Mother – Baby Friendly Health Facility Initiative (MBFHI): Linking BFHI and MNH QI in Ghana

Dr. Priscilla Wobil
(Health Specialist-UNICEF)
Outline

• Background
  • Country profile

• MNCH coverage and Quality gaps

• Improving maternal-newborn QoC and breastfeeding outcomes – the Ghana approach (linkage with BFHI)

• Lessons learnt and areas that need strengthening
Background – Country profile

- Population: 27 million
- Ten administrative regions
- National Health Insurance scheme
- 800,000 births yearly

**Year 2015**
- 926 institutional maternal deaths (DHIMS)
  - MMR 319/100,000LB*

**Year 2014**
- NMR 29/1000LB (DHS 2014)

Insurance scheme and free maternal-child healthcare services improved access and parental health seeking behaviour but not child health outcomes. Ansah et al, PLOS Med 2009; Bosomprah et al, APH 2015

Early initiation of breastfeeding

DHS 2014
Improving MN QoC and breastfeeding outcomes

The Ghana approach - QUALITY IMPROVEMENT

1. Concept - MBFHI

- Link and integrate maternal and newborn quality improvement efforts (private-public health facilities, NHIA)
- Revive, strengthen, and expand BFHI beyond breastfeeding
- Implement quality of care standards at every level of health facility that provides MNH services

Linking BFHI and Quality maternal and newborn care
Improving MN QoC and breastfeeding outcomes:

2. Conduct assessment

- Quality improvement initiative being piloted in 3 countries with support from BMGF-UNICEF partnership
  - EMEN QI model/WHO QoC framework

- Baseline assessment findings
  - Filling of partograph - only 37% of women
  - Immediate skin to skin contact – 64% of newborns
  - Early initiation of breastfeeding – 74% of newborns
  - PNC counselling before discharge from hospital was very low (3% - 16%)
    - Breastfeeding (16%), FP (14%), maternal danger signs (6%) & newborn danger signs (3%)
  - Birth companions were absent during PNC counselling 70% of the time
Improving MN QoC and breastfeeding outcomes:
3. Development of the MBFHI guide & tools

Linking BFHI and Quality maternal and newborn care
### MBFHI Standards (EMEN)

<table>
<thead>
<tr>
<th>MBFHI Standards</th>
<th>WHO Quality of Care Framework</th>
<th>Linkage with BFHI -Ten Steps</th>
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<tbody>
<tr>
<td><strong>Standard 1.</strong> Evidence-based safe care is provided during labour and childbirth.</td>
<td>1- Evidence based practices for routine care and management of complications</td>
<td>BFHI Step 4</td>
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<tr>
<td><strong>Standard 2.</strong> Evidence-based safe postnatal care provided for all mothers &amp; newborns.</td>
<td>BFHI Step 1, 5, 6, 7, 8, 9</td>
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<td><strong>Standard 3:</strong> Human rights are observed and the experience of care is dignified and respectful for every woman and newborn.</td>
<td>4- Effective communication 5- Respect and dignity 6- Emotional support</td>
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<td><strong>Standard 4.</strong> A governance system is in place to support the provision of quality maternal and newborn care.</td>
<td>7- Competent and motivated human resources</td>
<td>BFHI Step 2</td>
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<td><strong>Standard 5.</strong> The physical environment of the health facility is safe for providing maternal and newborn care.</td>
<td>8- Essential physical resources available</td>
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<td><strong>Standard 6.</strong> Qualified and competent staff are available in adequate numbers to provide safe, consistent and quality maternal and newborn care.</td>
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<td><strong>Standard 7.</strong> Essential medications, supplies and functional equipment and diagnostic services consistently available for maternal-newborn care.</td>
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<td><strong>Standard 8.</strong> Health information systems are in place to manage patient clinical records and service data.</td>
<td>2- Actionable information systems</td>
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<td><strong>Standard 9.</strong> Services are available to ensure continuity of care for all pregnant women, mothers and newborns.</td>
<td>3- Functional referral systems</td>
<td>BFHI Step 10</td>
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Improving MN QoC and breastfeeding outcomes: 4. MBFHI Governance structure

- National MBFHI Steering Committee
  - Technical Sub-Committees
  - Breastfeeding Sub-committee
  - Certification Sub-committee
  - Intrapartum care Sub-committee
  - Teaching Hospitals MBFHI Committee
  - Teaching Hospitals QI Teams
- Regional MBFHI Committee
  - Regional Hospitals Quality Improvement Teams
- District MBFHI Committee
  - District Hospital/Sub District Health Facility Quality Improvement Teams

Linking BFHI and Quality maternal and newborn care
Improving MN QoC and breastfeeding outcomes

4. Implementation

**Studying**

- First phase single region implementation (learning process) in 4 districts
  - Baseline assessment (facility) – June 2016
  - Quality improvement - September 2016
  - Community assessment – September 2016
  - C4D activities (evidence-based) – November 2016
- Quarterly monitoring, end-line evaluation – Sept 2018 (GHS/Navrongo Health Research Centre)
- Modify document with lessons learnt after 1 year review
- Cost-effectiveness assessment

**Implementing and scale-up**

- Gradual scale-up to other districts and regions

Meeting with Research institution, UNICEF GCO, WCARO, NYHQ in Upper East Region - October 2016
Linking MN QI and breastfeeding: Sustainability

National MBFHI Steering Committee

Integration of maternal and newborn QI into existing BFHI

Decentralization of MBFHI certification and implementation

Integration of MBFHI standards into HFRA standards

Inclusion in pre-service education

Integration of MBFHI standards into NHIA tools
Improving MN QoC and breastfeeding outcomes

Lessons learnt

✓ Data is key
✓ Inclusiveness and buy-in
✓ Building on existing work and initiatives
✓ Building local capacity on QI

Strengthening needed

✓ Coordination between regional and national level implementation
Acknowledgement
Thank You

MBFHI coaches/facilitators