Measuring Maternal and Perinatal Quality of Care during Labor and Delivery

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The Maternal and Child Health Integrated Program (MCHIP)

- USAID Bureau for Global Health’s flagship maternal, newborn and child health program
- Working in over 30 countries worldwide

- MCHIP supports programming and opportunities for integration in:
  - Maternal, Newborn and Child Health, Immunization, Family Planning, Malaria, HIV/AIDS, Wat/San, Urban Health, Health Systems Strengthening
Multi-Country Assessment on Quality of Obstetric Care: QoC MNC

Facility assessment toolkit on Quality of Care for prevention, identification, and management of common serious Maternal & early Neonatal Complications

QoC MNC

- Developed in 2009, piloted 2009/10, and rolling-out in 6 countries 2010…
Rationale

- Half of all births in developing countries occur in facilities, yet QoC unknown in many settings.

- When women have access to high quality maternal care, severe morbidity, disability and deaths are prevented.

- QoC improvement challenging – information for action.
**Purpose of QoC MNC survey**

Measures the performance of key screening, prevention and management interventions of the most frequent direct maternal complications:

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<tr>
<td><strong>Post –partum hemorrhage [PPH]</strong></td>
<td>AMTSL, PPH management</td>
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<td><strong>Pre-eclampsia/eclampsia [PE/E]</strong></td>
<td>BP and urinalyses screening, magnesium sulphate use</td>
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<td><strong>Prolonged/obstructed labour [PL/OL]</strong></td>
<td>Correct partograph use and appropriate action</td>
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<td><strong>PP sepsis</strong></td>
<td>Infection prevention</td>
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<td><strong>Newborn asphyxia</strong></td>
<td>Essential newborn care and resuscitation</td>
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Goals of QoC MNC survey

1. Guide QoC improvement activities for maternal and newborn care at facility, regional and national levels.

2. Provide baseline estimates for countries to monitor improvements in care.

3. Develop indicators and data collection tools that can be used in multiple countries.
Assessment Questions

- Are national policies supportive of PE/E management, partograph use, AMTSL, IP and ENCR?
- Are pregnant women who come to facilities screened for PE/E, diagnosed, and managed?
- Are the selected key ANC and L&D interventions being implemented and with high quality?
- Are the necessary supplies, drugs, equipment and infrastructure available?
- What are the barriers to and recommendations to improve QoC?
Survey toolkit: 8 data collection instruments

- Tool 1: Health worker listing (listing of all hospital staff)
- Tool 2: Facility Inventory (General, L & D and pharmaceutical)
- Tool 3: Record review
- Tool 4: ANC observation checklist
- **Tool 5: L&D observation checklist**
- Tool 6: Health worker interview along with maternal and newborn knowledge tests
- Tool 7: Policy review
- Tool 8: Key informant interviews
Sample plan and size:

- Nationally representative sample of facilities, HCWs and deliveries.
  - Focus on facilities with at least five deliveries per day
  - HCW and deliveries are observed for 48 hours

- 250 deliveries and 250 ANC consults
Data collection using mobile smart phones

- HTC Windows Mobile phones running the Windows Mobile 6.1 operating system.
- Application software used to develop the data entry program is PocketPC Creations, version 6.0

www.pocketpccreations.com
**Questionnaire 1:**
*Health Worker Line Listing*

Talk to Supervisor/Person in Charge and Get Written Consent on Supervisor Consent Form (Only Once)

Select Facility

Health Worker ID

Health Worker Name or Initials

HW Qualification

Perform ANC

Perform Deliveries?

Present Today?

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**Questionnaire 2:**
*Facility Inventory*
*General Facility Inventory*

Supervisor or HW ID (From Staff Listing)

HW/Supervisor signature acknowledgement

Today’s Date

**General Facility Inventory**

F101: How many overnight or inpatient beds, in total does the facility have? (NOTE: DATA COLLECTORS WILL WANT TO ENSURE THAT THE STANDARD FOR ACCEPTABLE BEDS FOR THE COUNTRY (E.G., WITH MATTRESS OR PLYWOOD) IS CLARIFIED)

F102: Is there 24-hour staff coverage? (IF YES, ASK TO SEE A DUTY ROSTER FOR NIGHT STAFFING.)

F103: Does this facility have the staff and resources to conduct any type of surgery using general anesthesia?
Section 2: ANC Observation Questions

Client Code: 30

ANC Obs Start Time: Tap to set

A104: RECORD WHETHER THE HEALTH WORKER ASKED ABOUT OR THE CLIENT MENTIONED ANY OF THE FOLLOWING FACTS:

01 Clients Age: Yes × No

02 Medications the client is taking: Yes × No

03 Date client’s last menstrual period began: Yes × No

04 Number of prior pregnancies client has had: Yes × No

A105: RECORD WHETHER THE HEALTH WORKER OR THE CLIENT DISCUSSED ANY OF THE
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Tasks for initial client assessment

- Danger signs
- Asks about complications
- Takes temperature
- Takes pulse
- Checks urine output
- Performs general examination
- Checks fundal height, presents, lie
- Checks fetal heart rate
- Checks cervical dilation, fetal descent, position, membranes, meconium
Tasks for second and third stage of labor

- Supports perineum as baby’s head is delivered
- Assesses completeness of the placenta and membranes
- Assesses for perineal and vaginal lacerations
- Takes mother’s vital signs 15 minutes after birth
- Palpates uterus 15 minutes after delivery of placenta
Discussion:

- Data preliminary, but indicates that essential practices only of moderate performance (53%) – some very low, some very high.

- Insight into tasks in essential care standards that are and are not being implemented
- Are the “most important being done? Or not?
- Why are some being done and some not?
- What is the best way to improve QoC?
Next steps:

- Presentation to MoPH and steering committee for response
- Refining research plan, tools and PDA data entry and analyses programs.
- MCHIP work on QI methods
- Research on gaps identified
THANK YOU!

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