

Maternal, Newborn and Child Quality of Care

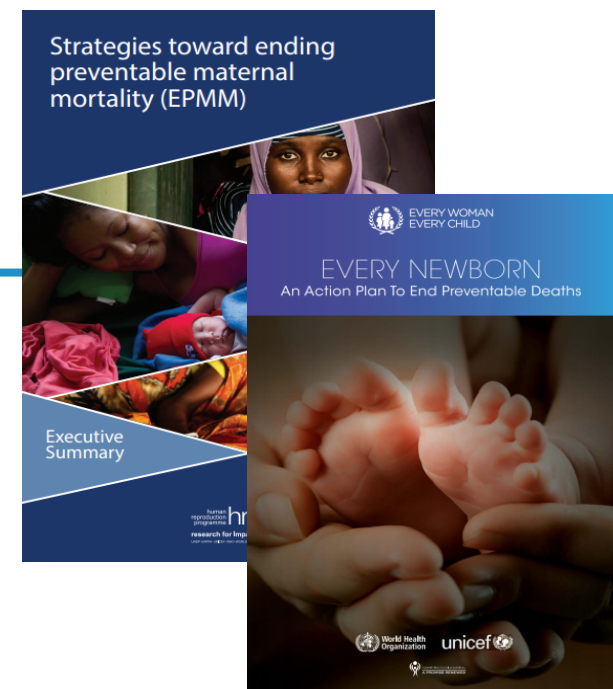
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Child and Adolescent Health (MCA)**



**World Health
Organization**

Critical time for global health

- MDGs to SDGs
- Two strategies, shared objectives
 - Every Newborn Action Plan
 - Ending Preventable Maternal Mortality
- New Global Strategy for women's children's adolescent's health
 - Survive, thrive, transform



Quality of care matters

- Due to focused efforts, facility-based deliveries are increasing globally
 - Higher proportions of avoidable maternal and perinatal morbidity and mortality occur in facilities
- Major roadblock: Quality of Care
- Coverage of essential interventions is not enough
- Experience of care

Review

Highly accessed

Open Access

Facilitators and barriers to facility-based delivery in low- and middle-income countries: a qualitative evidence synthesis

Meghan A Bohren^{1,2*}, Erin C Hunter¹, Heather M Munthe-Kaas³, João Paulo Souza⁴, Joshua P Vogel² and A Metin Gülmezoglu²

The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review

Meghan A. Bohren^{1,2*}, Joshua P. Vogel², Erin C. Hunter³, Olha Lutsiv⁴, Suprita K. Makh⁵, João Paulo Souza⁶, Carolina Aguiar¹, Fernando Saraiva Coneglian⁶, Alex Luíz Araújo Diniz⁶, Özge Tunçalp², Dena Javadi³, Olufemi T. Oladapo², Rajat Khosla², Michelle J. Hindin^{1,2}, A. Metin Gülmezoglu²



WHO vision

Efforts to achieve Universal Health Coverage are aimed to provide all mothers and newborns access to the health care system

Every mother and newborn receives quality care throughout the pregnancy, childbirth and postnatal periods

