

An Indicator and a tool for  
ensuring better  
**Quality of Intra-Partum Care**  
(QUIP-Care)

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# QUIP-Care assessment: the problem

- “ While main indicators measure quantity and coverage, few indicators measure quality of care, especially **Quality of Intra-Partum Care**
- “ Intra Partum care is a complex set of key interventions, from start of labour till outcome
- “ Outcome: survival (or not) of mother, foetus, and newborn
- “ Here we focus on the survival of the foetus and newborn

# QUIP-Care indicator: History

- “ First proposed in 2005
- “ Discussed in Geneva in 2006 (WHO-AMDD-UNICEF-UNFPA-IMPACT-FIGO)
- “ Introduced in the revised Handbook for Monitoring EmONC (AMDD et al.) - Indicator 7
- “ Letter in the Lancet 2007
- “ Handbook launched in Addis Ababa 2008 (published by WHO et al. in 2009)
- “ Implementation 2010 and onwards

## Indicator N° 7 of the UNICEF-UNFPA-WHO-AMDD Guidelines for Monitoring EmONC

“ Indicator 7 is the proportion of births that result in an early neonatal death or an intrapartum death (fresh stillbirth) in a CEmOC facility. This new indicator has been proposed to shed light on the **quality of intrapartum care** delivered at facilities from the perspective of the fetus and the newborn.

# QUIP-Care indicator: Construction

- “ Proportion of intrapartum stillbirths and very early newborn deaths over all births in a CEmONC facility, for birthweights over 2500g
- “ Numerator: Number of intrapartum (fresh) stillbirths PLUS very early (24h) newborn deaths in a given facility in a year (>2500 g.)
- “ Denominator: All births in the same facility over the same period (birthweight > 2500 g.)

# QUIP-Care indicator: **Advantages**

- “ One of the rare indicators of quality from the viewpoint of the outcome (fetus and newborn)
- “ Sensible to changes over time within a facility, and to comparison between facilities
- “ Easy to understand, intuitive
- “ Easy to express, as a percentage (ratio)
- “ To be measured where there is a programme aiming at improving Intra partum care i.e. mostly in large maternities and CEmONC.

# QUIP-Care indicator: Challenges

## Challenge 1: Recording dates and times

Ideally ONE maternity admission register should carry:

- ✓ Date/time of admission (by the hour)
- ✓ Date/time of birth (by the hour)
- ✓ Date/time of death (by the hour)
- ✓ Birthweight (see second challenge)
- ✓ Fetal heart beat at admission (see third challenge)

# QUIP-Care indicator: Challenges

## Challenge 2: Birthweight

Exclude all births less than 2,5 kgs from numerator and ideally from denominator as well, to filter out deaths related to a very small weight

**Research questions:** what is the best cut-off birthweight ? 2000 or 2500g?

Do attendants weigh stillborn fetuses ? Often they don't, but they should



# QUIP-Care indicator: Challenges

## Challenge 3: Fetal Heart Beat

Must be measured and recorded at admission

### **Research questions:**

Is FHB routinely measured and recorded ?

Would it be better measured by a fetal Doppler?

Can the industry develop, with support from International donors, a lowcost fetal Doppler, to be owned by all midwives?

# Requirements for an ideal fetal doppler

- “ **Low cost**, less than 30\$
- “ **Robust**, easy to carry, strong body, waterproof
- “ **Sensible**, must detect FHB even on obese mothers, and detect twins
- “ **Easy to use** On/off, volume adjust, retrieve past measures
- “ **Simple batteries** AAA the most common
- “ **Screen for pulse** easy to visualize
- “ **Clock : date and time** on display and easy retrievable
- “ **Memory** for 10 or 20 last measures, or more
- “ **Robust packing** for large shipments

# QUIP-Care indicator: Challenges

## Challenge 4: Benchmarking

We don't have a « normal » value (should be 0%)

### **Research questions:**

Test the hypothesis of less than 1%

Can researchers apply the indicator in 10-20 different settings? In large maternities in Low Income Countries

Expressed interest: GAPPS – AKU – BMGF – SNL – UNICEF – FIGO – ICM – UNFPA – USAID – Harvard – WAHA - others?

# QUIP-Care indicator: Used for what?

- \*It is the simplest indicator of quality of Intra-Partum Care**
- \*It tells me that there is (or there is no) problem of quality of intra-partum care in this facility (if foetuses or newborn die around birth, it is not acceptable)**
- \*It can be repeated every year for trend analysis, monitoring and evaluation**
- \*It is sensitive to changes in policy, procedures, including recording**