

Birth Preparedness and Complication Readiness (BP/CR) is the process of planning for normal birth and anticipating the actions needed in case of an emergency. Responsibility for BP/CR must be shared among all safe motherhood stakeholders—policymakers, facility managers, providers, communities, families, and women—because a coordinated effort is needed to reduce the delays that contribute to maternal and newborn deaths. Each stakeholder has an important role to play—from creating appropriate policies to strengthening facilities and providers to implementing effective community systems to adopting informed practices at home. Together, stakeholders can plan for the care that women and newborns need during pregnancy, childbirth, and the postpartum/newborn period, prepare to take action in emergencies, and build an enabling environment for maternal and newborn survival.

About the BP/CR Matrix

The **Birth Preparedness and Complication Readiness Matrix** delineates the roles of policymakers, facility managers, providers, communities, families, and women in ensuring that women and newborns receive appropriate, effective, and timely care. It outlines plans and actions that can be implemented by each group of stakeholders to build an enabling environment for normal and emergency care.

The BP/CR Matrix can be used in a variety of ways to introduce and reinforce the concept of BP/CR, to demonstrate and support shared responsibility and accountability for safe motherhood, and to plan appropriate safe motherhood interventions and activities. Using the matrix, advocacy groups can facilitate a process that helps stakeholders see how they influence barriers and solutions to seeking, reaching, and receiving care. Program planners can use the matrix to mobilize the necessary human and fiscal resources to adequately respond to stated needs and priorities. And healthcare providers can use the matrix as a reference to reinforce facility preparedness and to more fully understand their role and the skills required to deliver care throughout pregnancy, labor and childbirth, and the postpartum/newborn period.

The BP/CR Matrix can be used to:

Facilitate Dialogue among Safe Motherhood Partners and Stakeholders

The concept of BP/CR can be integrated into community mobilization and clinical workshops related to safe motherhood to improve communication and buy-in among stakeholders. Facilitating dialogue encourages everyone to see their part in finding solutions to the challenges inherent in implementing safe motherhood interventions. Through discussion, the BP/CR Matrix can be used to help stakeholders identify behaviors that must change at each stakeholder level. Participatory exercises using the BP/CR Matrix can be designed to

- introduce and discuss the BP/CR concept and actions;
- encourage shared solutions to life-threatening delays;
- increase awareness of shared responsibility and the need for strategic partnerships;

- reveal barriers, such as gender, that can get in the way of effective dialogue and solutions; and
- focus on the creation and implementation of priority actions.

Facilitating Dialogue in Thailand

In Thailand, during an activity aimed at generating discussion about how to ensure that all safe motherhood stakeholders are heard, participants in a safe motherhood workshop were given the name of a stakeholder—e.g., ob/gyn, midwife, or minister of health—and were asked to represent that stakeholder throughout the exercise. Participants were then asked to recommend two interventions to improve safe motherhood, and to defend their choices. This exercise was extremely effective at pointing out barriers created by power and gender. Further, it illustrated the fact that many times, dialogue about safe motherhood does not include the voice of women, families, and communities. Without their involvement, interventions may not meet the needs of the people for which they are designed.

Guide Safe Motherhood Program Planning and Interventions

Based on behaviors and skills listed in the BP/CR Matrix, program planners can develop appropriate program interventions and activities and adapt them to local realities. Key interventions from the matrix can be made into checklists and used in facilities by providers, or by community members.

Initiating a Work Plan in China

In China, the Bazhong Rural Health Improvement Project conducted a workshop at which participants used the BP/CR Matrix to identify key interventions before, during, and after pregnancy at each stakeholder level. Participants also identified challenges facing the implementation of each of the proposed interventions and developed solutions for overcoming these challenges. Working through these challenges and solutions will help program planners and implementers construct a realistic program work plan and build awareness of the need for shared responsibility.

In addition, the matrix can be used in the performance and quality improvement process as a guide when assessing gaps in standards of care, skills and competencies of providers, and facility readiness. This assessment then provides the basis of work with program planners, decision makers, facility managers, and providers themselves to strengthen facility-based care and link facilities to communities and households.

Finally, NGOs and government agencies can replicate and adapt the matrix and use it as a guide when advocating for important policy actions.

