# JOINT STATEMENT Improving Quality of Maternal and Newborn Care in Low- and Middle-Income Countries

# A Commitment to Action from Health Care Professional Associations

This International Joint Statement was reviewed and endorsed by the Council of International Neonatal Nurses (COINN), the International Confederation of Midwives (ICM), the International Council of Nurses (ICN), the International Federation of Gynecology and Obstetrics (FIGO), and the International Pediatric Association (IPA).

The statement was developed by the United States Agency for International Development's Applying Science to Strengthen and Improve Systems (ASSIST) with support from the Every Preemie-SCALE project, the American Academy of Pediatrics (AAP), the American College of Nurse-Midwives (ACNM), the American College of Obstetricians and Gynecologists (ACOG), Global Alliance to Prevent Prematurity and Stillbirth (GAPPS) and Save the Children's Saving Newborn Lives project.

# Background

While major progress has been made over the past two decades to improve mortality outcomes in women and newborn major disparities remain in survival rates around the time of birth for mothers and infants born in high-, middle- and lowincome countries. A significant gap continues to exist between actual and achievable health care outcomes, primarily because effective interventions are not implemented for every patient, every time. While access to and use of services for childbirth care has increased globally, and in some countries beyond expectations, the quality of care remains an impediment to accelerating the pace of reductions in preventable maternal and newborn mortality and stillbirths worldwide. The evidence for what to do to close the disparities gap has been known for years but there has been limited success in understanding how to implement these interventions.

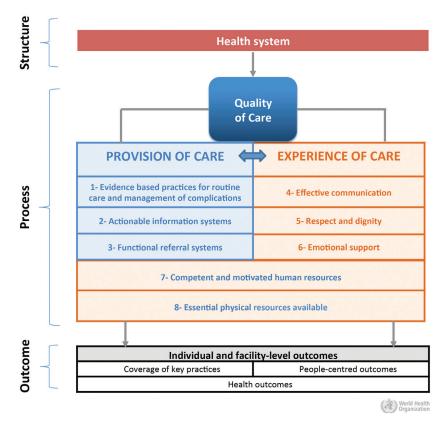
Health Care Professional Associations (HCPAs) have the opportunity to play a fundamental role in ending preventable deaths among all women and newborns in their countries and worldwide. They are well-positioned to act as advocates and champions to influence health policy around key maternal and newborn priorities, set national standards of care, support the development, revision and dissemination of evidence-based clinical practice guidelines, provide continuous medical education and capacity-building and implement quality improvement mechanisms. The joint statement calls to action HCPAs to commit themselves to assume a critical leadership role to improve care of mothers and newborns to end preventable mortality.

# **Global Framework to Improve Quality of Care for Mothers and Newborns**

To accelerate the pace of reducing preventable maternal and newborn mortality and stillbirths, the World Health Organization (WHO), in collaboration with partners, has developed a conceptual framework (Figure 1) to improve quality of care (QoC) in the delivery of safe, effective, timely, efficient, equitable, and people-centered maternal and newborn care around the childbirth period.

WHO defines quality of care as "the extent to which health care services provided to individuals and patient populations improve desired health outcomes" and sees a future where "every mother and newborn receives quality care throughout pregnancy, childbirth and postnatal period".<sup>1</sup> The WHO QoC quality standards around the time of birth operationalize eight domains to achieve high-quality maternal and newborn health (MNH) services and highlight the interplay of health system factors and evidence-based care. Each domain is operationalized by quality standards which are annotated with specific quality statements and supported by measures that can track the essential inputs, outputs and outcomes associated with quality care (Figure 1).

#### Figure 1: WHO Quality of Care Framework for maternal and newborn health



International HCPAs, jointly with national HCPAs working in the area of MNH fully support this QoC Framework and join the global community and countries to dramatically reduce preventable maternal and newborn deaths and stillbirths worldwide.

# **Commitment to Action**

We, international HCPAs, jointly with national HCPAs from low-, middle-, and high-income countries, will pursue working partnerships to support global, national and local actions to implement WHO's QoC Framework for Mothers and Newborns in contribution to the Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030. Specifically, we assume critical leadership and commit to the following actions to improve maternal and newborn care worldwide.<sup>2</sup>

## At the Global and Regional Levels

- Foster international partnerships between HCPAs and transfer knowledge, increase training opportunities, and build the organizational capacity and skills of professional associations to take a leadership role in improving maternal and newborn care in their respective countries;
- Provide leadership and support to HCPAs in low- and middle-income countries (LMICs) to advocate for and promote the QoC Framework and related evidence-based maternal and newborn care interventions;
- Support collaborative efforts to implement the QoC Framework and monitor mechanisms to improve maternal and newborn care around the time of childbirth;
- Work collaboratively to support this critical agenda to end preventable maternal and newborn deaths and stillbirths and track progress via meetings, journal articles and special reports;
- Produce and distribute resource materials on key issues affecting the professions, including practical tools for human resource development;
- Promote linkages with international and national academic institutions through existing networks to undertake research, and monitoring and evaluation the quality of maternal and newborn care.

