FIGO XXII • RIO WORLD CONGRESS OF GYNECOLOGY AND OBSTETRICS

Clinical Governance and Quality of Maternal and Newborn Care in Selected Health Facilities in Nigeria

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Maternal and Child Survival Program

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Learning Objectives

By the end of this presentation, participants will be able to do the following:

1. **Identify at least three methods** used to measure improvements in maternal and newborn health (MNH) care provided by a facility
2. **Describe some gaps in health care workers'** use of routine facility data on MNH
3. **Name at least three indicators** to measure the quality of MNH care
4. **Identify key implementation strategies** that the Maternal and Child Survival Program (MCSP) took as a result of the assessment

Presentation Outline

- MNH in Nigeria
- Assessment of maternity readiness and governance structures in Kogi and Ebonyi States
- Interventions to improve the quality of childbirth care in facilities
- Key messages

MNH in Nigeria

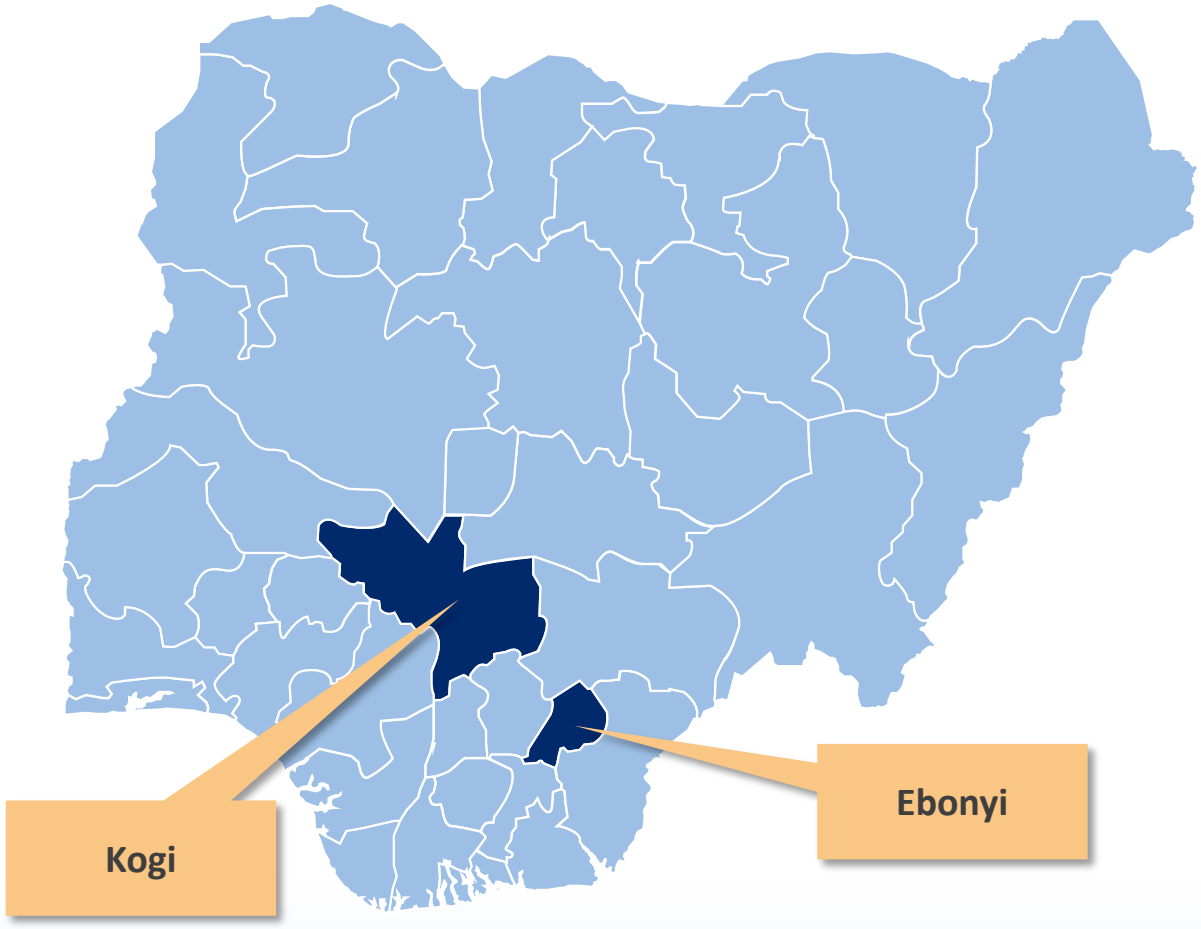
- Population: 198 million*
- Maternal mortality ratio: 560 deaths per 100,000 live births in 2015**
- Neonatal mortality rate: 37 deaths per 1,000 live births in 2015**
- Weak health system and poor clinical governance structure

Photo by Karen Kasmauski, Maternal and Child Survival Program.

* National population commission. Nigeria's current estimated population. National Population Commission website. http://population.gov.ng/. Accessed September 10, 2018.
** UNICEF. Infant, under-five and maternal mortality rates. UNICEF website. https://www.unicef.org/nigeria/factsheets_HEALTH_low.pdf. Accessed September 10, 2018.

MCSP's Program Objectives in Nigeria

- Improve quality of facility-based MNH services
- Strengthen information systems to monitor and evaluate health outcomes
- Increase use of life-saving innovations



Baseline Assessment of Maternity Readiness and Governance Structures—Methodology

In June 2015, MCSP did the following:

- Conducted mixed-methods assessment
- Adapted Service Availability and Readiness Assessment (SARA) Tool from the World Health Organization (WHO) at the facility
- Conducted interviews with facility staff
- Assessed 322 health facilities (130 in Ebonyi and 192 in Kogi):
  - Primary health centers (PHCs): 242 (75.2%)
  - Hospitals: 14 (4.3%) mission, 45 (14.0%) general, 17 (5.3%) private, and 4 (1.2%) tertiary

Baseline Assessment of Facilities

Type of facility	Calculated sample size				Total	Actual number assessed		Total coverage # (%)
	Ebonyi		Kogi					
	Total in state	Required sample	Total in state	Required sample		Ebonyi	Kogi	
Primary health centers	430	102*	823	131*	233	104	138	242 (19.3%) (n = 1253)
General hospital	13	13	56	56	69	12	33	45 (65.2%) (n = 69)
Tertiary facility	1	1	3	1	2	1	3	4 (100%) (n = 4)
Mission hospital	6	6	9	9	15	6	8	14 (93.3%) (n = 15)
Private hospital	NA**	7	NA**	11	18	7	10	17 (68.0%) (n = 25)
Total		**129**		**208**	**337**	**130**	**192**	**322**

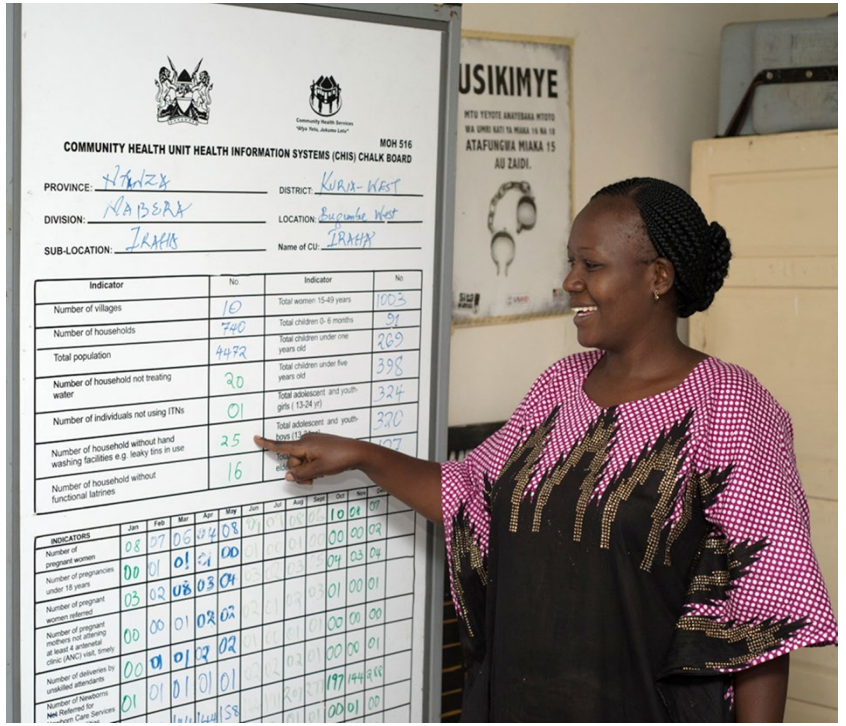
Selected Assessment Results

- **Provider job aids** were available in 34% of hospitals and 19% of PHCs.
- **Less** than **30% of facilities regularly monitor** priority indicators for MNH.*
- **Less** than 50% of facilities regularly submit analysis to state/local government authority managers on the facility's indicators for MNH.*
- **MNH indicators are rarely analyzed** or visualized to asses trends (stillbirths, postpartum hemorrhage, etc.).

