Improving quality of care for mothers and newborns around the time of childbirth

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On behalf of the WHO QoC Working Group
Outline

- Vision and framework
- Standards of care (Strategic work areas)
- Implementation roadmap
Quality of care matters

- Due to focused efforts, facility-based deliveries are increasing globally
  - Higher proportions of avoidable maternal and perinatal morbidity and mortality occur in facilities
- Major roadblock: Quality of Care
- Coverage of essential interventions is not enough
- Experience of care
Critical time for global health

- MDGs to SDGs
- Two strategies, shared objectives
  - Every Newborn Action Plan
  - Ending Preventable Maternal Mortality
- New Global Strategy for women's children's adolescent's health
  - Survive, thrive, transform
WHO vision

Efforts to achieve Universal Health Coverage are aimed to provide all mothers and newborns access to the health care system.

Every mother and newborn receives quality care throughout the pregnancy, childbirth and postnatal periods.
PRIORITIZATION
Triple return on investment
Reducing maternal, newborn deaths and stillbirths

- Pregnancy care
- Care around childbirth for women and newborns
- Care for the small and sick newborns

Bhutta et al., 2014
Routine care and management of complications

- **Antenatal care**
  - Detection of nutritional deficiencies, infections, pre-eclampsia and medical conditions
  - Promotive and preventive care

- **Labour and childbirth care**
  - Labour monitoring and action
  - Childbirth care

- **Postnatal newborn care**
  - Birth: drying, skin-to-skin
  - First week: early/exclusive BF, warmth, cord care, hygiene

- **Postnatal maternal care**
  - Routine monitoring
  - Counselling: BF, contraception, nutrition...

- **Anaemia, medical disorders, infections:** Immediate treatment
- **Pre-eclampsia/eclampsia:** antihypertensive, MgSO4, prompt delivery
- **Preterm/LBW newborn:** Kangaroo Mother Care, BF support, immediate treatment of suspected infection
- **Suspected maternal and newborn sepsis:** Early antibiotic treatment
- **Preterm labour:** Corticosteroids
- **Not breathing at birth:** Resuscitation
- **Prolonged labour/fetal distress:** oxytocin, CS, assisted delivery
- **Pre-eclampsia/eclampsia:** Magnesium sulfate, antihypertensive
- **PPH:** therapeutic uterotonics, blood transfusion, surgery
Priority thematic areas

- Routine childbirth care including labour monitoring and action and routine newborn care at birth and during the first week;
- Management of pre-eclampsia, eclampsia and its complications;
- Management of postpartum haemorrhage;
- Management of difficult labour by enabling safe and appropriate use of medical technologies during childbirth;
- Newborn resuscitation;
- Management of preterm labour, birth and appropriate care for preterm and small babies;
- Management of maternal and newborn infections.
QUALITY OF CARE – DEFINITION AND FRAMEWORK
Definition of quality of care

Quality of care is defined as the extent to which health services provided to individuals and populations improve desired health outcomes. In order to achieve this, health care needs to be safe, effective, timely, efficient, equitable, and people-centered.

Specifically...

**Safe** – delivering health care which minimizes risks and harm to service users, including avoiding preventable injuries and reducing medical errors

**Effective** – providing services based on scientific knowledge (WHO guidelines)

**Timely** – reducing delays in providing/receiving health care.

**Efficient** – delivering health care in a manner which maximizes resource use and avoids wastage;

**Equitable** – delivering health care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status;

**People-centered** – providing care which takes into account the preferences and aspirations of individual service users and the cultures of their communities

Competent and motivated human resources

Health system

Quality of Care

PROVISION OF CARE

1- Evidence based practices for routine care and management of complications
2- Actionable information systems
3- Functional referral systems
7- Competent and motivated human resources
8- Essential physical resources available

EXPERIENCE OF CARE

4- Effective communication
5- Respect and dignity
6- Emotional support

Individual and facility-level outcomes
Coverage of key practices
People-centred outcomes
Health outcomes
Proposed QoC improvement strategy

