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Applying Science to Strengthen and Improve Systems

Integration of Maternal and Newborn Health Care

In Pursuit of Quality: LAC experience and reflections

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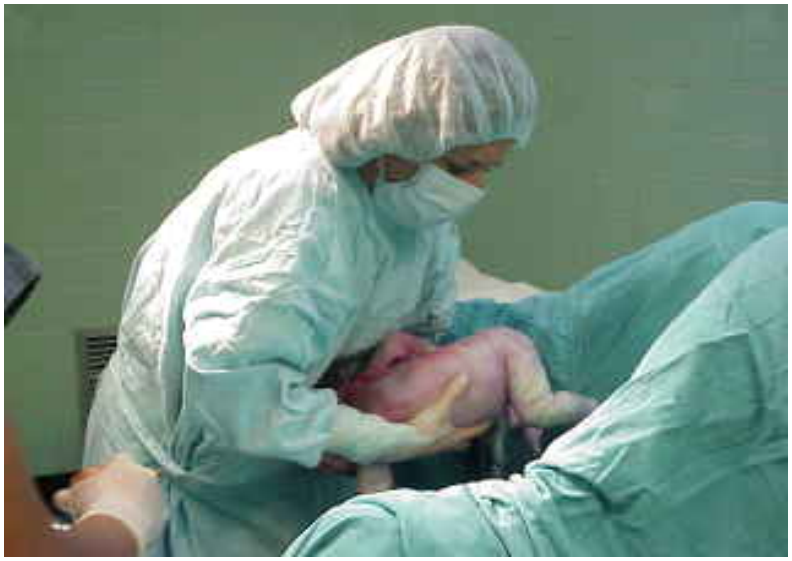
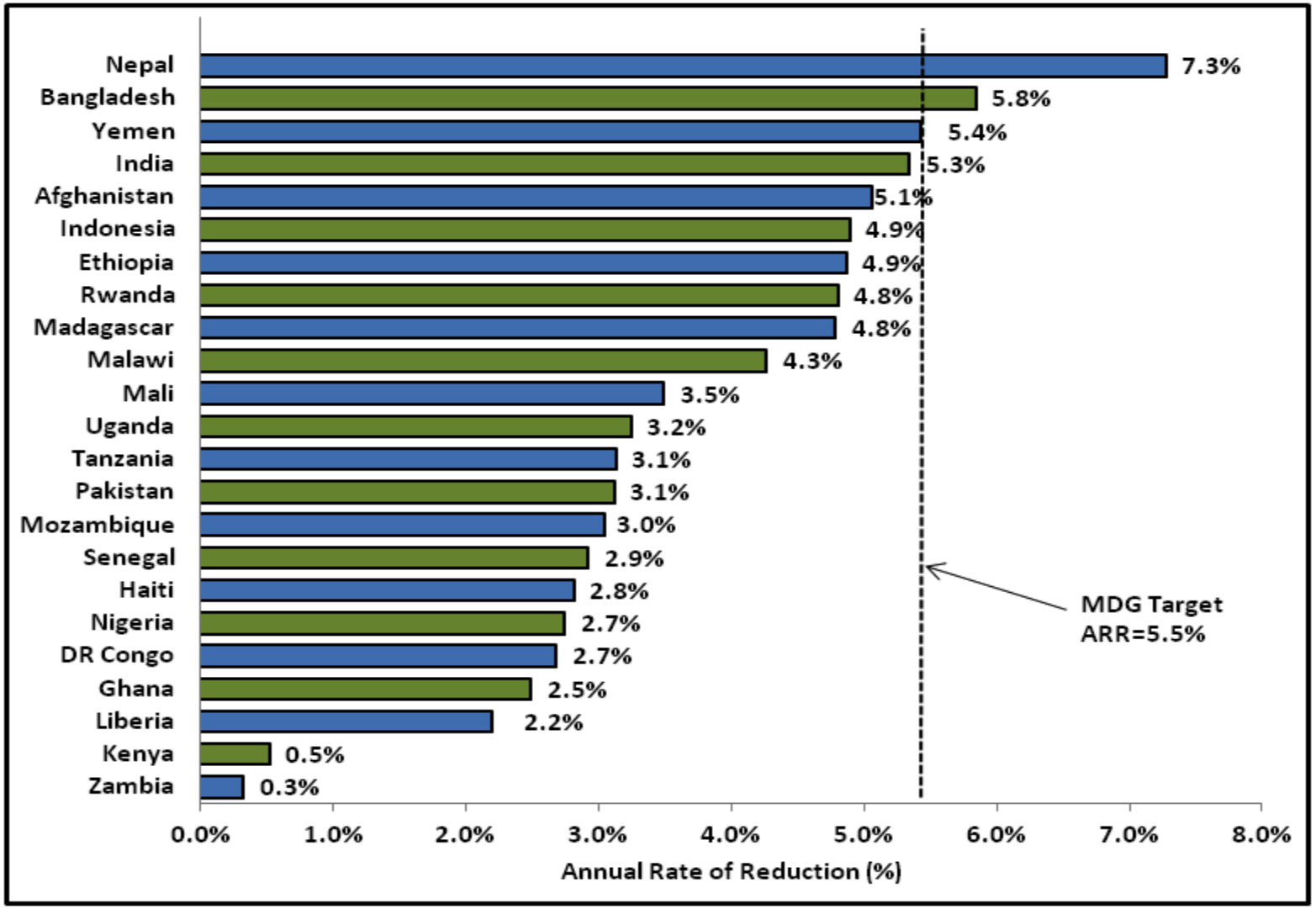


