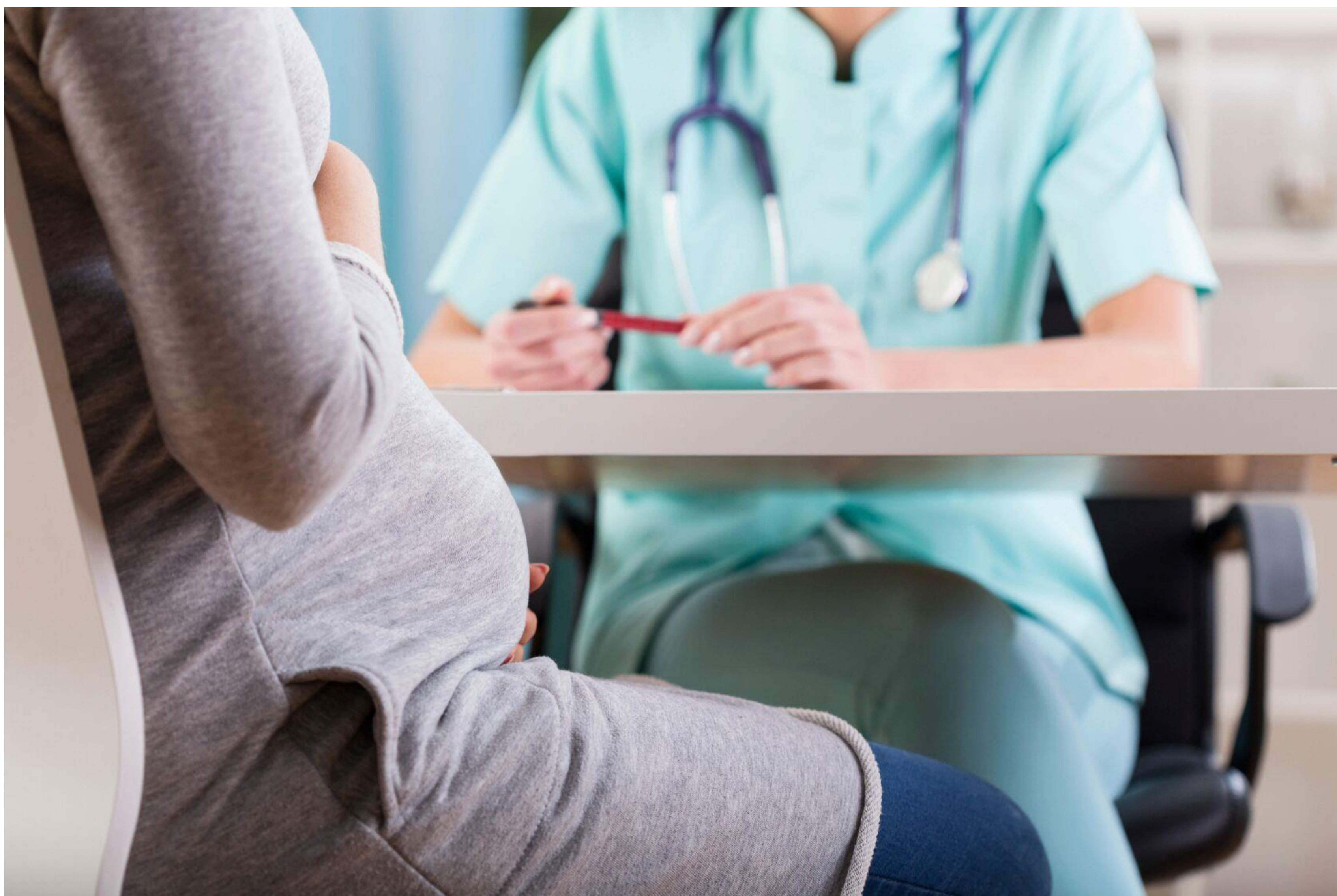
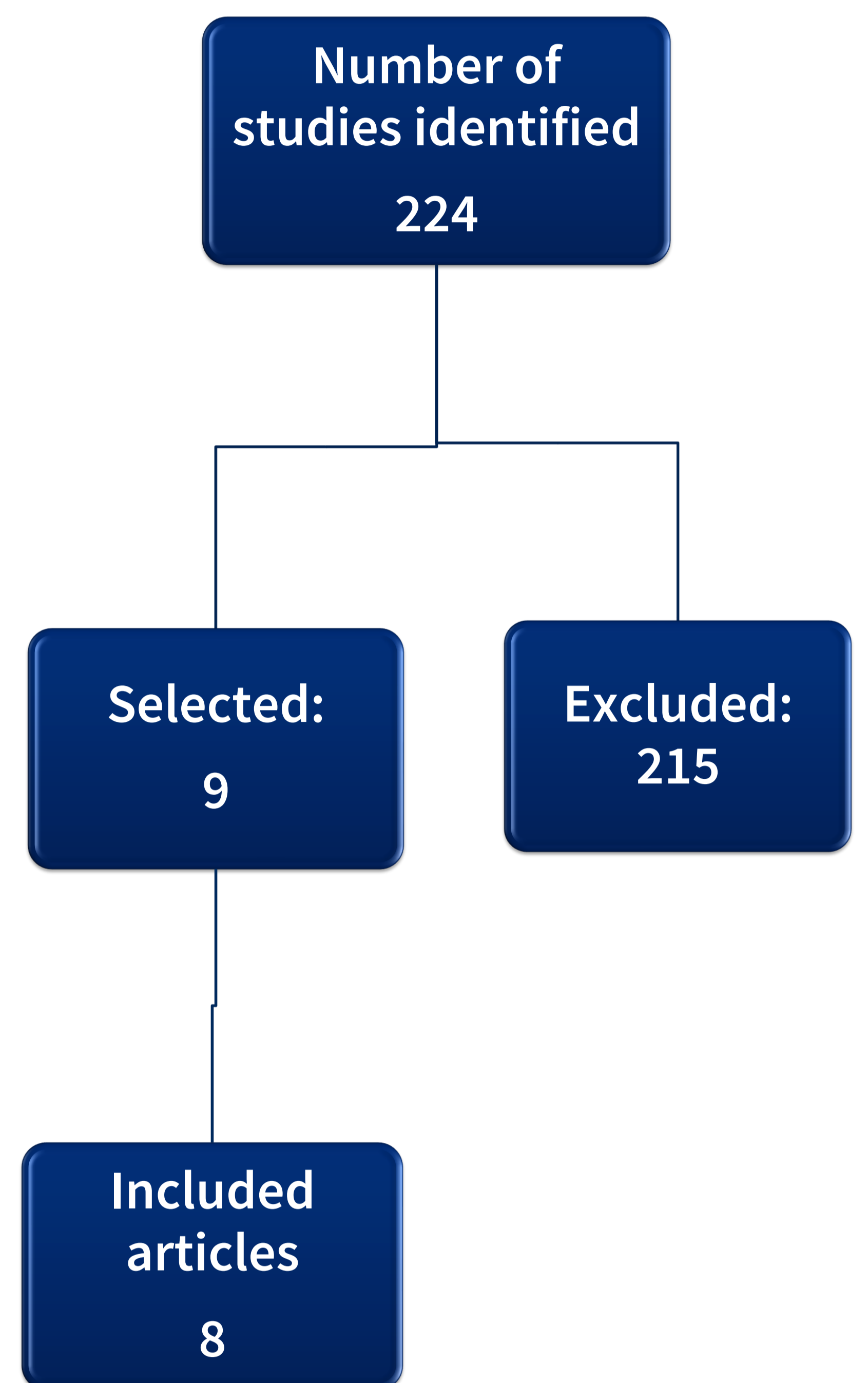


