

Promotion of Clinical Outcomes by Institutionalization of Maternal Care Quality Improvement Measures in Tanzania

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Objectives

1. Describe institutionalization of the SBM-R process for improving quality of maternal and newborn health services
2. Share clinical outcomes related to application of the SBMR

Tanzania Maternal Health Status

- MMR: From 454 in 2010 to about 410 in 2013
- NMR: 32 in 2005 to 26 in 2010
- Facility delivery 49% in 2005 to 51% in 2010
- ANC Visits
 - 96% - at least one visit
 - 43% - at least 4 visits
- Low facility utilization is attributed to low quality services



MAISHA – Mothers and Infants, Safe Healthy, Alive

- Was a five-year (2008-2014) USAID Program in Tanzania, led by Jhpiego
- Worked with MOH to build capacity of frontline health providers, their supervisors to provide quality focused antenatal care and basic emergency obstetric and newborn care in Mainland Tanzania and Zanzibar



Institutionalization of the SBM-R Quality Improvement process

The MAISHA Program:

- Integrated the SBM-R process; a systematic, consistent use of operational standards for organizing the services, by
- Engaged stakeholders through advocacy, training, assessments, rewarding compliance through recognition.

SEVERE PRE-ECLAMPSIA AND ECLAMPSIA
DEFINING SEVERE PRE-ECLAMPSIA:
BP greater than 140/90 mmHg
proteinuria 2+ or more
headache
blurred vision
epigastric pain, upper abdominal tenderness
hyperreflexia, clonus
dyspnoea (Pulmonary oedema)
reduced urine output (less than 300 ml/4 hrs).

MANAGEMENT:
Hypertension is BP is 170/110 mmHg. Reduce BP to 130-140/90 mmHg.
Commonly used hypotensive drugs are Hydralazine, Labetalol and Nifedipine.
Steroid to promote lung maturity (if a F.A is less than 34 weeks).
Consider the need of MgSO₄.
MgSO₄ is given in all cases of Eclampsia (Fitting and Convulsions).

Methods

- Developed ANC & BEmONC performance standards based on WHO guidelines
- Translated them to national policies, strategies
- Trained managers, service providers on SBM-R
- Observed provider performance, assessed health records, medication inventories and provider knowledge
- Rolled out standards after first assessment, along with measuring progress.
- Addressed gaps, celebrated successes which provided momentum for change.



Observational Quality of Care Study

To provide Program baseline and end line measures of quality at selected supported facilities were assessed

	Regional Hospitals Assessed	Health Centers and Dispensaries Assessed	Number of L&D observations	Number of ANC observations	Number of HW knowledge assessments
2010	12	40	489	391	216
2012	12	38	555	367	218

2012 assessment in same facilities as 2010 assessment



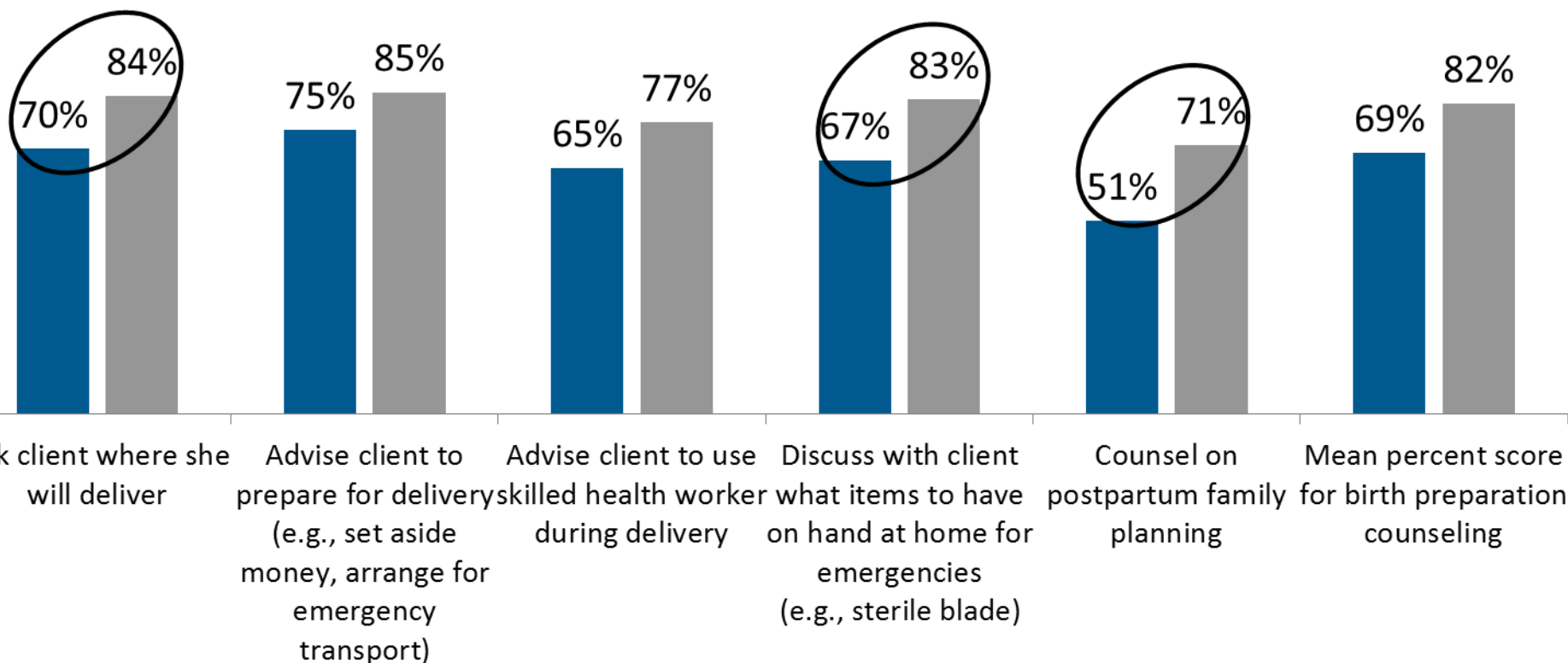
ANC Counselling on Preventive Treatments

