

# The effectiveness of an obstetric triage programme implemented in high-volume hospitals in Ghana

## Briefing

Antonella Bancalari, Julia Loh, Medge Owen and Britta Augsburg



## Key messages

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Ghana has a clear need for improved obstetric triage.

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The government's response – the Obstetric Triage Implementation Package – delivers needed improvement.

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But gaps remain.

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## About this briefing

This briefing highlights the key findings of an evaluation of Ghana's Obstetric Triage Implementation Package – a system that enables midwives to rapidly assess the condition of pregnant women, prioritise their care and ensure that those with the most critical needs receive immediate attention.

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# Introduction

Ghana has made significant progress in maternal and newborn health, yet major challenges remain. Maternal mortality stands at 263 per 100,000 live births and neonatal mortality at 23 per 1,000 live births – both well above global averages and targets set through Sustainable Development Goals. These sub-optimal outcomes are partly linked to gaps in adherence to clinical best practice and the operational constraints facing public hospitals, where frontline providers work with limited resources.

To address these challenges, Kybele and the Ghana Health Service (GHS) developed and implemented the Obstetric Triage Implementation Package (OTIP) – a structured system of obstetric triage in hospitals that enables midwives to rapidly assess the condition of pregnant women, prioritise care and ensure that those with the most critical needs receive immediate attention. A central feature of the programme is the use of midwife 'champions' within each facility, who lead the implementation of the new protocol: training their peers, encouraging adherence to triage procedures, and helping establish and maintain dedicated triage areas. While the programme relies heavily on peer influence, the selection of champions has traditionally been a top-down managerial process.

## About the study

The evaluation on which this briefing paper is based took place in 2024 and 2025 and examines the effectiveness of OTIP's peer-led implementation model. The research team partnered with GHS and Kybele to embed a large-scale experiment into the national rollout of OTIP across 25 hospitals in Greater Accra, Central and Western Regions. Hospitals were randomly assigned to receive OTIP early or later, enabling rigorous measurement of programme impacts.

This research design allowed us to assess:

- whether champions effectively implement OTIP and cascade knowledge to their colleagues
- whether bottom-up selection leads to better outcomes than the traditional top-down selection mechanism (the subject of a separate working paper).

# Key findings

## A clear need for better obstetric triage ...

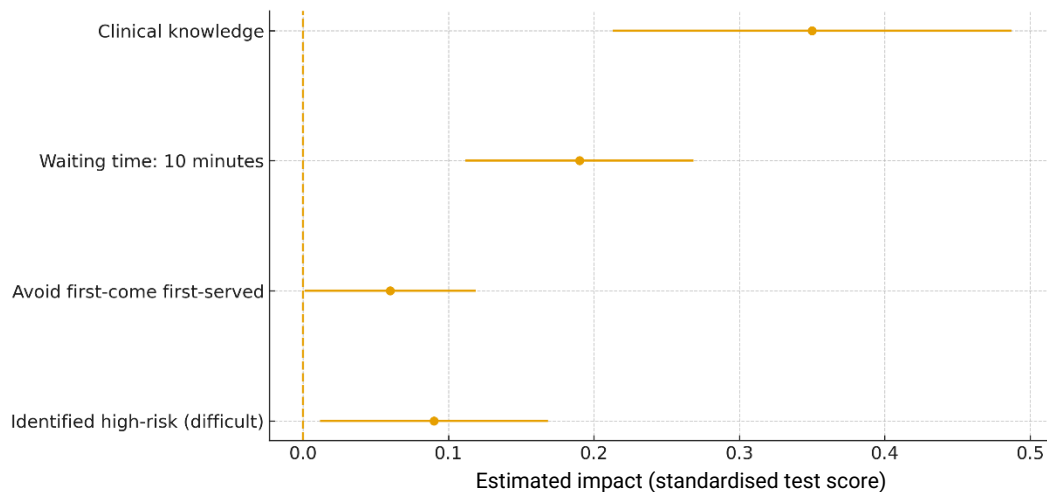
- At baseline, just under one quarter of midwives correctly reported 10 minutes as the recommended maximum waiting time before a healthcare professional assesses a woman who has arrived at a hospital in suspected labour.
- While adherence to conducting recommended assessments is high – over 87% of mothers reported receiving all vital sign checks before delivery – midwives appear to face difficulty interpreting these assessments to identify and treat complications. For example, before OTIP, 92% of mothers reported that midwives checked their respiration upon arrival, yet only 8% of midwives in our survey correctly stated that respiratory rate increases at the onset of obstetric haemorrhage.

