



Expanded Quality Management
Using Information Power to improve
maternal and new-born health

Weight taking and recording for Newborns improves on uptake for Kangaroo mother care and survival of preterm and Low birth weight babies: The EQUIP experience of health facility quality improvement teams in Rural Eastern Uganda.

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Background



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- Low-birth weight babies (those weighing less than 2.5 kg) face a greatly increased risk of dying during their early months and years. Those who survive have impaired immune function and face increased risk of disease (WHO).
- Weight at birth is a good indicator not only of the mother's health and nutritional status but also of the newborn's chances for survival, growth, long-term health and psychosocial development.



contd.....

- Kangaroo Mother Care (KMC) as endorsed by the World Health Organization and leading experts in newborn health, but country-level adoption and implementation has been limited to date (Health Newborn Network).
- We set out to use a collaborative QI approach to strengthen district health care to improve maternal and newborn care including use of KMC at facilities and at community level
- This we did through the Expanded Quality Management Using Information Power (EQUIP) study from 2010 to 2014 in Mayuge District, rural eastern Uganda



Overall objective of EQUIP

To assess the feasibility, cost and community effectiveness of an innovative approach that links communities and health facilities to increase the quality and utilization of health care services in order to improve maternal and newborn health in Africa

Implemented in Uganda and Tanzania



EQUIP

- **EQUIP Expanded Quality Management Using Information Power**
 - Expanded includes QI use in DHT, community and health facilities
 - QM using the collaborative approach
 - Empowered (in addition to local data) by survey and health facility data and policy briefs

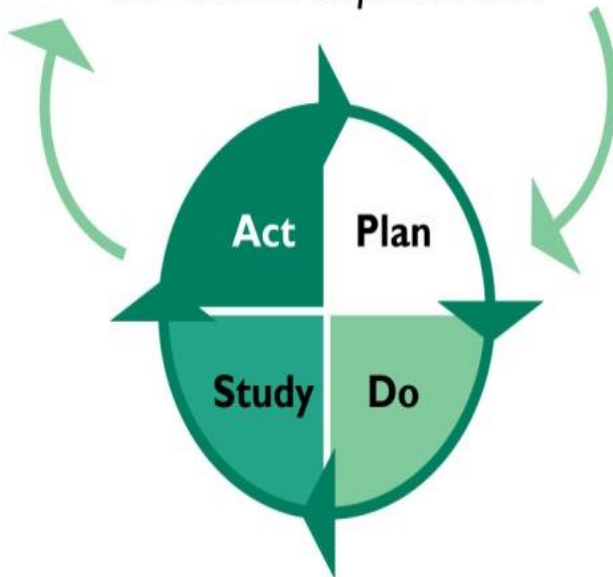
QM Methodology

Model for Improvement

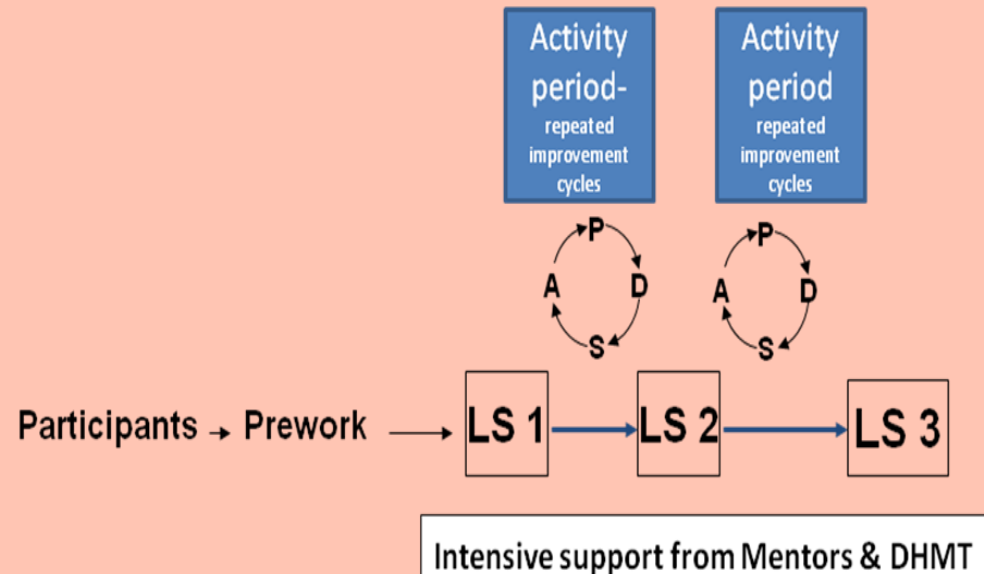
What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?