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www.bjog.org

Commentary

Quality of care for pregnant women and newborns—the WHO vision

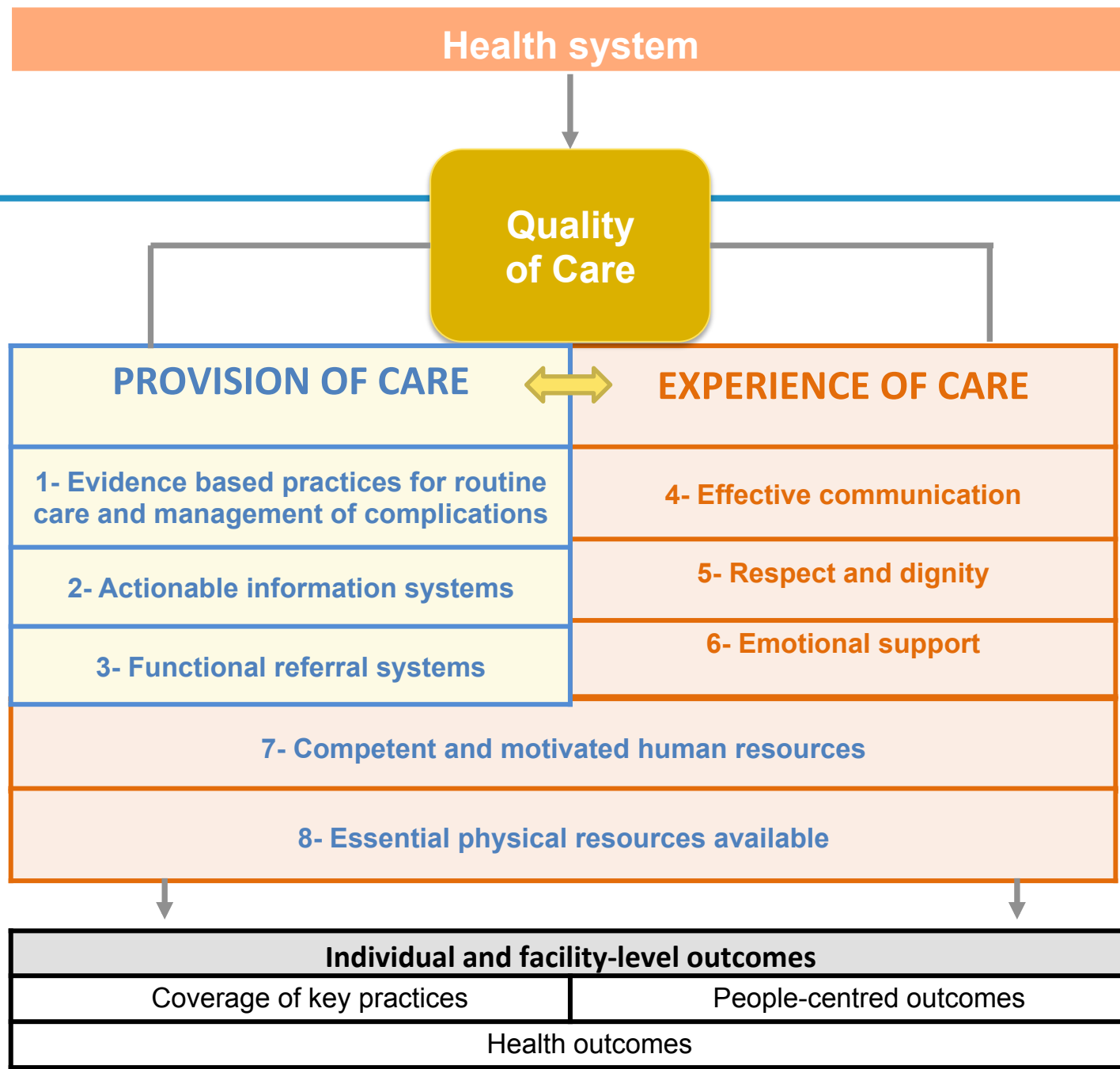
Ö Tunçalp,^a WM Were,^b C MacLennan,^b OT Oladapo,^a AM Gülmezoglu,^a R Bahl,^b B Daelmans,^b M Mathai,^b L Say,^a F Kristensen,^c M Temmerman,^a F Bustreo^c



