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Maternal and Child Survival Program

Improving a Minimum Package of Services for Mothers and Newborns on the Day of Birth in Tanzania:

Challenges and Opportunities

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Background

MAISHA Program: 5.5 year (2008-2014), USAID-funded program led by Jhpiego, implemented in collaboration with Tanzania's Ministry of Health and Social Welfare to reduce Maternal and Newborn deaths

Why do Tanzanian Women and Newborns Die?

Top 3 causes of death:

	Maternal	**Newborn**
1	Hemorrhage	Preterm birth complications
2	Hypertensive Disorders	Intrapartum related events
3	Abortion Complications	Sepsis
Annual	**7,431 deaths**	**40,000 deaths**

Improving quality of care on the day of birth can reduce maternal and newborn mortality

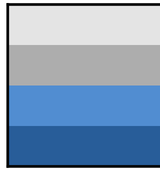
What was MAISHA Designed to Do?

To address the leading causes of maternal and newborn mortality

Jhpiego/Kate Holt

MAISHA – Scope

Year 1
Year 2
Year 3
Year 4



- National scale reached in Sept. 2012
- > 250 health facilities supported
- Mainland Tz: 230 districts in 25 regions
- Zanzibar: 7 districts in 5 regions

Program approach and strategies

- Improve the policy environment for MNH.
- Strengthen the technical skills of providers.
- Provide the tools to do their jobs effectively.
- Institutionalize quality improvement in facilities.

Better Care on the Day of Birth

PRIORITY AREA: DAY OF BIRTH

Core Package

Use of partograph
Administration of Uterotonic
Newborn resuscitation
Essential newborn care
PPFP

Assessment and management for complications

PMTCT

Fluids and soft meals

Alternative birth position

Safe and clean delivery

Immediate postpartum care

Administer BCG

Nutrition messages

Pre-discharge PNC counseling

Assessment of Key Interventions on the Day of Birth

QoC Study on Maternal and Neonatal Health Services

- Quality of BEmONC services assessed in joint MOHSW / MAISHA assessments in 2010 and 2012
- 52 health facilities in Tanzania assessed, including 12 regional hospitals and 40 health centres/ dispensaries
- In 2010, n=489 deliveries observed; in 2012, n=555

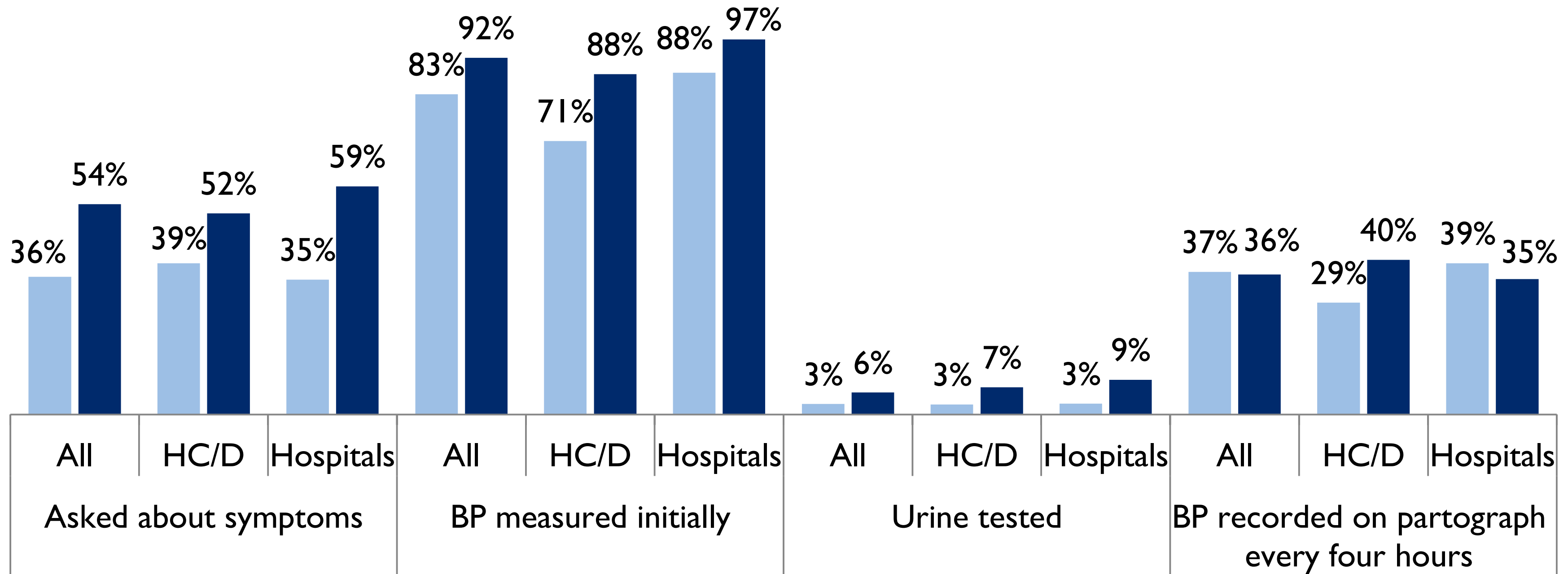
Availability of Uterotonics on the Day of the Visit

Uterotonic	2010				2012			
	Hospitals		Health centers		Hospitals		Health centers	
	N	%	N	%	N	%	N	%
Oxytocin	11	92	**20**	**53**	12	100	**33**	**87**
Ergometrine	4	33	25	66	6	50	9	23
Misoprostol	5	42	12	32	6	50	7	18

