

2015

# STANDARDS AND QUALITY STATEMENTS FOR FACILITY BASED MATERNAL AND NEWBORN CARE AROUND THE TIME OF CHILD-BIRTH

Background summary for the Delphi participants



**World Health  
Organization**



## **Abbreviations**

FHR fetal heart rate

ICD International Classification of Diseases

IM intramuscular

IV intravenous

KMC kangaroo mother care

PPH postpartum haemorrhage

WHO World Health Organization

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## 1.0 Background

Progress has been made towards Millennium Development Goals 4 and 5 but despite this there are still unacceptably high numbers of maternal and newborn deaths globally. To reduce adverse outcomes for mothers and newborns, efforts over the past decade have been directed at increasing skilled birth attendance and have resulted in trends towards higher rates of health facility deliveries in all regions. The proportion of deliveries attended by skilled health personnel in developing regions rose from 56% in 1990 to 68% in 2012. With increasing utilization of health services, a higher proportion of avoidable maternal and perinatal mortality and morbidity is occurring in facilities. In this context, the poor quality of care in facilities becomes an important barrier in ending preventable mortality and morbidity.

The quality of care for mother and baby around the time of birth provided in health facilities reflects the selection of health care interventions offered, the available physical infrastructure, human resources, knowledge, skills and capacity to deal with pregnancy and childbirth -- normal physiological, social and cultural processes, but prone to complications that may require prompt life-saving interventions. Research shows that it is necessary to go beyond maximizing coverage of essential interventions to accelerate reductions in maternal mortality and severe morbidity. Additionally evidence illustrates the complex interplay of experiences of mistreatment or support impacting women's childbirth experiences and outcomes

The WHO quality of care vision sees a future where "Every mother and newborn receives quality care throughout pregnancy, childbirth and postnatal period". This vision is in alignment with two complementary global action agendas conceptualized by WHO and partners in 2013-14 - "Strategies toward Ending Preventable Maternal Mortality (EPMM)" and "Every Newborn Action Plan (ENAP)". It is articulated at a critical time when the global community is developing the new Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) for the post-2015 Sustainable Development Goal era.

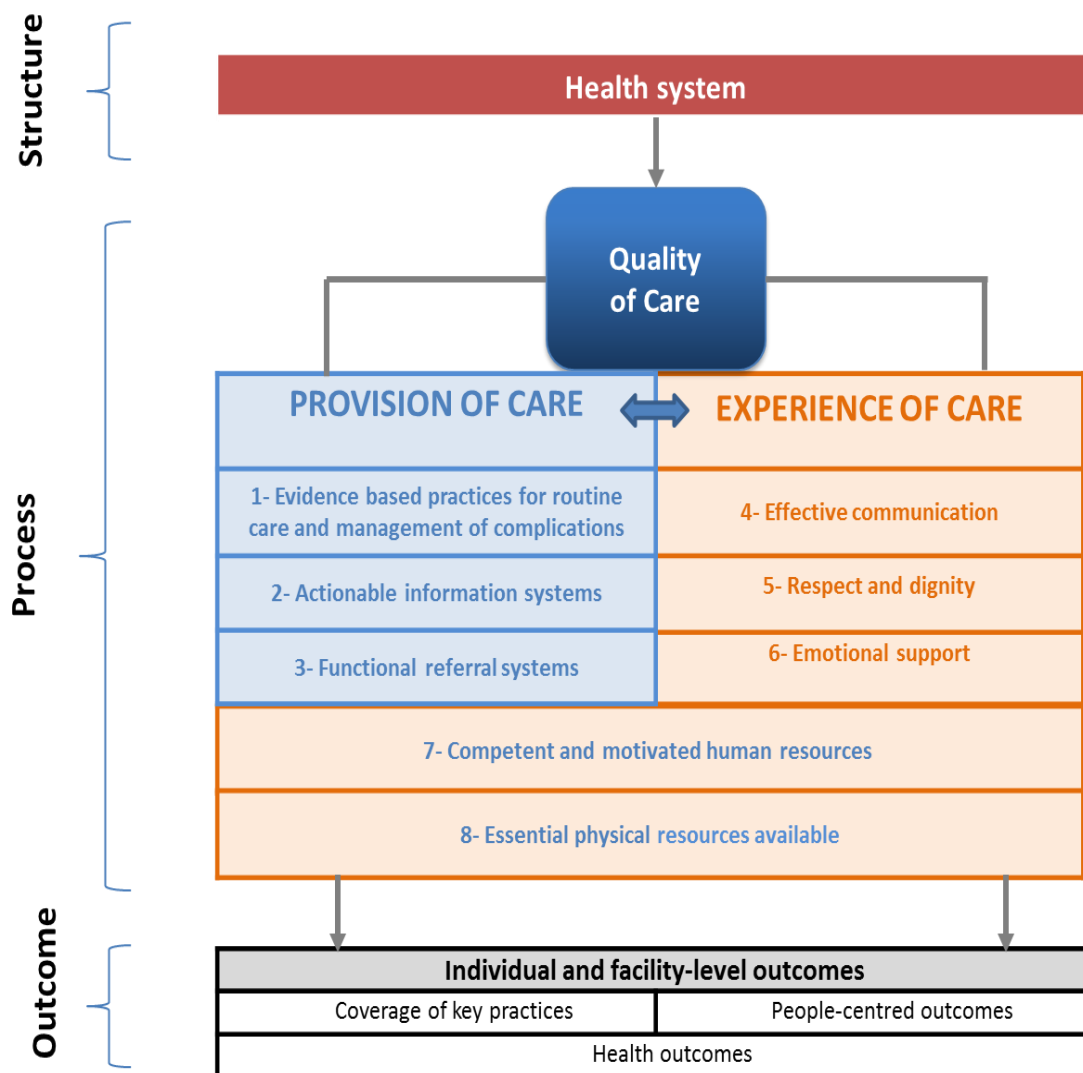
Critical periods for saving maternal and newborn lives and preventing stillbirths have been identified and evidence based interventions exist to improve maternal, fetal and neonatal survival. With this knowledge the WHO Vision has selected priority thematic areas:

