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>Clearly defined</th>
<th>Information readily available</th>
<th>Additional information required</th>
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</thead>
<tbody>
<tr>
<td><strong>M5</strong>: Intrapartum stillbirth rate</td>
<td><strong>M1</strong>: Antenatal care visits with blood pressure measured</td>
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<tr>
<td><strong>N1</strong>: Health facilities with functional bag and mask</td>
<td><strong>M2</strong>: Women with severe (pre)eclampsia treated with magnesium sulfate</td>
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<tr>
<td><strong>N5</strong>: Health facilities with Baby-friendly Hospital Initiative</td>
<td><strong>M3</strong>: Women receiving oxytocin with 1min of birth</td>
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<tr>
<td><strong>G3</strong>: Health facilities with soap and running water or alcohol-based rub</td>
<td><strong>N2</strong>: Newborns receiving all elements of essential care</td>
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<tr>
<td><strong>G1</strong>: Health facilities with stock-outs of essential drugs</td>
<td><strong>N3</strong>: Health facilities with operational kangaroo mother care</td>
<td></td>
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<tr>
<td>Requires specification or adapting</td>
<td><strong>G4</strong>: Health facilities with uninterrupted oxygen supply</td>
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**Additional information required**:
- **M4**: Women with prolonged labour
- **M6**: Women with severe systemic infection or sepsis
- **N4**: Newborn deaths disaggregated by weight
- **G2**: Maternal, perinatal and child facility deaths reviewed

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