Structure

Process

Outcome



Strategic work areas

Quality of Care Framework

Research

WHO Guidelines

Standards of care

Effective intervention strategies to improve QoC

Measurement indicators and methods

1. Establish leadership group

2. Situation analysis / assessment

3. Adapt standards of care

4. Identify QI interventions

7. Refinement of strategies

PLAN

ACT

STUDY

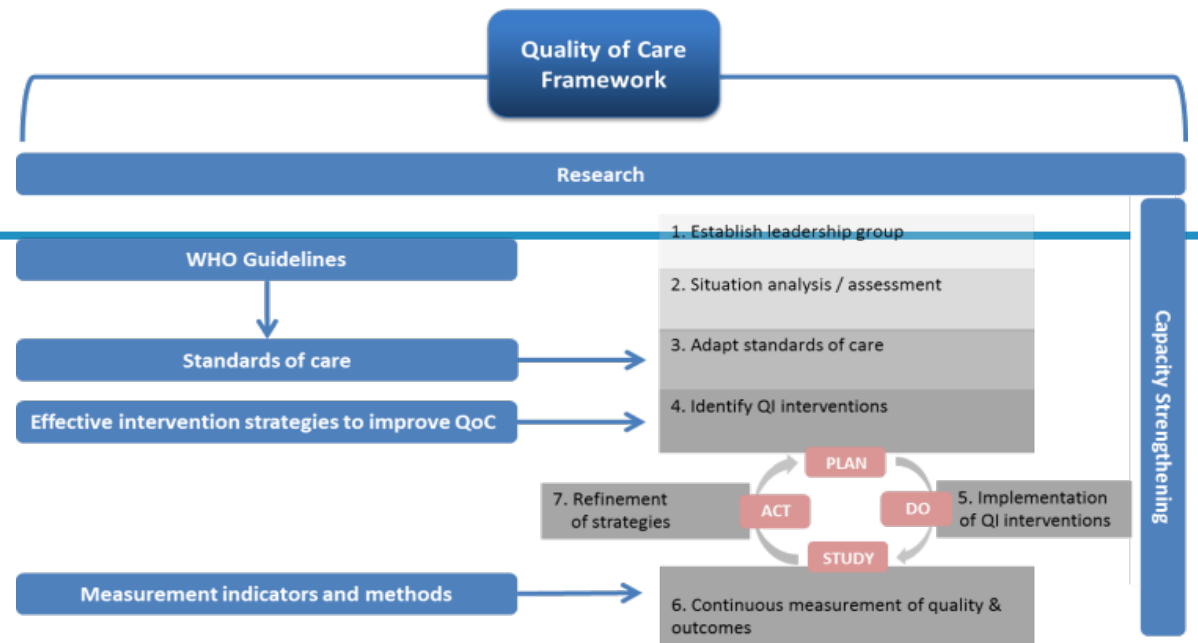
DO

5. Implementation of QI interventions

6. Continuous measurement of quality & outcomes

Capacity Strengthening





STRATEGIC WORK AREA

STANDARDS OF CARE

Structure of standards

- ❖ **Standard of care:** Description of what is expected to be provided to achieve high quality care around the time of childbirth.
 - **Quality statement:** Concise prioritized statement designed to drive measurable quality improvements in the care around childbirth.
 - **Quality measures:** Criteria that can be used to assess, measure and monitor quality of care.
 - ✓ Input – what needs to be in place for desired care to be provided?
 - ✓ Output/Process – was the desired care provided?
 - ✓ Outcome – effect of provision and experience of care on health and people-centred outcomes?

