

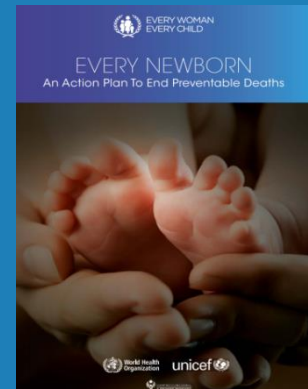
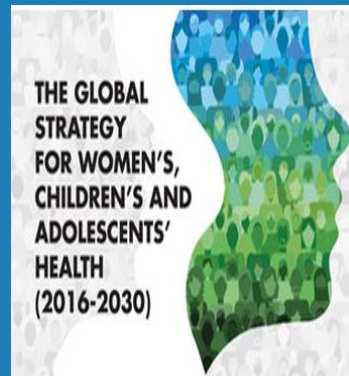
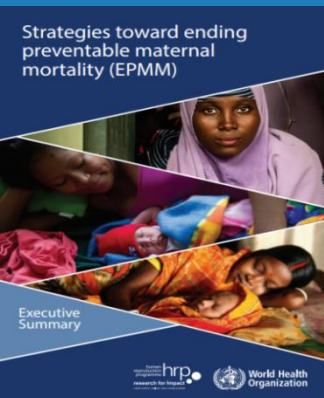


Quality, Equity, Dignity

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

Maternal and Newborn Standards of Care Around Childbirth

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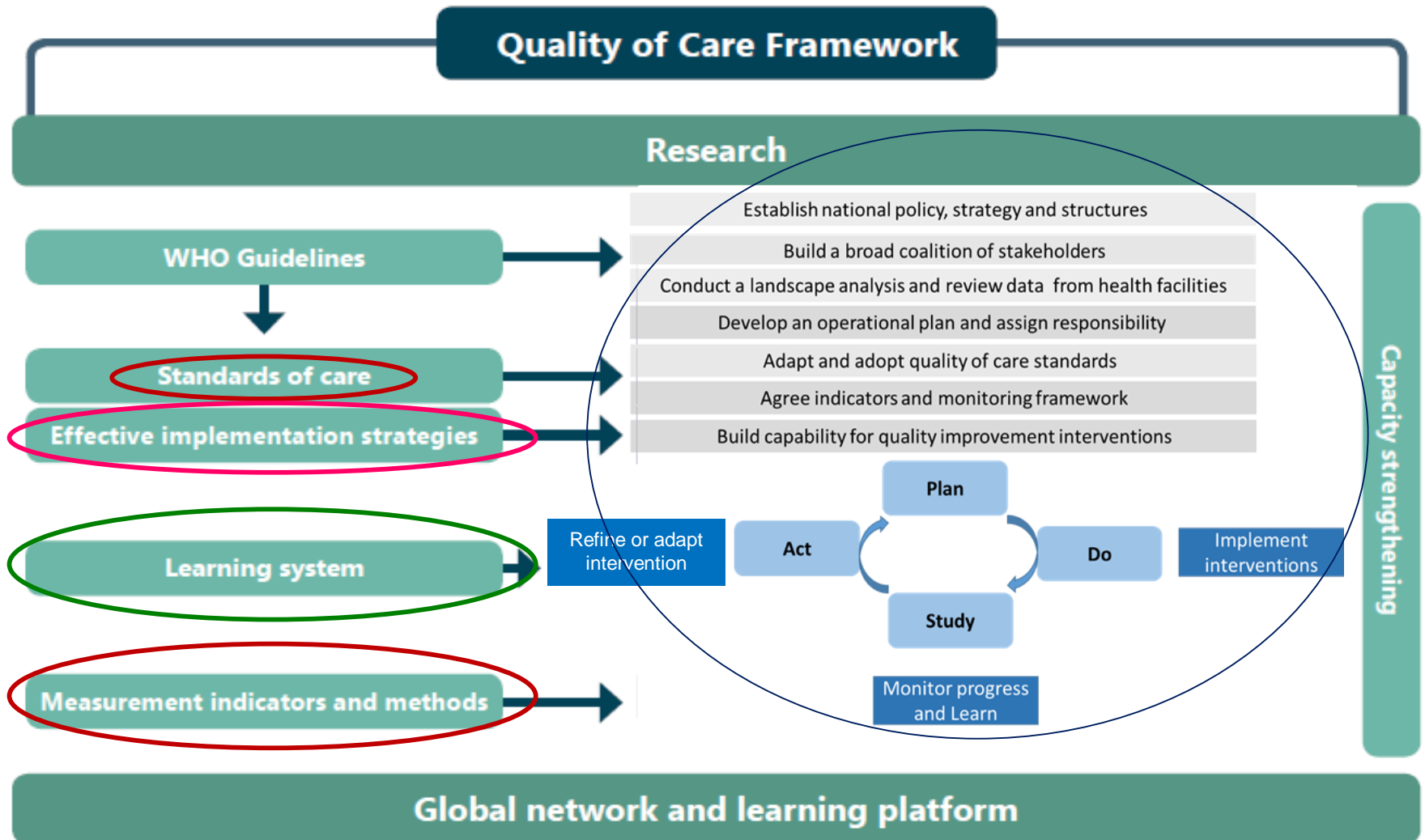