Counseling tasks	2010	2012
Tasks for iron pills or folic acid:		
Explain the purpose of the treatment	83%	77%
Explain how to take	92%	83%
Explain side effects	37%	44%
All counseling for iron/folic acid	71%	68%

ANC Counselling on Preventive Treatments

Counseling tasks	2010	2012
Tasks for tetanus toxoid injection:		
Explain the purpose of the treatment	60%	73%
Tasks for antimalarials:		
Explain the purpose of the treatment	80%	89%
Explain how to take	89%	90%
Explain side effects	34%	40%
All counseling for antimalarials	68%	73%
Tasks for insecticide-treated nets:		
Explain the importance of the treatment	87%	83%

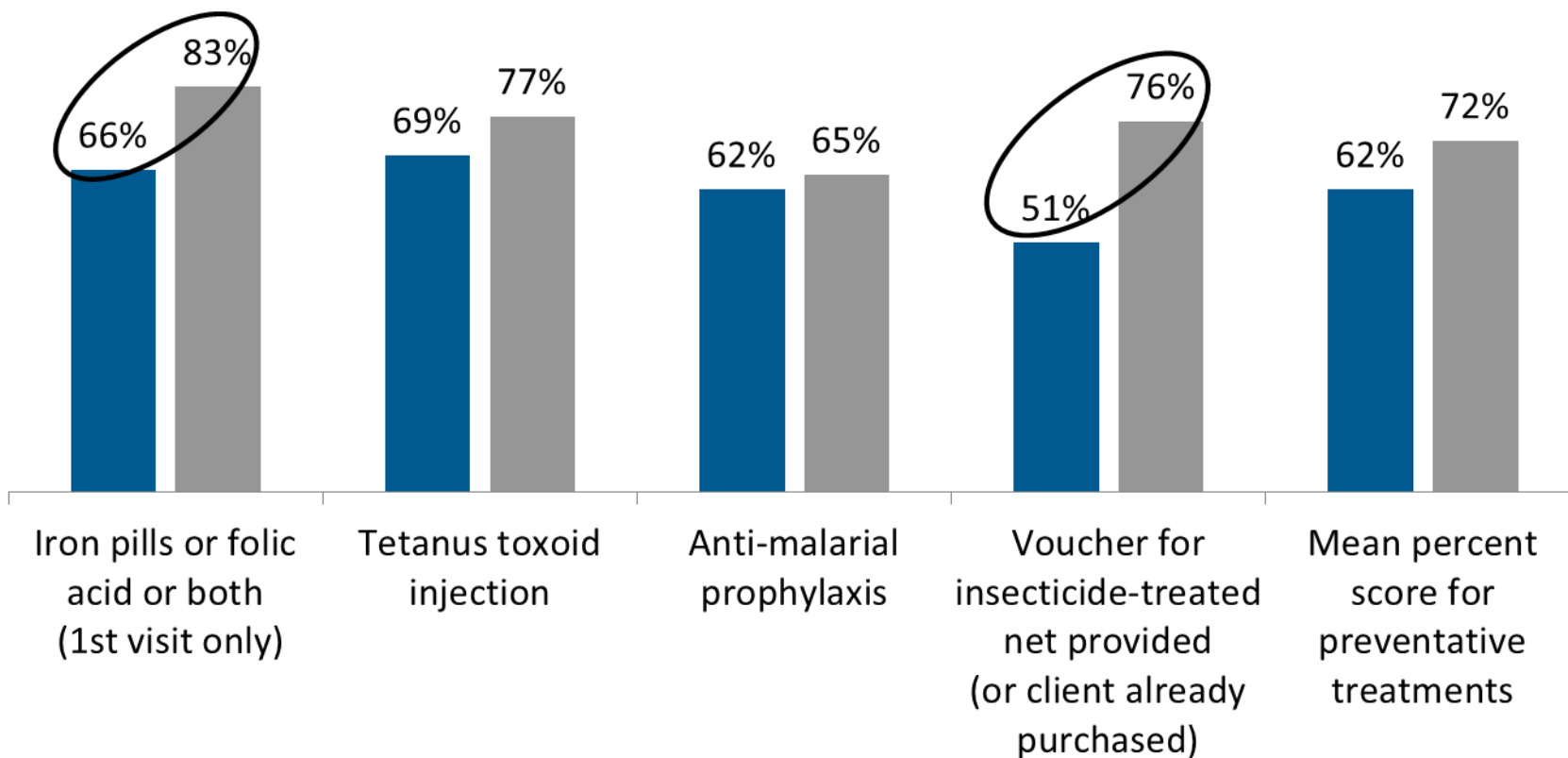
Counseling on birth preparedness and postpartum family planning, 2010 and 2012



