Because Every Woman and Child Counts.

Scaling up maternity referral systems in three cities of Maharashtra, India, to promote access to quality health services for poor urban communities.

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Mumbai, India

SNEHA℠

Society for Nutrition,
Education and Health Action

Background

Society for Nutrition, Education and Health Action (SNEHA, Mumbai, India) works in partnership with public health system to impact quality of care and influence urban health policies…

We work with vulnerable pregnant mothers and newborns living in the informal urban settlements to influence their health seeking behavior…

Urbanization in India is increasing at very high pace…

Maharashtra state has the highest number of people in India living in urban slums

Mumbai, the capital of Maharashtra records the highest number of slums among metros.

3 cities adjacent (Kalyan, Thane & Bhayander) to Mumbai are dependent on Mumbai Municipal System for their high risk maternity referral cases.

Vikroli, Mumbai, India

Establishing maternity referral system in public health facilities…

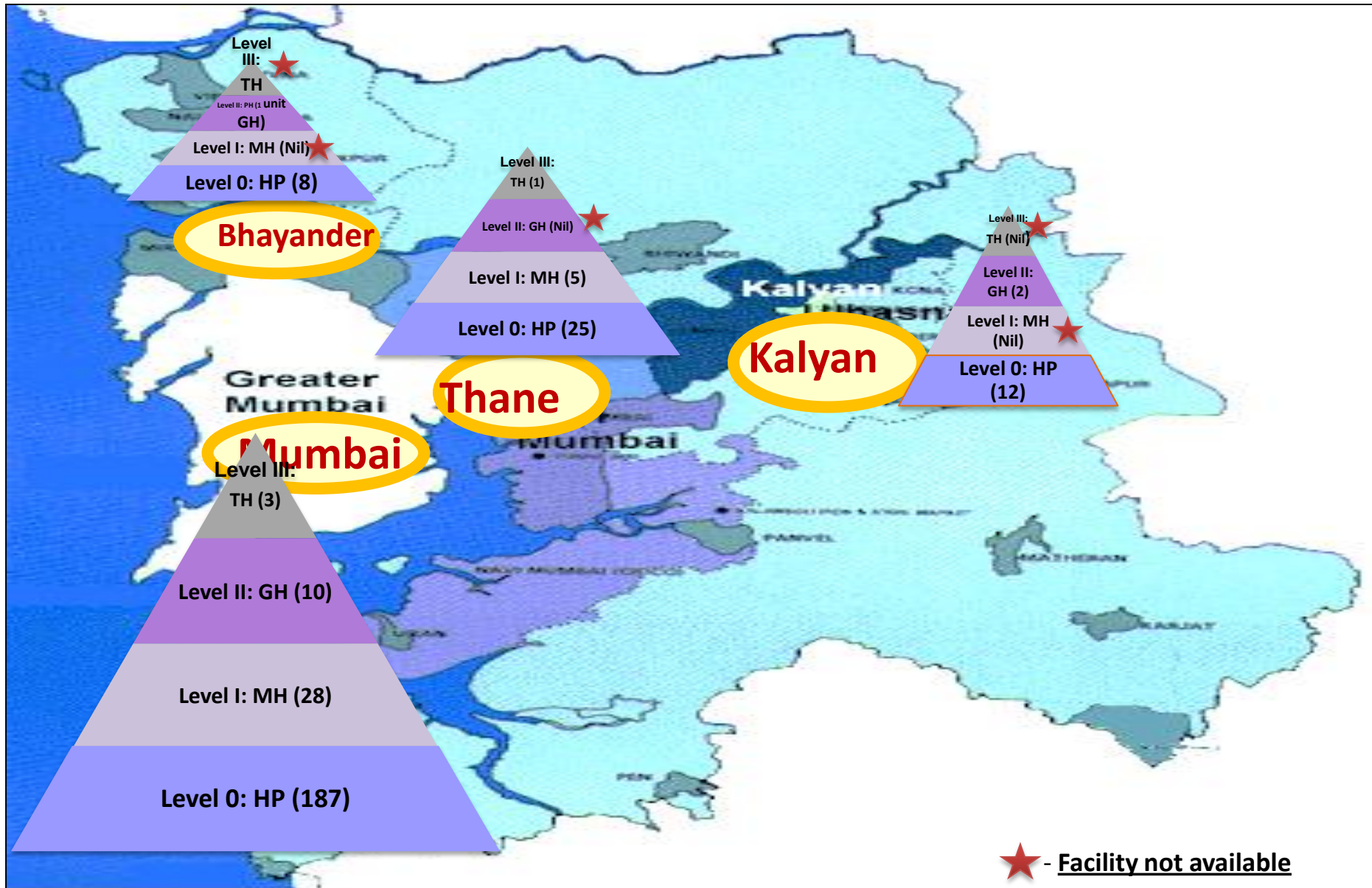# Rationale for establishing maternity referral system…
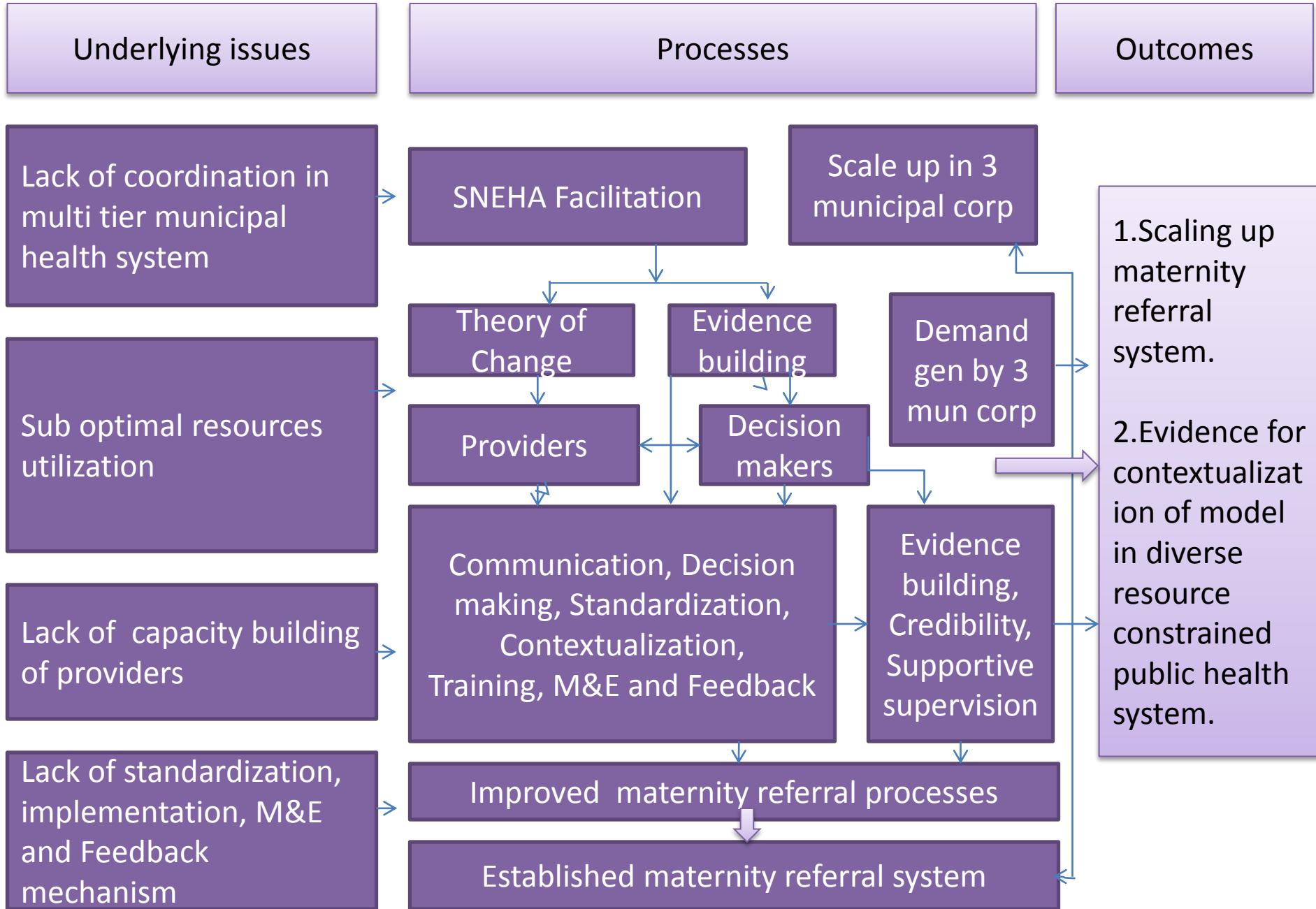
Maternal Mortality Rate (MMR) is a great concern.

