14-16 February 2017
Lilongwe, Malawi

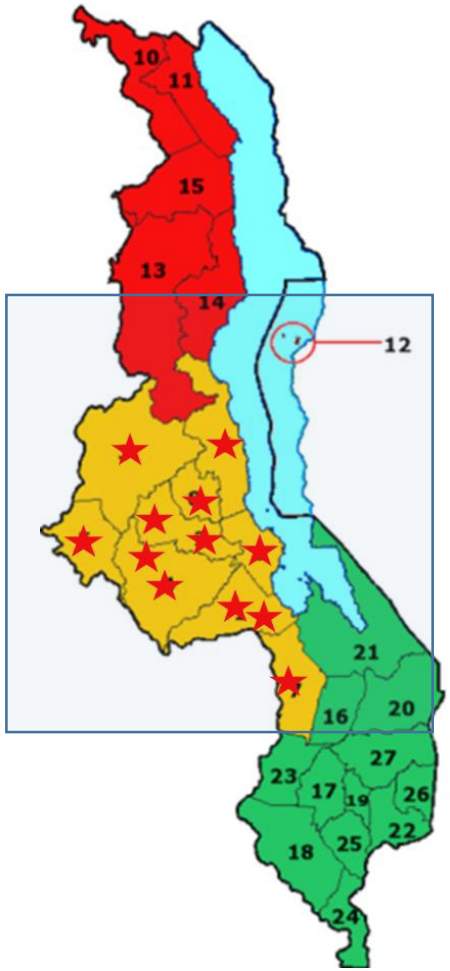
Case Example Malawi

Dr Charles Mwansambo
Dr Andrew Likaka
Dr Irene Kamwaza
Dr Pierre Barker

Quality, Equity, Dignity
A Network for Improving Quality of Care for Maternal, Newborn and Child Health

Case Example Malawi:

- 13 Government and Christian Heath Association Hospitals in Central Malawi
- >75,000 deliveries per year across 13 hospitals (one hospital 18,000/year)
- Aim: Decrease Maternal and Newborn Mortality by 30% over 2 years (primary focus on small newborns)



WE SUPPORT EVERY WOMAN EVERY CHILD

Quality, Equity, Dignity
A Network for Improving Quality of Care for Maternal, Newborn and Child Health

Aims, Clinical Content

Primary Aim:

- decrease mortality in low birth weight babies (1000 – 2000g) by 30% in 2 years through reliable application of evidence based facility interventions

Secondary Aims;

- decrease all newborn, maternal mortality, stillbirths by 30% in 2 years

Admission:

Assess fetal size

Screen and manage risk factors e.g. infection, eclampsia

Intrapartum:

Monitor with Partograph

Act if baby or mother at risk

Early Postpartum:

AMTSL

Clean birth

HBB

Skin to skin

Early breastfeeding

Late Postpartum:

Kangaroo Mother Care (KMC)

Manage Infection (mother/baby)

Quality, Equity, Dignity
A Network for Improving Quality of Care for Maternal, Newborn and Child Health

Theory of Change: Drivers at level of leaders, providers, patients

30% reduction in deaths in babies <2000g through reliable application of evidence based facility interventions

1. **Activated leadership** who can champion an improvement system for neonatal survival — QOC 7
2. **Immediate access to essential commodities** — QOC 8
3. **Data systems** that can easily and accurately record and report in real time — QOC 2

Leadership and Management

4. **Knowledgeable health workers** who expertly deliver newborn care — QOC 7
5. **Functional frontline teams** who use QI to reliably apply key processes to every mother and newborn infant, — QOC 1

