Leveraging WASH to improve the quality of maternal and newborn health care in health care facilities

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Globally, access to WASH in health care facilities is limited

- **38% globally do not have access to an improved water source at or near the facility.**
- **When reliability and safety is considered, water coverage drops by half.**
- **35% lack soap for handwashing and 19% are without sanitation**

Linkages with health

- Quality Universal Health Coverage
- Infection prevention and control
- Maternal, newborn and child health
- Antimicrobial resistance

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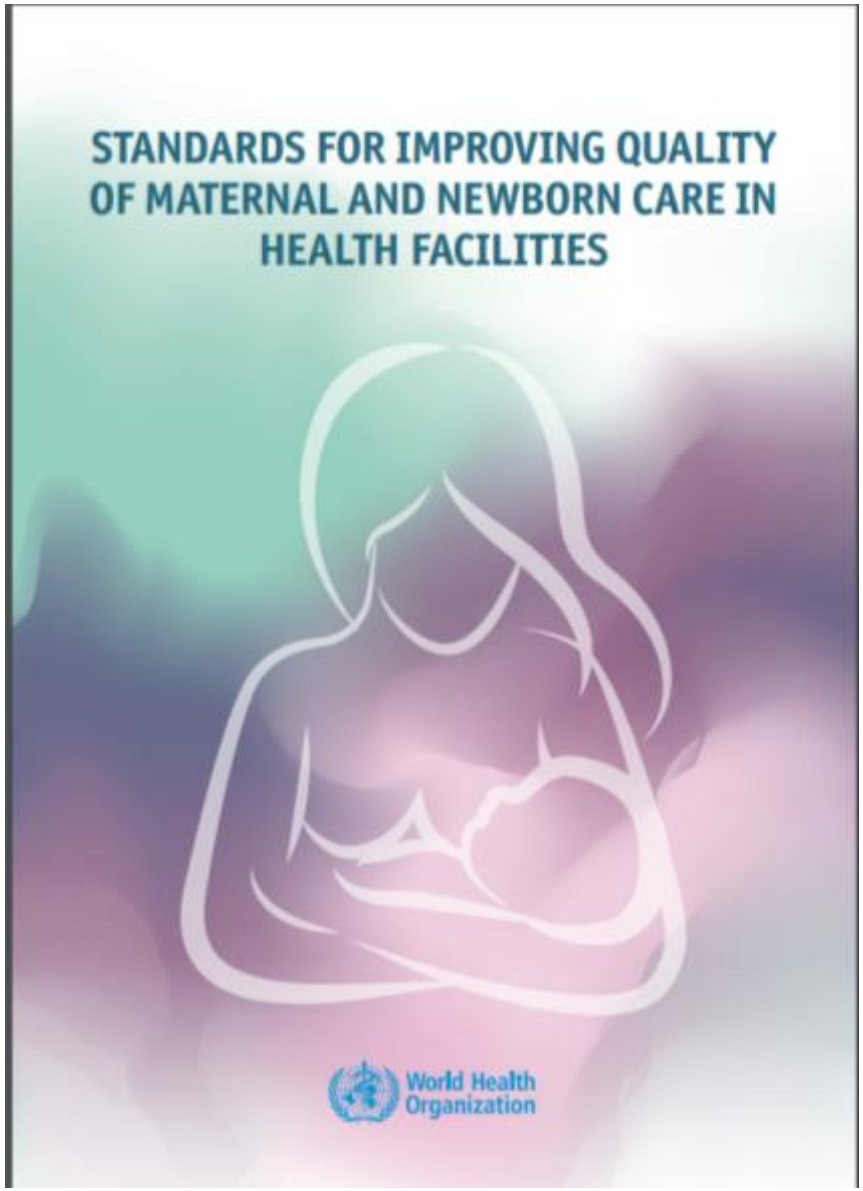
Maternal, newborn and child health