■ 2010 ■ 2012

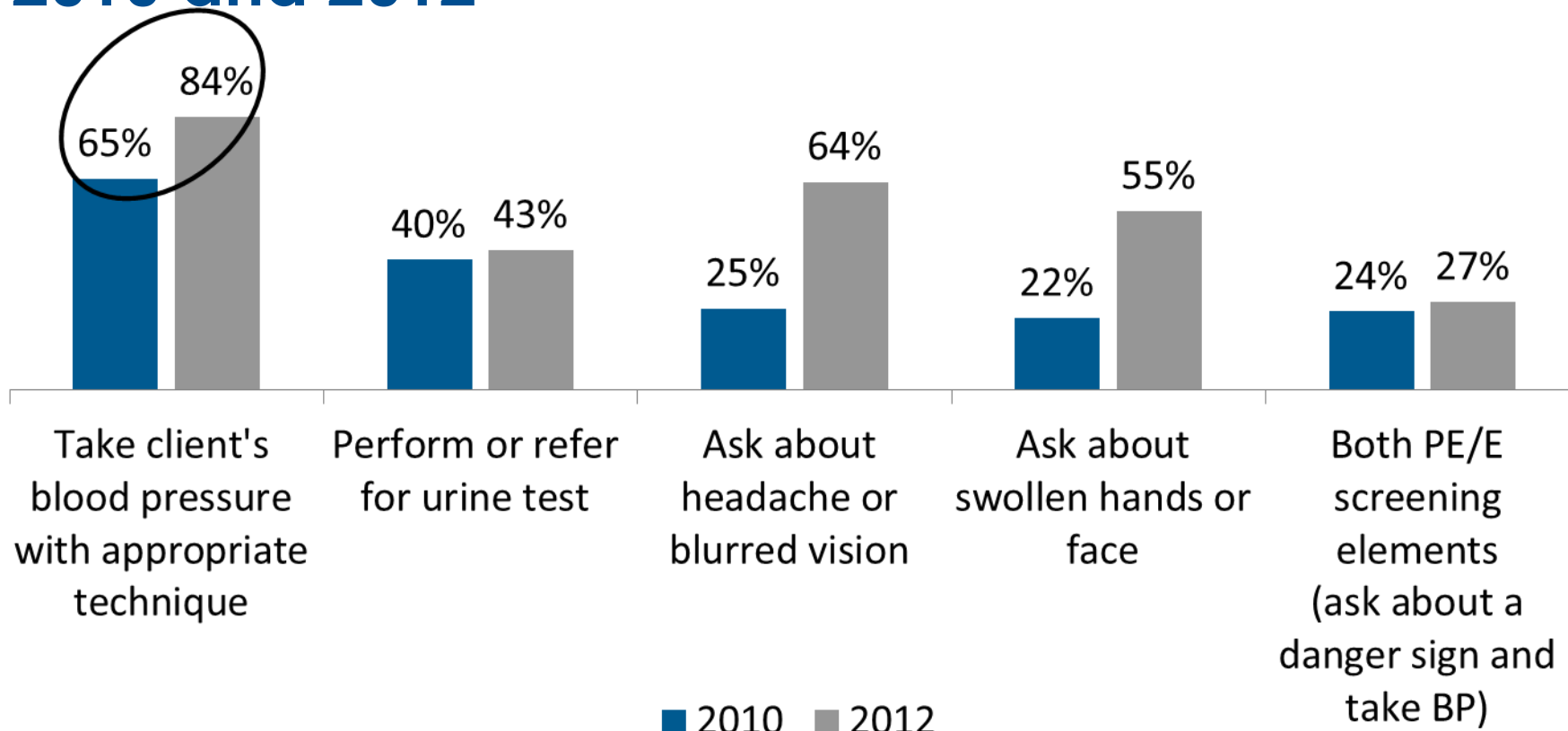


Provision of key preventive services during ANC, 2010 and 2012



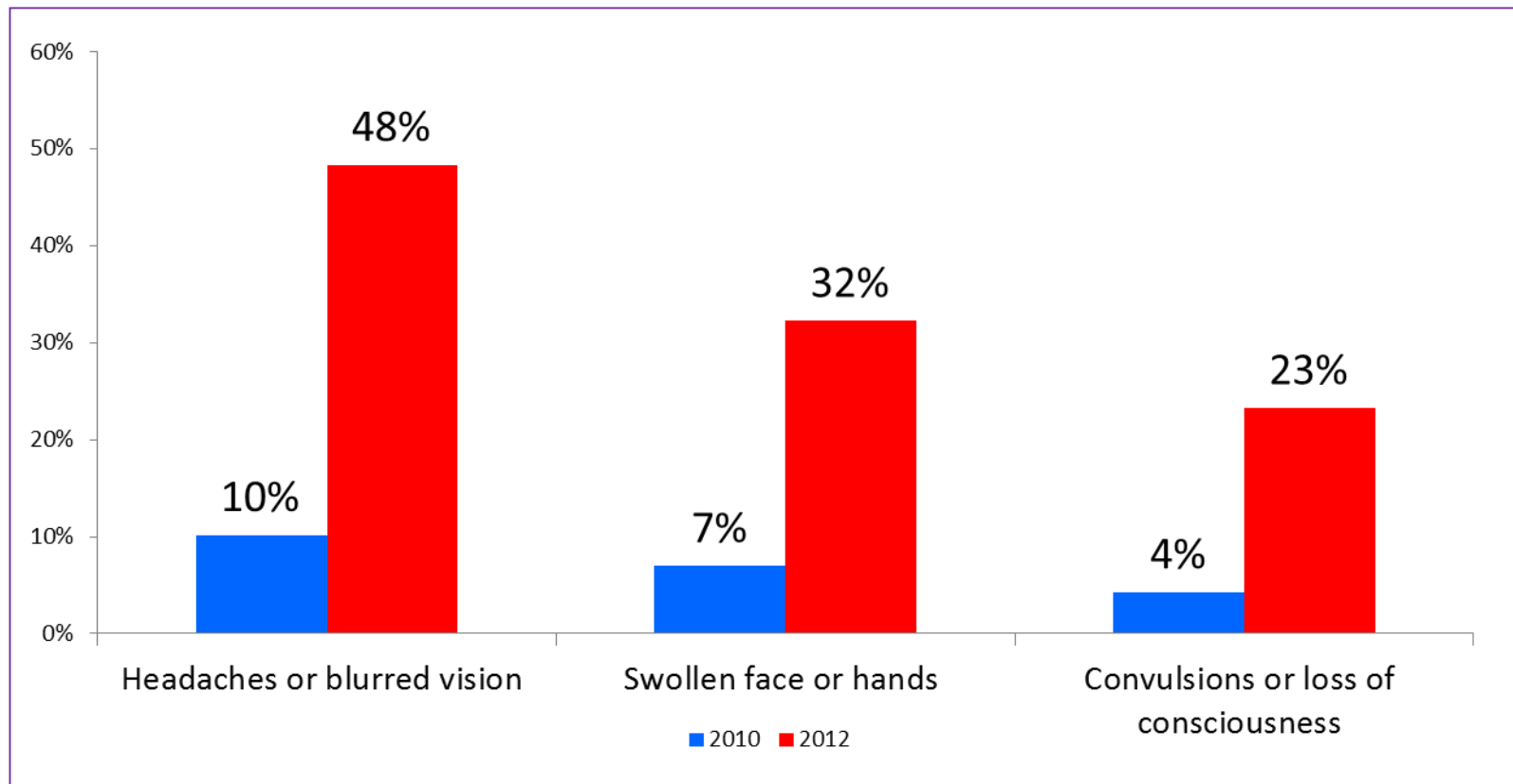