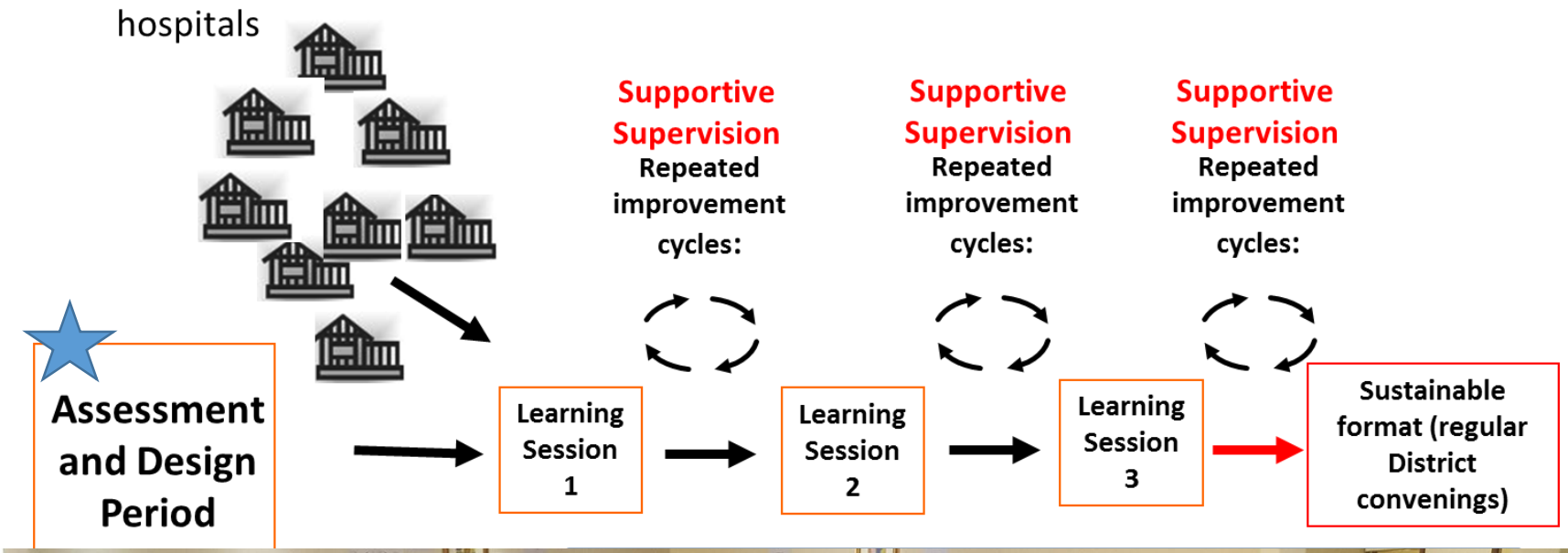
Front Line Providers

6. **Engaged, knowledgeable mothers and communities** that can advocate for effective and respectful care and treat mothers with respect and dignity. — QOC 4,5,6

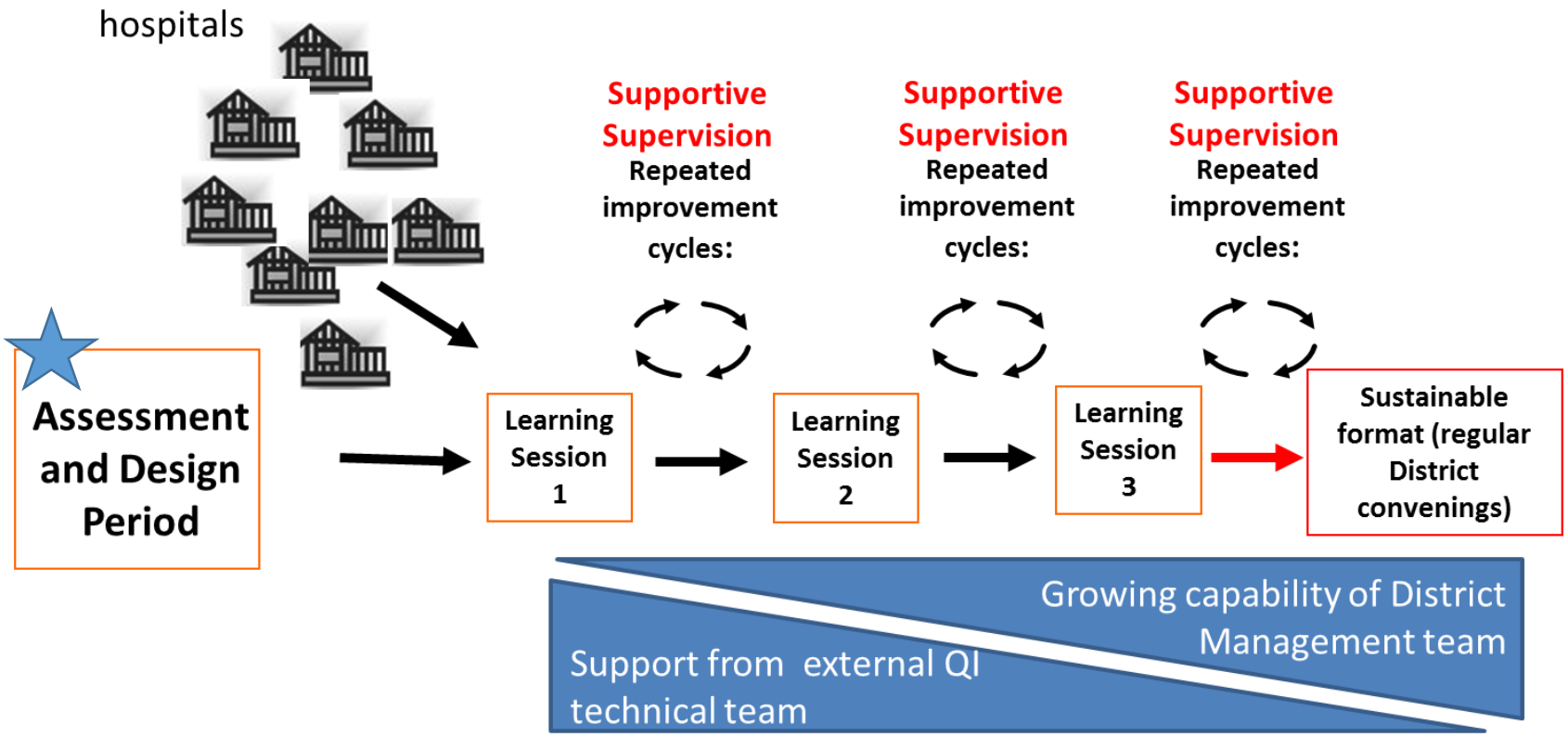
Patients, Families and Communities

WE SUPPORT EVERY WOMAN EVERY CHILD

Learning and Implementation Strategy



Learning and Implementation Strategy



District/Hospital QI teams	MaiKhanda Malawian NGO (QI support, Data support)	Kamuzu College of Nursing, Lilongwe (clinical training)	IHI (design, remote coaching to MK, analysis), capability building

Quality, Equity, Dignity
A Network for Improving Quality of Care for Maternal, Newborn and Child Health

Measurement Strategy

Data Sources

- Registers
- Patient files (sampling)
- Partograph review (sampling)
