducted in two phases. First, researchers observed 60 consecutive deliveries in December 2023 to assess baseline compliance. Then, on December 31, healthcare workers, including obstetricians, nurses, and midwives, were given hands-on training, with demonstrations and teamwork exercises, as well as laminated checklists placed at every key point in the delivery ward. Following this, 60 more deliveries were audited through mid-February 2024.

The improvement was striking. Full checklist compliance rose from 58.3% in the first cycle to 78.3% in the second. Compliance improved across all four pause points: admission (from 70% to 86.7%), before delivery or surgery (from 58.3% to 86.7%), within one hour after birth (from 53.3% to 85%), and before discharge (from 55% to 80%). Specific safety actions also showed strong gains. Early skin-to-skin contact combined with breastfeeding improved from 63.3% to 81.7%, while family-planning counseling rose from 55% to 71.7%.

While the training paid off, the study highlights the larger systemic issue: simple, evidence-based interventions are not being reliably implemented in hospitals across the country. According to the National Institute of Population Studies, maternal deaths remain around 140 per 100,000 live births, and neonatal deaths are roughly 42 per 1,000, both well above international targets. These are not just statistics; they reflect preventable tragedies and a lack of accountability in public health leadership.

Pakistan’s public healthcare system has long been hampered by mismanagement, understaffing, and poor policy continuity. Despite years of foreign funding and development aid, the results on the ground remain spotty. Instead of pouring more resources into bloated administrative bodies or international consulting teams, the government would do better to invest in repeatable, measurable solutions like SCC audits and follow-ups. Real leadership

means prioritizing front-line implementation over paper-pushing programs and politically motivated spending.