*With exception of three tertiary hospitals in Kogi State

Selected Assessment Results (continued)

- **A quality improvement committee** is present in less than 28% of facilities.
- **Routine handover of clinical notes** is practiced in 75% of tertiary hospitals and 20% of secondary hospitals—but not practiced in PHCs.
- A facility management team regularly reviews data in 30% of PHCs, 40–48% secondary hospitals, and 75% of tertiary hospitals.



Interventions to Address Baseline Results and Improve MNH Care

National level

- Created national quality improvement (QI) technical working group for MNH (2014)
- Developed national quality of care strategy for MNH (based on WHO's framework)
- Joined multicountry quality of care network for MNH (2016)

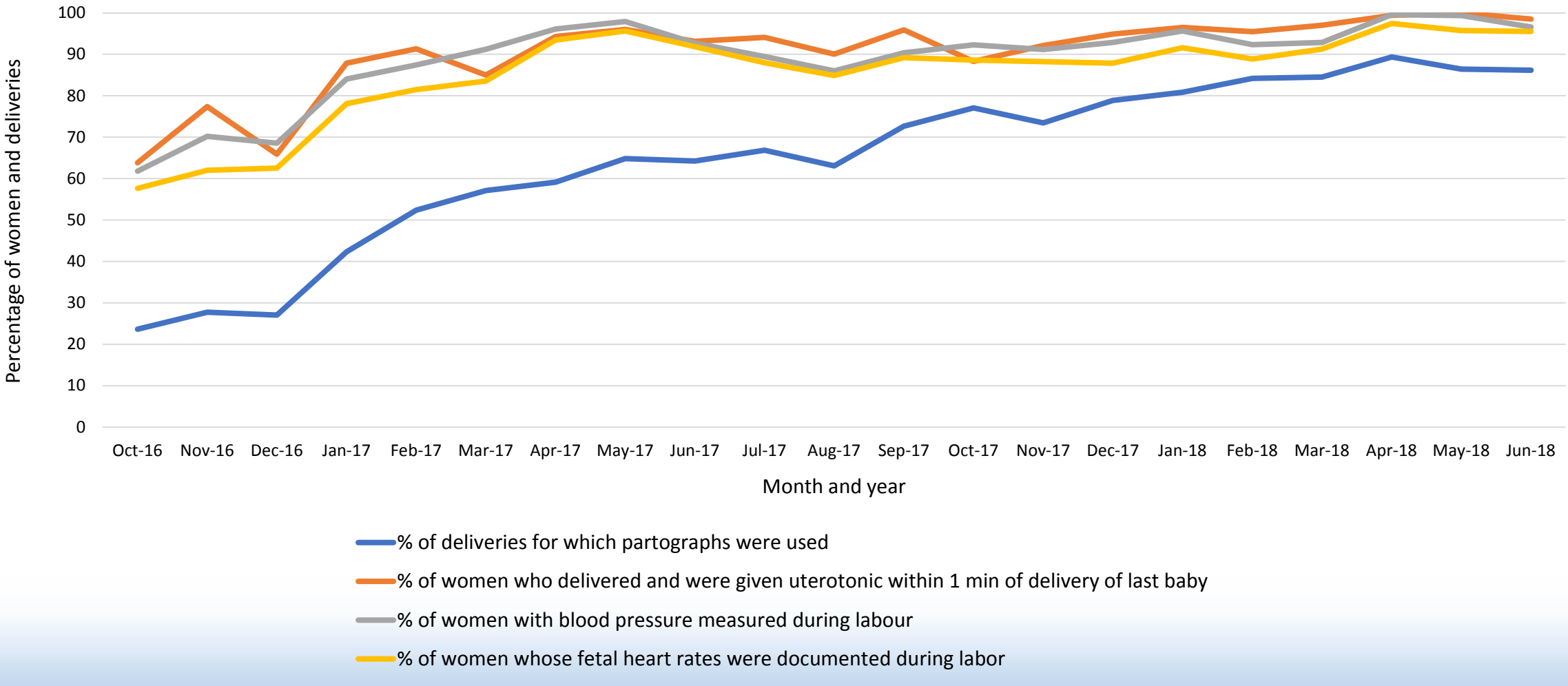
State/district level—Kogi and Ebonyi States

- Developed state QI operational plan and created QI committee (2015)
- Codesigned QI work, including common measurable aims and indicators for MNH (2015)
- Supported creation of facility QI teams and regular capacity-building (clinical and QI)