- Death audits
- Pharmacy stock reports

Data Collection and reporting by facility teams (supported by NGO)

- Inputs
- Processes along the continuum
- Outcomes:
  - ★ maternal deaths,
  - ★ newborn deaths (by weight)
  - ★ Stillbirths (macerated, fresh)

Admission:
Assess fetal size
Screen and manage risk factors e.g. infection, eclampsia

→

Intrapartum:
Monitor with Partograph
Act if baby or mother at risk

→

Early Postpartum:
AMSTL
Clean birth
HBB
Skin to skin
★ Early breastfeeding

→

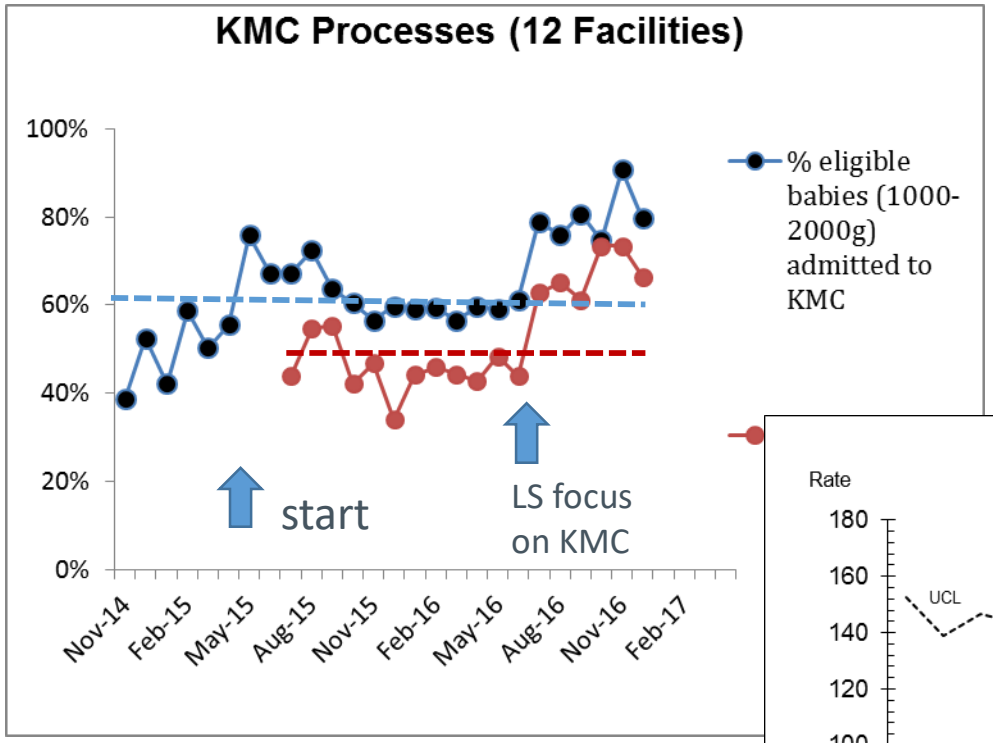
Late Postpartum:
Kangaroo Mother Care (KMC)
Manage Infection (mother/baby)