Maternal mortality annual Rates of Reduction (1990-2010) within MCH priority countries. (WHO 2012a)



A maternal death in low and middle-income countries (LMIC) remains 100 times more likely than in high-income countries (Lozano R et al, 2011)

From "Best Practices" to "Implementation effectiveness": a much needed paradigm shift

"The reality is clear. The power of existing interventions is not matched with the power of health care systems able to deliver to the populations that need them most, in an integral manner and at an adequate scale"

Margaret Chan
Director General
World Health Organization

Using QI methods to achieve implementation of best practices in LAC

Reasons for lack of integration

- Obstetric and pediatric staff work in isolation from each other
- The integration of pregnancy, delivery and postpartum for mother/baby is not reflected in the compartmentalized care
- The care process is focused on the provider´s needs
- The care process does not use data for improvement
- There is no accountability for the quality of care, but a lot of blame

How QI methods work

- QI teams integrate obstetric, pediatric, pharmacy, lab, staff
- The QI approach is based on concepts of systems and processes
- The QI approach focuses on the clients´ needs
- The QI approach is rooted on data and its meaning for action
- The QI approach promotes ownership and accountability for quality of care processes

Contextual factors are fundamental

- Leadership for MNCG integration at all levels:
  - MOH, central level, district
  - Pre-service and graduate training programs
  - Professional associations
  - Users (especially women's) organizations
  - Media
- Alignment with institutional and national priorities
- International donors' programs: what message is sent?
- Incentive mechanisms rewarding quality of care built in the system
- Existence of basic level of resources

