Opportunities to Improve Quality of Maternal and Newborn Care in Kenya

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Overview

- Introduction
- Local studies on quality
  - Quality of Maternal and Newborn Care survey
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Introduction

– Considerable progress towards achievement of MDGs 4 & 5 in Kenya:
  • 13% decline in MMR between 2010 and 2013*
  • 5% decline in NMR between 2008 and 2011**
– However, maternal and newborn health indicators still high***
  • 488 maternal deaths per 100,000 live births
  • 330 neonatal deaths per 1,000 live births


** Level & Trends in Child Mortality. Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA, UNPD)

Introduction

– Interventions:
  • Improved ANC coverage
  • Improved skilled birth attendance
  • Improved postpartum care

– Particular renewed emphasis on facility-based, skilled birth attendance:
  • Abolition of user fees related to maternal and newborn care in public health facilities (2013)
  • Focus on quality of care i.e. how ‘skilled’ is skilled birth attendance
Introduction

- Low utilization of health services by pregnant women in resource-limited settings*
  - Geographical inaccessibility (distance, human-wildlife conflict)
  - High costs (direct and indirect)
  - Socio-cultural influences
  - Low perceived quality of care and fear of discrimination

Local Surveys on Quality

- High-quality obstetric care reduces maternal and perinatal morbidity and mortality
- Limited knowledge about quality of care provided to Kenyan mothers and their newborns in public health facilities
  - Quality of Maternal and Newborn Care survey (Jan – June 2010)
    - Focused on antenatal care, labor and delivery
  - MOMI project baseline survey (March – May 2012)
    - Focused on postpartum care
Local Surveys on Quality

- Quality of Maternal and Newborn Care survey (Jan – June 2010)
  - Conducted by USAID’s MCHIP, ICF Macro and Ministry of Health
  - Part of Kenya Service Provision Assessment (all 8 former provinces)
  - 695 health facilities
    - 509 providing ANC
    - 207 providing labor and delivery care
    - 129 level 3 facilities offering EmONC
Local Surveys on Quality

- Quality of Maternal and Newborn Care survey (Jan – June 2010)
  - Data collection:
    - Facility inventory (health infrastructure)
    - Structured clinical observation checklist (behavior of health workers)
    - Structured health workers interviews and knowledge tests (clinical practice, management of complications, newborn resuscitation)
Local Surveys on Quality

- Quality of Maternal and Newborn Care survey (Jan – June 2010)
  - Findings:
    - Most ANC facilities were stocked with basic supplies but lacked supplies that promote quality (counseling aids, PPE for infection control etc.)
    - 57% of the facilities had all of the essential supplies for delivery, but only 20% had all elements to support a high quality of care during delivery (guidelines, standards, partograph, 24-hour staff or on-call)
Local Surveys on Quality

- Quality of Maternal and Newborn Care survey (Jan – June 2010)
  - Findings:
    - Although no harmful practices were observed in nearly 80% of the deliveries, the use of fundal pressure (a non-beneficial practice) was observed in 10% of births.
    - Although majority of facilities had essential supplies for immediate newborn care, the mean score for newborn care practice was 65%, with room for improvement in the areas of delayed cord clamping (51%) and skin-to-skin care (56%).
Local Surveys on Quality

• Quality of Maternal and Newborn Care survey (Jan – June 2010)
  • Recommendations:
    – Strengthen health systems by providing indicators to measure and compare quality of maternal and newborn health care services provided at each level of health facility
    – Quality assurance processes and national standards for the provision of evidence-based practices in all levels of reproductive health care
      » Consistent standard-based reviews
      » Clinical and quality audits & feedback
      » Provision of accredited protocols/guidelines (national, WHO)
Local Surveys on Quality

- Quality of Maternal and Newborn Care survey (Jan – June 2010)
  - Recommendations:
    - Making health provider training and capacity building the pillar of maternal and newborn health care
      » Strengthening basic pre-service education for all cadres dealing with pregnancy and labor and delivery
      » Enhancing in-service training program for both medical and paramedical staff in clinical care
      » Supportive supervision
    - Support a new MNCH policy direction in Kenya
      » Increased budgetary allocation
      » Improved resource mobilization
      » Improved access to MNCH services
Local Surveys on Quality

- Quality of Maternal and Newborn Care survey (Jan – June 2010)
  - Recommendations:
    - Improve basic infrastructure for performance of EmONC signal functions
      - Improve available infrastructure, supplies and equipment
      - Ensure availability of relevant drugs and pharmaceuticals
Local Surveys on Quality

– Missed Opportunities in Maternal and Infant health (MOMI) baseline survey (March – May 2012)
  • 5-year operations research project (2011-2016)
  • Funding by European Commission Seventh Framework Programme
  • Multi-country
    – Kwale, Kenya
    – Ntchisi, Malawi
    – Chiuta, Mozambique
    – Kaya, Burkina Faso
Local Surveys on Quality

– Missed Opportunities in Maternal and Infant health (MOMI) baseline survey (March – May 2012)
  • MOMI project objective:
    – To reduce maternal and infant mortality through a combined health facility and community-based strategy focusing on missed opportunities in the postpartum period
  • MOMI baseline survey objective:
    – To describe coverage, quality and utilization of existing postpartum care services so as to inform design of an optimum package of interventions
Local Surveys on Quality

– Missed Opportunities in Maternal and Infant health (MOMI) baseline survey (March – May 2012)

• Findings:
  – Less emphasis on postpartum period
    » Lack of knowledge on postpartum guidelines
    » Poor dissemination of postpartum guidelines
    » Use of outdated postpartum registers
Local Surveys on Quality

- Missed Opportunities in Maternal and Infant health (MOMI) baseline survey (March – May 2012)
  • Findings:
    - Health system constraints
      » Under-staffing
      » Lack of emergency obstetric & newborn resuscitation equipment
Local Surveys on Quality

- Missed Opportunities in Maternal and Infant health (MOMI) baseline survey (March – May 2012)
  - Findings:
    - Socio-cultural barriers to accessing care
      » Decision to deliver at a health facility
      » Postpartum practices that increase risk to mother and child
      » Poor access to postpartum family planning
Local Surveys on Quality

- Missed Opportunities in Maternal and Infant health (MOMI) baseline survey (March – May 2012)
  
  • Postpartum interventions developed (Kenya):
    1. Strengthen immediate postpartum care
       » Upgrading knowledge and skills of facility and community based health workers to detect and management common maternal and neonatal complications
       » Providing home visits
    2. Increase knowledge on and uptake of postpartum family planning using a community participatory approach (Dialogue Model) at both community and facility level
Local Surveys on Quality

- Missed Opportunities in Maternal and Infant health (MOMI) baseline survey (March – May 2012)
  - Ongoing activities
    - In-service capacity building for both facility and community-based health workers
    - Supportive supervision and mentorship (Policy Advisory Board)
    - Empowering community health strategy
    - Dialogue Model sessions (community and health facility)
    - PhD project to investigate socio-cultural influence on sexual and reproductive health among the Digo community
Conclusion

- Quality of maternal and newborn care in Kenyan public health facilities does not (currently) conform to internationally-acceptable standards
- Perception of quality of care influences utilization of health services by mothers and their newborns
- Opportunities exist to build on current standards to improve quality of maternal and newborn care
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Asanteni Sana!