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

Submission date
27/02/2009

Recruitment status
No longer recruiting

Registration date
06/04/2009

Overall study status
Completed

Last Edited
27/04/2010

Condition category
Pregnancy and Childbirth

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] 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

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

Primary study design
Interventional

Study design
Cluster randomised controlled trial

Study type(s)
Treatment

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(s)

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

Key secondary outcome(s)
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).

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

Healthy volunteers allowed
No

Age group
Other

Sex
Female

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
United Kingdom

England

Bangladesh

Study participating centre
University College London (UCL) Institute of Child Health
London
United Kingdom
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Sponsor information

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

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?
Results article	results	03/04/2010		Yes	No