MMR depends on the availability and accessibility of **Emergency Obstetric Care** (EmOC) **services** 24 X 7 uniformly distributed through the day and **strong maternity referral system**.

Maternal Health Beyond Boundaries: Establishing Maternity Referral Linkages between Health Facilities

Conceptual framework for scaling up maternity referral system

Underlying issues	Processes	Outcomes

Lack of coordination in multi tier municipal health system

Sub optimal resources utilization

Lack of capacity building of providers

Lack of standardization, implementation, M&E and Feedback mechanism

SNEHA Facilitation

Scale up in 3 municipal corp

Theory of Change

Evidence building

Providers

Decision makers

Demand gen by 3 mun corp

Communication, Decision making, Standardization, Contextualization, Training, M&E and Feedback

Evidence building, Credibility, Supportive supervision

Improved maternity referral processes

Established maternity referral system

1.Scaling up maternity referral system.

2.Evidence for contextualization of model in diverse resource constrained public health system.

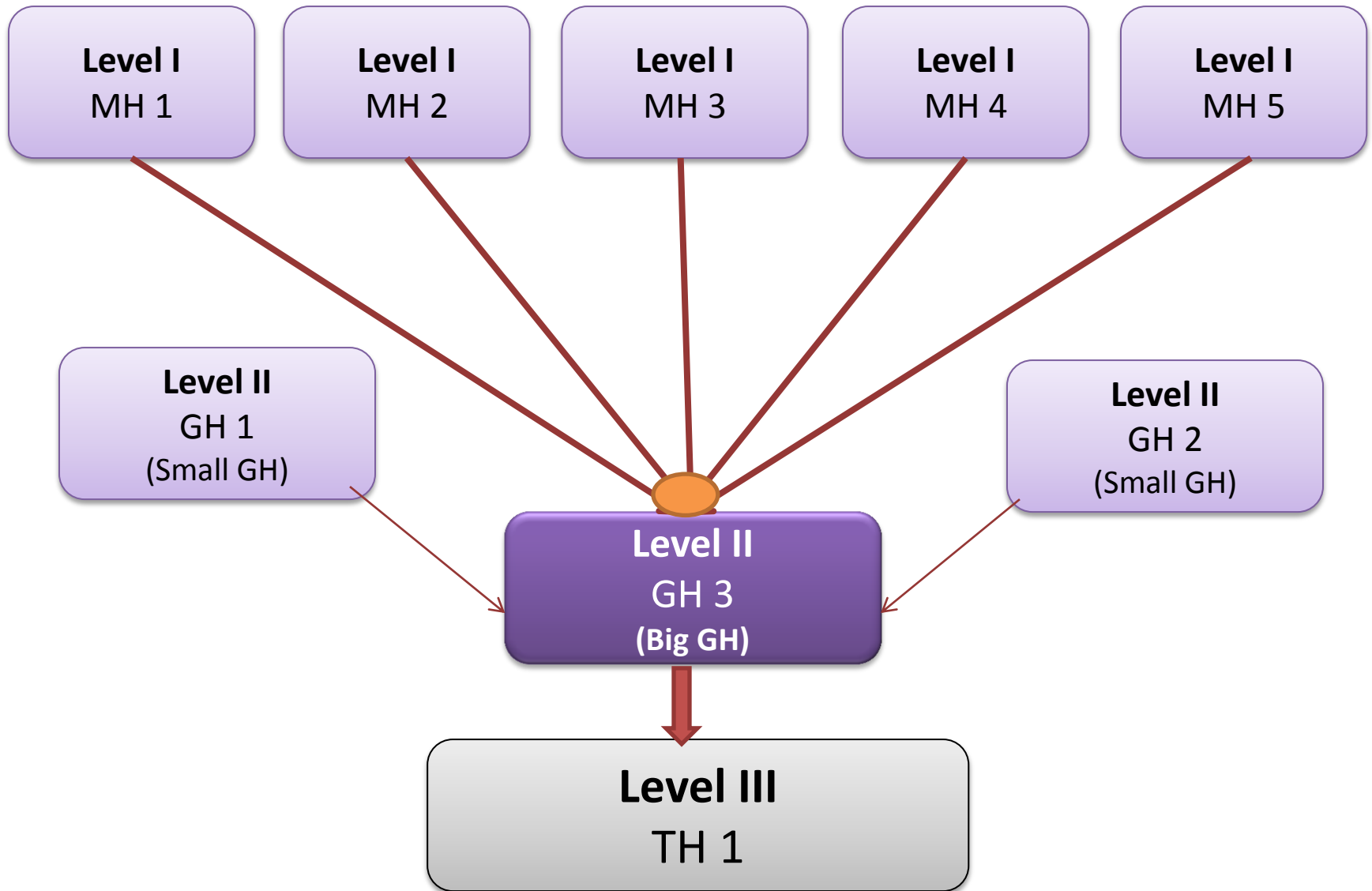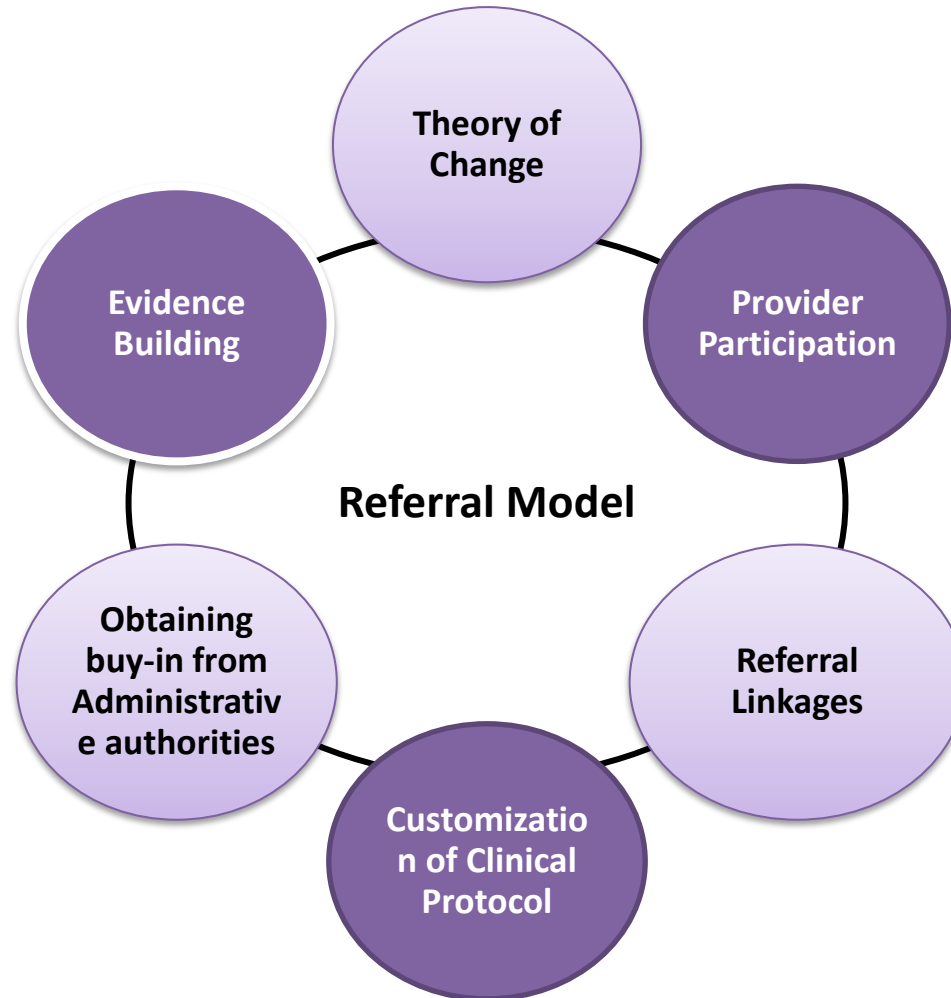| Maternity Referral model- time line	2004-2010	2011-13	2013-15
Standardization of maternity referral systems and processes	Need assessment of maternity ref services	Contextualization of protocol in entire Mumbai facilities (28 facilities)	Strengthening existing health Services
	Participatory consultation with Mumbai health system		Availability of 24x7 EmOC
	Action Group & Review committee formation	Contextualization of referral protocol in 3 municipal corporations adjacent to Mumbai	Accessibility of support hospitals
	Developing and endorsing protocols		
	Designing ref doc & M& E framework for evidence building		
Implementation of maternity ref system model	Drawing up referral linkages	**Scaling up referral model in entire Mumbai health facilities**	**Scaling up referral model in 3 municipal corporations**
	Training to implement protocol and ref doc		Regular dissemination to Decision makers and stakeholders
	Piloting & Implementing referral model in 9 health facilities	Consolidating referral system model	
M&E and Feedback	Continuous M& E and Feedback	Continuous M& E and feedback through regular ref meeting, submitting report based on evidence	Continuous M& E, Feedback & supportive supervision for sustainability