1. Establish leadership group
2. Situation analysis / assessment
3. Adapt standards of care
4. Identify QI interventions
5. Implementation of QI interventions
6. Continuous measurement of quality & outcomes
7. Refinement of strategies

Adaptation of the PDSA cycle
Roadmap for continuous quality improvement
Strategic work areas

Quality of Care Framework

Research

WHO Guidelines

Standards of care

Effective intervention strategies to improve QoC

Measurement indicators and methods

1. Establish leadership group
2. Situation analysis / assessment
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PLAN

ACT

DO

STUDY

Capacity Strengthening

World Health Organization
FOCUS

STANDARDS OF CARE
Scope of the standards

- Applicable to all health facilities offering maternity services.
- Cover labour, childbirth and early postnatal period.
- Are woman, newborn, and family-centred.
- Specific for the priority thematic areas identified.
Structure of standards

- **Standard**: Description of what is expected to be provided to achieve high quality care around the time of childbirth.
  - **Quality statement**: Concise prioritized statement designed to drive measurable quality improvements in the care around childbirth.
  - **Quality measures**: Criteria that can be used to assess, measure and monitor quality of care.
Quality measures

- Composed of three types of indicators:
  - **Input** – what needs to be in place for desired care to be provided? (e.g. physical resources, human resources, policies, guidelines...)
  - **Output** – was the desired care provided?
  - **Outcome** – what was the effect of provision and experience of care on health and people-centred outcomes?
In practice...

8 standards
one for each WHO QoC framework domain

2 to 12 quality statements for each standard

Quality measures (at least one input, output measures and outcome, if applicable) for each quality statement
### Domain 5: Respect and Dignity

**Standard 5:** Women and newborns receive care with respect and dignity

**Quality statement 5.1:** All women and newborns have privacy around the time of labour and childbirth, and their confidentiality is respected.

**Quality statement 5.2:** No woman or newborn is subjected to mistreatment such as physical, sexual or verbal abuse, discrimination, neglect, detention, extortion or denial of services.

**Quality statement 5.3:** All women have informed choices in the services they receive, and the reasons for intervention or outcomes are clearly explained.

### Domain 6: Emotional Support

**Standard 6:** Every woman and her family are provided with emotional support that is sensitive to their needs and strengthens her own capabilities.

**Quality statement 6.1:** Every woman is offered the option to experience labour and childbirth with a companion of her choice.

**Quality statement 6.2:** Every woman receives support that strengthens her own capabilities during childbirth.
<table>
<thead>
<tr>
<th>Quality statement 1.1a:</th>
<th>Women are routinely assessed on admission, during labour and childbirth and are provided with timely and appropriate care.</th>
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<tbody>
<tr>
<td>Quality statement 1.1b:</td>
<td>Newborns receive routine care immediately after birth.</td>
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<tr>
<td>Quality statement 1.1c:</td>
<td>Mothers and newborns receive routine postnatal care.</td>
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<td>Quality statement 1.2:</td>
<td>Women with pre-eclampsia or eclampsia promptly receive appropriate interventions, according to WHO guidelines.</td>
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<tr>
<td>Quality statement 1.3:</td>
<td>Women with postpartum haemorrhage promptly receive appropriate interventions, according to WHO guidelines.</td>
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<td>Quality statement 1.4:</td>
<td>Women with delay in labour progress, or obstructed labour, receive appropriate interventions, according to WHO guidelines.</td>
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<td>Quality statement 1.5:</td>
<td>Newborns who are not breathing spontaneously receive appropriate stimulation and resuscitation with bag-and-mask within one minute after birth, according to WHO guidelines.</td>
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<td>Quality statement 1.6a:</td>
<td>Women in preterm labour receive appropriate interventions for both the woman and the baby according to WHO guidelines.</td>
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<td>Quality statement 1.6b:</td>
<td>Preterm and low-birth-weight babies receive appropriate care, according to WHO guidelines.</td>
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<td>Quality statement 1.7a:</td>
<td>Women with, or at risk of, infections during labour, childbirth and the early postnatal period promptly receive appropriate interventions, according to WHO guidelines.</td>
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<tr>
<td>Quality statement 1.7b:</td>
<td>Newborns with suspected infection or risk factors for infection are promptly given antibiotic treatment, according to WHO guidelines.</td>
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<td>Quality statement 1.8:</td>
<td>All women and newborns receive care that follows universal precautions for preventing hospital-acquired infections.</td>
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<td>Quality statement 1.9:</td>
<td>No woman or newborn is subjected to unnecessary or harmful practices during labour, childbirth and the early postnatal period.</td>
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Quality measures – process