Assess Progress toward Improved BP/CR Awareness and Action

Program planners and managers can use the BP/CR Matrix as a participatory self-assessment tool to monitor and assess progress toward the implementation of actions and interventions on the matrix, and to identify benchmarks that indicate progress toward achievement of their goals.

Identifying Appropriate Interventions in Zambia

At a workshop aimed at forming a White Ribbon Alliance in Zambia, a chart like the BP/CR Matrix, with the names of stakeholder groups appearing at the tops of empty columns, was fixed to the wall of the meeting room. Participants in the workshop—including providers, policymakers, and community members—were divided into small groups to brainstorm the key actions needed by each stakeholder group to improve BP/CR. Groups wrote their ideas on cards and then attached them to the chart under the appropriate heading. Key actions identified included the need to improve roads, expand and strengthen education, and increase access to antenatal care. By looking at how their ideas differed from those on the BP/CR Matrix, participants were able to explore the reasons why women experience delays in seeking care and/or receiving care in Zambia, such as lack of information, the belief that women should be able to bear the pain of childbirth, and the need for better access to skilled providers. Overall, the activity helped participants recognize the need to get accurate information to families and communities and the importance of ensuring that appropriate supplies and staff are available at health facilities.

Identify and Demonstrate Policy and Advocacy Priorities

The BP/CR Matrix can be used to demonstrate to policymakers how policies affect the ability of women, families, communities, and facilities and providers to prepare for normal births and respond to obstetric and newborn emergencies. By making this information concrete and showing policymakers the responsibilities of each stakeholder group, advocates help to support provider and community demands for updated policies and protocols and improvements in access and quality.

Planning for Advocacy in India

The White Ribbon Alliance of India used the BP/CR Matrix as part of its strategic planning workshop to identify priority issues for the group's advocacy activities. Participants first divided into two groups. Using the BP/CR Matrix as a guide, each group identified two priority actions during pregnancy, labor and childbirth, and the postpartum/newborn period. Each group then read their priority actions aloud, and those identified by more than one group were noted. Five common issues were identified, which was an important first step toward reaching a common understanding about what is needed to improve BP/CR. Based on these discussions, participants used the matrix to develop a best practices guide for community leaders and other lay people. Outputs of discussions were also used to guide the development of strategic objectives for the next two years. As a result of the efforts of the White Ribbon Alliance in India, the Indian government adopted the BP/CR best practices guide and declared April 11, Mahatma Gandhi's wife's birthday, Safe Motherhood Day.

Develop Targeted Safe Motherhood Messages

The BP/CR Matrix can be used in the creation of safe motherhood communication messages that raise awareness among women, families, and communities about the importance of birth preparedness and complication readiness. Program leaders can develop messages to be delivered through media, drama, and other methods appropriate to low-resource settings.

Delivering BP/CR Messages in Haiti

Participants in a safe motherhood workshop in Haiti used the French version of the BP/CR Matrix when building an alliance for safe motherhood. After choosing priority interventions for each stakeholder, they designed messages based on these key interventions and discussed the best medium to use to deliver the messages to policymakers, providers, facilities, communities, families, and women. Key messages revolved around the theme of being prepared and identifying emergency transport long before an emergency arises. Participants hoped to deliver key BP/CR messages via the radio and drama on significant days such as Mother's Day.

Build Informed Demand for Maternal and Newborn Care

As empowered participants in their own healthcare, women, families, and communities expect more of providers and healthcare services. Program planners and managers can use the BP/CR Matrix as a guide in designing communication strategies to generate informed demand and plan for the resulting service delivery needs.

Building Informed Demand in Nepal

The BP/CR Matrix was used, along with Nepal's National IEC/BCC Strategy for Safe Motherhood, in the development of the SUMATA (Care, Share, Prepare) initiative, a communication initiative that encourages families to care for women during pregnancy, to share their work, and to prepare for birth. As a part of SUMATA, community mobilizers counsel pregnant women and their families to be aware of and use local health services and to make arrangements for care at birth. In doing so, their work is guided by the Birth Preparedness Package (*Jeevan Suraksha* in Nepali), which was developed using the BP/CR Matrix and is a key component of the SUMATA campaign.