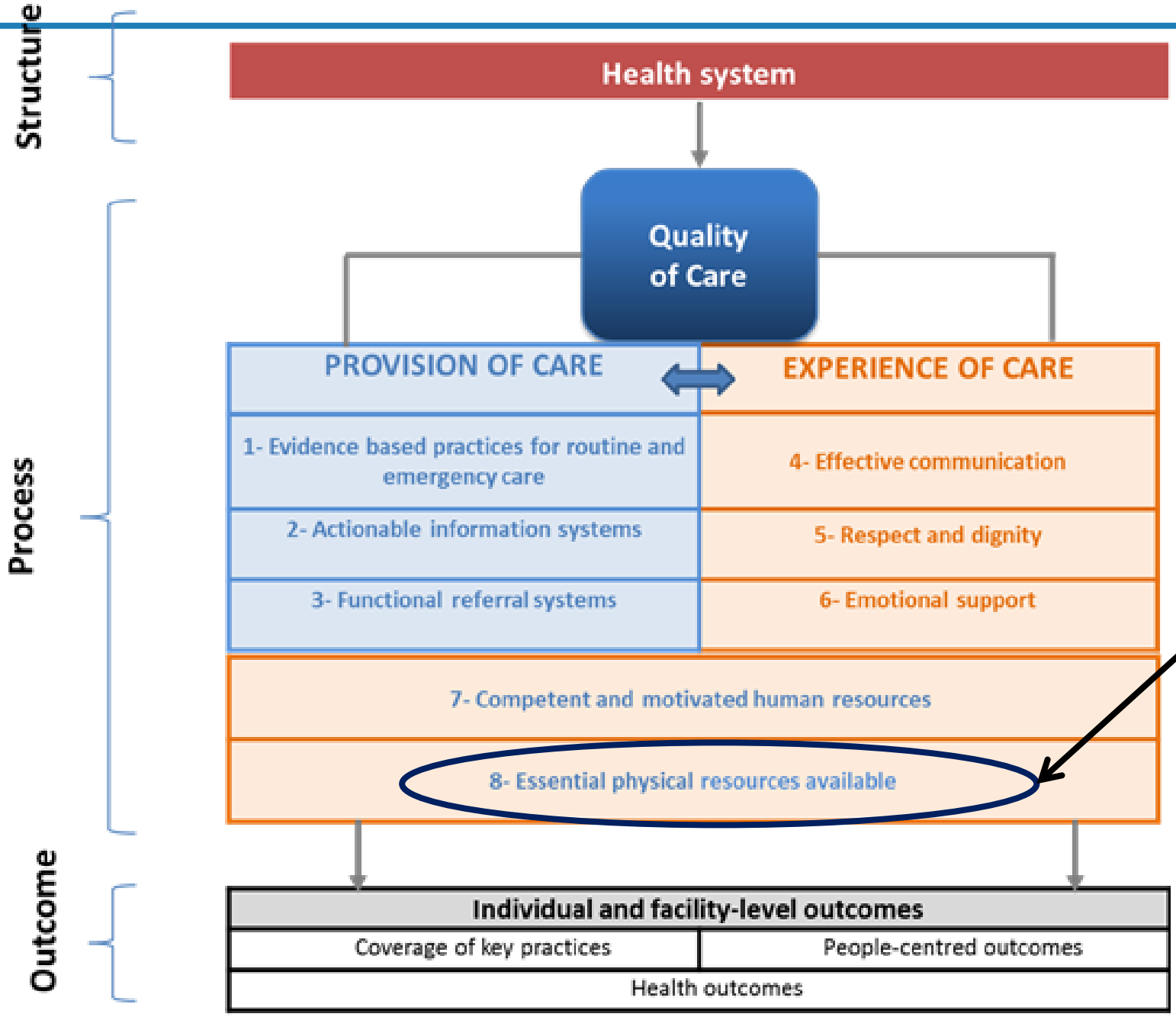


http://www.who.int/maternal_child_adolescent/documents/improving-maternal-newborn-care-quality/en/

Definition of Quality of Care

Quality of care is defined as “the extent to which health services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care must be safe, effective, timely, efficient, equitable and people centered” (WHO 2016)

Maternal, newborn and child health



WASH core element of new Quality of Care Framework

Standards for improving quality of maternal and newborn care in health facilities, 2016

Essential physical resources available

Standard 8: The health facility has an appropriate physical environment, with adequate water, sanitation and energy supplies, medicines, supplies and equipment for routine maternal and newborn care and management of complications.

Aim: Every health facility should have basic infrastructure and amenities, including water, sanitation, hygiene and electricity, waste disposal, a stock of essential medicines, supplies and equipment to meet the health care needs of the women and newborns in the facility. Areas for labour, childbirth and postnatal care should be hygienic, comfortable and logically designed and organized to maintain continuity of care.

Quality statements

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

Quality statement 8.2: Areas for labour, childbirth and postnatal care are designed, organized and maintained so that every woman and newborn can be cared for according to their needs in private, to facilitate the continuity of care.

Quality statement 8.3: Adequate stocks of medicines, supplies and equipment are available for routine care and management of complications.

USAID
FROM THE AMERICAN PEOPLE

WaSH for Newborns in Healthcare Facilities

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Health Care providers

- The main cadre of birth attendant in facilities varies, from countries where midwives or nurses attend the majority of lower level and higher-level facility births, to those where doctors prevail.

- In some countries, lower-level facilities births are predominantly with midwives or nurses, while hospital births are with doctors.


Photo credit: Heidi Sairanen

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Defining midwifery: the care (not the person)

'Skilled, knowledgeable and compassionate care for childbearing women, newborn infants and families'

- *across the continuum from pre-pregnancy, pregnancy, birth, postpartum and the early weeks of life.*
- *core characteristics include optimising normal biological, psychological, social and cultural processes of reproduction and early life,*
- *timely prevention and management of complications,*
- *consultation with and referral to other services,*
- *respecting women's individual circumstances and views,*
- *and working in partnership with women to strengthen women's own capabilities to care for themselves and their families'.*

Renfrew, McFadden, Bastos et al The Lancet 384, I9948, 1129 – 1145, 2014
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60789-3/fulltext