★ Indicator on HMIS

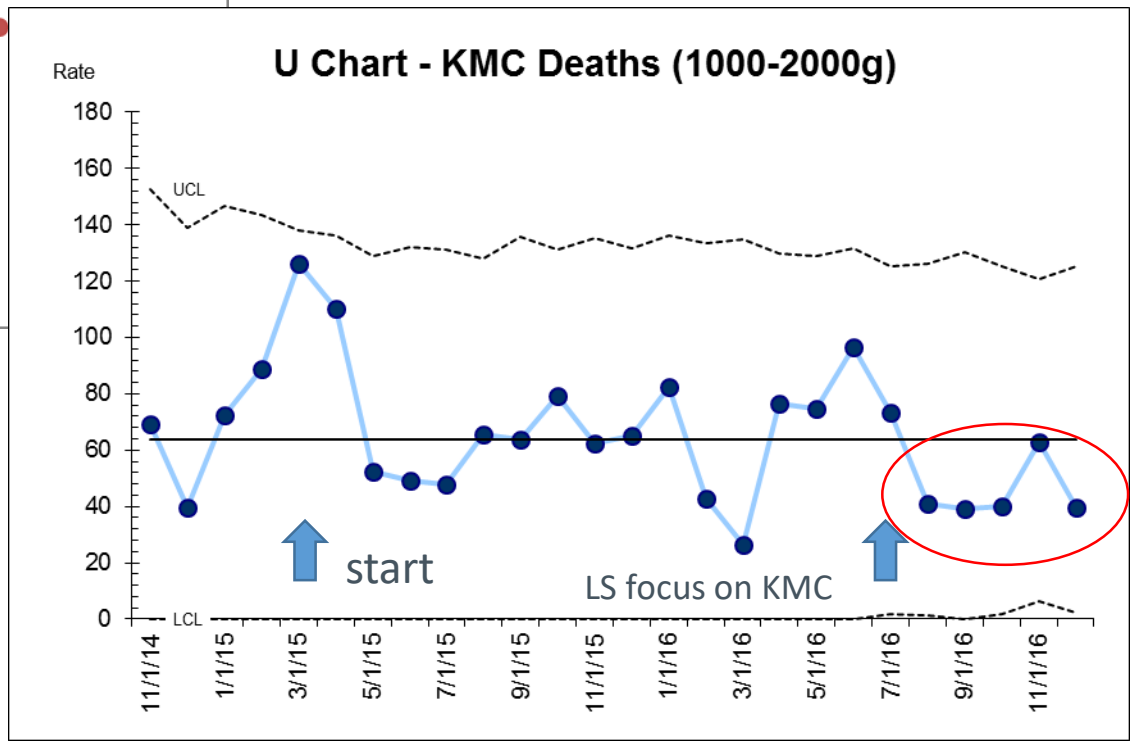
A system perfectly designed to cause newborn hypothermia

