

# Improving maternal and newborn health through participatory community groups in three rural districts in Bangladesh

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<b>Registration date</b> 06/04/2009	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 27/04/2010	<b>Condition category</b> Pregnancy and Childbirth	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**

N/A

## Study information

### Scientific Title

Improving maternal and newborn health through participatory community groups in three rural districts in Bangladesh: a cluster randomised controlled trial

### Acronym

BADAS (Perinatal Care Project)

### Study objectives

Will a community mobilisation intervention improve maternal and neonatal home care, service uptake, morbidity and mortality in three rural districts in Bangladesh?

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Not provided at the time of registration

### Study design

Cluster randomised controlled trial

### Primary study design

Interventional

### Secondary study design

Randomised controlled trial

### Study setting(s)

Other

### Study type(s)

Treatment

### Participant information sheet

### Health condition(s) or problem(s) studied

Maternal and child health

### Interventions

In each intervention cluster a facilitator will convene community groups to explore maternal and neonatal health issues. Groups will meet once or twice a month and move through action research cycles. The programme inputs can be itemised as:

1. Recruitment, training, supervisions and remuneration of facilitators. The role of the facilitator is to activate and strengthen groups, support them in identifying problems, help to plan possible solutions and support the implementation and monitoring of solution strategies in the community. Although she requires a grasp of health issues and some knowledge of potential interventions, she needs to be a facilitator rather than a teacher. As such, she may act as a

broker of information and communication but her prime importance is as a catalyst for community mobilisation

2. Development of tools for conducting group meetings, process evaluation and documentation
3. Recruitment, training, supervision and remuneration of a supervisory cadre to support the community-based facilitators

There is no follow-up period after the intervention ends. The intervention is a community mobilisation intervention, which only occurs in the intervention clusters. All clusters, control and intervention, receive health system strengthening activities.

### **Intervention Type**

Other

### **Phase**

Not Applicable

### **Primary outcome measure**

Neonatal and maternal mortality rates, measured prospectively from 1st February 2005 until the end of the trial (31 December 2007).

### **Secondary outcome measures**

1. Maternal and neonatal home care practices
2. Utilisation of antenatal, delivery and postnatal services

All outcomes measured prospectively from 1st February 2005 until the end of the trial (31 December 2007).

### **Overall study start date**

01/02/2005

### **Completion date**

31/12/2007

## **Eligibility**

### **Key inclusion criteria**

Women (no defined age range) who reside in 18 communities during the study period.

### **Participant type(s)**

Patient

### **Age group**

Other

### **Sex**

Female

### **Target number of participants**

2000 women group members

**Key exclusion criteria**

1. Women who decline to be interviewed or reside outside the study area
2. Women residing in a Tea Estate

**Date of first enrolment**

01/02/2005

**Date of final enrolment**

31/12/2007

**Locations****Countries of recruitment**

Bangladesh

England

United Kingdom

**Study participating centre**

University College London (UCL) Institute of Child Health

London

United Kingdom

WC1N 1EH

**Sponsor information****Organisation**

University College London (UCL) Institute of Child Health (UK)

**Sponsor details**

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**Sponsor type**

Research organisation

**Website**

<http://www.ich.ucl.ac.uk/>

ROR

<https://ror.org/02jx3x895>

## Funder(s)

### Funder type

Research organisation

### Funder Name

Department for International Development (DFID) (UK) (ref: RPC HD5)

## Results and Publications

### Publication and dissemination plan

Not provided at time of registration

### Intention to publish date

### Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	03/04/2010		Yes	No