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Improving Maternity Services - an International Perspective

Helen Crisp,
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MaiKhanda Programme Malawi

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MaiKhanda Programme

'Mother and baby' in Chichewa

Set up in response to Millennium Development Goals 4 and 5:

4. Reduce child mortality

5. Improve maternal health

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Maternal Mortality in Malawi

Data from the project set up period:

- 984 deaths per 100,000 live births
- About 5900 maternal deaths each year
- About 16 maternal deaths every day

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Maternal Mortality

Direct Causes:

- Ruptured Uterus
- Sepsis
- Haemorrhage
- Prolonged and obstructed labour
- Pre-eclampsia and Eclampsia
- Complications of abortion

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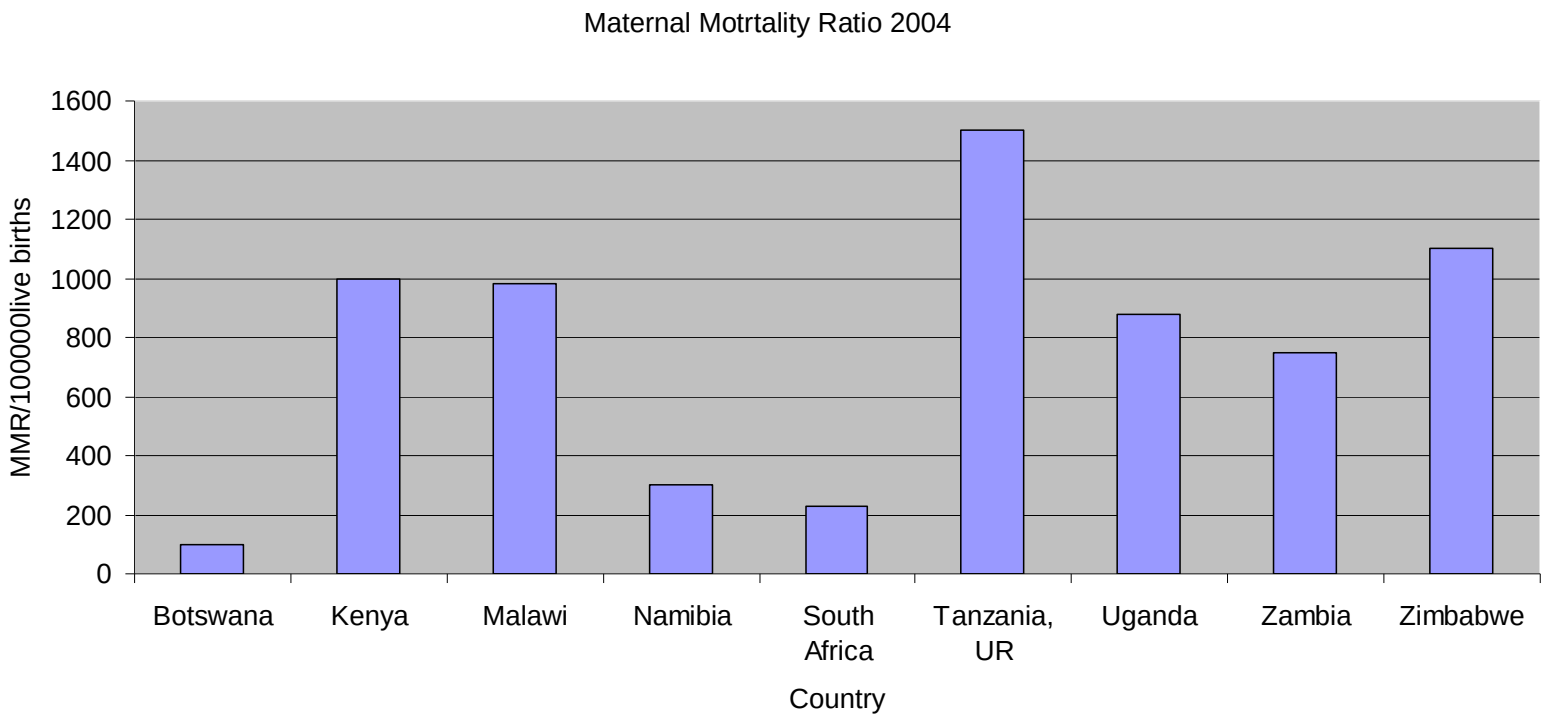
Maternal Mortality

Indirect Causes:

- Malaria
- Anaemia
- HIV and AIDS

Comparative rates - neighbouring countries



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Neonatal Mortality is also high in Malawi

- Neonatal mortality rate (NMR) is estimated at 27deaths per 1000 live births
- About 16,000 neonatal deaths occur annually in Malawi

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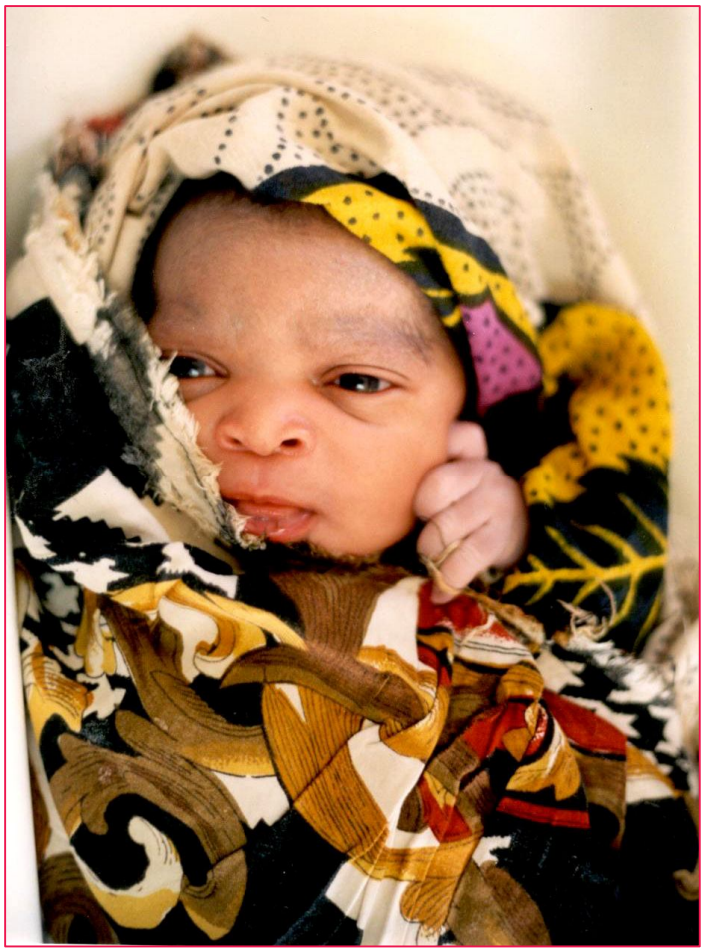
Neonatal mortality

- 40% of all infant deaths occur during the first month of life.
- 20% of newborns are of low birth weight (LBW): