

SEA-MCH-248
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Quality Improvement of Maternal and Newborn Health at the First-referral Hospital

*Report of the Technical Group Meeting
New Delhi, India, 21–22 February 2008*

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Printed in India

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Executive summary

A well-functioning referral health care within the continuum of care with primary health care system has a positive impact on the health and survival of mothers and their newborns. The WHO Regional Office for South-East Asia organized a technical expert group meeting on Quality Improvement of Maternal and Newborn Health (MNH) at the First-referral Hospital on 21-22 February 2008, in New Delhi, India. This meeting was organized in collaboration with WHO/headquarters and was attended by participants from India, Indonesia and Sri Lanka. The main objectives of the meeting were (a) to review the guidelines on improving quality of MNH care at the first-referral hospital developed by the Regional Office and (b) to assist countries in developing a proposal for pilot-testing the implementation of guidelines in selected hospitals.

During the meeting the participants had an opportunity to share the country experiences on MNH quality improvement at the referral level; discuss evidence-based standards of MNH care; and review the Regional Office guidelines "Quality Improvement of MNH Care at the First-referral Hospital". While each country representative demonstrated a range of existing quality improvement initiatives, the focus on improving quality of MNH care at the first-referral level was either limited or did not cover comprehensively the clinical and managerial issues and issues of service linkages between primary health care service delivery points and referral hospitals. The Regional Office guidelines were prepared to assist hospital directors and national programme managers in quality improvement processes in a stand-alone facility or in a network of facilities at the national level. A session was dedicated for the development of project proposals to initiate MNH quality improvement processes in one or two selected hospitals of India, Indonesia and Sri Lanka as part of the pilot-testing of the guidelines.

This meeting provided an opportunity to review and discuss quality improvement approaches for strengthening MNH care at the first-referral hospital and define country plans for promoting quality improvement (QI) initiative in MNH care at first-referral facilities. The meeting recommended that (a) country participants should finalize the proposals in consultation with ministries of health and respective stakeholders to initiate QI projects in selected hospitals; (b) WHO country offices and the Regional Office should provide technical assistance in piloting of country QI proposals, and drawing lessons from QI projects; and (c) WHO headquarters should provide support in further development of the Regional Office Quality Improvement tool.

1. Introduction

The South-East Asia (SEA) Region accounted for 174 000 maternal and 1.4 million neonatal deaths every year in the early 2000s, which were 33% and 35% of the global figures respectively. In addition, one million stillbirths occurred in the Region. However, one of the key factors that has contributed to bring down the number of maternal and neonatal deaths is the availability of skilled attendants at the community level with a referral back-up, in a functioning health system, that provides emergency obstetric care and special care for newborns with problems.

Referral back-up for mothers and their newborns is essential to primary health care in order to manage complications during pregnancy, delivery and postpartum and newborn problems. The quality of MNH services at the hospital-referral level involves a state of 24-hours readiness. This will enable the hospital team to respond appropriately to the emergencies and the needs and rights of their clients. It requires effective links among primary health care services and referral hospitals in the form of efficient and timely transportation of patients to the referral facility, communication and organization of services.

While much still needs to be done to address the key issues of maternal and newborn health at community and primary health care levels, there is a need to also look at the quality of MNH service at the referral hospital. Further, there is a need to promote best practices in managing referral hospitals as that would help provide better care for mothers and their newborns. Such an initiative should be in line with the effort to strengthen linkages between primary health care and referral hospitals. Introduction of QI processes at referral hospitals can help staff change and improve practices and conditions contributing to unnecessary delay at the facility level and make efficient use of resources, thereby effecting a significant impact on pregnancy outcomes.

Recognizing the importance of QI processes at the referral-hospital level and of their positive impact on the health and survival of mothers and their newborns, the Regional Office, in collaboration with headquarters, held a technical group meeting from 21–22 February 2008, in New Delhi, India.

2. Objectives

The meeting focused on the following specific objectives:

- (1) To review the guidelines on improving the quality of MNH care at the first-referral hospital, including strengthening of service linkages with primary health care; and
- (2) To assist countries in developing a proposal for pilot-testing the implementation of guidelines on the subject.

The expected outcomes of the meeting were to have (1) a common strategy on how to carry out the pilot-test of the improvement of quality of MNH care at first-referral hospital, including strengthening of service linkages with primary health care and (2) country draft proposals for pilot-testing the implementation of guidelines on the subject.

3. Highlights of the meeting

In her welcome remarks Dr Dini Latief, Director, Department of Family and Community Health, WHO/SEARO, highlighted that the provision of maternal, newborn and child health care was one of the eight core activities of primary health care (PHC) and was the first element of the continuum of care process. She pointed out that in order to address the whole spectrum of maternal and newborn issues, it was necessary to strengthen delivery of essential MNH care at all levels, including quality of services at the referral hospital, in line with the Regional Six-point Strategy for Health Systems Strengthening based on the PHC Approach.

3.1 Quality improvement of maternal and newborn health care at the first referral hospital

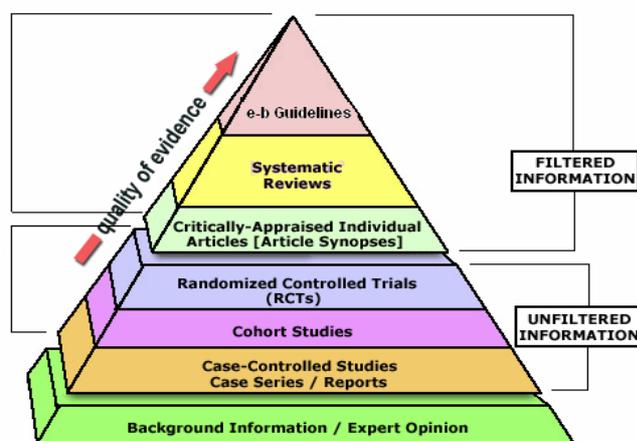
Dr Ardi Kaptiningsih, Regional Adviser for Making Pregnancy Safer/Reproductive Health and Research, WHO/SEARO, presented the guidelines on "*Quality Improvement of Maternal and Newborn Health Service at First-referral Hospital*" prepared by the Regional Office for field implementation in countries of the SEA Region. The guidelines were developed for hospital managers to facilitate quality improvement of MNH services in their facility and to strengthen linkages with the primary health-care level for better MNH outcomes. Drafts of the guidelines were reviewed

during earlier meetings and improved based on the feedback from countries and headquarters. The presentation was followed by discussions.

3.2 Development of performance standards

In his presentation, Dr Matthews Mathai, South-East Asia Regional Focal Point, Making Pregnancy Safer (MPS)/HQ, discussed the standards for maternal and newborn care, their purpose, how the standards had been developed, and how the existing standards were being used. The most fundamental prerequisite for creating a demand for and ensuring utilization of MNH services is to offer a quality of service provision. Evidence-based national and subnational standards on MNH care are intended to maximize the quality of care by guiding practitioners on routine MNH care and on appropriate health care for specific clinical circumstances. There are varying degrees of evidence (Figure 1) used in the development of standards and guidelines. These range from expert opinion, research evidence, and critical appraisals to systematic reviews, with the latter providing one of the highest levels of quality of scientific evidence.

Figure 1: Levels of Evidence



The process of standard development involves, as recommended by the *WHO Guidelines for Guidelines*, defining its scope, formulating questions, preliminary review of evidence to identify gaps, expert consultation, identifying the key clinical/policy outcomes that will be the basis of decisions, commissioning evidence summaries for questions about interventions and diagnosis, drafting recommendations based on evidence summaries, and presenting these to a meeting of experts.

The examples of standards in the area of maternal and newborn health care include the following:

- General standards for care of healthy pregnancy and childbirth.
- Standards for safe care in childbirth and the immediate postpartum period.
- Standards for care for managing major complications in pregnancy, childbirth and after birth.
- Standards of care for managing major complications in the newborn.
- Health service delivery standards.

It is important to involve all key stakeholders in the formulation of standards, as well as to ensure that they are context-specific based on epidemiology, systems, technical and financial resources. The conditions for a successful implementation of standards include: availability of national policy and locally adapted guidelines; national and local lists of essential medicines supporting the implementation of guidelines; and functioning drug management systems. Continuous monitoring and feedback on the implementation of standards are means to improve the access and quality of MNH services.

3.3 Country Presentations: promoting quality improvement of MNH care at first referral level

Sri Lanka: Quality of care in health facilities

In Sri Lanka the quality of MNH care is promoted by the National Policy on Hospital Quality and Safety and addressed by a well-developed infrastructure for service delivery, functioning management information system and in-built system of supervision, monitoring and evaluation. The Total Quality Improvement initiated in a number of large hospitals in Sri Lanka achieved remarkable results by considering the consumer demand for services and optimizing services and available resources. Sri Lanka is planning to further strengthen the existing system of quality improvement by expanding it to the area of maternal and newborn care. Quality Management Units were established in hospitals under the guidance of the Quality Secretariat of the Ministry of Health to promote a quality culture in

hospitals, facilitate training programmes for staff development and monitor the implementation of performance standards and management of supply.

India: The Reproductive and Child Health Programme (RCH II)

In India there are approximately 550 districts and 1140 sub-divisional and 3900 community health centres (CHCs). The broad issues on operationalization of first-referral units (FRUs) include: skewed priorities and fragmented efforts by the states, non-availability of district action plans and mapping of resources, and shortfalls in specialist manpower. India's second Reproductive and Child Health (RCH II) Programme targets to operationalize at least 2000 FRUs for Emergency Obstetric Care (EmOC) and neonatal care, and make at least 50% primary health care centres (PHCs) functional for 24-hour/7 days-a-week services by 2010. The implementation strategies include upgrading operating theatres (OTs) and labour rooms, provision of emergency drugs and supplies, establishment of blood storage facilities, and allocation of funds for hiring of private specialists (anaesthetists and gynaecologists). New initiatives, such as short training programmes in anaesthesia and EmOC including caesarean section for MBBS doctors, training of auxiliary nurse midwives (ANMs) and staff nurses in midwifery, including newborn care, are in place.

Rajasthan one of the states of India showed a rapid increase in the number of institutional deliveries over the past few years (from 28% in 2005-2006 to 54% in 2007-2008). There is an urgent need to increase the number of functional FRUs. There are three critical determinants for a facility to be declared an FRU: (a) availability of surgical interventions (Caesarian section); (b) blood storage facility and blood availability on a 24-hour basis, (c) provision of specialized newborn care. Currently there are 73 FRUs in Rajasthan and the state plans to bring all community health centres (CHCs) to a fully functional first-referral unit level, making a total of 137 referral health facilities available by 2010. The state's efforts in strengthening a network of referral MNH facilities involve upgrading of hospital infrastructure, provision of equipment, transportation and supplies, implementation of human resource plans including training and re-deployment of specialist staff with applicable incentives schemes.

Indonesia: Quality improvement of MNH at first-referral hospital

Indonesia had implemented an integrated programme to decrease maternal and neonatal mortality, with quality improvement of MNH care at first-referral hospital being an inherent component of the programme. The

quality improvement component focused not only on improving performance quality and service coverage, but also working with the private sector, and social empowerment of women and families. It involved a continuum of MNH care provided through village, sub-district and district-level health facilities.