Moving from Nursery care to KMC

KMC Performance: Processes and Outcomes



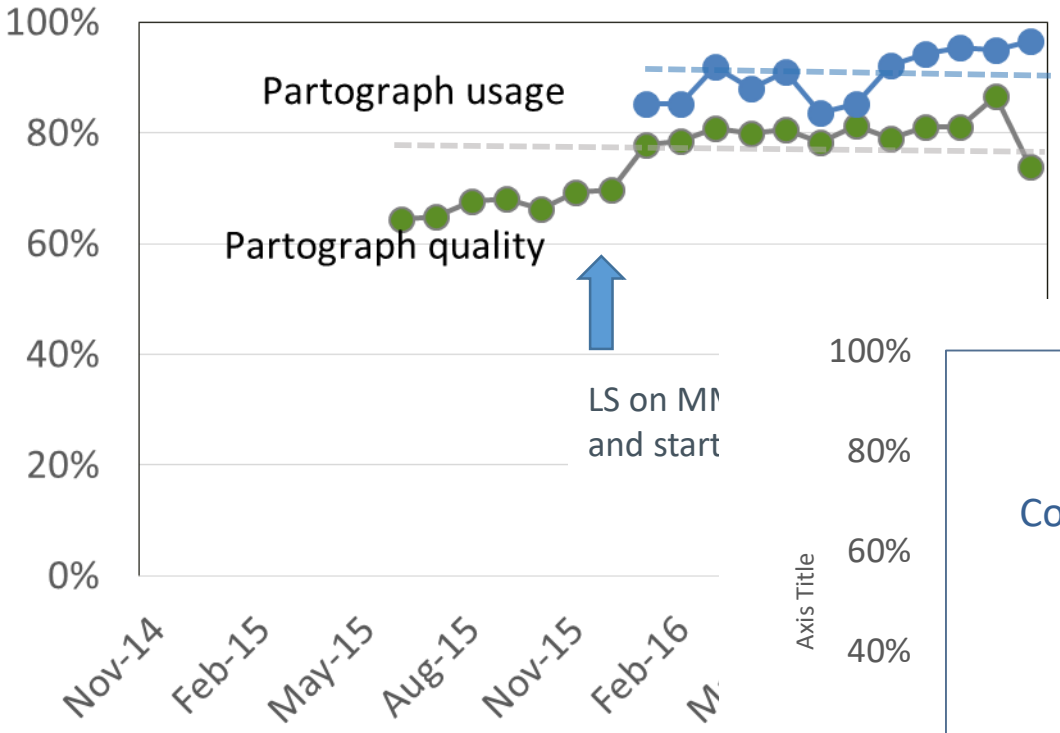
"Run chart"

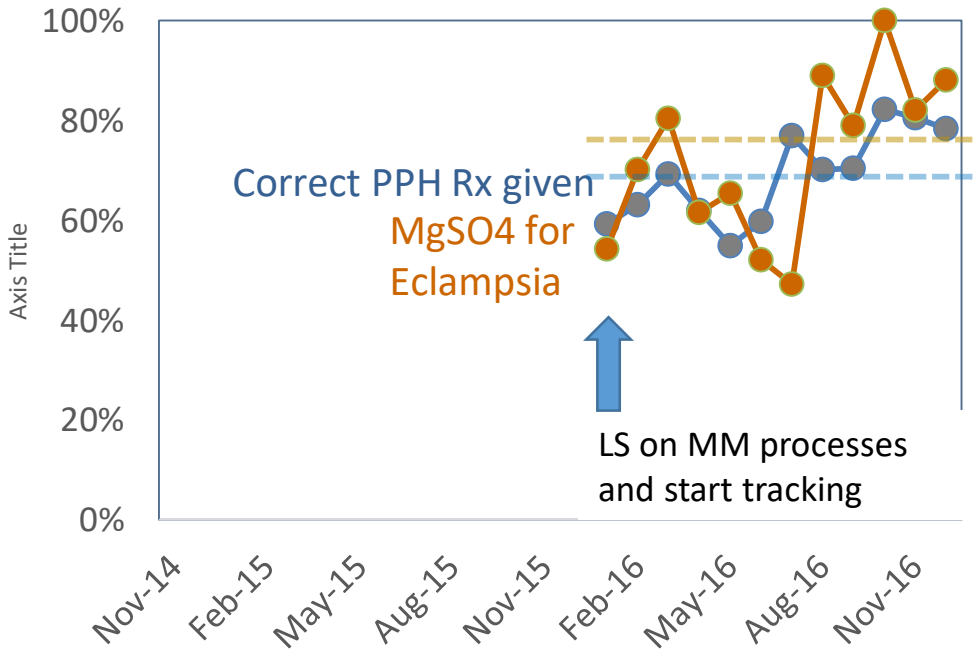


"SPC chart"