Collaborative Steps



Interventions

- QI teams were introduced at all health facilities and at community level
- Onsite mentorship and coaching of the frontline health workers and CHWs was done monthly
- Both HWs and CHWs learnt how to use a PDSA approach to come up with change ideas
- One of the change ideas to initiate KMC corners at health facilities following the identification of pre-term or low birth weight babies.

Quality improvement work at health facility level

Objective: Improve the quality of care and the implementation of key interventions

Period (continuum of care)	Intervention
Antenatal care / pre-delivery period	Counselling and preparation for HF delivery (counselling, patient friendly behaviour, customer care) Preparedness for emergency referral
Intrapartum period	Essential delivery care (AMTSL, infection prevention, partograph/detection of complication), breastfeeding, skin-to-skin...)
Postnatal period	Postnatal care, KMC

Change Ideas introduced and implemented

Care pathway/Indicator	Areas along the continuum of care	Change idea introduced
Antenatal care	<ul style="list-style-type: none">• Blood pressure taking• Syphilis testing	<ul style="list-style-type: none">• Requesting for BP machine• Sending mothers to the lab for testing.
Delivery	<ul style="list-style-type: none">• Partograph use• AMSTIL	<ul style="list-style-type: none">• CMEs on patograph use• Ensure all birth items are prepared before delivery
Post Natal care	<ul style="list-style-type: none">• Request for babies weighing scale• Weight taking and recording for babies	Introduction of KMC corner