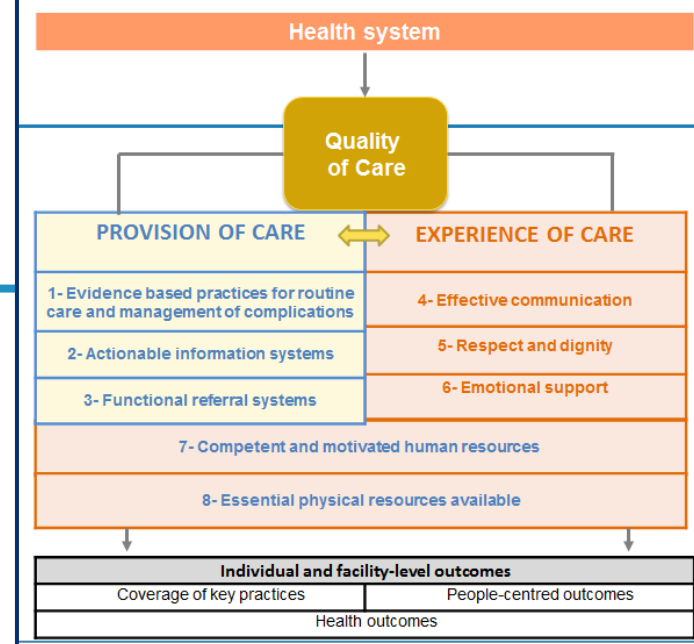


Structure

8 standards
one for each WHO QoC framework domain

31 Quality Statements
2 to 12 quality statements for each standard

349 Quality measures
Includes input, output/process measures and outcome (if applicable) for each quality statement



Scope of the standards

- Applicable to all health facilities offering maternity services.
- Cover labour, childbirth and early postnatal period
- Are woman, newborn, and family-centred.
- Specific for the priority thematic areas identified.



Standards 1-3

(Provision of Care)

1- Evidence based practices for routine care and management of complications

2- Actionable information systems

3- Functional referral systems

1. Every woman and newborn receives evidence-based routine care and management of complications during labour, childbirth and the early postnatal period.
2. The health information system enables the use of data for early and appropriate action to improve care for every woman and newborn.
3. Every woman and newborn with condition(s) that cannot be dealt with effectively with the available resources is appropriately referred.



Standards 4-6

(Experience of Care)

4- Effective communication

5- Respect and dignity

6- Emotional support

4. Communication with women and their families is effective and in response to their needs and preferences.
5. Women and newborns receive care with respect and dignity.
6. Every woman and her family is provided with emotional support that is sensitive to their needs and strengthens her own capabilities.



Standards 7-8

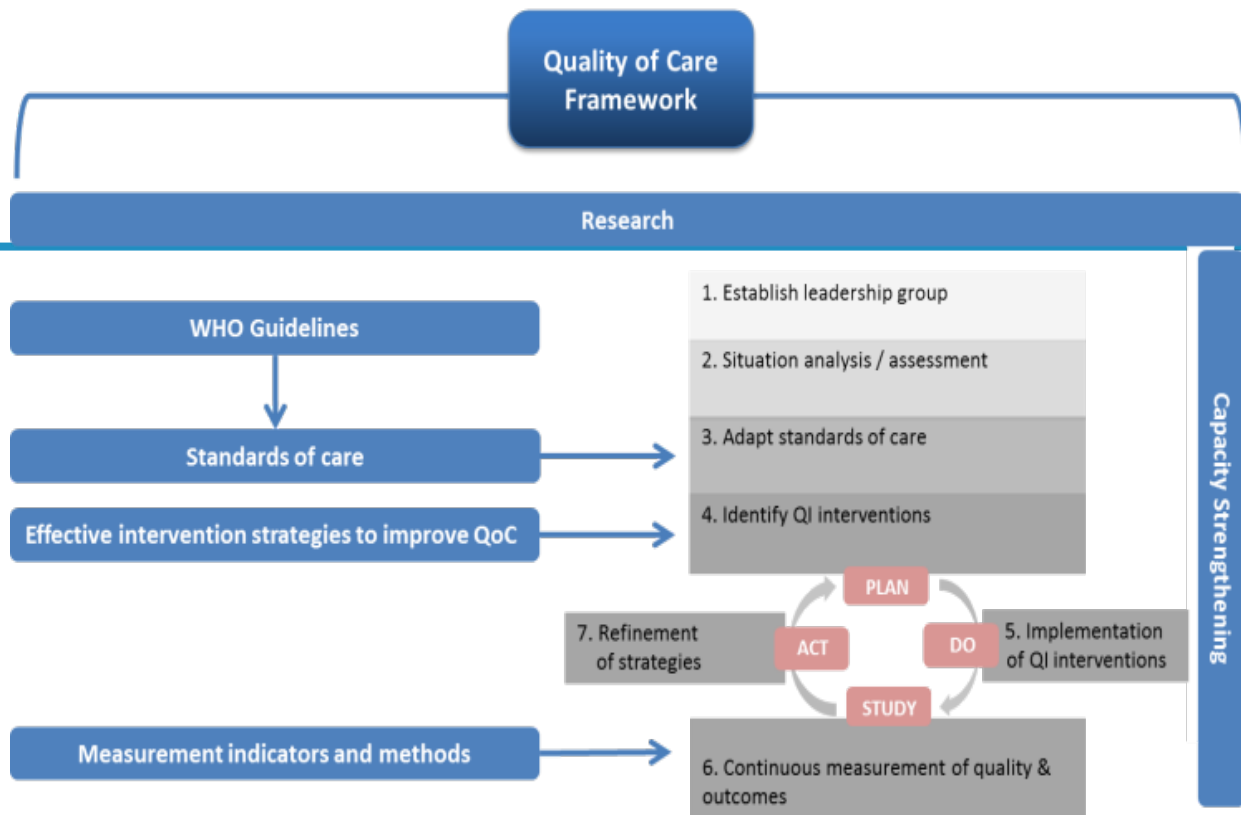
(Cross cutting)