QI teams integrate obstetric, pediatric, pharmacy, lab, staff

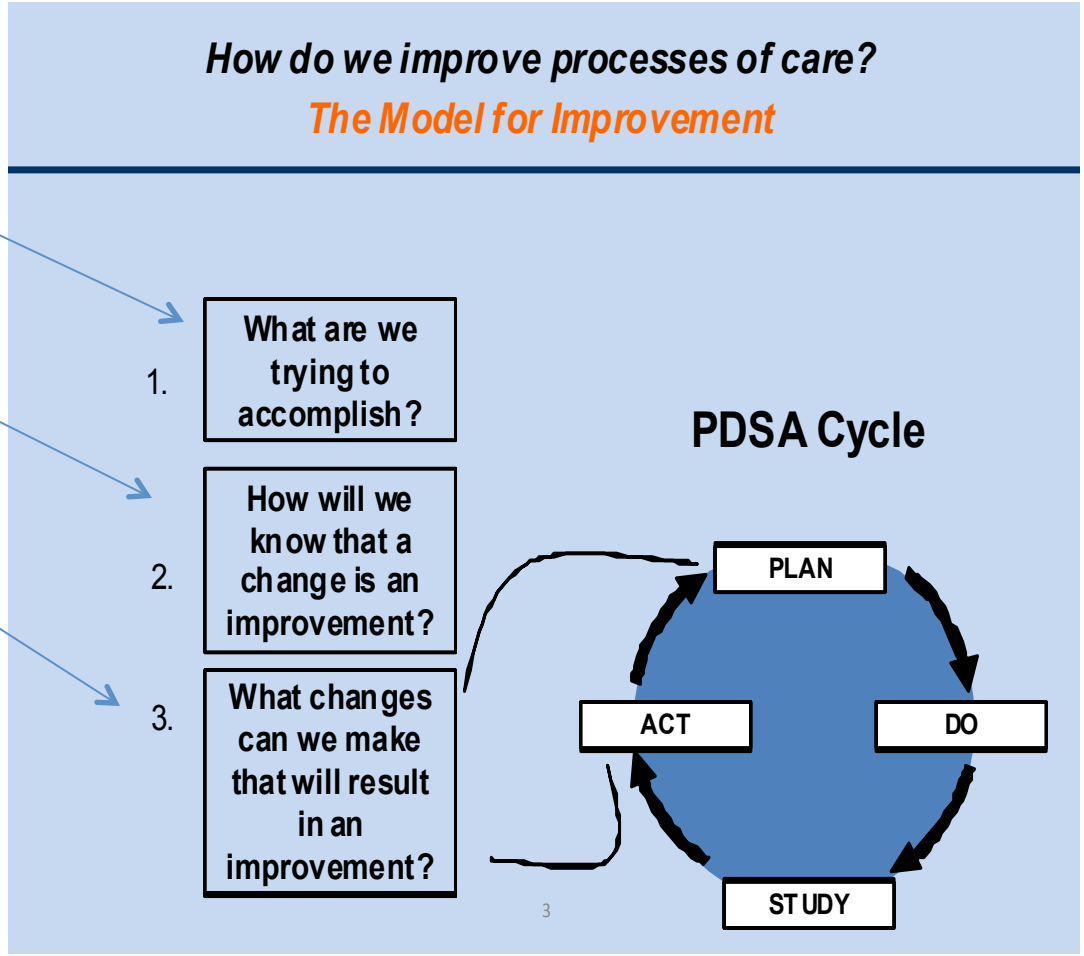
- Pediatrician
- Ob-Gyn
- Midwife
- Medical records clerk
- Nurse
- Pharmacy in-charge

For mother and baby:

