

From Policy to Practice: Implementing Standard Operating Protocols to Strengthen Maternal and Neonatal Care in a Cambodian Tertiary Hospital

Editorial

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Article history: Received 4 October 2025; Revised 11 February 2026; Accepted 27 February 2026; Published 6 March 2026.

Introduction

Cambodia has made notable progress in maternal and neonatal health through expanded facility-based deliveries and national clinical guidance. However, gaps remain in translating Ministry of Health (MoH) recommendations into consistent hospital practice, particularly during emergencies.

At a private tertiary hospital in Phnom Penh (approximately 600 births annually, based on internal hospital delivery records for 2024–2025), hospital-level Standard Operating Protocols (SOPs) were developed for postpartum hemorrhage management, perineal tear repair, infection prevention and antibiotic stewardship, intrapartum fetal monitoring, and documentation. These SOPs operationalized MoH guidance into practical workflows adapted to local resources. Implementation included staff training, bedside checklists, and routine monitoring.

Internal quality audits demonstrated improved protocol adherence, coordination, and staff confidence. This editorial highlights how hospital-level SOPs can bridge policy and practice and offers lessons applicable to other Cambodian and similar low-resource settings.

Maternal mortality and neonatal complications remain sensitive indicators of health system performance. Cambodia's Ministry of Health has developed national protocols and strategic plans to support safe motherhood and emergency obstetric and newborn care, including the Safe Motherhood Clinical Management National Protocols and the National Strategy for Reproductive, Maternal, Newborn, Child and Adolescent Health (Ministry of Health Cambodia, 2016; 2019). These remain the most current national guidance as of 2025.

Global evidence emphasizes that improving quality of care requires not only access but also reliable systems and accountability (Kruk et al., 2018; Tunçalp et al., 2015). Despite strong policy frameworks and increasing facility-based births, clinicians frequently face inconsistent workflows due to variable staffing, limited standardization, and resource constraints. Hospitals therefore require feasible strategies to translate national guidance into reliable everyday practice. Evidence from low- and middle-income countries demonstrates that structured training, supervision, and monitoring significantly improve provider performance (Rowe et al., 2018; Manzi et al., 2014), supporting this implementation approach.

Developing hospital SOPs

At a private tertiary hospital in Phnom Penh (~600 births annually, based on internal hospital delivery records for 2024-2025) SOPs were developed for five priority areas: postpartum hemorrhage management, perineal tear repair, infection prevention and antibiotic stewardship, intrapartum fetal

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monitoring, and documentation. The hospital's identity is not disclosed to maintain confidentiality of internal quality improvement data.

Development involved interdisciplinary teams who reviewed existing practices, identified gaps, and drafted stepwise procedures aligned with MoH standards. Implementation occurred over six months (January–June 2025) and included three competency-based workshops, department-level briefings, bedside and operating-theatre checklists, and monthly compliance audits.

Observed benefits and practical lessons

Since implementation, several tangible benefits have emerged, supported by internal quality-monitoring data:

Enhanced clinical performance:

In post-training surveys ($n = 48$; response rate 85%), self-reported confidence in managing obstetric emergencies increased from 64% pre-implementation to 92%.

Improved adherence to protocols:

Internal audits of 50 delivery cases over a two-month period showed full compliance with postpartum hemorrhage protocols in 90% of cases, compared with 68% before implementation. Documentation completeness improved from 70% to 95%.

Infection prevention gains:

Hand hygiene compliance increased from 76% to 91%, while correct autoclave labeling and cycle documentation improved from 72% to 96%, sustained across three consecutive monthly audits.

More efficient emergency response:

Average decision-to-incision time for emergency cesarean section decreased from 26 minutes to 17 minutes following implementation of a structured coordination checklist.

System resilience:

Standardized SOPs ensured continuity of care despite staff turnover or temporary absences. Overall, the structured introduction of SOPs improved reliability, coordination, and accountability. The combination of written protocols, targeted training, and routine audits created a sustainable quality-improvement cycle (Rowe et al., 2018).

National relevance

Although these findings reflect a single private tertiary facility, the core principles—translating MoH guidance into actionable SOPs supported by training and monitoring—are broadly applicable. Many Cambodian hospitals face similar implementation challenges amid workforce rotation and varying resource levels.

Embedding clear, locally adapted SOPs derived from national standards provides a feasible and low-cost mechanism to harmonize practice and strengthen accountability (Manzi et al., 2014). Public hospitals may require stronger institutional backing, while rural facilities may benefit from simplified protocols

adapted to available staffing. Importantly, this approach prioritizes leadership and structured systems rather than infrastructure expansion alone.

Limitations

This editorial reflects a single-site experience, limiting generalizability. The six-month implementation period provides only early evidence of impact. Evaluation focused primarily on process indicators rather than clinical outcomes. Longer-term and multi-site assessments are warranted.

Conclusion and recommendations

Hospital-level SOPs demonstrate that structured, practical protocols can strengthen maternal and neonatal care when combined with leadership, mentorship, and monitoring. Sustainability is supported through integration of SOP orientation into staff induction, assignment of a senior clinician responsible for quarterly review, and routine audits requiring minimal additional resources. To support broader adoption nationally, the following actions are recommended:

1. Establish a national repository of adaptable SOP templates and audit tools.
2. Promote regular competency-based workshops and low-cost simulation training.
3. Implement simple monthly compliance audits linked to professional development.
4. Maintain mechanisms to align hospital SOPs with future MoH guideline updates.

Translating national policy into concise, actionable hospital protocols offers a practical pathway toward safer childbirth and improved newborn outcomes across Cambodia.

Author contributions

Suren Kanayan conceived the editorial, drafted the manuscript, and ensured alignment with hospital practices and MoH guidelines.

Data availability

Not applicable.

Acknowledgements

The author thanks the hospital staff for their dedication and contributions to improving maternal and neonatal care.

Ethics statement

This editorial describes routine quality improvement activities conducted as part of hospital operations. No individual patient data were collected, and formal ethics committee review was not required.

Conflicts of interest

The author declares no conflicts of interest.

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