

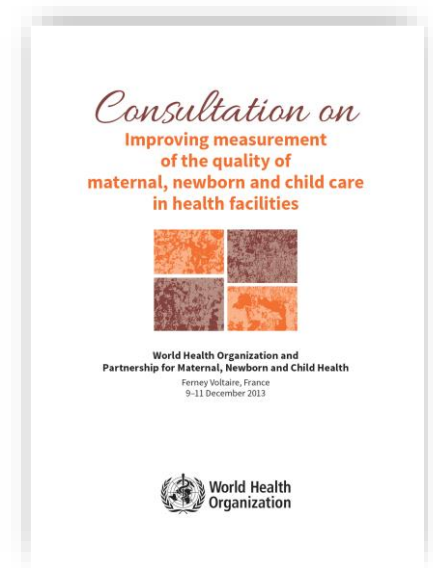


Developing global indicators for quality of maternal and newborn care: a feasibility assessment

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

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

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 → *Resource implications*
- **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 Tropical Medicine

www.cmnh.lstmed.ac.uk

@CMNHLSTM

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