Maternal Mortality: Care Process to Avert Maternal Mortality

13 Hospitals, 150,000 deliveries over 2 years

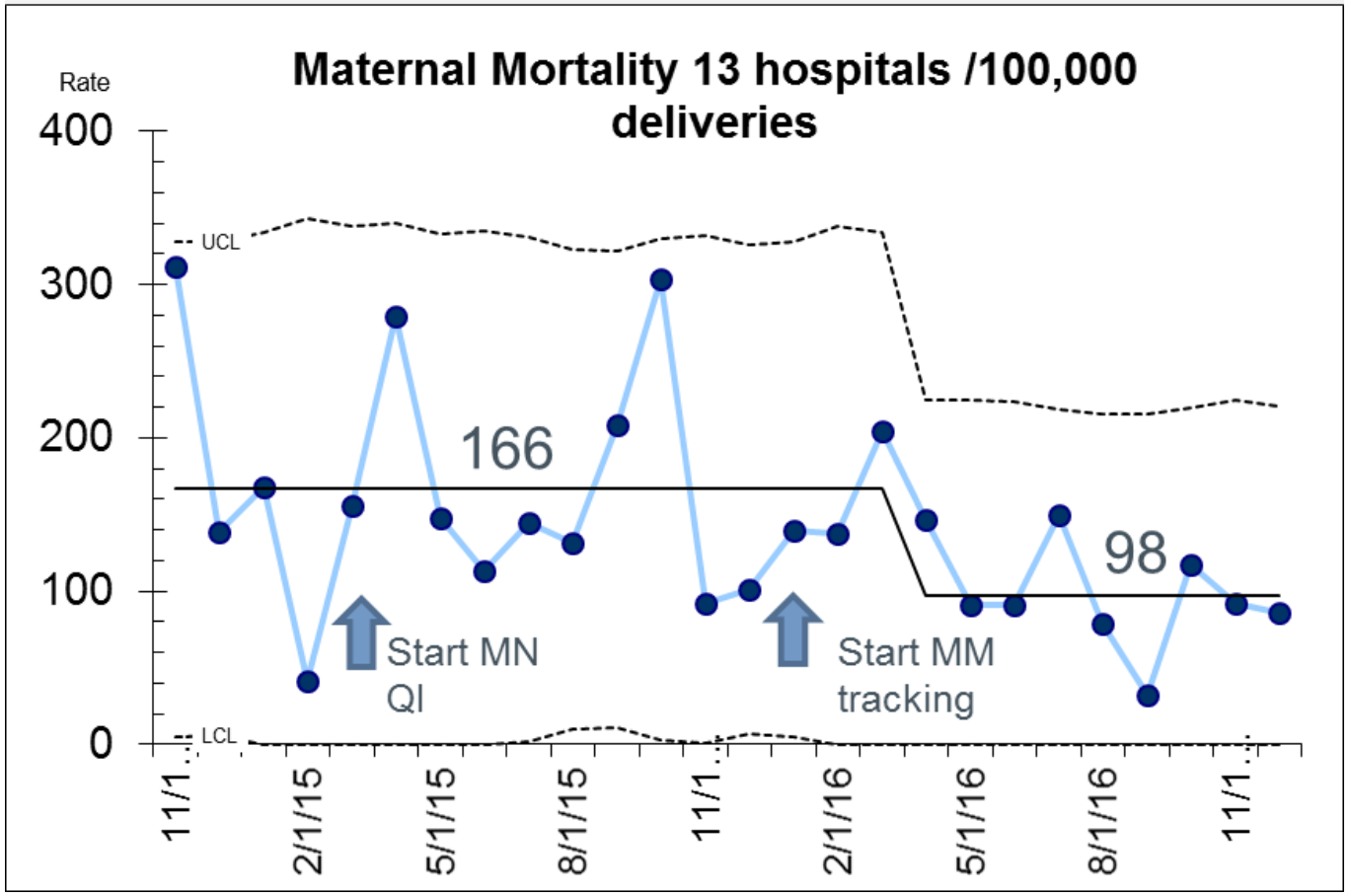




Maternal Mortality Outcomes

13 Hospitals, 150,000 deliveries over 2 years

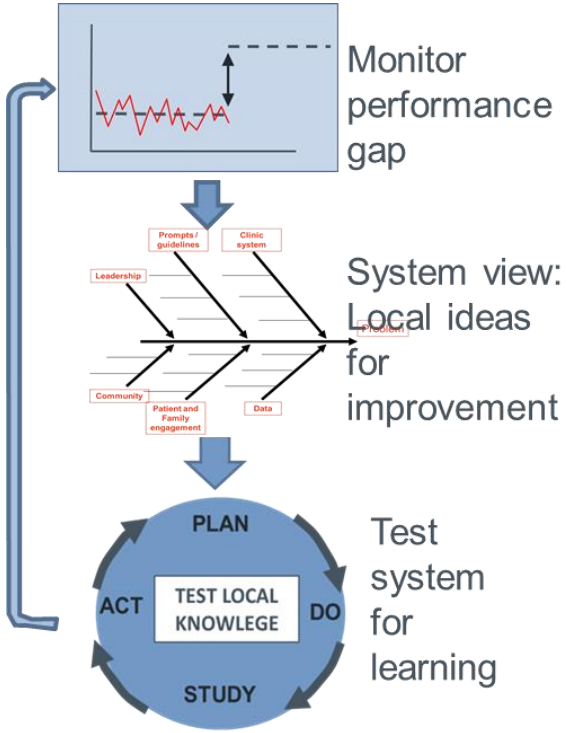
41% drop in maternal mortality across 13 hospitals in 2 years



Quality, Equity, Dignity
A Network for Improving Quality of Care for Maternal, Newborn and Child Health

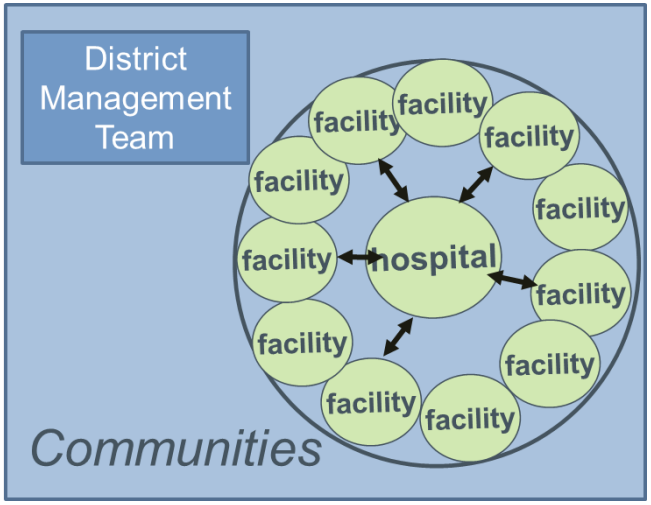
3 Levels of Implementation and Scale-up: Facility, District, National

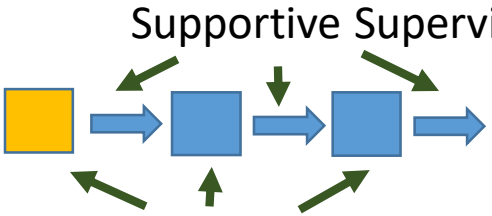
Facility-based learning and Implementation