7- Competent and motivated human resources

8- Essential physical resources available

7. For every woman and newborn, competent and motivated staff are consistently available to provide routine care and manage complications.
8. The health facility has an appropriate physical environment with adequate medicines, supplies and equipment for routine care and management of complications.





STRATEGIC WORK AREA



EFFECTIVE INTERVENTION STRATEGIES TO IMPROVE QOC



Implementing change

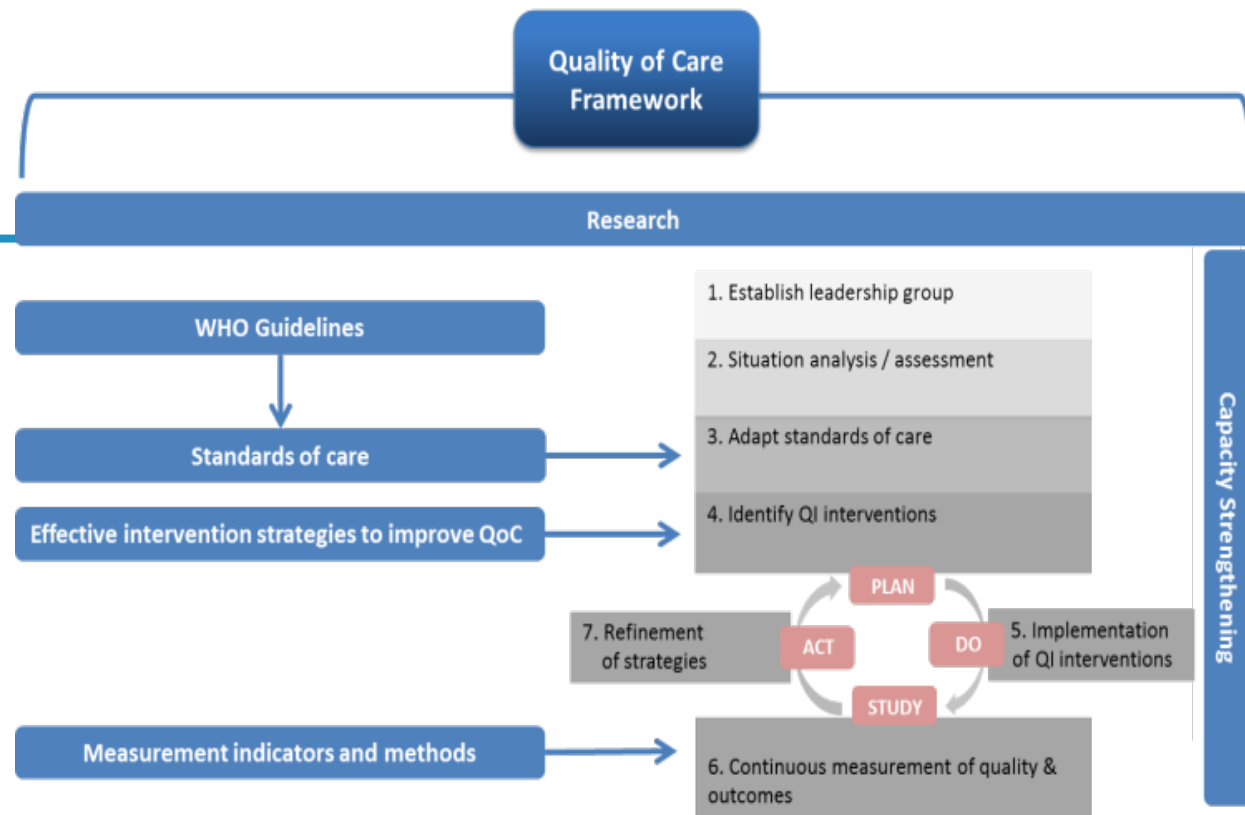
- Evidence synthesis on implementation interventions
- Implementation interventions/strategies
 - systematic interventions to adopt and integrate evidence-based practices into care
- ▣ Single interventions ↔ multi-faceted interventions