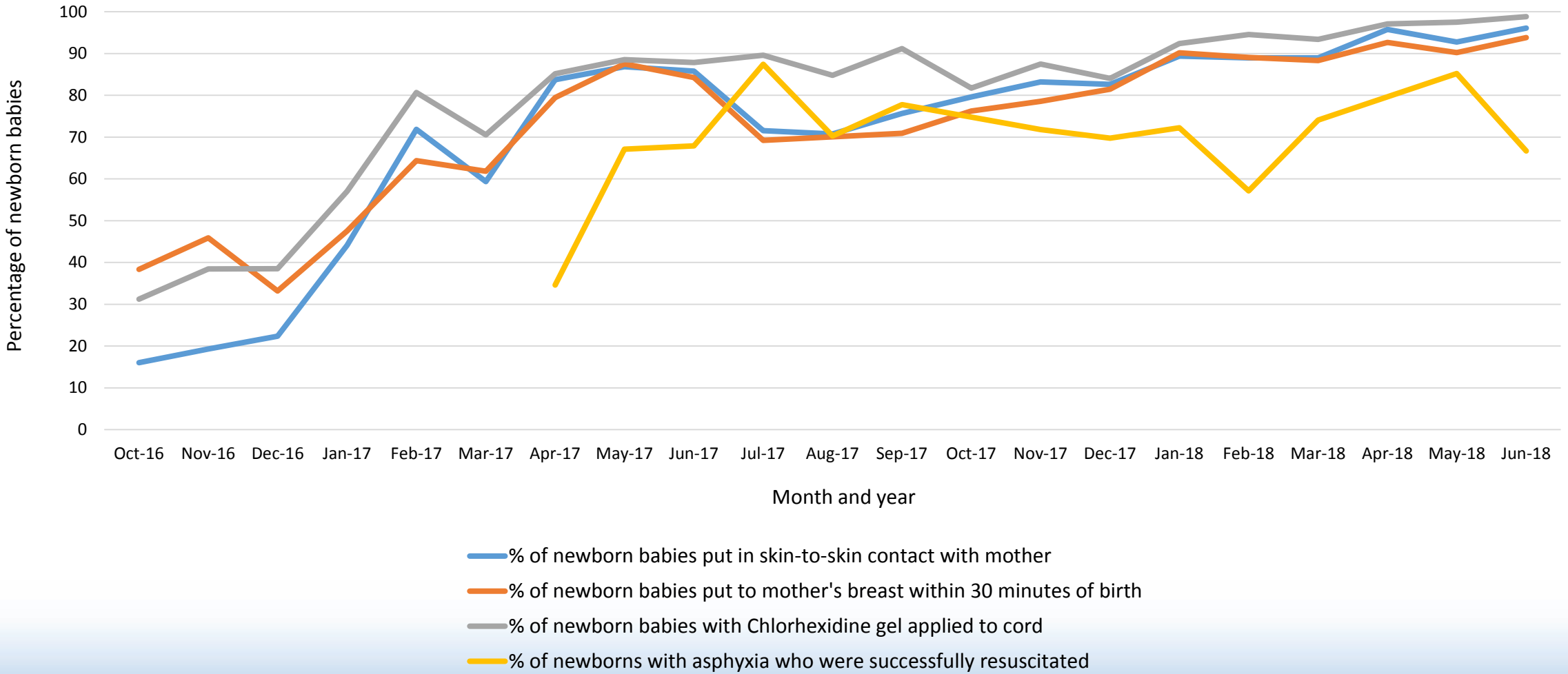
Facility level—91 facilities with QI teams (since 2015)

- Held regular QI team meetings and change implementation (e.g., redesigning care processes)
- Regularly monitored and interpreted data for priority indicators (across 91 facilities)
- Regularly shared knowledge and conducted peer reviews

Results: Improved Quality of Intrapartum and Immediate Postpartum Care for Women (N = 91 Facilities)



Results: Improved Quality of Essential Care Provided to Newborns on Day of Birth (N = 91 Facilities)



Key Messages

1. **Baseline assessment** demonstrated important gaps in maternity readiness and clinical governance structures.
2. Multifaceted quality improvement intervention across system levels, using routine data, demonstrated rapid improvements in care during childbirth.
3. **Continued monitoring** is needed to assess the sustainability of gains.
4. Facilities with strong support by ministry of health managers and engaged frontline health workers had the greatest improvements.
5. Engagement of ministry of health managers, health workers, and leadership will be critical for scaling up program interventions and sustaining results.


Thank you!

For more information, please visit
www.mcsprogram.org

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