

Providers' Adherence to Standards of Maternity Care in Selected Facilities in Malawi

Key Messages

- High-quality care during pregnancy and childbirth is crucial to improving health outcomes for women and their newborn.
- Despite an increase in institutional births and skilled birth attendance, the maternal mortality in Malawi is slowly declining.
- Poor quality of care has been recognised as a major contributing factor to a slow reduction in maternal mortality.
- A key aspect of measuring quality of care is continual assessment of women's experience of the care and measurement of adherence to performance standards by healthcare providers.



Study Summary

- The Ministry of Health and Population (MOH&P) with technical support from Jhpiego, developed standards of obstetric care to maximize the quality of care.
- The standards addressed both facility readiness and clinical care.
- The purpose of the study was to assess provider adherence to the standards of maternity care specifically during Focused Antenatal Care, (FANC) Normal Labour and Delivery (NLD), and Management of complications of Labour and Delivery (MCLD).
- Using a cross sectional quantitative approach, seven health sites were assessed: 2 central hospitals; 2 district hospitals; 2 health centres; and one Christian Health Association of Malawi, (CHAM) hospital.
- To assess providers adherence to standards of maternity care, an MOH&P Integrated Maternal, Neonatal, and Child Quality of Care Assessment and Improvement Tool was used for data collection.
- A total of 391 provider-client interactions were observed for focused antenatal care, 394 observations for normal labour and delivery standards and 69 observations for clients who experienced any form of complication or adverse effects.

The Malawi Healthcare System

The Malawi healthcare system consists of two main providers: the Ministry of Health and Population (MOH&P) and the not-for profit private-sector Christian Health Association of Malawi (CHAM), which provide 60%, and 37% of the health services, respectively.

Health services are provided at four levels:

1. Community level through health surveillance assistants. The focus is on preventive interventions;
2. MoH-governed primary services in rural health centers, health posts, and outreach clinics;
3. Secondary level healthcare through district and CHAM hospitals, both of which are referral sites for obstetric emergencies;
4. Tertiary level care, located mostly in urban centers, provide specialist services.

Data Analysis

Clinical observational data was used to calculate performance adherence score for each standard in all three service areas; FANC, NLD and MCLD. For each service area, we computed percentage of verification criteria met for each performance standard; 80% or more of criteria achieved was classified as adherence to performance standard. Proportion of standards achieved was calculated for each provider in all three service areas.

Focused Antenatal Care (FANC)

Overall in FANC service area, health providers scored at least 80% of verification criteria in only 2 of 18 performance standards. Namely “provider receives and treats the pregnant woman and her husband or companion cordially and with respect” (87.1%) and “provider obtains/reviews client’s information” (89.4%) as shown in figure 1.

Further analysis indicates that health providers from mission hospitals, followed by central and district hospitals scored significantly higher than providers from health centres on most of the standards as shown in figure 2.

Figure 1: Providers score focused on antenatal care

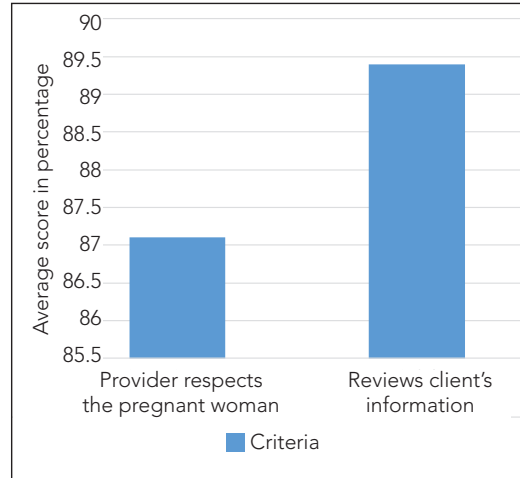
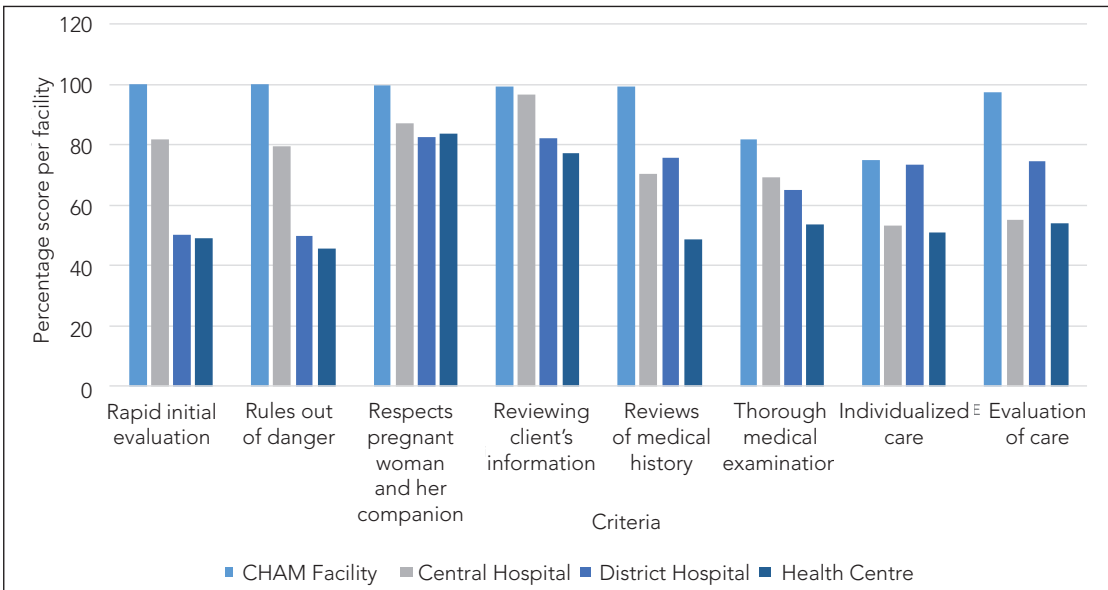