Immediate Essential Newborn Care in 2010 and 2012

	Regional hospitals		Health Centers/dispensaries		All Facilities	
	2010	2012	2010	2012	2010	2012
Immediately places newborn on the mother's abdomen	43%	76%	37%	77%	42%	77%
Immediately dries baby with towel	94%	95%	84%	97%	91%	95%
Discards wet towel and covers with dry towel	94%	96%	85%	97%	93%	93%
Cuts cord with clean blade	100%	100%	100%	100%	100%	100%
Helps initiate breastfeeding within one hour	40%	83%	55%	87%	44%	86%

Performance of PE/E Screening on Admission in Labor and Delivery, 2010 and 2012



HC/D = health centres and dispensaries

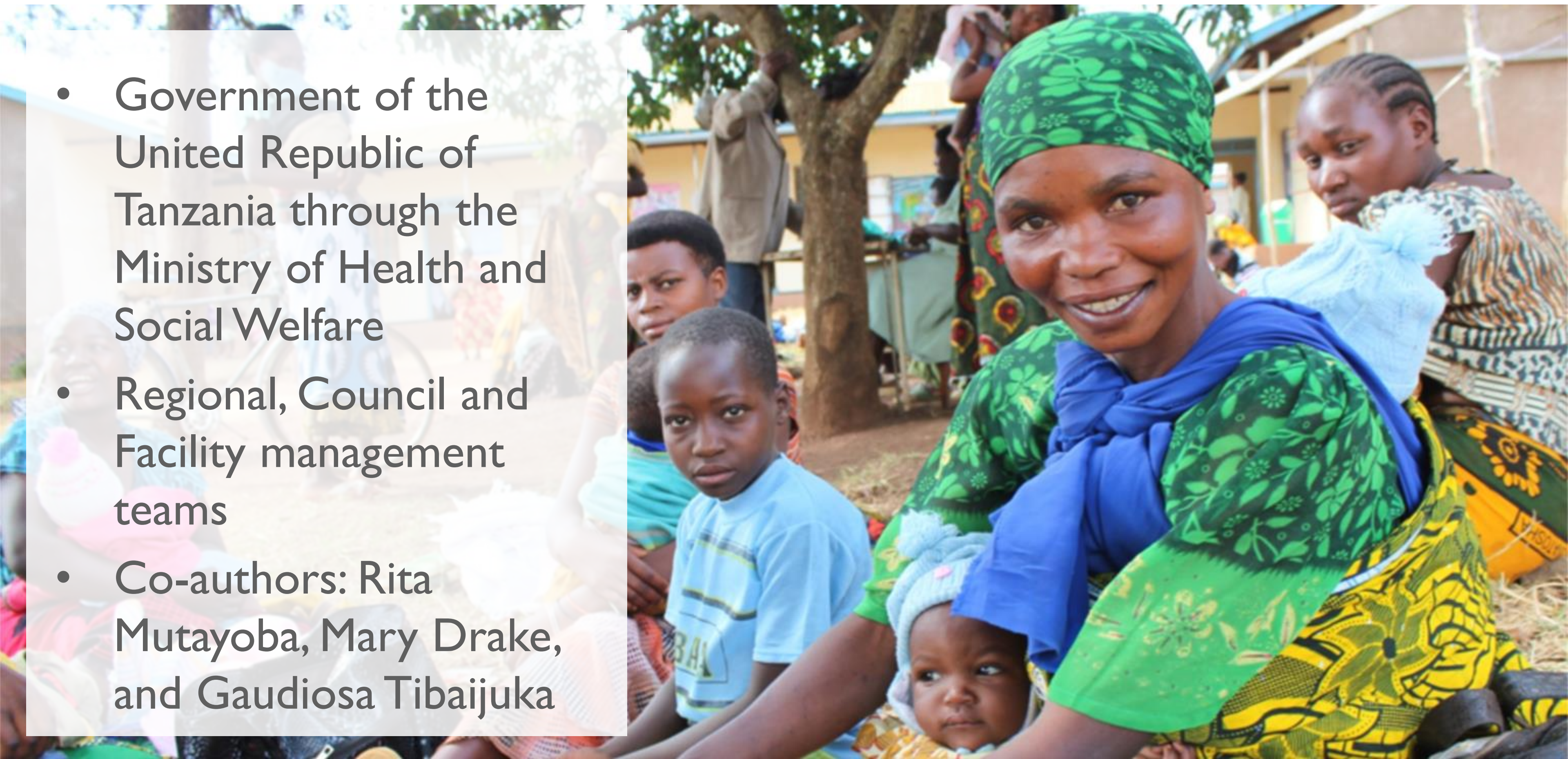
Conclusion & Recommendations

- Opportunities exist to promote QoC on the DoB:
  - Same providers for maternal and newborn care
  - Appropriate care protocols
  - Institutionalized QI approaches
  - Clinical mentoring and clinical governance

Conclusion & Recommendations

- Some challenges still need to be addressed:
  - Poor quality of routine data
  - Stock-out of commodities and supplies
  - Poor competencies of fresh providers
  - Poor and/or inadequate infrastructure
  - Changing providers' attitudes

Acknowledgments



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- Co-authors: Rita Mutayoba, Mary Drake, and Gaudiosa Tibaijuka

For more information, please visit

www.mcsprogram.org

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