KMC corners started at Mayuge health center



Follow up at the community level



A facility data collector interviewing a health worker with a PDA



An immunization scale and wall posters hanging in one of healthcentres



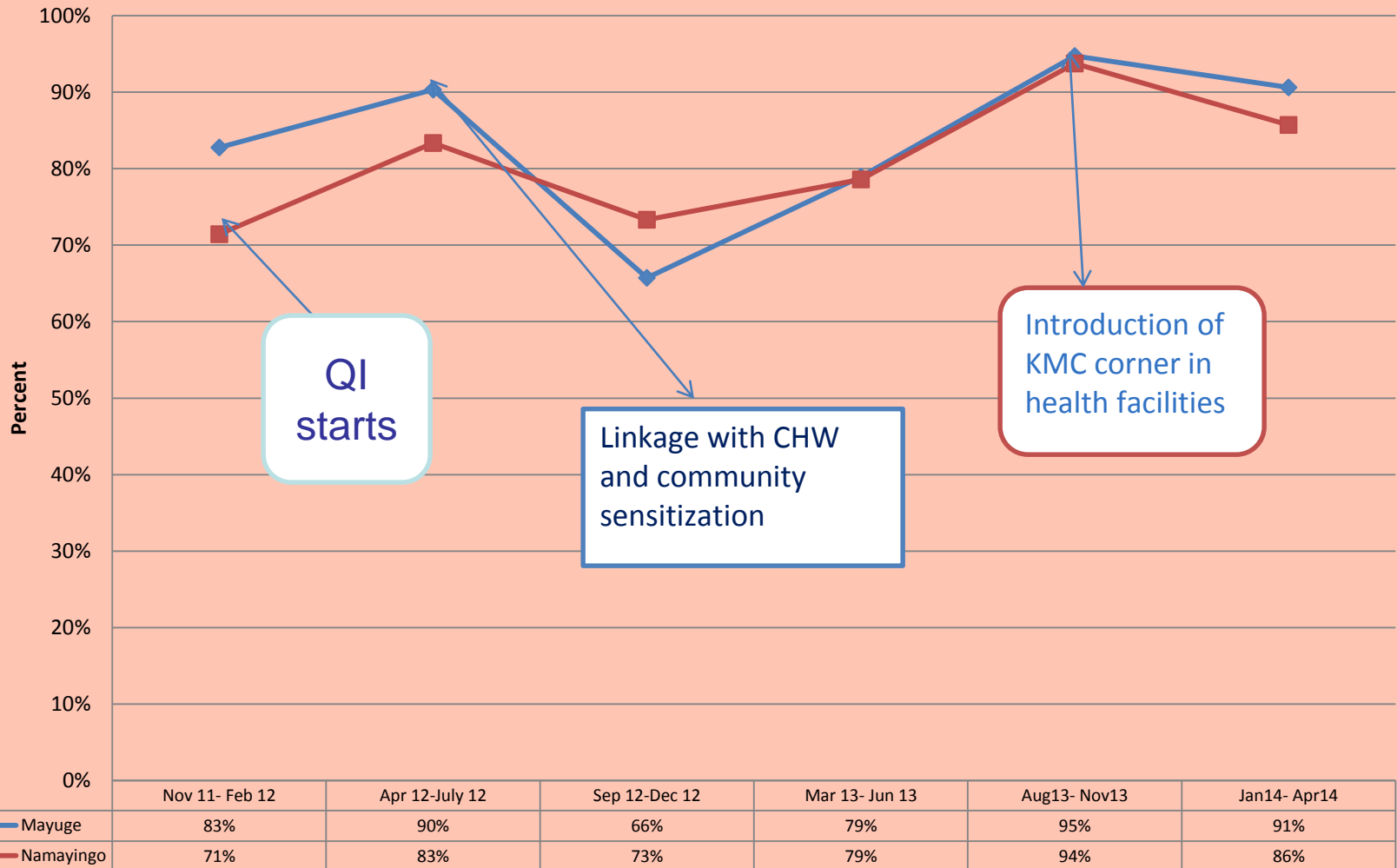
Results: effects of QI

- Weight taking and recording for all newborns became routine
- Preterm and low birth weight babies were identified and started on KMC at lower level health facilities.
- PNC within 6 days was started as opposed to the 6 weeks but limited success.
- Regular monthly review meetings using data.
- Quarterly learning sessions amongst health workers for shared learning.
- Frequent visits by the district management to the facilities, hence motivation.
- Integration of other services using a QI model.



Data from continuous surveys indicating the survival rates of newborns managed on KMC

KMC practiced for newborns born with less than 2.5 Kg



Challenges

- Staff turn over and transfers.
- QI viewed as additional workload by the health workers.
- Shortage of supplies like drugs for sick newborns, resuscitation equipment, weighing scales for newborns
- Inadequate knowledge on KMC practice by some health workers.
- Limited space for KMC in the health facilities
- Negative community attitude towards KMC, failure to continue at the community level.

Lessons learnt

- QI using relevant locally generated data can lead to rapid adoption of new evidence based interventions
- CHWs can complement health facility KMC by identification, referral, home follow up and support
- Other bottlenecks in health service delivery hinder the efforts of improvement.
- Survival of preterm and low birth weight babies can be improved through simple interventions like weight taking and recording complemented by QI.

Take home message

- Kangaroo mother care is everyone's responsibility, but it starts with you.

***THINK BIG, START SMALL, BUT START
NOW***

Partners



- IHCAR/KI, PI Stefan Peterson
- Makerere University, Uganda
- Ifakara Health Institute, Tanzania
- LSHTM, UK
- EVAPLAN, Germany



Timeline: 4 years, started Nov 2010