Outline

- Background
- Taxonomy, structure and definitions
- Standards of care and quality statements



Strategic work areas

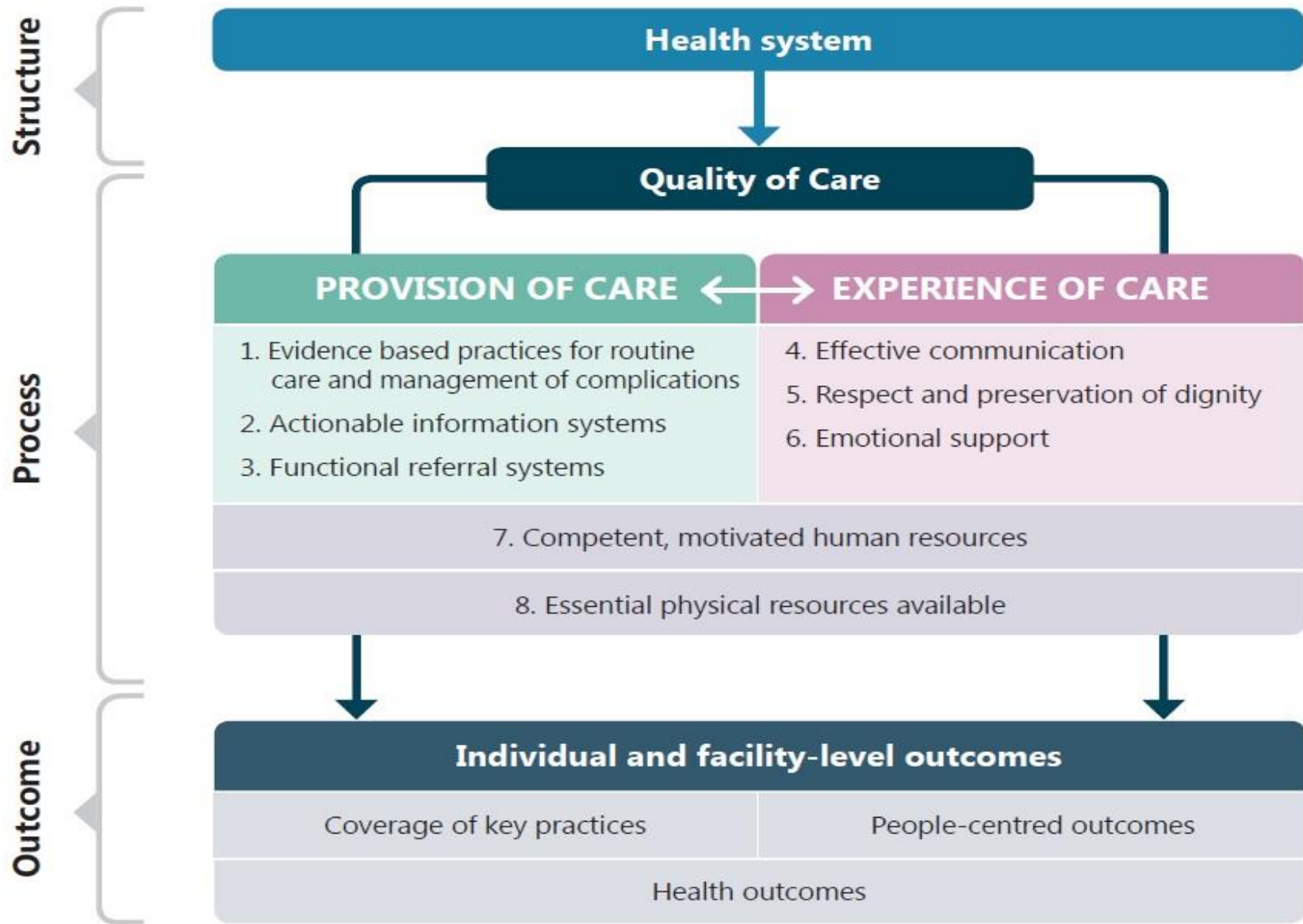


Scope

- Cover labour, childbirth and early postnatal period.
- Specific focus on priority areas identified:
 - **Routine childbirth care** including labour monitoring and action and routine newborn care at birth and during the first week
 - **Management of complications** related to or during childbirth
- Woman, newborn and family centred
- Applicable to all health facilities offering maternity services