The BP/CR Matrix: Pregnancy

POLICYMAKER	FACILITY	PROVIDER
<p><i>Creates an environment that supports the survival of pregnant women and newborns.</i></p>	<p><i>Is equipped, staffed and managed to provide skilled care for the pregnant woman and newborn.</i></p>	<p><i>Provides skilled care for normal and complicated pregnancies, births and the postpartum period.</i></p>
<p>Promotes health and survival for pregnant women and newborns</p> <p>Ensures that skilled antenatal care policies are evidence-based, in place and politically endorsed</p> <p>Uses evidence-based information to support systems that routinely update service delivery and cadre-specific guidelines</p> <p>Promotes and facilitates the adoption of evidence-based antenatal care</p> <p>Ensures that adequate levels of resources (financial, material, human) are dedicated to supporting antenatal care and an emergency referral system</p> <p>Encourages and facilitates participation in policy-making and resource allocation for safe childbirth and emergency referral services by communities, families, individuals and advocacy groups</p> <p>Coordinates donor support to integrate birth preparedness and complication readiness into antenatal services</p> <p>Has a national policy document that includes specific objectives for reducing maternal and newborn deaths</p> <p>Ensures that protocols are in place for clinical management, blood donation, anesthesia, surgical interventions, infection prevention and physical infrastructure</p> <p>Advocates birth preparedness and complication readiness through all possible venues (e.g., national campaigns, press conferences, community talks, local coalitions, supportive facilities)</p>	<p>Has essential drugs and equipment</p> <p>Follows infection prevention principles and practices</p> <p>Has a functional emergency system, including:</p> <ul style="list-style-type: none"> • communication • transportation • safe blood supply • emergency funds <p>Has service delivery guidelines on appropriate management during the antenatal period</p> <p>Has job aids to assist providers in performing appropriate antenatal care</p> <p>Ensures availability of a skilled provider 24 hours a day, 7 days a week</p> <p>Is gender and culturally sensitive, client-centered and friendly</p> <p>Involves community in quality of care</p> <p>Reviews case management of maternal and neonatal morbidity and mortality</p>	<p>Provides skilled antenatal care, including:</p> <ul style="list-style-type: none"> • detecting and managing complications • promoting health and preventing disease, including: <ul style="list-style-type: none"> – provision of iron/folate and tetanus toxoid – vitamin A and iodine in areas with deficiencies – presumptive treatment of malaria and worms in areas of prevalence – encourages use of bed nets • screening for and managing HIV/AIDS, tuberculosis, STDs • assisting the woman to prepare for birth including: <ul style="list-style-type: none"> – items needed for clean birth – identification of skilled provider for the birth – plan for reaching provider at time of delivery – identification of support people to help with transportation, care of children/household, and accompaniment to health facility – Complication Readiness Plan in case of emergency: emergency funds, transportation, blood donors, and decision-making • counseling/educating the woman and family on danger signs, nutrition, family planning, breastfeeding, HIV/AIDS • informing woman and family of existence of emergency funds • referring to higher levels of care when appropriate • honoring the pregnant woman's choices <p>Supports the community s/he serves</p> <p>Respects community's expectations and works within that setting</p> <p>Educates community members about birth preparedness and complication readiness</p> <p>Promotes concept of birth preparedness and dispels misconceptions and harmful practices that could prevent birth preparedness and complication readiness</p>

COMMUNITY	FAMILY	WOMAN
<i>Advocates and facilitates preparedness and readiness actions.</i>	<i>Supports pregnant woman's plans during pregnancy, childbirth and the postpartum period.</i>	<i>Prepares for birth, values and seeks skilled care during pregnancy, childbirth and the postpartum period.</i>
<p>Supports and values the use of antenatal care</p> <p>Supports special treatment for women during pregnancy</p> <p>Recognizes danger signs and supports implementing the Complication Readiness Plan</p> <p>Supports mother- and baby-friendly decision-making for normal births and obstetric emergencies</p> <p>Has a functional transportation infrastructure for woman to reach care when needed</p> <p>Has a functional blood donor system</p> <p>Has community financing plan for obstetric emergencies</p> <p>Can access facility and community emergency funds</p> <p>Conducts dialogue with providers to ensure quality of care</p> <p>Dialogues and works together with provider on expectations</p> <p>Supports the facility that serves the community</p> <p>Educates members of the community about birth preparedness and complication readiness</p> <p>Advocates for policies that support skilled healthcare</p> <p>Promotes concept of birth preparedness and dispels misconceptions and harmful practices that could prevent birth preparedness and complication readiness</p>	<p>Advocates for skilled healthcare for woman</p> <p>Supports and values the woman's use of antenatal care, adjusts responsibilities to allow attendance</p> <p>Makes plan with woman for normal birth and complications</p> <p>Identifies a skilled provider for childbirth and the means to contact or reach the provider</p> <p>Recognizes danger signs and facilitates implementing the Complication Readiness Plan</p> <p>Identifies decision-making process in case of obstetric emergency</p> <p>Knows transportation systems, where to go in case of emergency, and support persons to accompany and stay with family</p> <p>Supports provider and woman in reaching referral site, if needed</p> <p>Knows supplies to bring to facility or have in the home</p> <p>Knows how to access community and facility emergency funds</p> <p>Has personal savings for costs associated with emergency care or normal birth</p> <p>Knows how and when to access community blood donor system</p> <p>Identifies blood donor</p>	<p>Attends at least four antenatal visits (obtains money, transport)</p> <p>Makes a birth plan with provider, husband, family</p> <p>Decides and acts on where she wants to give birth with a skilled provider</p> <p>Identifies a skilled provider for birth and knows how to contact or reach the provider</p> <p>Recognizes danger signs and implements the Complication Readiness Plan</p> <p>Knows transportation systems, where to go in case of emergency, and support persons to accompany and stay with family</p> <p>Speaks out and acts on behalf of her and her child's health, safety and survival</p> <p>Knows that community and facility emergency funds are available</p> <p>Has personal savings and can access in case of need</p> <p>Knows who the blood donor is</p>

The BP/CR Matrix: Labor and Childbirth

POLICYMAKER	FACILITY	PROVIDER
<p><i>Creates an environment that supports the survival of pregnant women and newborns.</i></p>	<p><i>Is equipped, staffed and managed to provide skilled care for the pregnant woman and newborn.</i></p>	<p><i>Provides skilled care for normal and complicated pregnancies, births and the postpartum period.</i></p>
<p>Promotes improved care during labor and childbirth</p> <p>Ensures that skilled care policies for labor and childbirth are evidence-based, in place and politically endorsed</p> <p>Uses evidence-based information to support systems that routinely update service delivery and cadre-specific guidelines</p> <p>Promotes and facilitates the adoption of evidence-based practices</p> <p>Supports policies for management of complications based on appropriate epidemiological, financial and sociocultural data</p> <p>Ensures that adequate levels of resources (financial, material, human) are dedicated to skilled care at birth and an effective emergency referral system</p> <p>Encourages and facilitates participation in policy-making and resource allocation for safe childbirth and emergency referral services by communities, families, individuals, and advocacy groups</p> <p>Coordinates donor support for improved management of labor and childbirth</p> <p>Ensures that protocols are in place for clinical management, blood donation, anesthesia, surgical interventions, infection prevention and physical infrastructure</p> <p>Advocates birth preparedness and complication readiness through all possible venues (e.g., national campaigns, press conferences, community talks, local coalitions, supportive facilities)</p>	<p>Has essential drugs and equipment</p> <p>Follows infection prevention principles and practices</p> <p>Has appropriate space for birthing</p> <p>Has a functional emergency system, including:</p> <ul style="list-style-type: none"> • communication • transportation • safe blood supply • emergency funds <p>Has service delivery guidelines on appropriate management of labor and childbirth</p> <p>Has job aids to assist providers in performing labor and childbirth procedures</p> <p>Ensures availability of a skilled provider 24 hours a day, 7 days a week</p> <p>Is gender and culturally sensitive, client-centered and friendly</p> <p>Involves community in quality of care</p> <p>Reviews case management of maternal and neonatal morbidity and mortality</p>	<p>Provides skilled care during labor and childbirth, including:</p> <ul style="list-style-type: none"> • assessing and monitoring women during labor using the partograph • providing emotional and physical support through labor and childbirth • conducting a clean and safe delivery including active management of 3rd stage of labor • recognizing complications and providing appropriate management • informing woman and family of existence of emergency funds (if available) • referring to higher levels of care when appropriate <p>Supports the community s/he serves</p> <p>Respects community's expectations and works within that setting</p> <p>Educates community about birth preparedness and complication readiness</p> <p>Promotes concept of birth preparedness and dispels misconceptions and harmful practices that could prevent birth preparedness and complication readiness</p>