■ 2010 ■ 2012

Screening for Pre-eclampsia/Eclampsia in ANC, 2010 and 2012



Screening for Preclampsia/Eclampsia during labour

2010 n=386, 2012 n= 365

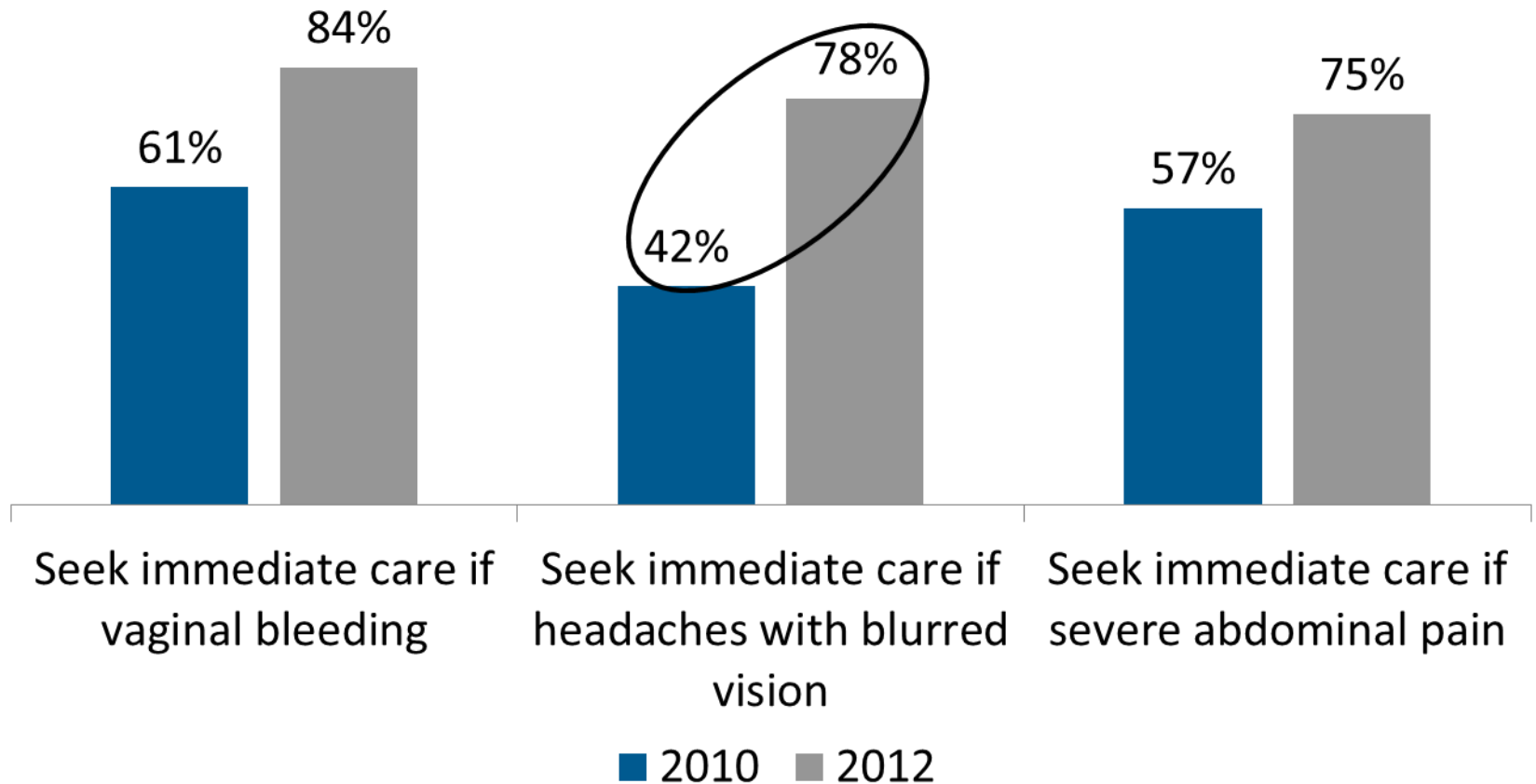


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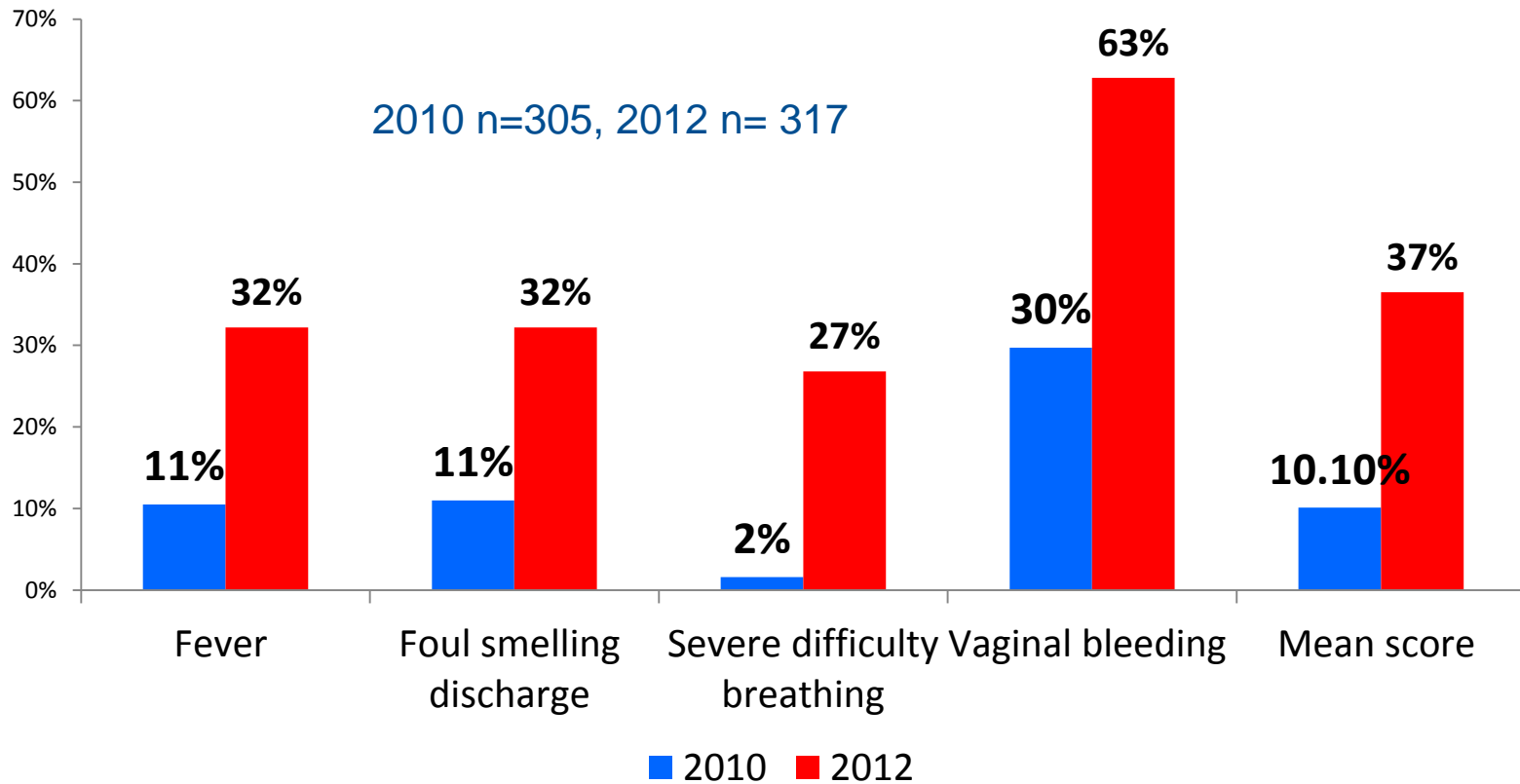
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Counseling