Alignment with 8 Domains of maternal and newborn QoC Framework



Development of standards and quality measures

● Standards of care:

- Evidence retrieval and synthesis
- Expert review and consensus-building (June 2015)
 - Standards of care and quality statements finalized
 - Criteria for developing quality measures agreed

● Quality measures:

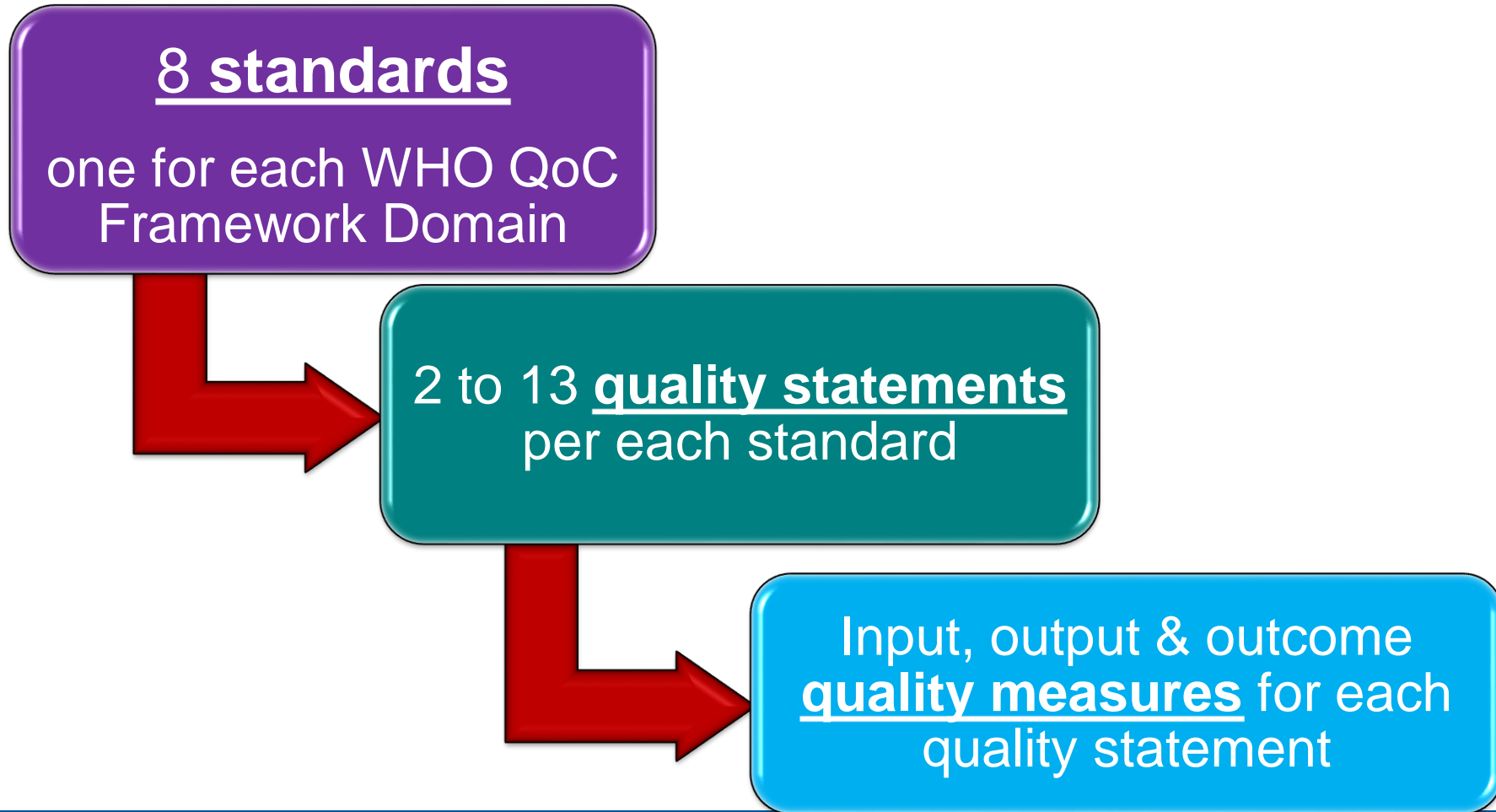
- Drafting of the quality measures (May – October 2015)
- Consensus-building:
 - October 2015, 1st Delphi to develop & build consensus on the measures
 - December 2015, 2nd Delphi to rank measures based on the agreed criteria

● Publication of the standards of care (August 2016)



Structure & Definitions

Structure



Definitions

- In this context a **Standard** is:

"A description of what is expected to be provided to achieve high quality care around the time of childbirth".