COMMUNITY	FAMILY	WOMAN
<i>Advocates and facilitates preparedness and readiness actions.</i>	<i>Supports pregnant woman's plans during pregnancy, childbirth and the postpartum period.</i>	<i>Prepares for birth, values and seeks skilled care during pregnancy, childbirth and the postpartum period.</i>
<p>Supports and values use of skilled provider at childbirth</p> <p>Supports implementing the woman's Birth Preparedness Plan</p> <p>Makes sure that the woman is not alone during labor, childbirth and immediate postpartum period</p> <p>Supports the woman in reaching place and provider of her choice</p> <p>Has a functional blood donor system</p> <p>Recognizes danger signs and supports implementing the Complication Readiness Plan</p> <p>Supports mother- and baby-friendly decision-making in case of obstetric emergencies</p> <p>Can access facility and community emergency funds</p> <p>Supports timely transportation of woman</p> <p>Promotes community norms that emphasize priority of transportation for pregnant women and obstetric emergencies</p> <p>Dialogues and works together with provider on expectations</p> <p>Supports the facility that serves the community</p> <p>Advocates for policies that support skilled healthcare</p> <p>Promotes concept of birth preparedness and dispels misconceptions and harmful practices that could prevent birth preparedness and complication readiness</p>	<p>Advocates for skilled healthcare for woman</p> <p>Recognizes normal labor and facilitates implementing Birth Preparedness Plan</p> <p>Supports woman in reaching place and provider of choice</p> <p>Supports provider and woman in reaching referral site, if needed</p> <p>Agrees with woman on decision-making process in case of obstetric emergency</p> <p>Recognizes danger signs and facilitates implementing the Complication Readiness Plan</p> <p>Discusses with and supports woman's labor and birthing decisions</p> <p>Knows transportation systems, where to go in case of emergency, and support persons to stay with family</p> <p>Knows how to access community and facility emergency funds</p> <p>Has personal savings for costs associated with emergency care or normal birth</p> <p>Purchases necessary drugs or supplies</p> <p>Knows how and when to access community blood donor system</p> <p>Identifies blood donor</p>	<p>Chooses provider and place of birth in antenatal period</p> <p>Recognizes normal labor and understands Birth Preparedness Plan</p> <p>Recognizes danger signs and understands Complication Readiness Plan</p> <p>Knows transportation systems, where to go in case of emergency, and support persons to stay with family</p> <p>Can access community and facility emergency funds</p> <p>Has personal savings and can access in case of need</p>