on danger signs at ANC 2010 and 2012



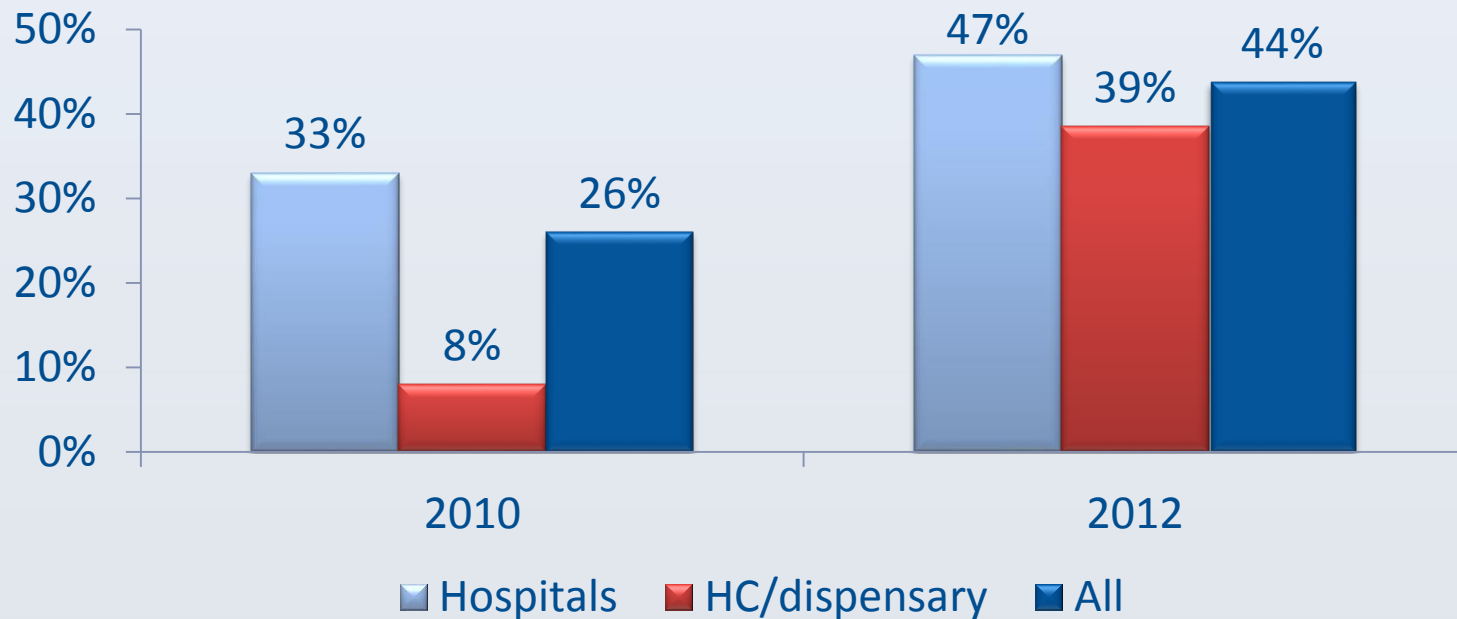
Counseling on danger signs at initial assessment in labour