Example of Regional Referral System : Total 11 Linkages so far...

| Level I MH 1 | Level I MH 2 | Level I MH 3 | Level I MH 4 | Level I MH 5 |

Level II
GH 1
(Small GH)

Level II
GH 2
(Small GH)

Level II
GH 3
(Big GH)

Level III
TH 1

SNEHA Maternity Referral Model – Currently Being Studied by WHO through Mixed Method Approach

Recommendation for effective scale up of model in public health system

Adherence to referral protocols

Contextualization

Developing inter facility communication & accountability though ownership within public health systems

Strengthening the existing health services

Addressing availability of 24X7 EmOC

Accessibility of support hospitals for high risk referrals

Continued monitoring, evaluation and Feedback to Providers and Decision Makers

Impact of Maternity Referral System…

Evidence Building

87 % complete referral documentation in 4 municipal corporations at L-I & L-II health facilities

Referral streamlining

35% increase in the utilization of referral linkages

76% of high-risk referrals complied with protocols.
(Mid-term evaluation)

Potential to touch the lives of

Approximately *1, 00,000* pregnant women with normal conditions and *22,111* with **high risk or emergency** conditions have been touched by SNEHA's engagement with the systems (2013-15)

Source: SNEHA MIS

Thanks

- Back up slides

Why Are Maternity Referral Systems Needed?

