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, fœtus, and newborn

Here we focus on the survival of the fœtus and newborn
QUIP-Care indicator: History

- First proposed in 2005
- Discussed in Geneva in 2006 (WHO-AMDD-UNICEF-UNFPA-IMMPACT-FIGO)
- Introduced in the revised Handbook for Monitoring EmONC (AMDD et al.) - Indicator 7
- Letter in the Lancet 2007
- Implementation 2010 and onwards
Indicator N° 7 of the UNICEF-UNFPA-WHO-AMDD Guidelines for Monitoring EmONC

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

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