Developing global indicators for quality of maternal and newborn care: a feasibility assessment

Barbara Madaj on behalf of authors
Background

- Increasing focus on quality of care in maternal and newborn health, but no standardised set of indicators to measure it

- Following consultations with experts, the World Health Organization proposed a list of core indicators to be used in healthcare facilities:
  
  - **6** on mothers
  - **5** on newborns
  - **4** on general service readiness & death reviews
  - **4** on children
Methods

• **Data:** use of health facility assessment data collected by CMNH-LSTM in two programmes in **10 countries in Africa and Asia:**
  - Bangladesh, Ghana, Kenya, Malawi, Nigeria, Pakistan, Sierra Leone, South Africa, United Republic of Tanzania and Zimbabwe (n=963, 2012-2015)
  - Sierra Leone (n=76, 2015)

• **Assessment:**
  • **Identification** and **extraction** of data per indicator; where no direct information available, proxies used
  • Review of **availability of data** (missing information reported)
  • Assessment of indicators wrt **clarity** of definitions and **availability** of information in routine registers and facility records
  • Where appropriate, **suggestions** to improve feasibility of indicators
## Indicator review

<table>
<thead>
<tr>
<th>Information readily available</th>
<th>Additional information required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clearly defined</strong></td>
<td><strong>Additional information required</strong></td>
</tr>
<tr>
<td>M5: Intrapartum stillbirth rate</td>
<td>M1: Antenatal care visits with blood pressure measured</td>
</tr>
<tr>
<td>N1: Health facilities with functional bag and mask</td>
<td>M2: Women with severe (pre)eclampsia treated with magnesium sulfate</td>
</tr>
<tr>
<td>N5: Health facilities with Baby-friendly Hospital Initiative</td>
<td>M3: Women receiving oxytocin with 1min of birth</td>
</tr>
<tr>
<td>G3: Health facilities with soap and running water or alcohol-based rub</td>
<td>N2: Newborns receiving all elements of essential care</td>
</tr>
<tr>
<td><strong>Requires specification or adapting</strong></td>
<td>****</td>
</tr>
<tr>
<td>G1: Health facilities with stock-outs of essential drugs</td>
<td>M4: Women with prolonged labour</td>
</tr>
<tr>
<td></td>
<td>M6: Women with severe systemic infection or sepsis</td>
</tr>
<tr>
<td></td>
<td>N4: Newborn deaths disaggregated by weight</td>
</tr>
<tr>
<td></td>
<td>G2: Maternal, perinatal and child facility deaths reviewed</td>
</tr>
</tbody>
</table>

Indicators developed by the World Health Organization, 2014
Assessment and suggestions

- **Clarity/Adapting: terms**: ‘prolonged labour’ \((M4)\), ‘severe systemic infection’ \((M6)\), ‘operational’ \((N3)\), and ‘stock-out’ \((G1)\); **timeframe** \((G1)\); **country and/or regional** guidelines and policies to be considered \((G1)\)

- **Information availability:**
  - Some treatment information only in patient records or not recorded \((M1, M2, M3)\) – observation and/or review of patient notes necessary
  - Some service information not in routine records \((N2, N3, G4)\) – additional data sources/tools required

- **Data availability:** where identified as expected, data available (exc. obstetric complications, newborn deaths by weight categories), with some country specific challenges (stillbirths, medicines)

- **Overall:**
  - Input, process and outcome indicators included; mix of denominators; only care-provision perspective represented
  - Further work to ensure usability needed, but valuable contribution to developing a framework for assessing quality of care
Thank you

Contact:
Centre for Maternal and Newborn Health
Liverpool School of Topical Medicine

www.cmnh.lstmed.ac.uk
@CMNHLSTM
Email: cmnh@lstmed.ac.uk, barbara.madaj@lstmed.ac.uk