Increasing demands for healthcare created by ever-growing population of Mumbai

Multi-tier public health infrastructure offering varied levels of services

Over- and under- utilization of public health facilities at various levels

Potential to streamline healthcare utilization through appropriate communication and coordination between higher and lower facilities
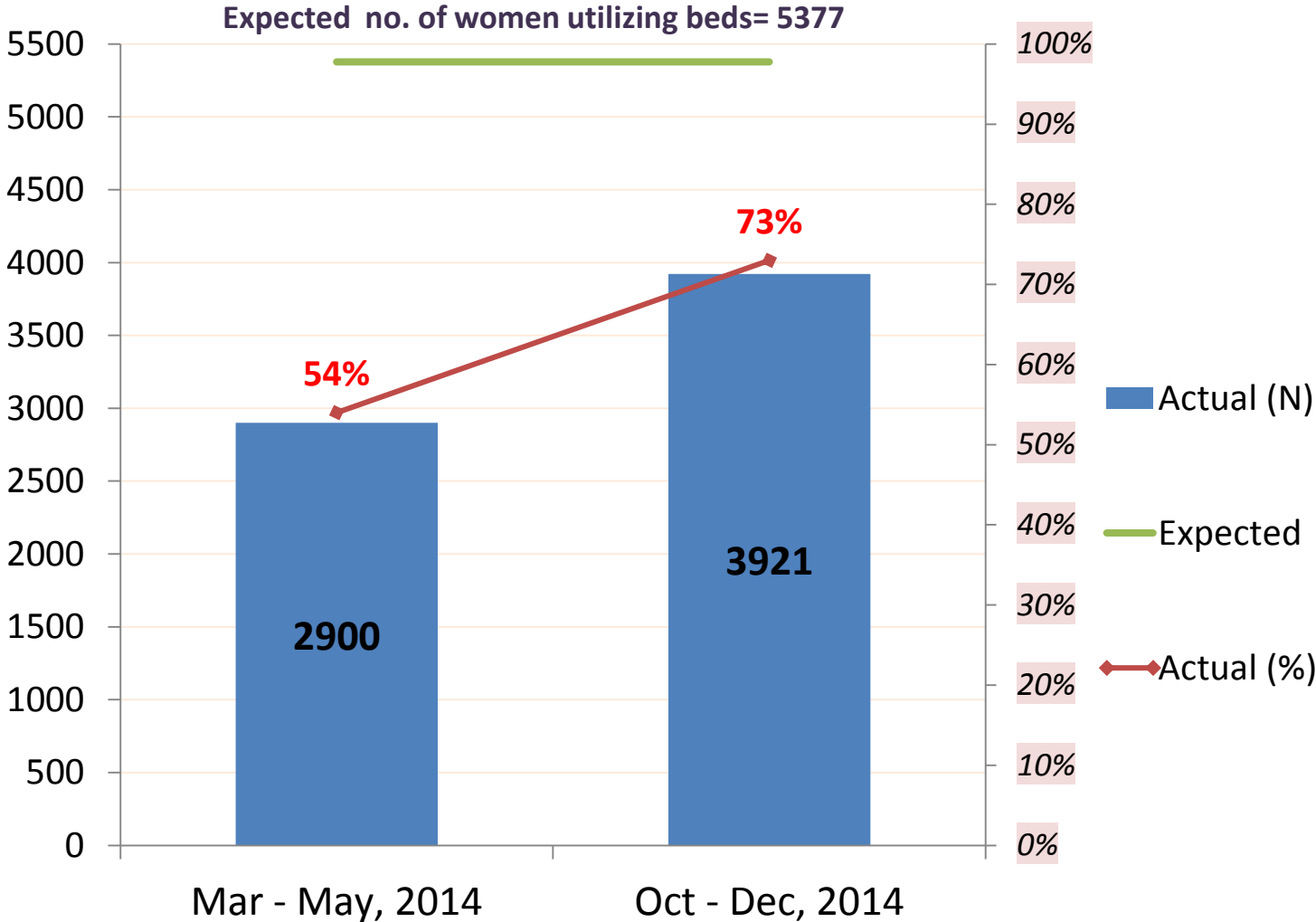
Appropriate and timely referral saves two lives…

- Rajani, a slum resident, suffered from Malaria* in her 8th month of pregnancy.

- Hemoglobin level - 8.3 gms%, white blood cells – 3600/ C mm and the platelet count - 47000 c mm.

- Approached Maternity Home (L-I) , the doctor immediately referred her to secondary hospital (L-II) - appropriate documentation, communication and as per the protocols.

- Treated for Malaria, was given platelets and was asked to come for delivery. L-I was communicated about her progress.

- Delivered a full term female child with 2750 gms in secondary hospital (L-II).