## ... which OTIP delivers

Together, the following results indicate that OTIP strengthened both the knowledge and decision-making processes that are essential for effective obstetric triage.

- The evaluation found that OTIP led to meaningful improvements in midwives' clinical knowledge and triage-related practices.
- Clinical knowledge – key to interpreting assessment results – increased by roughly one-third of a standard deviation – a sizeable effect for short training and supervision intervention.
- Midwives were also more likely to report the correct recommended waiting time and to avoid a first-come, first-served queue when multiple patients arrived simultaneously, reflecting better adherence to triage guidelines.
- In addition, OTIP improved midwives' ability to identify the highest risk case in a challenging hypothetical triage scenario.

Figure 1: Estimated impacts of OTIP on key outcomes



Notes: Clinical knowledge is a standardised test score. 'Waiting time: 10 minutes' and 'Avoid first-come, first-served' are indicators for correct responses to recommended clinical processes. 'Identified high-risk (difficult)' is an indicator for correctly identifying the highest-risk case in a difficult triage scenario. Estimates show 'intent-to-treat' effects of OTIP during the first follow-up data collection, three months after OTIP was introduced in early-treated hospitals. Confidence intervals use standard errors clustered at the hospital level.

## ... but gaps remain

Although OTIP strengthened knowledge and some decision-making practices, the following gaps suggest that, additional support and reinforcement are needed to ensure consistent, high-quality triage for all patients.

- Without OTIP training, midwives performed well in straightforward situations – around 91% were able to identify the high risk case in an easy hypothetical scenario but far fewer managed to do so when the scenario became more complex. Only about one-third correctly identified the high risk case in the difficult scenario. OTIP increased this to 42% – a significant step forward but still leaving many midwives unable to recognise high risk cases in more challenging situations.
- Many midwives continued to rely on a first-come, first-served approach, even though effective triage requires prioritising patients based on clinical urgency. And most were not aware of the recommended maximum waiting time for patients to be seen by a health professional.

# Conclusion

The evidence shows that the OTIP package strengthened key components of obstetric triage – improving clinical knowledge, encouraging better adherence to recommended processes and enhancing midwives' ability to identify high risk cases in challenging scenarios. These gains demonstrate that structured training – delivered to a subset of frontline workers who are then tasked with training their peers – can meaningfully shift both knowledge and decision making in frontline maternity care.

At the same time, the remaining gaps – particularly in recognising high risk cases in complex situations and consistently applying core triage principles – highlight the need for continued investment in triage capacity. Complementary strategies such as periodic refresher training, practical simulation exercises, stronger supervisory systems and clearer decision aids may help consolidate and extend the improvements achieved.

Overall, the findings suggest that OTIP is a promising foundation for strengthening obstetric triage. Sustained support and reinforcement will be critical to realising its full potential for improving maternal and newborn outcomes.

# Thrive

Thrive is a multi-country research programme that aims to support countries to turn what we know about positive early childhood development into practical, scalable, low-cost programmes, able to transform societies over multiple generations. Working closely with policymakers and other stakeholders, Thrive aims to build understanding of early childhood development service delivery models and how they can be provided cost effectively and at scale, and how these systems can innovate, improve, and better serve children and communities in low- and middle-income countries.

Our five focus countries are Bangladesh, Ghana, Kiribati, Sierra Leone and Tanzania.

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