- Expert opinion based prioritization using a pre-agreed set of criteria (Delphi survey – 3 rounds)
  - Core list + additional measures to be selected depending on needs of the facilities

- Standards, quality statements and working draft of quality measures to initiate implementation
Latest update

- Delphi survey 1\textsuperscript{st} round is open
  - 200 invitations have been sent
  - 120 participants from 46 countries have accepted to participate
- Delphi survey 2\textsuperscript{nd} round – ranking
  - Starting in 30 November 2015
- Standards, quality statements and working draft of quality measures to initiate implementation by January 2016.
From framework to implementation

Quality of Care Framework

Research

WHO Guidelines

Standards of care

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Measurement indicators and methods

Capacity Strengthening

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IMPLEMENTATION STRATEGY
Implementation strategy - objective

Provide countries with **highly actionable** implementation guidance for improving quality of maternal and newborn health

- that supplements existing country plans and
- accelerates progress towards 2030 goals of the Global Strategy
Approach – 1

- Content based on QoC standards
- A global learning collaborative of all countries to meet/exceed the goals
- Builds off existing country plans and existing implementation work (EMEN, EPMM and others)
- Guidance at National-, District- and Facility-level
Approach – 2

- **Integrated** quality approach (quality planning, quality control, quality improvement)

- **Implementation interventions** – broad set of evidence-based interventions

- **Measurement** strategy – supports and informs facility-, district-, national–level implementation
  ï Learning Platform
# Three-tiered guidance (under development)

## National
- National quality strategy to support MNH, drive and support improvement
- Establish baseline performance and needs, identify gaps, track progress
- Adapt and adopt the QoC standards, ensure inputs
- Support, initiate QoC initiatives in Districts as scalable demonstration
- Build learning system to support improvement (incl data dashboards)
- Build will, capability, infrastructure for scale up, and take MNH improvement to full scale

## District
- District strategy to support MNH quality, support continuous culture of improvement
- Establish baseline performance and needs, identify gaps, track progress
- Provide support for QoC standards, ensure inputs
- Support, initiate QoC initiative
- Use learning system and routine data to support improvement
- Support efforts to spread and scale improvement within district

## Facility
- Set aims, understand system, baseline performance and needs, identify gaps,
- Form improvement teams, build clinical and QI competence
- Implement QoC standards,
- Initiate tests of change
- Use learning principles based on data to provide reliable care
- Work in a culture of continuous improvement
Implementation interventions (under development)

1. Planning, designs and policies for implementation/scale-up
2. Financial strategies to support improvement
3. Leadership of quality
4. Governance of quality
5. Assessment and provision of resources
6. Engaging women, families, communities in their care
7. Education and training for clinical excellence
8. Adaptive designs for implementation/scale up
9. Learning communities for accelerating improvement
10. Supportive supervision of clinical and system activities
11. Data to support improvement

- Capability building for improvement
A word on the “Learning Platform”

- To generate, harvest and communicate country learnings on
  - how to reliably implement MN care and improve the QoC for mothers and newborns
  - how to rapidly scale up that implementation process across the country

- Countries to work together in a **structured learning community**
  - to accelerate their individual country as well as global progress towards the MN 2020 and 2035 goals.
In closing

- **Consolidated** work plan
- **Application and learning across** RMNCAH and overall quality improvement for UHC
- Identifying where there are gaps and where there are opportunities for synergies **within and across organizations**
- It's not another project, it is a **movement**!

- **STAY TUNED!**
Thank you!  Merci beaucoup!

For more information,

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