* Malaria is a common cause of maternal mortality

Strengthening the existing health services in the 3 corporations

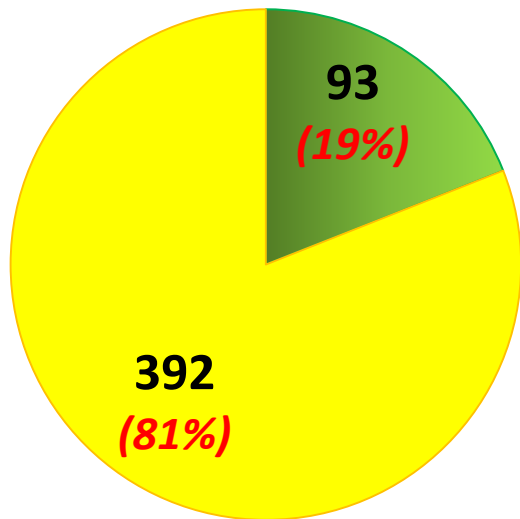Indicator: Utilization of beds in public health facilities

Expected no. of women utilizing beds= 5377

Total Beds in 3 MCs = 239

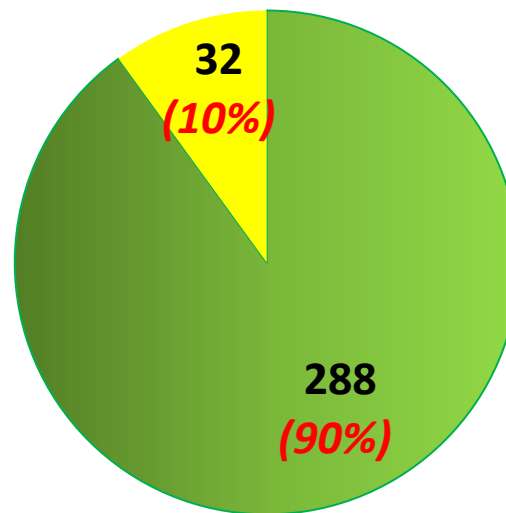# Availability of comprehensive emergency obstetric services (EmOC) 24x7 with uniform distribution
Indicator: Timing of conducting Caesarian

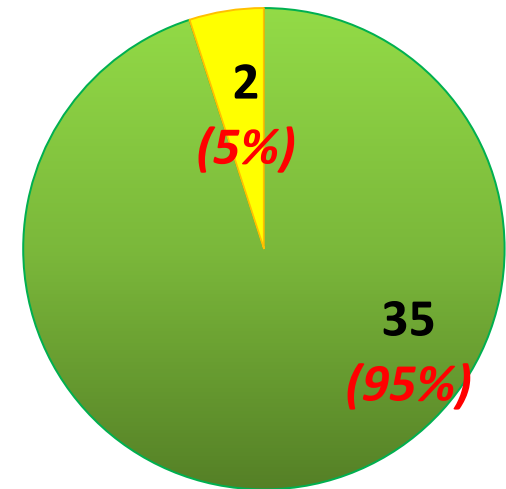**TMC**
Oct - Dec, 2014 (n=485)

KDMC
Oct – Dec, 2014 (n=320)

MBMC
Oct - Dec, 2014 (n=37)

93
(19%)

392
(81%)

32
(10%)

288
(90%)

2
(5%)

35
(95%)

■ **8.00am - 2.00pm (6hrs)**   ■ **2.00pm - 8.00am (18 hrs)**

Accessibility: Support hospitals used by each municipal corporation

Indicator: Inter-corporation regional referral linkage

KDMC+Kalwa hospital (TMC) first referral meeting was held on **21st Nov, 2014**

- **% of referred to Sion**
- **% of referred to Kalwa**
- **% of referred to others (Sion/Kalwa/ KEM etc.)**
- **% of referred to not mentioned**

Before referral link
Period: 22nd Nov, 2013 to 20th Jan, 2014 *(60days)*

n= 236

70%
(11)
5%
3%
22%

After referral link
Period: 22nd Nov, 2014 to 20th Jan, 2015 *(60days)*

n= 180

13%
(67)
37%
45%
5%