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

- 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