Scoping review of the health professional adherence to Safe Childbirth Checklist implementation

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“The effects of the adherence to the checklist were:

- Better interpersonal communication and teamwork
- Increase of the number of essential best practices at birth
- Reduce the harm to women and newborns”



ANTES DO PARTO
LISTA DE VERIFICAÇÃO DA OMS PARA PARTOS SEGUROS 

1 Na Admissão	
A mãe tem de ser transferida? <input type="checkbox"/> Não <input type="checkbox"/> Sim, organizada	Verificar os critérios da unidade de saúde
Partograma iniciado? <input type="checkbox"/> Não, inicia a partir de ≥4cm <input type="checkbox"/> Sim	Começa a registar no partograma quando o cérvix for ≥4 cm, depois o cérvix deve dilatar ≥1 cm/h • A cada 30 min: registar FC, contracções, FC fetal • A cada 2 h: registar a temperatura • A cada 4 h: registar TA
A mãe precisa de tomar: Antibióticos? <input type="checkbox"/> Não <input type="checkbox"/> Sim, administrados Sulfato de magnésio e tratamento anti-hipertensivo? <input type="checkbox"/> Não <input type="checkbox"/> Sim, sulfato de magnésio administrado <input type="checkbox"/> Sim, anti-hipertensão administrado	Perguntar se tem alergias, antes da administração de qualquer medicamento Dar antibiótico à mãe, se: • A temperatura ≥38°C • História de corrimento vaginal fétido • Ruptura de membranas >18 h Administrar sulfato de magnésio à mãe, se: • A TA diastólica for ≥110 mmHg e proteinúria 3+ • A TA diastólica for ≥90 mmHg e proteinúria 2+ e se houver dor de cabeça grave, distúrbio visual, dor epigástrica

Abstract

Context: The World Health Organization (WHO) has developed the Safe Childbirth Checklist (SCC), that is an instrument to improve the quality of care provided to women at childbirth and to prevent the occurrence of adverse events. The checklist contains the essential practices of childbirth, based on evidence of the main causes of maternal death.

Objective: to synthesize the evidence of the effect of the safe delivery checklist implementation concerning the adherence of health professionals to safe obstetric practices.

Methods: Scoping review. We searched for articles in five electronic databases in August 2018, resulting in 224 articles. We used a narrative synthesis of the data extracted from the articles. The process selection led to the exclusion of 215 articles, due to lack of conformity with the objective of the study, resulting in the inclusion of eight articles.

Results: the main findings of the studies were limited adherence to the checklist; stimulus to interpersonal communication and teamwork, increases in the number of best practice achievements, increasing the average from 10 from 29 to 25 of 29 essential practices after effective use of the checklist; professional training promotes the interactive redesign of work processes and improves essential practices at birth and reduces harm to women and newborns; the implementation of the safe birth checklist requires the involvement of the leaders of the institutions, continuous training, and adaptations of the list to the reality of the place of implementation.

Conclusion: it is necessary to establish strategies such as the implementation of the checklist proposed by the WHO, since the studies point to favourable evidence in their effect on adherence to safe obstetric practices and their contributions to promote actions to improve maternal and neonatal care during childbirth care.