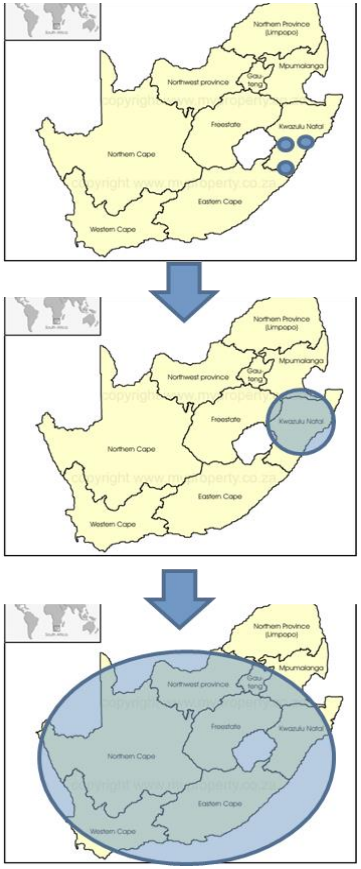
WE SUPPORT EVERY WOMAN EVERY CHILD

District-led learning: Connecting the Facilities and Communities



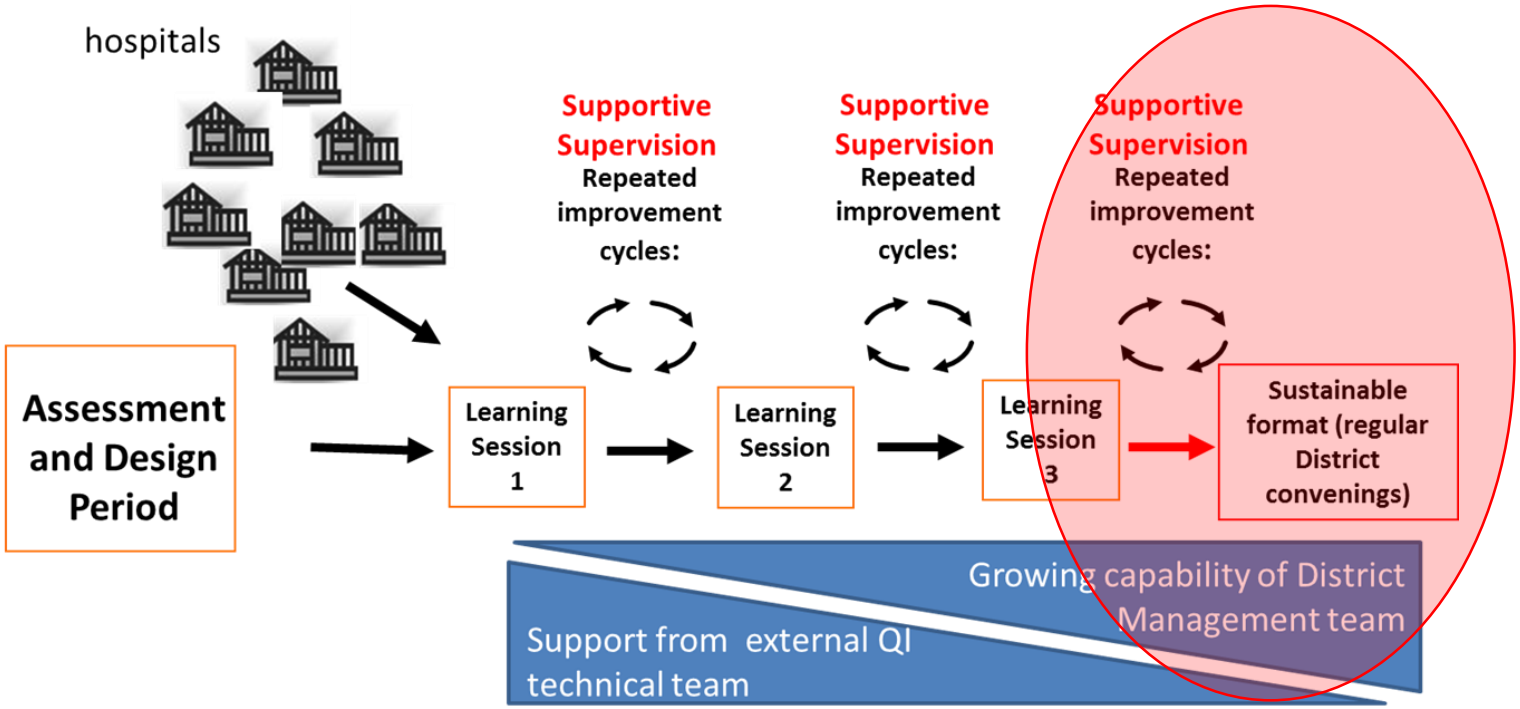


National Scale up: incorporates learning from facilities and Districts



Where Next?

Where Next?



- More time needed to see decrease in newborn mortality and SB
- Move from QI to Quality Control
- Embed data collection/reporting systems into facility and district – link to HMIS
- District Leadership to expand Quality Management at hospitals and to all facilities in District
- Address resource barriers