The BP/CR Matrix: Postpartum and Newborn

POLICYMAKER	FACILITY	PROVIDER
<p><i>Creates an environment that supports the survival of pregnant women and newborns.</i></p>	<p><i>Is equipped, staffed and managed to provide skilled care for the pregnant woman and newborn.</i></p>	<p><i>Provides skilled care for normal and complicated pregnancies, births and the postpartum period.</i></p>
<p>Promotes improved postpartum and newborn care</p> <p>Ensures that skilled postpartum and newborn care policies are evidence-based, in place and politically endorsed</p> <p>Uses evidence-based information to support systems that routinely update service delivery and cadre-specific guidelines</p> <p>Promotes and facilitates the adoption of evidence-based practices</p> <p>Supports policies for management of postpartum and newborn complications using appropriate epidemiological, financial, and sociocultural data</p> <p>Ensures adequate levels of resources (financial, material, human) are dedicated to supporting the skilled management of postpartum and newborn care and the effectiveness of an emergency referral system</p> <p>Encourages and facilitates participation in policy-making and resource allocation for safe childbirth and emergency referral services by communities, families, individuals and advocacy groups</p> <p>Coordinates donor support for improved postpartum and newborn care</p> <p>Ensures that protocols are in place for clinical management, blood donation, anesthesia, surgical interventions, infection prevention and physical infrastructure</p> <p>Advocates birth preparedness and complication readiness through all possible venues (e.g., national campaigns, press conferences, community talks, local coalitions, supportive facilities)</p>	<p>Has essential drugs and equipment</p> <p>Follows infection prevention principles and practices</p> <p>Has a functional emergency system, including:</p> <ul style="list-style-type: none"> • communication • transportation • safe blood supply • emergency funds <p>Has service delivery guidelines on care of newborn and mother postpartum</p> <p>Has job aids to assist providers in performing appropriate postpartum and newborn care</p> <p>Ensures availability of a skilled provider 24 hours a day, 7 days a week</p> <p>Is gender and culturally sensitive, client-centered and friendly</p> <p>Involves community in quality of care</p> <p>Reviews case management of maternal and neonatal morbidity and mortality</p>	<p>Provides skilled newborn and postpartum care, including:</p> <ul style="list-style-type: none"> • recognizing complications in the newborn and postpartum woman and providing appropriate management • promoting health and preventing disease in the woman, including: <ul style="list-style-type: none"> – provision of iron/folate and tetanus toxoid – vitamin A and iodine in areas of deficiencies – encouraging use of impregnated bednets for the woman and newborn in areas of malaria prevalence – provision of contraceptive counseling and services • promoting health and preventing disease in the newborn, including: <ul style="list-style-type: none"> – thermal protection – promotion of breastfeeding – eye care – cord care – vaccinations • providing appropriate counseling and education for the woman and family about danger signs and self-care for the postpartum woman and newborn • informing woman and family of existence of emergency funds • referring to higher levels of care when appropriate <p>Supports the community s/he serves</p> <p>Respects community's expectations and works within that setting</p> <p>Educates community about complication readiness</p> <p>Promotes concept of and dispels misconceptions and harmful practices that could prevent complication readiness</p>

COMMUNITY	FAMILY	WOMAN
<i>Advocates and facilitates preparedness and readiness actions.</i>	<i>Supports pregnant woman's plans during pregnancy, childbirth and the postpartum period.</i>	<i>Prepares for birth, values and seeks skilled care during pregnancy, childbirth and the postpartum period.</i>
<p>Supports and values women's use of postpartum and newborn care</p> <p>Supports and values use of skilled provider during postpartum period</p> <p>Supports appropriate and healthy norms for women and newborns during the postpartum period</p> <p>Makes sure that the woman is not alone during the postpartum period</p> <p>Recognizes danger signs and supports implementing the Complication Readiness Plan</p> <p>Supports mother- and baby-friendly decision-making in case of newborn emergencies</p> <p>Supports timely transportation of woman and newborn to referral site, if needed</p> <p>Has a functional blood donor system</p> <p>Can access facility and community emergency funds</p> <p>Dialogues and works together with provider on expectations</p> <p>Supports the facility that serves the community</p> <p>Educates community members about complication readiness</p> <p>Advocates for policies to support skilled healthcare</p> <p>Promotes concept of and dispels misconceptions and harmful practices that could prevent complication readiness</p>	<p>Advocates for skilled healthcare for woman</p> <p>Supports the woman's use of postpartum and newborn care, adjusts responsibilities to allow her attendance</p> <p>Recognizes complication signs and facilitates implementing the Complication Readiness Plan</p> <p>Agrees with woman on decision-making process in case of postpartum or newborn emergency</p> <p>Knows transportation systems, where to go in case of emergency, and support persons to stay with family</p> <p>Supports provider, woman and newborn in reaching referral site, if needed</p> <p>Knows how to access community and facility emergency funds</p> <p>Has personal savings for costs associated with postpartum and newborn care</p> <p>Purchases drugs or supplies needed for normal or emergency postpartum and newborn care</p> <p>Knows how and when to access community blood donor system</p> <p>Identifies blood donor</p>	<p>Seeks postpartum and newborn care at least twice—at 6 days and at 6 weeks postpartum (obtains money, transport)</p> <p>Recognizes danger signs and implements the Complication Readiness Plan</p> <p>Speaks out and acts on behalf of her and her child's health, safety and survival</p> <p>Knows transportation systems, where to go in case of emergency, and support persons to stay with family</p> <p>Can access community and facility emergency funds</p> <p>Has personal savings and can access in case of need</p>