Mean score increased by 27% in asking about danger signs at initial assessment



AMSTL with Oxytocin

Noteable increase occurred between 2010 and 2012 on use of oxytocin for AMSTL. Gap between levels still statistically significant



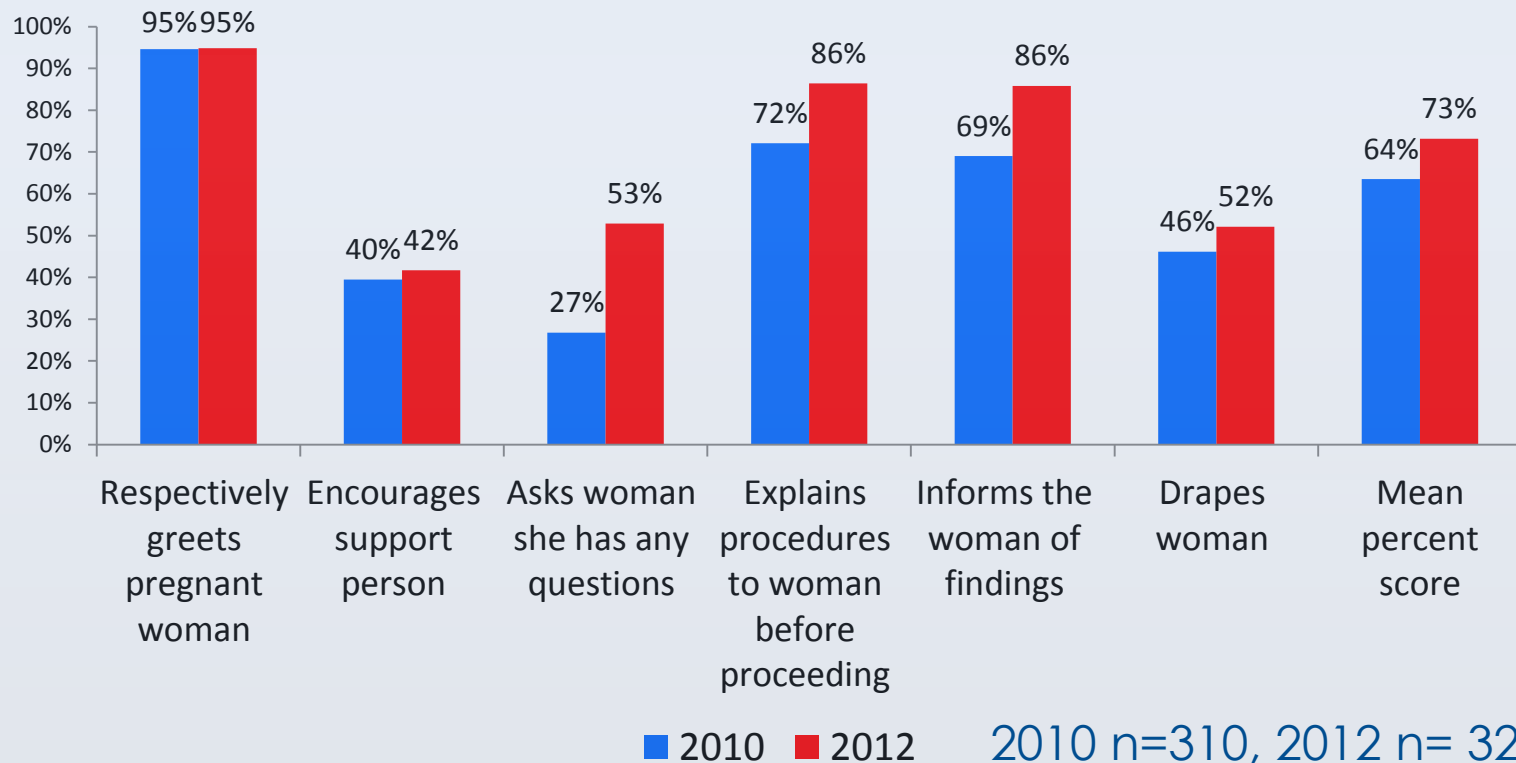
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Women friendly care

