



HOSPITAL CARE FOR MOTHERS AND NEWBORN BABIES: WHO QUALITY ASSESSMENT AND IMPROVEMENT TOOL

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Introduction

The World Health Organisation (WHO) has developed several strategies and specific tools for helping countries to improve the quality of health care for mothers and newborn babies. In 2009 the WHO Regional Office for Europe, which provides technical support to 53 countries in the WHO European Region, released the first edition of a tool to assess and improve quality of hospital care for mothers and newborns.(1) A new updated version of the tool, including a specific chapter to assess the rights of women and babies, was produced in 2014, and is now available on the WHO/Europe website both in English and Russian.(2) These tools complement other existing tools to evaluate the quality of maternal care at the outpatient level.(3)

Purpose of the tool and target users

The tool and its implementation can assist hospitals and health authorities towards providing quality health care to mothers and newborn babies. The tool adopts a participatory approach that facilitates wide involvement of hospital staff in a process of improving quality of care, (bottom-up approach) and in sustaining achievements over time. The tool can also guide and facilitate the implementation of all principles of “respectful care” for women and infants at facility level. (4)

Characteristics of the tool

The main characteristics of the tool are listed below:

1. It is based on international standards: evidence-based international guidelines and recommendations (over 150 references, reported for each chapter in the bibliography section). The tool includes a wide range of key items (about half of which refer to case management, the others to hospital support services, and to the organisation of care), which need to be evaluated to provide a systematic assessment.



2. It adopts a participatory approach: the assessment is carried forward by an external international team of experts, together with a national team (usually identified by ministries of health (MoH)), and in dialogue with managers and health professionals from the facility under evaluation.
3. It aims at building capacities through a peer-review model: during the assessment, practical solutions are provided, together with training (if needed with explicit reference to the most recent literature), and lessons learnt from other countries.
4. It is action oriented: The final objective of the tool is to produce an improvement in quality of care; the assessment visit identifies the areas most in need for improvement and ends with the development of a practical plan for action.
5. It is suitable for use at facility level and also for countrywide assessments.

Guiding principles of the tool

The ten basic guiding principles of the tool are shown in Box 1.

Box 1. Guiding principles beyond the tool

1. Coverage needs to be complemented by quality of care to achieve the desired health outcome. --> *The tool is aimed at assessing and improving quality of care.*
2. Checking availability of basic equipment and supplies is necessary but not sufficient to evaluate quality of care; appropriate use of resources and case management also need to be assessed. --> *The tool is divided into sections, evaluating availability and appropriate use of resources, case management, and key hospital policies.*
3. Focusing on single key interventions is not enough; quality perinatal care requires systematic attention to all principal components capable of guaranteeing a continuum of care. --> *The tool evaluates many different aspects of health care, at different times points (from access, to case management in hospital, monitoring, case referral, discharge and follow up) and across different services.*
4. Safe childbirth is critical to the health and wellbeing of both the woman and the newborn child. --> *The tool evaluates services and practices relevant to*



women's health together with services and practices relevant to the health of newborns.

5. Effective clinical management alone is not enough to ensure quality of care; holistic and culturally appropriate care is necessary. A health system should ensure all the rights of patients are met, not only the right to effective clinical management. --> *Users' views, together with health staff views are collected by the tool through structured interviews. A chapter is dedicated to the assessment of satisfying/respecting the rights of women and infants.*
6. A participatory approach is needed for raising awareness of problems and for building commitment. --> *The tool is based on a problem-solving, participatory approach.*
7. A blaming attitude and punitive approach causes denial and /or hiding of problems, decreases work satisfaction and motivation, and increases barriers to quality improvement. --> *The focus of the tool is on the system, and not on the individual, with a non-blaming, supportive approach.*
8. Assessment is the first step for triggering a quality improvement cycle and to be effective it should be combined with planning for action. --> *The assessment is undertaken in an action-oriented way that facilitates the identification and prioritisation of problems and developing a plan for action. Matrixes for planning are included in the tool.*
9. Both capacities and commitment are needed to improve quality of care. --> *The assessment is also a training and motivating activity; international standards and best practices are presented during the assessment through a peer-to-peer approach to serve as models for improvement. Local capacity is developed as a result of the process at both facility and national level.*
10. Health system factors need to be considered when planning quality improvement interventions. --> *When applied over a representative sample of health facilities, the assessment indicates gaps.*

Main changes in the 2nd edition of the tool

Substantial changes were made in many chapters of this second edition (2014) compared to the first edition of the tool (2009) in order to update the tool contents in line with newer WHO guidelines and recommendations as well as with other international standards.

The tool now includes a chapter to evaluate specifically respect for mothers' and new-borns' rights at hospital level. This chapter is based on a large number of international references, and overall evaluates 62 key items.

Other new sections were created, and the overall format was improved.

Structure and contents of the tool

The tool is divided into the following sections and chapters:

SECTION 1: HOSPITAL SUPPORT SERVICES

1. Physical structures, staffing, and basic services
2. Statistics, health management information systems and medical records
3. Pharmacy management and medicine availability
4. Equipment and supplies
5. Laboratory support
6. Ward infrastructure

SECTION 2: CASE MANAGEMENT

1. Care for normal labour and vaginal birth
2. Care for caesarean section
3. Management of maternal complications
4. Newborn infant care
5. Sick newborn care
6. Advanced newborn care
7. Monitoring and follow-up

SECTION 3: POLICIES AND ORGANISATION OF SERVICES

1. Infection prevention
2. Guidelines, training and audit
3. Access to hospital care and continuity of care
4. Mother and newborn rights



SECTION 4: INTERVIEWS

1. Interview with staff
2. Interview with pregnant women and mothers

SECTION 5: FEEDBACKS AND A PLAN FOR ACTION

All the sections should be completed during the assessment, using the same methods in each facility. This allows for a systematic, comprehensive assessment of all domains relevant to quality of care.