- A **standard statement** per each of the 8 domains of QoC framework.
- Two or more prioritized **quality statements** per each standard statement.
- Several criteria or **quality measures** (input, output/process and outcomes).



Definitions...

- **Quality Statement** is defined as:

Concise prioritized statement designed to drive measurable quality improvements in the care around childbirth. (*adapted from NICE quality standards*)

- Defines priority areas for quality improvement
- Describes the markers of quality based on the evidence as relates to the prioritized thematic area and resources required.
- Is achievable and measurable.



Definitions...

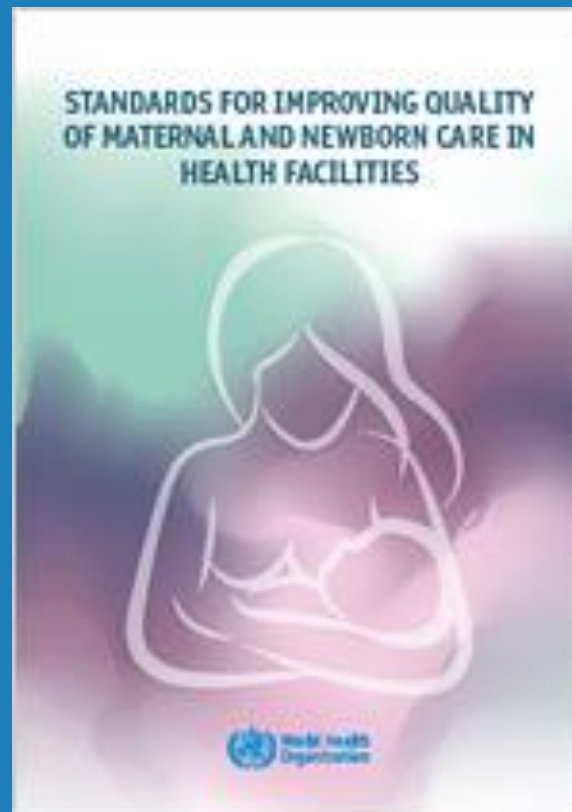
- **Quality measures** are defined as:

"Criteria that can be used to assess, measure and monitor quality of care".

- Composed of three types of measures:-
 - **Input** – what needs to be in place for desired care to be provided? (e.g. physical resources, human resources, policies, guidelines...)
 - **Output/Process** - was the desired care provided?
 - **Outcome** – what was the effect of provision of care on health and people-centred outcomes?



Eight Standards of Care



Standards 1-3

(Provision of Care)

1- Evidence based practices for routine care and management of complications

2- Actionable information systems

3- Functional referral systems

1. Every woman and newborn receives routine, evidence-based care and management of complications during labour, childbirth and the early postnatal period, according to WHO guidelines.
2. The health information system enables use of data to ensure early, appropriate action to improve the care of every woman and newborn.
3. Every woman and newborn with condition(s) that cannot be dealt with effectively with the available resources is appropriately referred.



Standards 4-6

(Experience of Care)

4- Effective communication

5- Respect preservation of dignity

6- Emotional support

4. Communication with women and their families is effective and responds to their needs and preferences.
5. Women and newborns receive care with respect and preservation of their dignity.
6. Every woman and her family are provided with emotional support that is sensitive to their needs and strengthens the woman's capability.



Standards 7-8 (Cross cutting)

7- Competent, motivated human resources

8- Essential physical resources available

7. For every woman and newborn, competent, motivated staff are consistently available to provide routine care and manage complications.
8. The health facility has an appropriate physical environment, with adequate water, sanitation and energy supplies, medicines, supplies and equipment for routine maternal and newborn care and management of complications.



Quality Statements

(A total of 31 quality statements based of prioritized areas for each standard)

Full list is available in your meeting folders



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Standard 1:

1- Evidence based practices for routine care and management of complications

Every woman and newborn receives routine, evidence-based care and management of complications during labour, childbirth and the early postnatal period, according to WHO guidelines.

Quality statement 1.1a: Women are routinely assessed on admission, during labour and childbirth and are provided with timely and appropriate care according to WHO guidelines.

Quality statement 1.1b: Newborns receive routine care immediately after birth.

Quality statement 1.1c: Mothers and newborns receive routine postnatal care.



Priority areas for Standard 1

- **Routine childbirth care** including **labour monitoring and action** and **routine newborn care at birth** and **during the first week**;
- Management of **pre-eclampsia, eclampsia and its complications**;
- Management of **postpartum haemorrhage**;
- Management of **difficult labour** by enabling safe and appropriate use of medical technologies during childbirth;
- **Newborn resuscitation**;
- Management of **preterm labour, birth** and **appropriate care for preterm and small babies**;
- Management of **maternal and newborn infections**.



Standard 2:

2- Actionable information systems

The health information system enables use of data to ensure early, appropriate action to improve the care of every woman and newborn.

Quality statement 2.1: Every woman and newborn has a complete and accurate standardized medical record during labour, childbirth and early postnatal period.

Quality statement 2.2: Every health facility has a mechanism in place for data collection, analysis and feedback, as part of its monitoring and performance improvement activities around the time of childbirth.



Standard 3:

3- Functional referral systems

Every woman and newborn with condition(s) that cannot be dealt with effectively with the available resources is appropriately referred.

Quality statement 3.1: Every woman and newborn is appropriately assessed on admission and during labour and the early postnatal period, to identify the need for referral, and the decision to refer is made without delay.

Quality statement 3.2: For every woman and newborn needing referral, the referral follows a pre-established plan that can be implemented without delay at any time.

Quality statement 3.3: For every woman and newborn referred within or between health facilities, there is appropriate information exchange and feedback to health-care staff.



Standard 4:

4- Effective communication

Communication with women and their families is effective and responds to their needs and preferences.

Quality statement 4.1: All women and their families receive information about their care and experience effective interactions with staff.

Quality statement 4.2: All women and their families experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.



Standard 5:

5- Respect and preservation of dignity

Women and newborns receive care with respect and preservation of their dignity

Quality statement 5.1: All women and newborns have privacy around the time of labour and childbirth, and their confidentiality is respected.

Quality statement 5.2: No woman or newborn is subjected to mistreatment such as physical, sexual or verbal abuse, discrimination, neglect, detainment, extortion or denial of services.

Quality statement 5.3: All women have informed choices in the services they receive, and the reasons for intervention or outcomes are clearly explained.



Standard 6:

6- Emotional support

Every woman and her family are provided with emotional support that is sensitive to their needs and strengthens the woman's capability.

Quality statement 6.1: Every woman is offered the option to experience labour and childbirth with a companion of her choice.

Quality statement 6.2: Every woman receives support that strengthens her own capabilities during childbirth.



Standard 7:

7- Competent, motivated human resources

For every woman and newborn, competent, motivated staff are consistently available to provide routine care and manage complications.

Quality statement 7.1: Every woman and child has access at all times to at least one skilled birth attendant and support staff for routine care and management of complications.

Quality statement 7.2: The skilled birth attendants and support staff have appropriate competencies and skills mix to meet needs during labour, childbirth and the early postnatal period.

Quality statement 7.3: Every health facility has managerial and clinical leadership that is collectively responsible for creating and implementing appropriate policies and fosters an environment that supports facility staff to undertake continuous quality improvement.



Standard 8:

The health facility has an appropriate physical environment, with adequate water, sanitation and energy supplies, medicines, supplies and equipment for routine maternal and newborn care and management of complications.

Quality statement 8.1: Water, energy, sanitation, hand-washing and waste-disposal facilities are functional, reliable, safe and sufficient to meet the needs of staff, women and their familiesd.

Quality statement 8.2: Labour, childbirth and postnatal areas are designed, organized and maintained so that every woman and newborn can be cared for, according to their needs, in privacy, facilitating continuity of care.

Quality statement 8.3: An adequate stock of medicines, supplies and equipment is available for routine care and management of complications.



Use and Implementation of the Standards

How should the standards be used?

- To prepare evidence-based national standards of care around time of childbirth;
- To introduce and benchmark the expected standards of care and what is required to ensure high-quality service;
- To ensure availability and provision necessary resources to achieve optimal health care outcomes;
- To track and monitor quality improvements in maternal and newborn care and highlight areas for improvement; and
- To provide a benchmark for health facility audits, assessments, accreditation and rewards for performance.





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Thank you