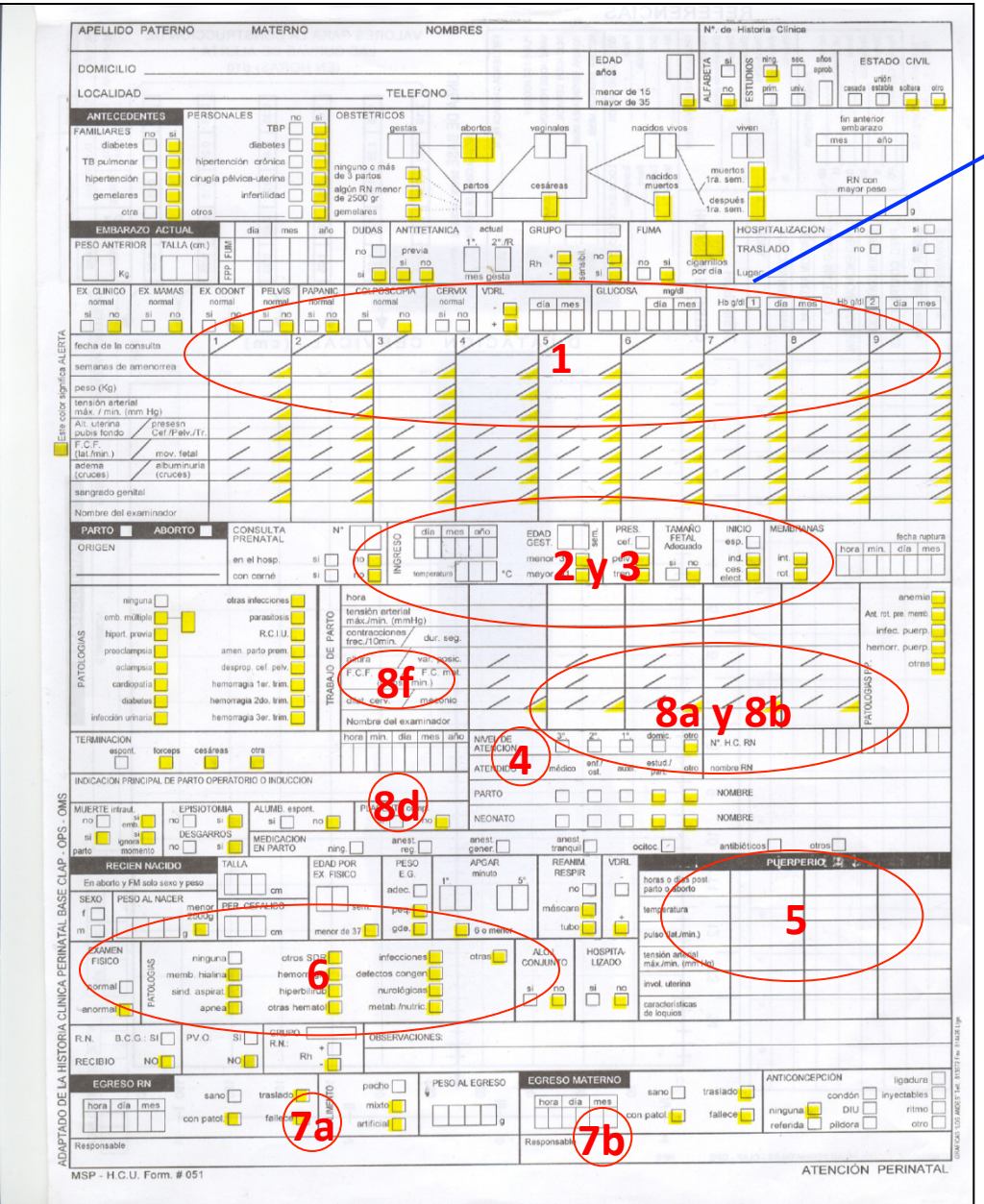
Antenatal care → Delivery care → Essential newborn care → Postpartum care

The QI approach is rooted on data and its meaning for action

- We use indicators to identify deficiencies and set our aims
- We develop indicators to assess if process changes result in improvements
- Indicators help us monitor improvements over time and assess sustainability
- Data allows to decide if a change that has been tested results in improvement



The perinatal clinical record integrates mother and newborn information and is the main source of data for quality indicators



	Indicator
1	% Antenatal care in compliance with standard.
2	% deliveries with partograph correctly used
3	% deliveries with an abnormal partograph where a decision was made
4	% deliveries with AMTSL
5	% postpartum care in compliance with standard..
6	% of immediate newborn care in compliance with standard.
7A	% deliveries attended by a doctor or midwife.
7B	% of newborns attended by a doctor or midwife
8A	% of cases of **preeclampsia, eclampsia** care in compliance with standard.
8B	% of cases of **Hemorrhage** care in compliance with standard..
8C	% de cases of sepsis care in compliance with standard.
8D	% preterm deliveries treated with corticosteroids for fetal lung maturation
8F	% **premature rupture of membranes** care in compliance with standard.

