

James A Litch, MD, DTMH
jlitch@yahoo.com

Barriers to and opportunities for integration of maternal and newborn health care

September 2014

Integration of Maternal and Newborn Care: In
Pursuit of Quality

Objectives

- **Present the methods and results from the pre-meeting survey questions 2 and 3:**
 - *2. What do you see as the major barriers to the effective integration of maternal and newborn care?*
 - *3. What do you see as the major opportunities for the effective integration of quality maternal and newborn care?*
- **The results will serve as a baseline of participants' experiences and opinions on barriers and opportunities that will be discussed in detail.**



Methods / Response Rate

- **Survey had total of 7 questions, developed by the conference advisory group**
- **Participants were meeting invitees, and including confirmed attendees and non-attendees**
- **3 email messages between Aug 8th and Sept 5th, requesting invitees to respond to a Survey Monkey posting**
- **38 total respondents of 82 invitees**
 - *46% overall response rate*
 - *30 of 58 invited attendees (52% response rate)*
 - *8 of 24 invited non-attendees (33% response rate)*
- **The discussions to following will include both survey respondents and non-respondents.**



What do you see as the major barriers to the effective integration of maternal and newborn health care?

- **24 barrier topics/phrases identified**
- **Significant overlap, with 14 of 24 topics reported by more than 1 respondent**
- **Greater topic/phrase concordance**
 - same topic reported by 3 to as many 14 respondents
 - 83/93 phrases were reported more than once
- **Ranged from broadly conceptual to more specific/concrete**



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What do you see as the major barriers to integration?

Topic – number of respondents

- **Silos – 14** (4 noting lack of holistic/family care)
 - Separate service flow, vertical programming, organization, policy
- **Training issues – 11**
- **Viewed as isolated clients, not linked together – 9**
- **Donor driven vertical programming – 8**
- **Insufficient HCW staffing – 8**
- **Professional specialization/organizations – 5**
- **Evaluation/monitoring/indicators not unified – 5**
- **Lack of suitable models of integration – 4**
- **Global initiatives too focused – 4**
- **Implementing partners too focused – 4**
- **Emphasis on maternal mortality – 4**
- **Organizational/systems barriers (including QI) – 3**



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What do you see as the major barriers to integration?

Topic – number of respondents

- **Physical set-up for care services – 2**
- **Status/independence of midwives – 2**
- **Funding – 1**
- **MoH, District, and Facility programming – 1**
- **MNH integration is poorly understood or defined – 1**
- **Culture of fragmented thinking – 1**
- **Government political will – 1**
- **Lack of community involvement – 1**
- **MDG goals were separate for mother and newborn – 1**
- **Lack of communication between providers – 1**
- **Different value of life (maternal > newborn) – 1**
- **Poor understanding of system change theory – 1**



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What do you see as the major opportunities for the effective integration of maternal and newborn healthcare?

- **24 opportunity topics/phrases identified**
- **Significant overlap, with 15 of 24 topics reported by more than 1 respondent.**
- **Less topic/phrase concordance of responses**
 - same topic reported up to 4 times, and
 - 40/49 phrases were reported more than once
- **Ranged from broadly conceptual to more specific/concrete**



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What do you see as major opportunities for integration?

Topic – number of respondents

- **Services that improve MH also effective for NH – 4**
- **Call from frontline HCW and managers on the ground – 4**
- **Integrated training programs and care guidelines – 4**
- **Same providers care for M and NB – 3**
- **Focus on mortality period around birth for M & NB – 3**
- **SDGs can integrate RMNCH from start – 3**
- **Health care worker shortage – 3**



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What do you see as major opportunities for integration?

Topic – number of respondents

- **In some countries frontline services already integrated – 2**
- **Resource pressures – 2**
- **Task shifting – 2**
- **Political will and MOH policy – 2**
- **Global programs that align M and NB stakeholders – 2**
- **Include community throughout process – 2**
- **Labor & Delivery as an example of integrated service – 2**
- **Service models across COC (midwifery and family medicine) – 2**



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What do you see as major opportunities for integration?

Topic – number of respondents

- **Focus on team effort – 1**
- **Connect district level to policy level – 1**
- **Simple and uncomplicated idea – 1**
- **Outcome accountability can drive integration – 1**
- **Integration improves cost efficiency of services – 1**
- **Improved emphasis on health system strengthening – 1**
- **Improving awareness and status of women – 1**
- **Linkages between MOH and implementing partners – 1**
- **Evidence on best practices, effectiveness, change – 1**



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Integration of MNH – not a new idea

“The ongoing lack of integration with MCRH programming ranging from donors to implementers. We’ve been talking about breaking down the silos for a decade now and slow progress has been made.”

- For example, the USAID flagship Maternal Newborn Health Program from 1998-2003
- Focus was on skilled birth attendance, EMNOC, birth-preparedness/behavior change, and clinical skill competency
- Many other program examples. What is needed for change?



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Acknowledgements

Thanks to Annie Kearns and Alison Chatfield for conducting the online pre-conference survey.



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Thanks!