How to use the tool

This tool is mainly used in collaboration between WHO Regional and Country Offices and MoHs for country evaluations. Other agencies, institutions, and NGOs have also used it. General timelines for the activity and the number of facilities to be assessed are discussed at the initial stage.

At least in the initial phase of a country-wide assessment, it is recommended that an international team of experts works together with a national team, to provide guidance and coaching and to build the capacity for quality assessment.

Key expertise (obstetrics, midwifery, nursing, and paediatrics/neonatology) should be represented in both the international and local assessors. Professionals with the ability to interview women and staff in their own language should also be part of the team.

Each facility is usually visited for one and a half or two days. Data collection uses multiple sources: visits to hospital services; evaluation of clinical records and clinical cases; reviews of other documents (audits, statistics, protocols, etc.); interviews with health professionals and mothers. At the end of the visit a feedback meeting is held at the facility, together with managers and staff. During this meeting a concrete plan of actions is developed (using a matrix provided by the tool) to improve quality of care.

Practical outputs of the tool

The practical outputs of the hospital visit include:

1. A semi-quantitative systematic evaluation (utilizing a scoring system from 0 to 3) of the facility, to identify strengths and weaknesses;
2. Development of an action plan at facility level – developed with a participatory approach together with facility staff - the plan should include priority problems, identified feasible solutions/actions, responsible people and timelines;
3. Development of a National Action plan for countrywide assessments where an adequate number of facilities are visited, (this usually includes actions such as developing or updating national guidelines, organizing training sessions, revision of regulatory mechanisms etc.).

Country experiences

Previous experience in the WHO European Region includes the following country assessments: Albania, Armenia, UN Interim Administration Mission Kosovo, Kyrgyzstan, Kazakhstan, Republic of Moldova, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan. Additionally, the tool (locally adapted versions) has also been used in other regions of the world, including the African Region, South East Asia, and Middle East.(2, 5-10) Overall experience with the use of the tool pointed out that substandard quality of care, and disrespect of basic patients' rights is a common problem even in the European Region.(2, 5, 6) However, there are also encouraging examples of significant improvements in quality of care following the application of the tool.(7)

Conclusions

The tool and the process of using it can assist hospitals and health authorities towards providing quality health care to mothers and newborn babies. The tool can also guide and facilitate the implementation of all principles of "respectful care" for women and infants at facility level.

Requests for country assessment should be addressed to WHO Country Offices or WHO Regional Office for Europe Dr. Gunta Lazdane gla@euro.who.int.



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Dr. Marzia Lazzerini is the director of the WHO Collaborating Centre for Maternal and Child Health of Trieste (WHO CC) since year 2011. She did join the WHO CC as a medical student, in 1996. Until year 2011, before moving full time to research, she has been working as a paediatrician in a third level hospital in Italy, as well as in low and middle income countries (Angola, Brazil, Mexico). In 2004, after a Diploma in Tropical Medicine and Hygiene at the Liverpool School of Tropical Medicine, she joined the Cochrane Collaboration, and since then she has been quite active in the area of evidence synthesis. In 2006 she attended a MSc in Methods of Clinical Research with the Cochrane Centre, and in 2009 she obtained a PhD in Clinical Research in Paediatrics, on a randomised controlled study later published in the JAMA. During time she has accumulated field experience in Sub-Saharan Africa (Angola, Malawi, Tanzania, Kenya, Mozambique, Eritrea), South America (Mexico, Brazil), South East Asia (Sri Lanka), as well as large experience in the WHO European Region (Georgia, Ukraine, Moldova, Kosovo Region, Kazakhstan, Kyrgyzstan, Uzbekistan). Her actual main area of interest in maternal and child international health include quality of care and respect of rights of children and mothers. As a director of the WHO CC she has coordinated in the last years the technical updated of standard based assessment tool for evaluating and improving the quality of hospital care for mothers, newborns and children, as well as the development of evidence-based training packages in perinatal health. In collaboration with WHO and other agencies such as UNICEF she is coordinating clinical trials in the area of Quality of Care in Mozambique and Sri Lanka.

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Dr Alberta Bacci, Obstetrician Gynaecologist, worked in different maternity hospitals in Italy since 1976. From 1987 she worked 4 years in Maputo Central Hospital, Republic of Mozambique. From 2001 to 2011 she was regional coordinator for the Making Pregnancy Safer programme in WHO Regional Office for Europe. Since May 2011 she works as independent consultant for mother and newborn health care, in several countries, with different UN organizations and NGOs. Her experience includes assessment of quality of care, and introduction and evaluation of maternal mortality and morbidity case reviews using WHO Beyond The Numbers approaches. She is member of the WHO Collaborating Centre for Mother and Child Health, Trieste, and faculty of the European School for Maternal, Newborn, Child and Adolescent Health, Trieste, Italy.



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