Measuring the quality of integrated care: auditing records

- QI team members meet once a month and audit records, following a standard procedure
- QI team: doctors, nurses, midwives, auxiliary nurses
- QI team enters numerators and denominators in an Excel spreadsheet that produces indicators in a runchart

El Oro
Machala Centro de Salud Mabel Estupiñán

Using indicators to identify deficiencies and to trigger improvement at the facility

- QI teams identify deficient processes based on indicators
- Building on their own experience, literature and "lessons learned", QI teams decide to test interventions.
- QI teams assess the impact of the intervention using indicators

Taking ownership and reporting indicators from facilities to provincial MOH offices

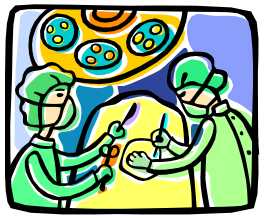
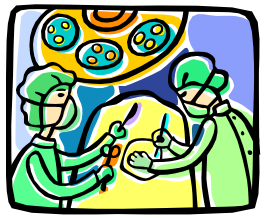
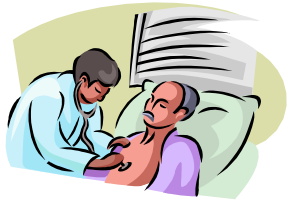
- Reporting made mandatory by Ministerial decree
- One person of QI team in charge of sending the monthly report
- Report sent mostly by email using Excel spreadsheet
- Supervisory visits to facilities late in reports
- Indicators used in maternal and newborn mortality audit process

Monitoring quality indicators for facilities in a region through runcharts

QAP, 2004

Cotopaxi Provincial Health System: Fragmented; No continuum of care; Inequitable access; Poor quality of care

1,500 deliveries

	Ministry of Health (**4,000 deliveries**)	Social Security	Private providers	NGOs
Provincial Hospital (Surgery & Blood 4 hours/ day)				
5 County Hospitals (Basic EONC 4 hours/day)				
Ambulatory Health Centers (**Parish Level**)				
TBAs (**Community** Level) (**3,000 deliveries**)				

ESSENTIAL OBSTETRIC AND NEWBORN CARE NETWORK, COTOPAXI

PROVINCIAL HOSPITALS (2)

COMPLETE EONC
24 hours/7days

REFERRAL

COUNTY HOSPITALS (5)

BASIC EONC
24 hours/7days

HEALTH CENTERS

TBAs

Parish micronetwork:
TBAs, health centers and social organizations working together

COMMUNITY EONC

Improving quality of care: main changes

- Continuous improvement based on monitoring of compliance with quality standards and PDSA cycles
- Introduction of standardized protocols for managing main obstetric/newborn complications at each level of the EONC network
- Training on EONC and HBB to all personnel that attend deliveries at health centers and hospitals
- Training TBAs in local language with demonstrations and mannequins
- Monitoring quality of care of TBAs quarterly
- Early postpartum care and discharge 24-48 hours after birth with standardized procedures – “quality discharge”
- Introduction of Kangaroo mother care

Selected Quality of Care Indicators in Facilities Participating in the Project

Ministry of Health Quality Indicator	Baseline 2010	Sept. 2012
% of deliveries benefitting from active management of the third stage of labor in participating facilities	68%	99%
% of births demonstrating compliance with partograph use in participating facilities	51%	94%
% of births documenting compliance with use of corticoids for fetal lung maturity in preterm birth in participating facilities	67%	96%
% of births documenting compliance with evidence-based case-management standards for premature rupture of membranes	0%	80%
% of newborns with documented compliance with essential newborn care standards in participating facilities	13%	91%
% of newborn asphyxia cases with documented compliance with evidence-based neonatal resuscitation standards in participating facilities	10%	94%

Sustainability

- In 2012 the MOH announced its decision to scale-up the EONC approach to the entire country
- In 2013 the Minister issued an official policy document and an operational plan for the scale-up
- In 2014 the MOH hired 24 full-time staff to lead implementation in all provinces