Figure 2: Providers’ score based on facility



Note:

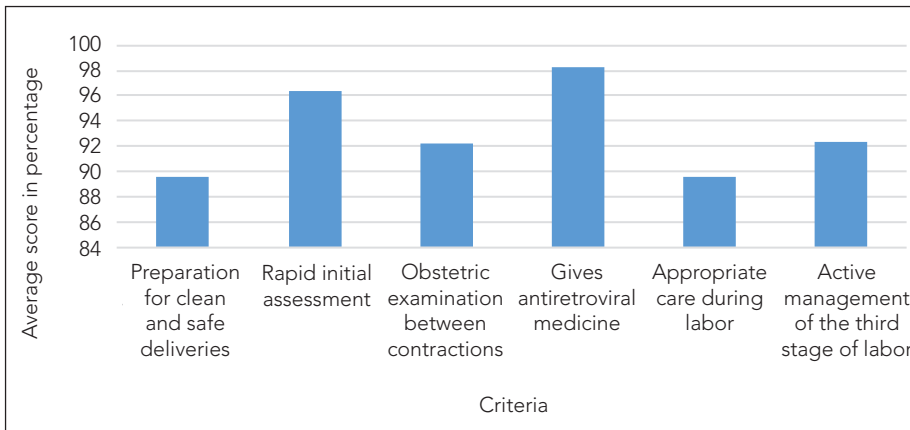
CHAM facilities scored high in most of the Standards of Focused Antenatal Care as compared to the other facilities.

Management of Normal Labour and Delivery

In the NLD service area, health providers complied with 80% or more of verification criteria in 10 out of 20 performance standards.

Protocol adherence scores were nearly perfect for the following standards:- "preparation of equipment, supplies and the environment to conduct clean and safe deliveries; rapid initial assessment of the pregnant women in labour to identify complications and prioritize admissions", "obstetric examination between contractions", "gives antiretroviral medicine as appropriate", "decision and implementation of appropriate care during labour, according to the findings of the history and physical exam" and "adequately performs active management of the third stage of lab" (89.5%, 96.4%, 92.2%, 98.3%, 89.5% and 92.4% respectively).

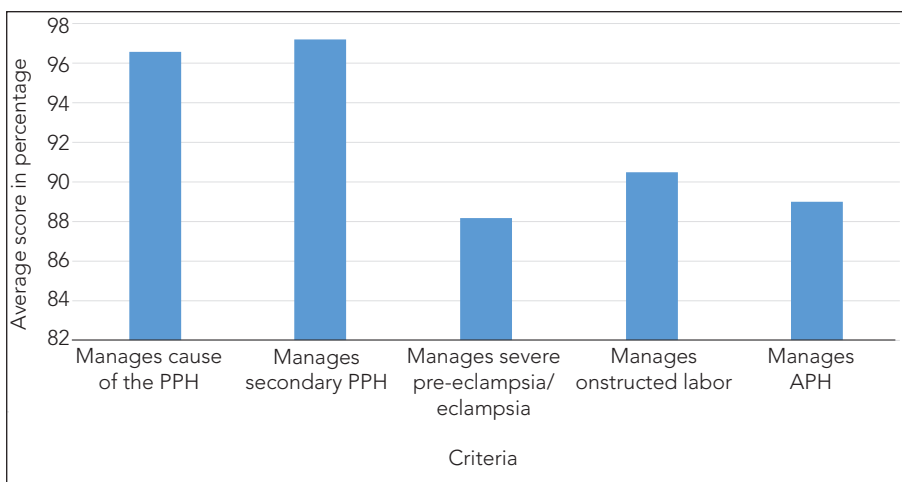
Figure 3: Provider score on normal labour and delivery



Management of Complications of Labour and Delivery

Service area, health providers had performance score of 80% or more of verification criteria in 5 out of 10 performance standards (Figure 4). Protocol adherence scores were high for "properly performing the specific management of the cause of the Post-Partum Haemorrhage", "provider correctly manages secondary Post-Partum Haemorrhage", "correctly manages severe pre-eclampsia and/or eclampsia", "correctly manages obstructed labour" and "correctly manages Antepartum Haemorrhage" (96.6%, 97.2%, 88.2%, 90.5% and 89.0% respectively).

Figure 4: Provider adherence in management of labour complications



Conclusion and Recommendations

The study shows that there was poor adherence to standards of care in most of the facilities implying that the care being provided was substandard. The study therefore recommends that the Ministry of Health and Population implements the following:-

- Improve leadership and governance at all levels in the healthcare system to ensure there is ongoing supervision/mentoring on processes of care by skilled practitioners.
- Promote a culture for quality amongst care providers by emphasizing quality improvement as one of the key priorities of service delivery.
- Provide ongoing orientations and evaluation on standards for skills and practice among staff who directly provide patient care.

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Authors

Ellen Chirwa¹, Janet Mambulasa¹, Patrick Patterson², Zubia Mumtaz², Madalitso Tolani³, Fannie Kachale⁴, Josephat Nyagero⁵

1. Kamuzu College of Nursing, Malawi
2. University of Alberta, Canada
3. AMREF Health Africa, Malawi
4. Ministry of Health and Population, Malawi
5. AMREF Health Africa, Kenya

Contact: Ellen Mbweza (embweza@kcn.unima.mw)



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