

Availability of Maternal Newborn and Child Health Quality of Care Indicators in Faith Based Hospitals in Sub-Saharan Africa

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Presentation Outline

- Why measure Quality of Care?
- WHO Technical Consultation 2013 - Global monitoring of quality of care
- Reality check – measuring quality of care and primary findings
- Next steps



Why Measure Quality of Care?

- 53% reduction in child mortality
- 45% reduction in maternal mortality
- Increase in first antenatal care visit from 65 to 83%
- 2/3 of all deliveries take place with a skilled birth attendant
- Lack of **QUALITY OF CARE** the missing link



Increased coverage of antenatal care



Increased coverage of having a skilled birth attendant at birth



Increase in the proportion of avoidable deaths



Expected decline in maternal and child mortality not sufficient

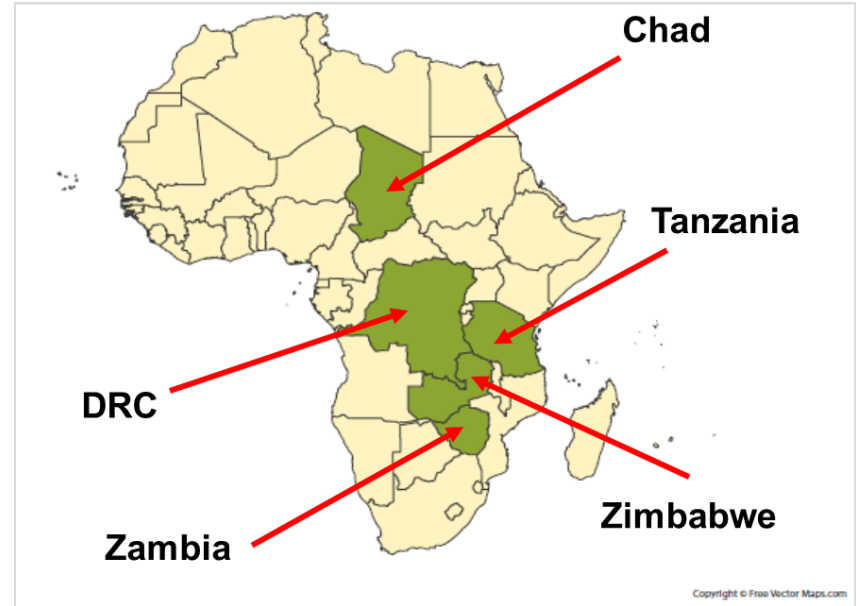
WHO Technical Consultations

- Three consultations between 2010 and 2013
- List of potential indicators for measuring and monitoring quality of care and to complement coverage indicators
- Total 19 indicators:
 - 6 maternal health
 - 5 newborn health
 - 4 child health
 - 4 general cross-cutting



Field Testing of Quality of Care Indicators

MATERNAL, NEWBORN AND
CHILD HEALTH FACILITY
QUALITY OF CARE
FIELD TESTING QUESTIONNAIRE



Ref. [map Africa] [Map of Africa with Countries - Outline by FreeVectorMaps.com](#)

- 24 faith-based health care facilities, mostly rural and second level care centres
- Pre-designed questionnaire
- TC before data collection for training purposes and questions
- National data collectors at each facility
- Follow-up phone calls

Maternal Health (I)

- **Blood pressure measurement during ANC**
 - Varied between 10-98%
 - Mostly on ANC cards (patient held documents)
- **Treatment of severe preeclampsia/eclampsia**
 - Availability of Magnesium Sulphate at labour wards good (88%)
 - Treatment not documented in registers, only diagnosis (varied 29-100%)
- **Prevention of postpartum hemorrhage (oxytocin given within 1 minute after birth)**
 - High availability of oxytocin in the labour wards (100%) and routine practice of active management of third stage of labour (100%)
 - Not possible to verify



Maternal Health (II)

- **Prolonged labour**
 - Varied between 0.6-14%
 - Easy to record when intervention is needed but is not recorded otherwise
- **Intrapartum stillbirths (as a measure of intrapartum care)**
 - Fresh stillborns well recorded (92%)
 - No information on heart rate at admission
- **Post partum infection**
 - 1/3 of all facilities reported 0%
 - Not well-documented as women get re-admitted to other wards



Newborn Health (I)

- **Availability of bag and mask for neonatal resuscitation**
 - Available in 71% of facilities
 - No information on functionality, trained staff, actual use for resuscitation
- **The four components of Essential Newborn care**
 - Routine practice but not recorded in registers
- **Kangaroo mother care operational**
 - KMC operational in 67% of the facilities
 - KMC is not recorded and policy may not reflect practice (67%)
 - Lack of clarity as to which newborns qualify for KMC
 - Confusion between KMC and skin-to-skin