Strategies for setting up a 24-hour comprehensive emergency obstetric care (CEmOC) focused on addressing key problems related to staff, supply and infrastructure: e.g. deployment of specialists (paediatricians, obstetricians) for a referral hospital, improving knowledge and skills of primary health-level staff to manage emergencies, and improving infrastructure, laboratory and blood bank support. In order to improve access to MNH care one of the strategies was the regionalization of maternal and perinatal care: e.g. establishing functioning service delivery points to ensure that any referral would take less than an hour. Intensive CEmOC training programme took place in seven provinces for 30 hospitals in 2006-2007 with support from United Nations Population Fund (UNFPA). The MoH planned to expand the CEmOC training to 28 provinces and provide equipment to 100 district hospitals in 2008. The United Nations Children's Fund (UNICEF) committed its support for regionalization of services in West Java.

3.4 Development of country proposals

During this session the country teams worked on the development of project proposals on improving the quality of MNH care at first-level referral hospitals. As a result, the country teams presented concrete proposals with sites identified and sets of activities selected to initiate QI processes with focus on priority issues in their respective countries. The drafts developed during the meeting along with the detailed implementation plans, timeframes and resource requirements will be further refined in consultation with the ministries of health. The WHO country offices in all three countries will look into possibilities of financial support for initiation of the projects.

4. Outcome of the meeting and next steps

A well-functioning referral system within a continuum of care has a positive impact on the health and survival of mothers and their newborns. This

meeting provided an opportunity to review and discuss the quality improvement approaches for strengthening MNH care at the first-referral hospital. It also provided a forum for development of a plan for piloting the initiative in selected first-referral hospitals in India, Indonesia and Sri Lanka.

The participants agreed on the following next steps:

- (1) The country teams: to follow-up with the ministries of health, respective stakeholders and WHO on the initiation and implementation of proposals on quality improvement developed during the meeting;
- (2) WHO country offices and the Regional Office: to provide further technical assistance in development of country QI proposals, piloting, drawing and disseminating lessons from the QI projects; and
- (3) WHO headquarters: to provide support to further develop the Regional Office QI tool.

Annex 1

Programme

Thursday, 21 February 2008

- 08:30 – 09:00 Registration
- 09:00 – 09:10 Welcome remarks
- *Dr Dini Latief, Director, Family and Community Health*
- 09:10 – 09:20 Introductions to the meeting
- *Dr Ardi Kaptiningsih*
- 09:20 – 09:30 Introductions of participants
- *Dr Akjemal Magtymova*
- 09:30 – 09:50 Quality Improvement of MNH at the First Referral Hospital
- *Dr Ardi Kaptiningsih*
- 09:50 – 10:15 Development of Performance Standards for MNH Care
- *Dr Matthews Mathai, MPS Department, WHO/HQs*
- 10:15 – 10:30 Discussions
- 11:00 – 12:30 Country presentations on Experiences on Promoting Quality Improvement of MNH at the First Referral Hospital
- *Country participants*
- Discussion
- 13:30 – 13:40 Introduction to the development of a country proposal
- *Dr Akjemal Magtymova*
- 13:40 – 15:30 Development of a draft country proposal
- *Country participants*
- 16:00 – 16:30 Development of a draft country proposal continued)

Friday, 22 February 2008

- 09:00 – 10:30 Development of a draft country proposal (continued)

11:00 – 12:30	Development of a draft country proposal (continued)
13:30 – 14:30	Development of a draft country proposal (continued)
14:30 – 15:30	Presentation of the draft country proposals ➤ <i>Country participants</i>
16:00 – 16:30	Next step and closing.

Annex 2

List of participants

Country Participants

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This publication is a report of a technical expert group meeting organized by WHO's South-East Asia Regional Office (SEARO) on "Quality Improvement of Maternal and Newborn Health at the First-referral Hospital". The main objectives of the meeting were to review the guidelines on improving quality of maternal and newborn health (MNH) care at the first-referral hospital developed by the Regional Office and to assist countries in developing a proposal for pilot-testing the implementation of the guidelines in selected hospitals. This meeting provided an opportunity to review and discuss quality improvement approaches for strengthening MNH care at the first-referral hospital and to define country plans for promoting quality improvement initiatives in MNH care at first-referral facilities.



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