- 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.

### 1.1. WHO Framework for Maternal and Newborn Quality of care

A WHO framework has been developed to realize this vision with 8 domains of quality of care that encompasses both provision of care and experience of care dimensions which operate within the context of the health system (Figure 1).

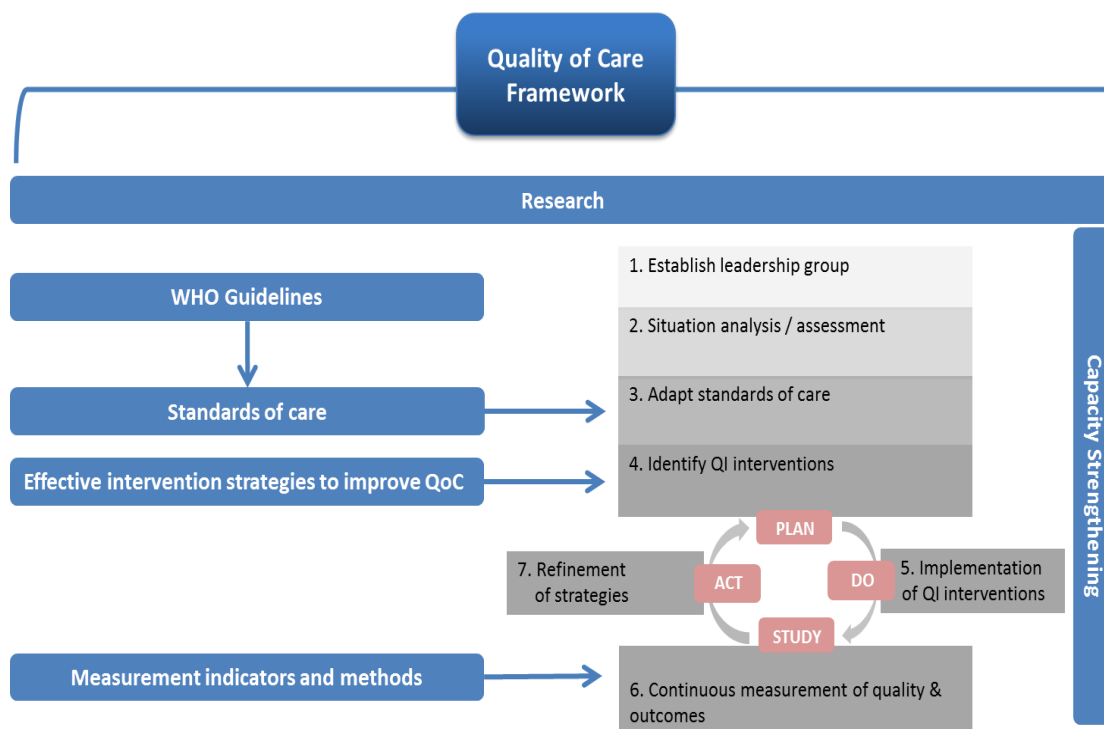
Figure 1: Quality of Care Framework for Maternal and Newborn Health



## 1.2. Strategic Work Areas

Informed by the quality of care framework, WHO has identified 6 strategic work areas: 1) research, 2) guideline development, 3) standards of care, 4) identification of effective intervention strategies for quality improvement, 5) development of monitoring indicators at global, national and facility levels, and 6) capacity strengthening for quality improvement research, measurement and programming. (Figure 2).

**Figure 2. Strategic Work Areas to Support Maternal and Newborn Quality of Care Improvement**



## 1.3. Standards of care:

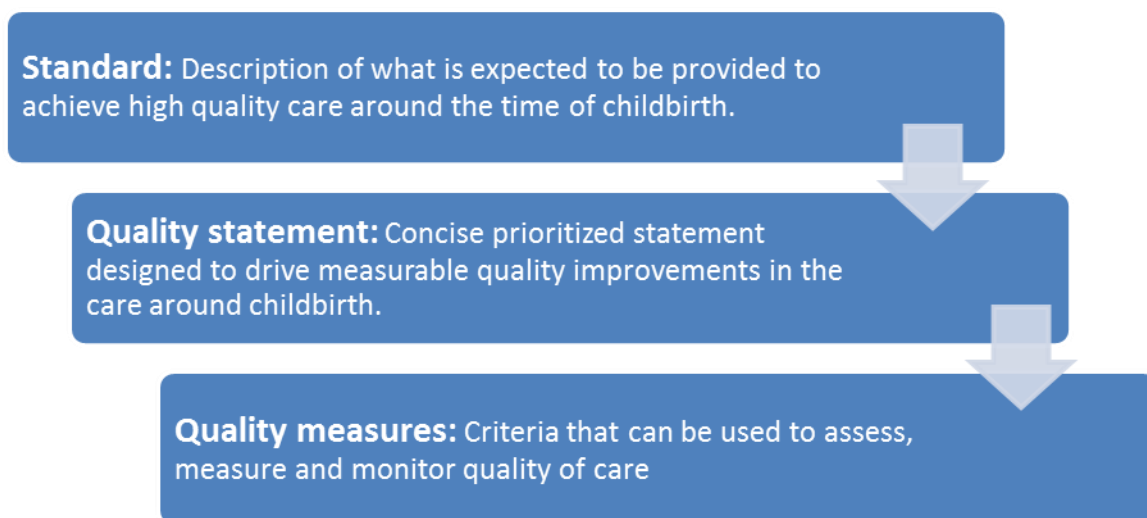
An important component of this work was developing standards of care for the critical intrapartum and immediate postpartum period where a large proportion of maternal and newborn deaths and stillbirths occur, as well as for management of small and sick babies. These standards are based on existing evidence from WHO guidelines and recommendations. They will form the basis of standard operating procedures for service delivery in low and middle income countries to achieve best practices. To align with the WHO normative function a rigorous approach to developing standards has been followed by reviewing and analysing existing published and grey literature based on which a structure for WHO standards of care for mothers and newborns had been adopted.

The standards will address all the 8 domains of the WHO quality of care framework. Each quality of care domain has one standard with a few quality statements, and each quality statement will have quality measures which will include input, output & outcome measures. The development process of these quality measures was through a systematic process and refinement of the indicators was done through field testing. These quality measures provide indicators for assessment and measuring maternal and newborn quality of care, and will be used for global, national and facility-level monitoring.

### 1.3.1. Structure and definitions:

A literature search and review process was undertaken to develop a "definition" and the "structure" of the standards of care. A wide range of publications and websites of key national or international agencies involved in quality of care improvement or accreditation.

There was no consistent definition or structure of standards. Non-health related standards were mainly statements that provided guidance to ensure consistency in processes and products. However, health related standards were mainly from high income settings, and primarily for accreditation and few were for quality improvement. Most had broad statements describing what needs to be in place with criteria to meet the standard. The standards for accreditation were more comprehensive covering a wide range of areas while those for quality improvement were prioritized to focus on areas where there were recognised quality and safety gaps that required improvement. Although many recommended the need for measurement criteria, few actually provided the measurements.