Newborn Health (II)

- **Implementation of the baby friendly hospital Initiative**
 - Implemented in 17% of the facilities
 - Expensive to become certified
- **Neonatal mortality by birth weight**
 - Information on neonatal deaths by birth weight in 83% of the facilities
 - Late neonatal deaths probably recorded elsewhere
 - Confusion between neonatal deaths and stillbirths



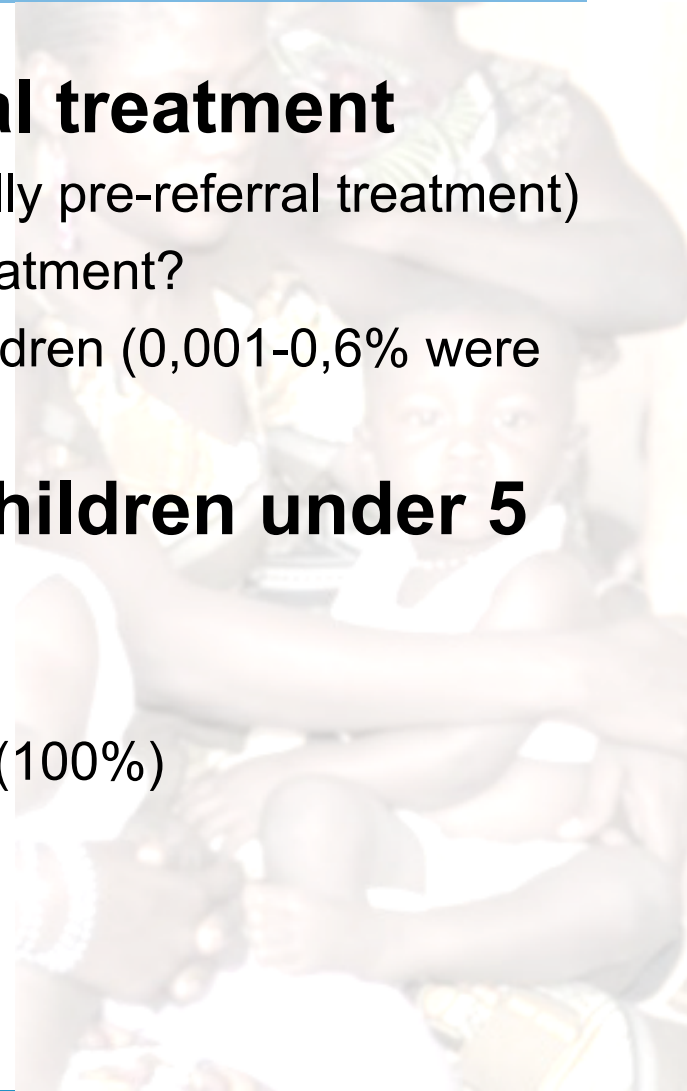
Child Health (I)

- **Receiving correct treatment for pneumonia**
 - 63% of the children received correct treatment
 - Only possible to verify through patient records
 - Time consuming
- **Receiving correct treatment for severe acute malnutrition**
 - Well-documented in charts patient charts only in facilities with therapeutic feeding available
 - Treatment often not documented in registers
 - Treatment often not available or stock-outs
 - Lack of equipment (scales and measuring tapes) affects proper diagnosis



Child Health (II)

- **Receiving correct pre-referral treatment**
 - Poor recording of referrals (especially pre-referral treatment)
 - Definition of suitable pre-referral treatment?
 - Only addresses small portion of children (0,001-0,6% were referred at PHC centres)?
- **Death rate for hospitalized children under 5 years**
 - Varied between 0.4-17%
 - Well-recorded in hospital registers! (100%)



Cross cutting indicators

- **Stock outs of essential medicines**
 - Zinc, ORS, injectable gentamicin and antiretrovirals for children most common stock-outs (16-32% of facilities)
 - Easy to measure
- **Reviews of maternal, perinatal and child deaths**
 - Maternal deaths reviewed most often 58-100%
 - Child deaths are seldom reviewed and often no documentation
 - Stillborns are often not included in the perinatal deaths, only neonatal deaths
- **Continuous supply of oxygen, water, soap, alcohol hand-rub**
 - Continuous water supply 100% and soap 87-100%
 - Oxygen supply (tubes and concentrators) 50-67%

Conclusion

- Valuable information for the development of global core indicators for measuring QoC
- Difficulties in measuring and collecting some of the indicators
- The relevance questionable for some of the Quality of Care indicators
- Need to rethink



Next steps

- Need to review some of the indicators and suggest new indicators
 - newborn and child care
- Harmonize the global core indicators with the WHO QoC framework





Thank You!

Credit photo: Nathalie Roos, taken April 2014 rural Burkina Faso

**Global Maternal Newborn Health Conference
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