Better Outcomes in Labour Difficulty (BOLD)

Objectives and Background

Most complications during labour and childbirth could be averted with timely interventions by skilled healthcare providers. The causes of these complications are multifactorial; however, late presentation of women with complications to health facilities and delays in implementing life-saving interventions through failure to rapidly recognize and respond to complications are critical contributing factors. In many low-resource settings, intrapartum care remains suboptimal. Good quality care implies a multidimensional concept that includes the appropriate use of effective clinical and non-clinical interventions that are sensitive to women’s values and preferences, strengthened health infrastructure and respectful attitude of healthcare providers, resulting in satisfaction of users and improved health outcomes.

To accelerate the reduction of childbirth-related maternal, fetal and newborn mortality and morbidity, the World Health Organization initiated the “Better Outcomes in Labour Difficulty” (BOLD) project to address weaknesses in labour care processes and better connect health systems and communities. The project seeks to achieve this goal through a two pronged approach: (1) by developing of a “Simplified, Effective, Labour Monitoring-to-Action” tool (SELMA) to assist healthcare providers to monitor labour and take decisive actions more efficiently; and (2) by developing innovative tools termed “Passport to Safer Birth”, designed with women, communities and healthcare providers, to promote use of and access to quality care for women during childbirth.

For more information and updates on this project please visit:

http://boldinnovation.org/

Geographic location
Nigeria and Uganda

Main deliverables
(1) SELMA: an interactive decision-support tool to identify the best course of action to avert poor labour outcomes in real time; (2) Passport to Safer Birth: innovative tools to promote use of and access to quality care for women and their companions during childbirth.

Partners
University of Ibadan, Nigeria; Makerere University, Uganda; Faculdade de Medicina de Ribeirão Preto, University of São Paulo, Brazil; M4ID, Finland; WHO

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