Implementation interventions

1. Leadership of quality
2. Planning, designs and policies for implementation/scale-up
3. Financial strategies to support improvement
4. Assessment and provision of resources
5. Engaging women, families, communities in their care
6. Education and training for clinical and system activities
7. Supportive supervision of clinical and system activities
8. Adaptive designs for implementation/scale up
9. Data to support improvement
10. Learning communities for accelerating improvement
11. Governance of quality





STRATEGIC WORK AREA



IMPLEMENTATION GUIDANCE



Objective

- Provide countries with highly actionable implementation guidance for improving quality of maternal and newborn health
 - that supplements existing country plans and
 - accelerates progress towards goals of the Global Strategy and SDGs
- Country-led, partner-supported



Step-by-step guidance

Sequence of Activity

1. Leadership of quality: establish vision and goals, engage stakeholders and build the coalition for the work ahead
2. Leadership structures and functions to support high quality care
3. Assess baseline performance and readiness for change
4. Adapt, adopt and implement QoC Standards
5. Build District-based scalable unit that demonstrates rapid improvement of MNH processes and outcomes
6. Build a learning system to accelerate improvement
7. Build will, knowledge, and supports to take improvements in MNH to full scale

1. Establish leadership group

2. Situation analysis / assessment

3. Adapt standards of care

4. Identify QI interventions

PLAN

7. Refinement of strategies

ACT

DO

5. Implementation of QI interventions

STUDY

6. Continuous measurement of quality & outcomes



WHERE DO WE GO FROM HERE?

Publish the WHO Normative Products

**Connected and integrated:
Strategic research, guidelines, tools**

**#1: QoC Standards, Statements,
Measures**

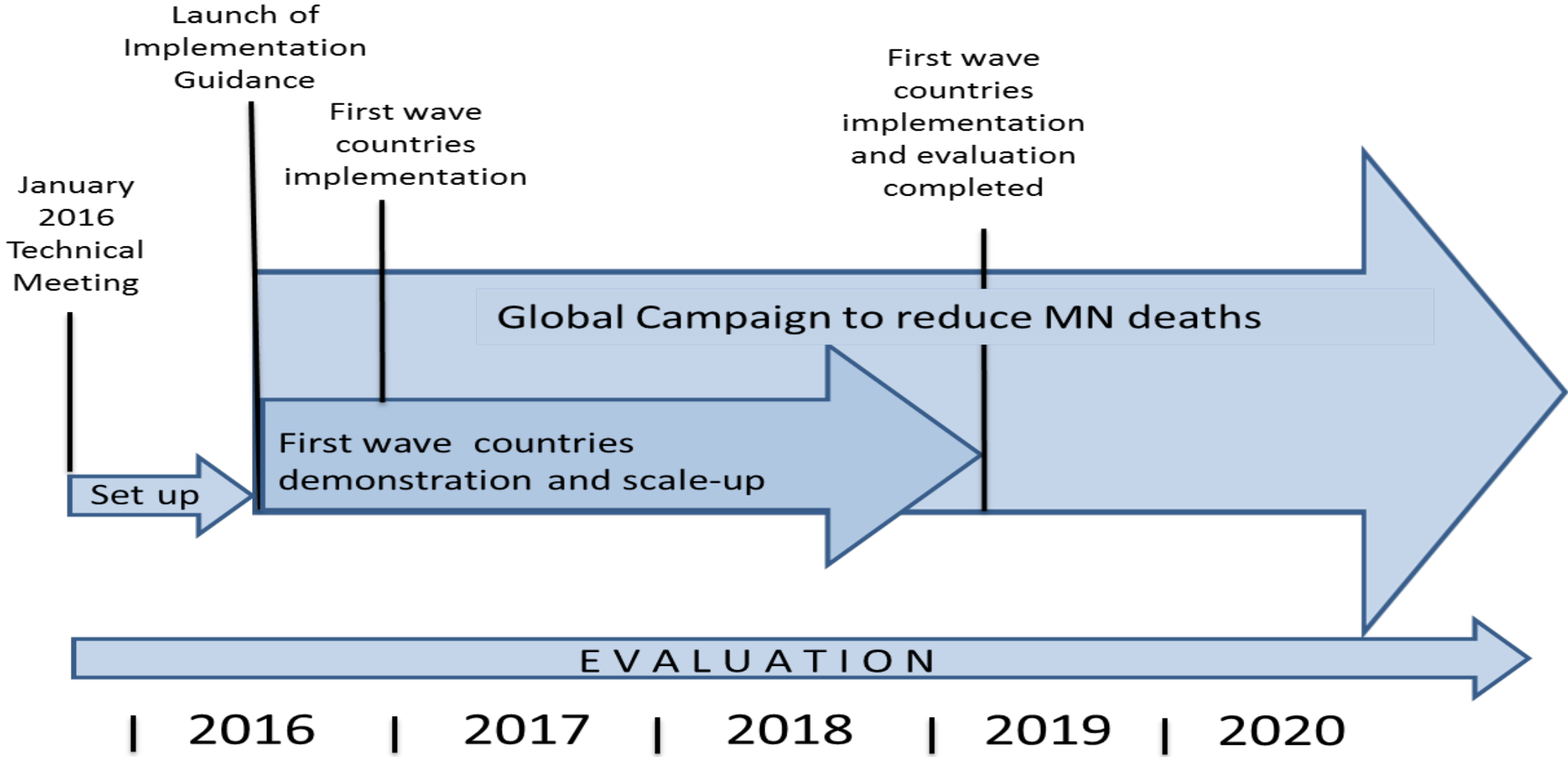
#2: Implementation Interventions

#3: Implementation Guidance

**Learning
Platform**



Launch a Global Campaign



Create a Platform for Systematic Learning

WHY a learning platform

- Build will
- Foster communities
- Make knowledge resources available

WHAT will the learning platform do

- Routinely capture, create and share knowledge, knowhow, and data within and between countries to inform quality of care improvement



**How about
WASH?**

Quality Statements on WASH

- **Quality statement 1.8:** All women and newborns receive care which follows standard precautions for preventing hospital-acquired infections.
- **Quality statement 8.1:** Water, energy, sanitation, hand-washing and waste-disposal facilities are functional, reliable, safe and sufficient to meet the needs of staff, women and their families
- **Quality statement 8.2:** Labour, childbirth and postnatal areas are designed, organized and maintained so that every woman and newborn can be cared for, according to their needs, in privacy, facilitating continuity of care



Quality statement 1.8: All women and newborns receive care which follows standard precautions for preventing hospital-acquired infections.

- 1. The health facility has running water, alcohol-based hand rub, soap and towels (preferably disposable) for hand hygiene.
- 2. The health facility has safe handling, storage and disposal of infectious waste.
- 3. The health facility has safe handling, storage and final disposal of sharps waste.
- 4. The health facility has appropriate sterilizing facilities and disinfectants for instruments.
- 5. The health facility has a functioning incinerator or other appropriate methods for treatment of used instruments or disposal of medical waste.
- 6. The health facility has written, up-to-date guidelines for standard and transmission precautions on infection control.
- 7. Health-care staff in the childbirth and neonatal areas of the maternity unit receive training or induction on standard and transmission precautions on infection control at least once every 12 months.