# At the National Level

#### Engage in advocacy

- Engage in dialogue with ministries of health and other major stakeholders to prioritize MNH in national health plans and policies and facilitate the creation of integrated national strategies on reproductive, maternal, neonatal and child health (RMNCH);
- Advocate to reach the highest attainable quality of care for every mother and newborn in keeping with Sustainable Development Goal 3 by focusing on the magnitude of the problem related to the quality of care contributing to poor maternal and newborn mortality;
- Advocate for universal access to quality MNH care, including high impact interventions, essential drugs and equipment to address equity gaps and improve coverage for excluded, marginalized and lagging populations;
- Improve legislation around safe maternity and childbirth being a basic human right so that "every woman has the opportunity to survive pregnancy and childbirth" and "so that every baby has the chance to Survive and Thrive";
- Establish regular access to the press and media to influence public opinion and governments to adopt or adapt relevant MNH policies and serve as a knowledge hub for results dissemination as an important means of creating stakeholder buy-in and mobilizing resources toward maternal and newborn survival.

#### Support the development of policy and regulatory tools in collaboration with government

- Assist in the development of evidence-based standards of quality and excellence, including licensing, accreditation, certification standards and clinical protocols;
- Shape and support an appropriate scope of practice for each cadre of health worker to promote best use of each group's expertise and improve availability of skilled MNH care;
- Support the development and implementation of legislation that enables competency-based MNH practices by all types of health professionals along the continuum of care.

#### Build professional knowledge, skills and competencies of care providers

- Identify knowledge gaps and needed competencies for maternal and newborn care providers and support training, upgrading of skills and provision of competency-based education within respective professional groups;
- Assist with developing and updating the education programs/curricula emphasizing best practices based on scientific evidence at all levels of education (pre-service, in-service and continuous professional development);
- Incorporate quality improvement into the education of all health care workers supporting MNH, at all levels and train and mentor leaders and providers to make quality improvement part of the culture of health care
- Facilitate knowledge sharing through workshops, seminars, and technical and regulatory updates in their respective profession.

#### Support update, dissemination and use of clinical guidelines and protocols

- Develop and maintain strong partnership with international HCPAs in their respective profession to support sharing of important clinical updates at the national and local level;
- Support development, regular update and dissemination of evidence-based clinical practice guidelines, locally-relevant protocols and summary updates on the recent evidence for MNH;
- Integrate updated clinical practice recommendations in preservice, in-service and continuous professional development programs;
- Support care providers to access evidence-based literature by sharing information on recognized open access sources and securing institutional licenses for their members;
- Support training and skills-building of members of professional associations on searching and critically apprising the medical literature in terms of strength of evidence and applicability of the recommendations to their local health care settings.

# At the Facility Level

- Support regular coaching and guide facility teams to establish internal improvement structures and processes and culture of safety;
- Support regular clinical supervision, Maternal and Perinatal Death/Near Miss Reviews, clinical audits and feedback among colleagues;
- Support members to identify essential gaps in maternal and newborn care and plan, implement, and continuously assess and refine interventions to address identified gaps;
- Promote the integration of maternal and newborn care indicators into the routine HMIS and facility level standard medical documentation;
- Support sharing successful improvement practices, including development and dissemination of evidence-based interventions that can be implemented or scaled-up.

# At the Community Level

- Support awareness-raising among the public regarding maternal and newborn health issues to increase demand for high quality maternal and newborn care;
- Augment patients' and the general public's access to health information by developing and disseminating patient information materials to the members of HCPAs and/or directly to the public;
- Liaise between key stakeholders to generate effective outreach to communities to improve access to and equity of high quality maternal and newborn care.

# **Supporting Organizations**

The Latin American and Caribbean Neonatal Alliance

Survive & Thrive Global Development Alliance

#### Organizations are encouraged to endorse this statement and disseminate it through their communication channels.

## References

- <sup>1</sup> Tuncalp, Ö., Were, W.M., MacLennan, C., Oladapo, O.T., Gülmezoglu, A.M., Bahl, R. et al, Quality of care for pregnant women and newborns—the WHO vision. BJOG. 2015; 122:1045–1049. Retrieved from: http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.13451/full
- <sup>2</sup> RMNCH. 2007. Joint Statement: Health Professional Groups Key to reducing MDGs 4 & 5. Retrieved from http://www.who.int/pmnch/events/2006/HCPjoint-staterev0102207.pdf

This joint statement affirms the commitment of professional associations to the implementation of World Health Assembly resolutions: Global Strategy for Women's, Children's and Adolescents' Health (A69/A/CONF./2) and Every Newborn Action Plan (WHA67.10).















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