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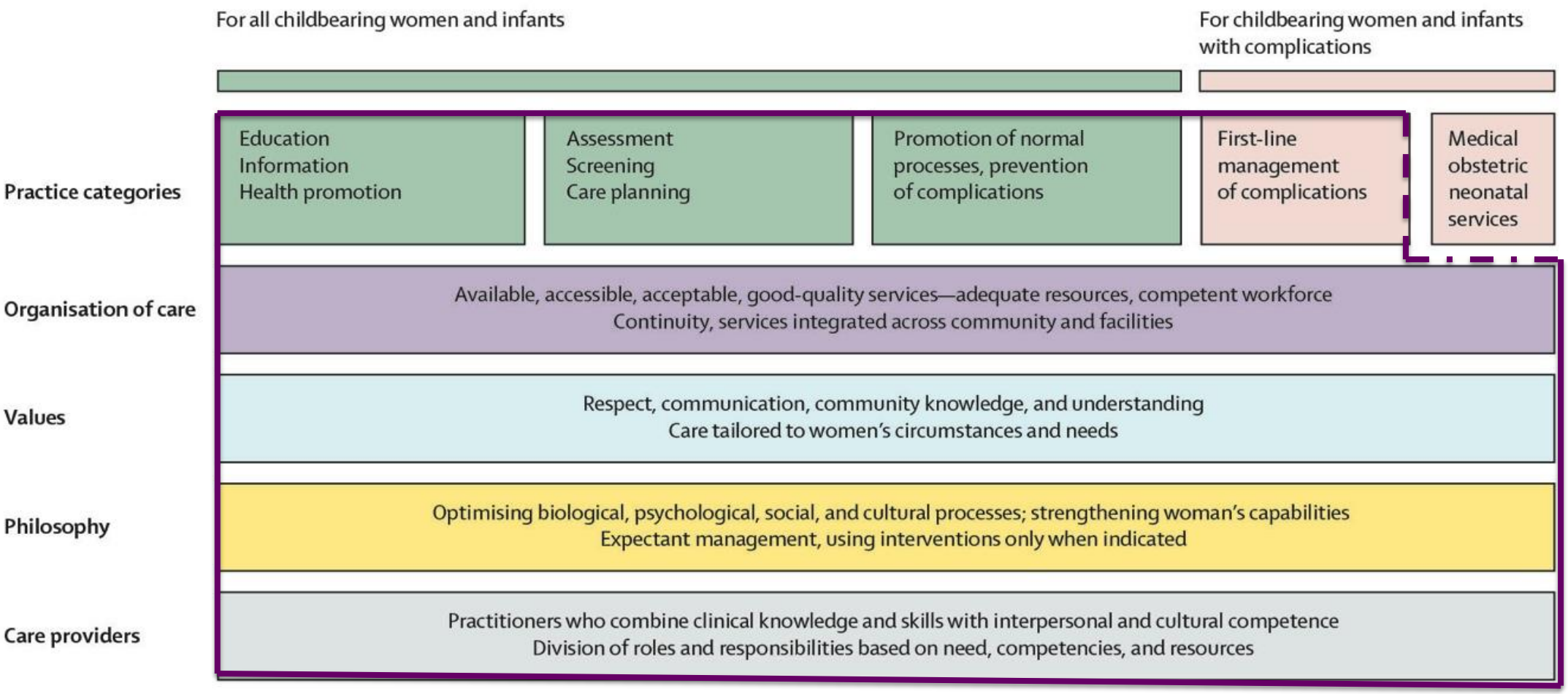
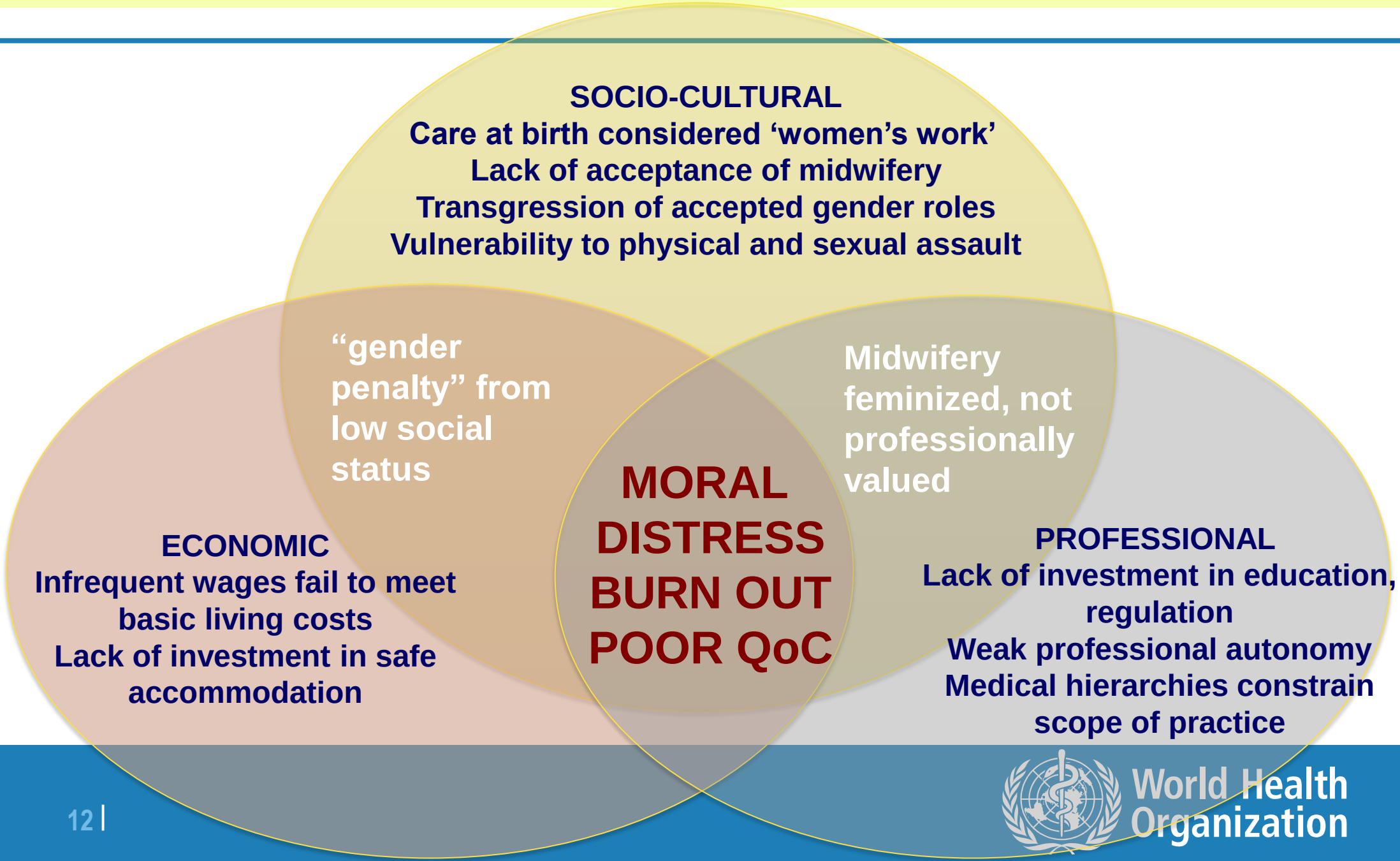
Framework for quality maternal and newborn care (QMNC)
The scope of midwifery



