Improving Quality of Maternal and Newborn Care in Ebonyi and Kogi States of Nigeria

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Nigeria Did Not Achieve Millennium Development Goals 4 & 5

- An estimated 40,000 maternal deaths occur in Nigeria annually; approximately 14% of the global burden
- The maternal risk of dying is 1 in 31 compared to 1 in 19,200 in Austria
- Of the 1,000,000 under-five deaths that occur annually in Nigeria, about 30% occur in the first 28 days of life
- Nigeria accounts for 10% of the global burden of newborn deaths

Sustainable Development Goals

Nigeria on track for SDG # 13 only (climate change)
Regional differences in SBA Coverage Do Not Correlate with Institutional Perinatal Mortality Rates

Skilled Birth Attendance and Newborn deaths/Stillbirths in Nigeria
Why doesn't SBA have a larger impact on mortality?

Geopolitical Zones  Source NDHS 2013
To improve health outcomes for mothers, newborns and children by ensuring that every woman and child receives appropriate, safe and respectful care at the right time.
Improving RMNCH Care: Key Approaches at National Level

- Creation of a National QI RMNCH Technical Working Group
- Development of a National RMNCH QoC Strategy, building on the WHO QoC framework
- Participation as a first-phase country in the multi-country QoC MNCH network
- Development of a Roadmap for Nigeria’s participation in QoC network - national, state, LGA and facility actions
Background: Ebonyi & Kogi States

- State coverage: 2 out of 36 states (5.6%)
- Population of project States
  - Ebonyi State: 2.79m (1.5%)
  - Kogi State: 4.3 m (2.3%)
- Skilled Birth Attendance
  - Ebonyi – 60%
  - Kogi – 78%
  - but high MMR & NMR
- Baseline assessment 2016
  - Limited skills
  - Limited commodities
  - Poor infection prevention and control
- MCSP supported health facilities: (Total 321 over 4 years, 2014 - 2018)
Improving RMNCH Care: Key Approaches Across the State Health System

State / District level

- State QI operational plan
- State-wide RMNCH improvement strategy
- Prioritization of common quality measures
- Support to QI teams
- Strengthening QI/measurement and clinical capabilities
- Investments in pre-service education
Improving RMNCH Care: Key Approaches Across the State Health System

Facility level (Primary Health Centers, Hospitals)

- Regular team work
- Strengthening facility readiness
- Regular measurement, visualization and analysis of prioritized quality measures
- Regular shared learning across sites
Improving Women-centered Labor, Delivery, Postpartum Care:
Measuring BP, fetal heart rate; partograph use; prophylactic uteronic
(N=27,643 Total Deliveries in 91 Facilities)

Data Source: MCSP quality of care dashboard (DHIS and additional data)

Illustrative changes:
- Re-organizing care pathways to be more people centered and to expedite timely care
- Drug-revolving scheme, buying essential medications from pharmacies to sell to patients at a fair price
- Ensure privacy for women in labor and delivery in high-volume facilities
- Targeting additional support to lower-performing facilities

Month
- % of deliveries for which partograph was used
- % of women who delivered and uterotonic given within 1 min of delivery of last baby
- % of women with blood pressure measured during labour
- % of women with documented fetal heart rate (FHR) during labour
Improving Early Postnatal Care for Newborns: Skin to Skin, Early Breastfeeding, Chlorhexidine Gel to Umbilical Cord (N=27,643 total deliveries in 91 facilities)

Illustrative changes:
- Creating hand-washing corners
- Introduction of chlorhexidine
- Establishing fully stocked newborn, small sick newborn corners

Data Source: MCSP quality of care dashboard (DHIS and additional data)
Trends in Health Outcomes
Newborn resuscitation; Institutional Obstetric Case Fatality Rate

Improving the proportion of newborns with asphyxia who were successfully resuscitated (n = 27,643 total deliveries in 91 facilities)

Decreasing trend in facility total obstetric case fatality rate in 45 first-phase QI facilities (N=5,767 women with obstetric complications; N=187 total maternal deaths)

Data Source: MCSP QI dashboard (DHIS2 data and additional data)
Reflections and Recommendations

• Partnership and engaged leadership at all levels is essential to strengthens systems, and improve and sustain results
• Skills-building alone is not sufficient!
• Pre-service education is critical
• Documenting and using data for decision-making needs greater attention
• Shared learning and recognition motivates health workers and can accelerate improvement across sites
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  • Pediatric Association of Nigeria/Nigerian Society of Neonatal medicine (PAN/NISONM)
  • Nigerian Association of Nurses and Midwives (NANM)
For more information, please visit www.mcsprogram.org

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