Based on these findings, a structure of the **standards of care** was agreed to reflect the key elements to describe what is expected, which areas that will drive measurable quality improvement and how they will be measured. The structure and definitions were adapted from Nice quality standards.

These standards cover what is expected to be provided to achieve high quality care.

Each of the 8 domains of the QoC framework has a standard describing what is expected to be provided to achieve quality of care around the time of child birth at the health facility. Each standard has two or more concise prioritized quality statement(s); and each quality statement will have quality measures for the inputs, process and where appropriate outcomes (see below).

### 1.3.2. Standards

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#### One standard per domain of the quality of care framework

**Standard 1:** Every woman and newborn receives evidence-based routine care and management of complications during labour, childbirth and the early postnatal period, according to World Health Organization (WHO) guidelines.

**Standard 2:** The health information system enables the use of data for early and appropriate action to improve care for every woman and newborn.

**Standard 3:** Every woman and newborn with condition(s) that cannot be dealt with effectively with the available resources is appropriately referred.

**Standard 4:** Communication with women and their families is effective and in response to their needs and preferences.

**Standard 5:** Women and newborns receive care with respect and dignity.

**Standard 6:** Every woman and her family are provided with emotional support that is sensitive to their needs and strengthens her own capabilities.

**Standard 7:** For every woman and newborn, competent and motivated staff is consistently available to provide routine care and manage complications.

**Standard 8:** The health facility has an appropriate physical environment with adequate utilities, medicines, supplies and equipment for routine maternal and newborn care and management of complications.

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### 1.3.3. Quality Statements:

<b>Standard 1: Every woman and newborn receives evidence-based routine care and management of complications during labour, childbirth and the early postnatal period, according to World Health Organization (WHO) guidelines.</b>
<b>Quality statement 1.1a:</b> Women are routinely assessed on admission, during labour and childbirth and are provided with timely and appropriate care.
<b>Quality statement 1.1b:</b> Newborns receive routine care immediately after birth.
<b>Quality statement 1.1c:</b> Mothers and newborns receive routine postnatal care.
<b>Quality statement 1.2:</b> Women with pre-eclampsia or eclampsia promptly receive appropriate interventions, according to WHO guidelines.
<b>Quality statement 1.3:</b> Women with postpartum haemorrhage promptly receive appropriate interventions, according to WHO guidelines
<b>Quality statement 1.4:</b> Women with delay in labour progress, or obstructed labour, receive appropriate interventions, according to WHO guidelines.
<b>Quality statement 1.5:</b> Newborns who are not breathing spontaneously receive appropriate stimulation and resuscitation with bag-and-mask within one minute after birth, according to WHO guidelines.
<b>Quality statement 1.6a:</b> Women in preterm labour receive appropriate interventions for both the woman and the baby according to WHO guidelines.
<b>Quality statement 1.6b:</b> Preterm and low-birth-weight babies receive appropriate care, according to WHO guidelines.
<b>Quality statement 1.7a:</b> Women with, or at risk of, infections during labour, childbirth and the early postnatal period promptly receive appropriate interventions, according to WHO guidelines.
<b>Quality statement 1.7b:</b> Newborns with suspected infection or risk factors for infection are promptly given antibiotic treatment, according to WHO guidelines.
<b>Quality statement 1.8:</b> All women and newborns receive care that follows universal precautions for preventing hospital-acquired infections.
<b>Quality statement 1.9:</b> No woman or newborn is subjected to unnecessary or harmful practices during labour, childbirth and the early postnatal period

**Domain 2: Actionable Information Systems**

**Standard 2: *The health information system enables the use of data for early and appropriate action to improve care for 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.

**Domain 3: Functional Referral Systems**

**Standard 3: *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.

**Domain 4: Effective Communication**

**Standard 4: *Communication with women and their families is effective and in response 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.

**Domain 5: Respect and Dignity**

**Standard 5: *Women and newborns receive care with respect and 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.

**Domain 6: Emotional Support**

**Standard 6: Every woman and her family are provided with emotional support that is sensitive to their needs and strengthens her own capabilities.**

**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.

**Domain 7: Competent and Motivated Human Resources**

**Standard 7: For every woman and newborn, competent and 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.

**Domain 8: Essential physical resources**

**Standard 8: The health facility has an appropriate physical environment with adequate utilities, 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 families.

**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.