GENDER INEQUALITY



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Key Messages

- **Infection** after childbirth can be eliminated if good hygiene is practiced and if early signs of infection are recognized and treated in a timely manner. (WHO)

- Providers require ***training, support and resources*** so that they can provide good quality, respectful, woman-centred care" Vogel. J et al 2015

- The Lancet's 2014 Midwifery Series provided hypothetical evidence for midwives as the preferred main skilled birth attendant and front-line provider.

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Get involved in the WASH in HCF action plan

Knowledge portal:
www.washinhcf.org

To subscribe to WHO/UNICEF WASH in HCF newsletter contact:

washinhcf@who.int

Twitter:
@wash_for_health

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SAVING MOTHERS' LIVES

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WHAT IS NEEDED?

- ☑ **Political will & commitment**
- ☑ **Health & wellbeing:** nutrition, education, water sanitation & hygiene
- ☑ **Contraception & safe abortion services**
- ☑ Efforts to **reach everyone, everywhere**
- ☑ **Strong health systems** with trained health workers & essential medicines
- ☑ **Improved access to quality care** before, during & after childbirth
- ☑ **Accountability:** every death must be counted & its cause recorded

NO WOMAN SHOULD DIE IN PREGNANCY AND CHILDBIRTH

SAVING MOTHERS' LIVES

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ABOUT 830 WOMEN DIE EACH DAY

due to complications in pregnancy and childbirth.