Quality statement 1.8: All women and newborns receive care which follows standard precautions for preventing hospital-acquired infections.

- 1. The percentage of health-care staff in the health facility who demonstrate cleaning their hands correctly as per the WHO 5 moments for hand hygiene (audit tool exists)
- 3. Evidence of safe management of health care waste from point of generation to point of disposal
- 4. The percentage of staff members in the health facility who demonstrate meeting the biosafety standards when administering parenteral drugs.
- 2. The proportion of all women giving birth in the health facility who developed proven hospital-acquired infections
- 3. The proportion of all neonates born in the health facility who developed proven hospital-acquired infection.



Quality statement 8.1: Water, energy, sanitation, hand-washing and waste-disposal facilities are functional, reliable, safe and sufficient to meet the needs of staff, women and their families

- 1. The health facility has an improved, functional water source located on premises to meet all demands for drinking, personal hygiene, medical activities, cleaning, laundry and cooking of staff, women, newborns and their families.
- 2. The health facility has leak-proof covered waste bins and impermeable sharps containers available in every treatment area, to segregate waste into 4 categories namely- infectious waste, non-infectious waste, sharps and anatomic waste.
- 3. The health facility has at least one hand hygiene station per 10 beds with soap and water or alcohol based hand rubs in all ward.
- 5. The health facility has written, up-to-date protocols and awareness raising materials on cleaning, operating and maintaining water, sanitation and hygiene facilities and these are visible in the areas where the activities should be completed.
- 6. The health facility has improved sanitation facilities located on premises that are functional, gender separated, which are accessible to people with limited mobility, with hand washing stations with soap and water (at least 1 latrine per 20 users for inpatient settings).



Quality statement 8.1: Water, energy, sanitation, hand-washing and waste-disposal facilities are functional, reliable, safe and sufficient to meet the needs of staff, women and their families

- 7. The health facility has trained and competent staff with clear job descriptions on site, with responsibilities to clean, operate and maintain water, sanitation, hygiene and health-care waste facilities.
- 8. The health facility has access to funds to support rehabilitation, improvements and ongoing operation and maintenance of water, sanitation, hygiene and health-care waste services.
- 10. The health facility has a preventative risk-management plan exists for managing and improving water, sanitation and hygiene services, including for infection-prevention and control plans.
- 1. The proportion of women and families attending the health facility who were satisfied with the water and sanitation and energy services and would recommend the health facility to friends and family
- 2. The proportion of all health-care staff at the health facility who were satisfied with the water and sanitation services and energy services and believed that such services contribute positively to providing quality care.



Quality statement 8.2: Labour, childbirth and postnatal areas are designed, organized and maintained so that every woman and newborn can be cared for, according to their needs, in privacy, facilitating continuity of care

- 2. Evidence that the health facility has a labour ward and number of birthing rooms or areas sufficient for the estimated number of births in the service area.
- 3. The health facility has clean, well-ventilated labour, childbirth and neonatal areas and surroundings that allow for privacy, and are adequately equipped, regularly cleaned and maintained.
- 4. Evidence that the health facility has a labour and childbirth area or room with functional and accessible bathroom or shower room and toilet for use only by women in labour.
- 5. Evidence that a facility offering surgical services has an adequately equipped operating theatre located in close proximity and easily accessible from labour and childbirth areas.



Quality statement 8.2: Labour, childbirth and postnatal areas are designed, organized and maintained so that every woman and newborn can be cared for, according to their needs, in privacy, facilitating continuity of care

- 6. The facility has a dedicated recovery room or area for high care of women with complications.
- 7. The health facility has a dedicated separate ward for admitting sick and unstable small babies.
- 1. The proportion of all pregnant women attending the health facility who reported that it has a clean and conducive physical environment for childbirth
- 1. The proportion of all women giving birth in the health facility who were satisfied with the environment of the labour and childbirth area, including the cleanliness, proximity to toilet, general lighting, level of crowding and privacy.



Thank You!