Explaining care & findings to clients gone up but giving chance to ask questions & companion still low

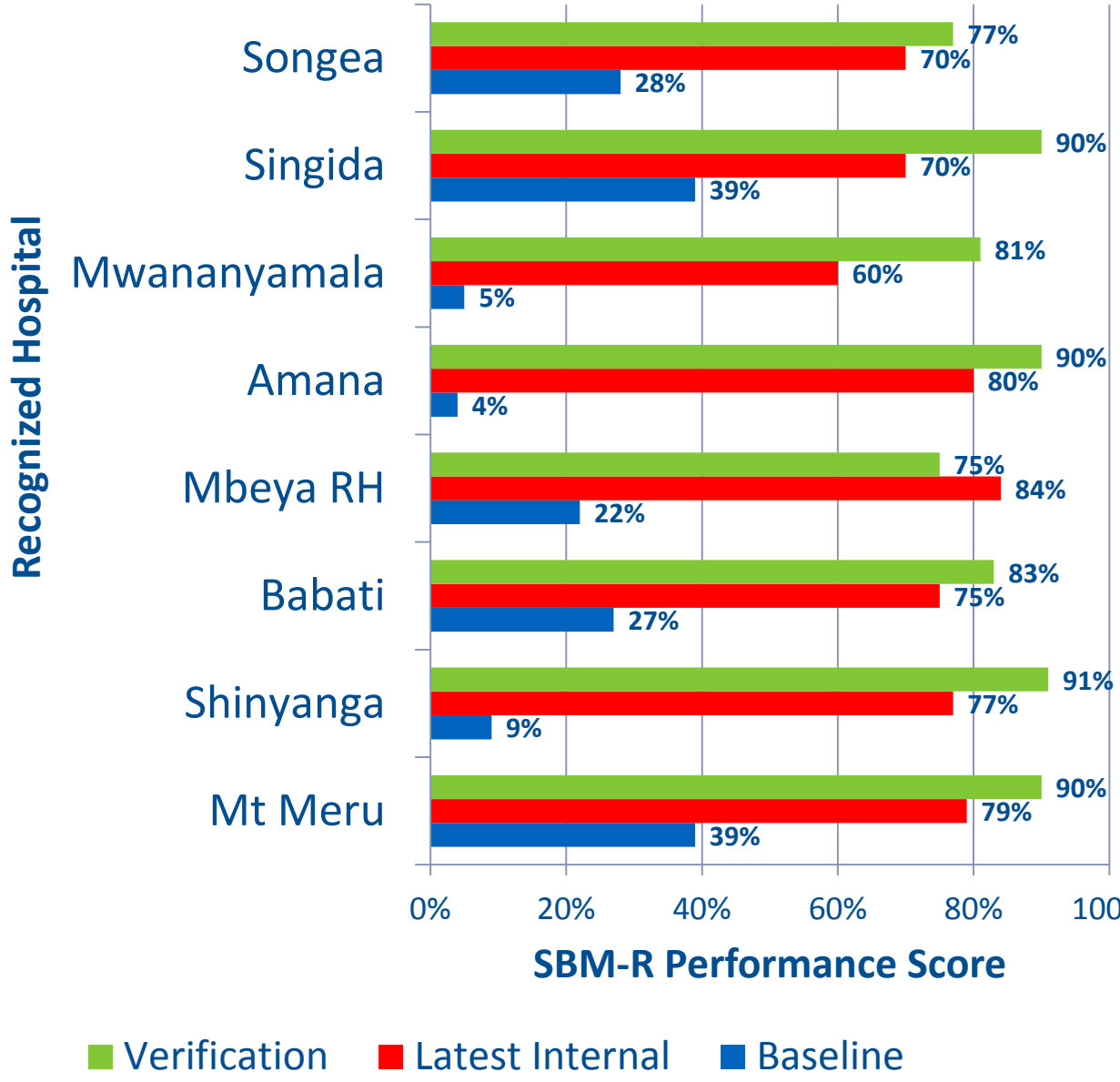


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Regional Hospitals recognized for high performance in BEmONC



Conclusion

- In Tanzania, SBMR has produced important changes in the quality of ANC & BEmONC services in facilities, which fit in with national strategies to reduce maternal and new born mortality.
- Sustaining and institutionalizing these changes is part of the on going work to improve quality of care for mothers and new born.



Acknowledgements

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Thank You!