This is despite a **44%** reduction in maternal deaths between 1990 and 2015:

YEAR	DEATHS
1990	532 000
2015	303 000

NO WOMAN SHOULD DIE IN PREGNANCY AND CHILDBIRTH

Health
ization

Sepsis 11% of maternal deaths

	Abortion		Embolism		Haemorrhage		Hypertension		Sepsis		Other direct causes		Indirect causes	
	N	% (95% UI)	N	% (95% UI)	N	% (95% UI)	N	% (95% UI)	N	% (95% UI)	N	% (95% UI)	N	% (95% UI)
Worldwide	193000	7·9% (4·7–13·2)	78000	3·2% (1·8–5·5)	661000	27·1% (19·9–36·2)	343000	14·0% (11·[illegible]–17·4)	261000	10·7% (5·9–18·6)	235000	9·6% (6·5–14·3)	672000	27·5% (19·7–37·5)
Developed regions	1100	7·5% (5·7–11·6)	2000	13·8% (10·1–22·0)	2400	16·3 (11·1–24·6)	1900	12·9% (10·0–16·8)	690	4·7% (2·4–11·1)	2900	20·0% (16·6–27·5)	3600	24·7% (19·5–33·9)
Developing regions	192000	7·9% (4·7–13·2)	76000	3·1% (1·7–5·4)	659000	27·1% (19·9–36·4)	341000	14·0% (11·1–17·4)	260000	10·7% (5·9–18·7)	232000	9·6% (6·4–14·3)	668000	27·5% (19·7–37·6)
Northern Africa	490	2·2% (0·9–4·9)	720	3·2% (0·9–8·9)	8300	36·9% (24·1–51·6)	3800	16·9% (11·9–22·9)	1300	5·8% (2·3–12·9)	3800	17·1% (7·7–30·8)	4000	18·0% (9·5–30·2)
Sub-Saharan Africa	125000	9·6% (5·1–17·2)	27000	2·1% (0·8–4·5)	321000	24·5% (16·9–34·1)	209000	16·0% (11·7–21)	134000	10·3% (5·5–18·5)	119000	9·0% (5·1–15·7)	375000	28·6% (19·9–40·3)
Eastern Asia	420	0·8% (0·2–2·0)	6500	11·5% (1·6–40·6)	20000	35·8% (10·9–68·2)	5900	10·4% (3·9–20·2)	1500	2·6% (0·4–9·7)	8000	14·1% (2·0–51·3)	14000	24·9% (6·4–58·8)
Southern Asia	47000	5·9% (1·5–17·3)	17000	2·2% (0·5–6·8)	238000	30·3% (14·0–54·8)	80000	10·3% (5·8–16·6)	107000	13·7% (3·3–35·9)	65000	8·3% (3·3–17·7)	229000	29·3% (12·2–55·1)
Southeastern Asia	11000	7·4% (2·8–18·4)	18000	12·1% (3·2–33·4)	44000	29·9% (15·2–51·3)	21000	14·5% (8·4–22·7)	8100	5·5% (1·8–15·0)	20000	13·8% (5·6–31·2)	25000	16·8% (7·8–34·2)
Western Asia	860	3·0% (1·0–7·6)	2600	9·2% (3·3–22·6)	8900	30·7% (17·4–49·1)	3900	13·4% (7·5–21·2)	1400	4·8% (1·5–13·1)	4500	15·6% (6·6–33·7)	6700	23·4% (11·3–43·1)
Caucasus and central Asia	250	4·6% (2·7–8·2)	590	10·9% (6·2–18·2)	1200	22·8% (17·2–30·3)	790	14·7% (11·[illegible]–18·3)	460	8·5% (5·7–13·6)	910	16·8% (12·6–23·2)	1200	21·8% (16·2–29·9)
Latin America and Caribbean	6900	9·9% (8·1–13·0)	2300	3·2% (2·6–4·7)	16000	23·1% (19·7–27·8)	15000	22·1% (19·9–[illegible]1·6)	5800	8·3% (5·6–12·[illegible])	10000	14·8% (11·7–19·4)	13000	18·5% (15·6–22·6)
Oceania	290	7·1% (1·2–22·9)	610	14·8% (1·9–47·6)	1200	29·5% (8·5–61·7)	560	13·8% (4·9–25·8)	200	5·0% (0·6–18·5)	510	12·4% (2·3–38·7)	710	17·4% (4·7–44·3)

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Multiple benefits of adequate WASH in health care facilities

*WASH in health care facilities includes water supply, sanitation, hygiene and health care waste management

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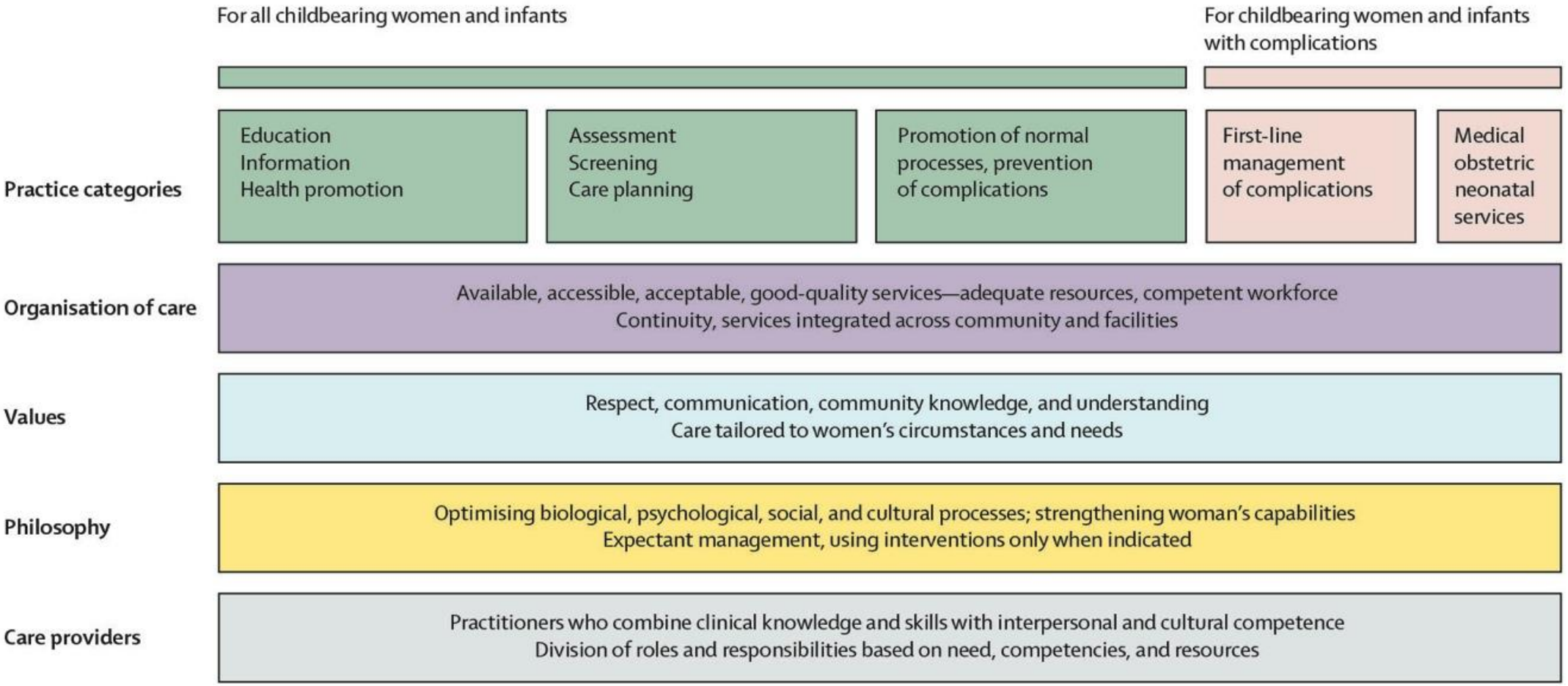
Framework for quality maternal and newborn care



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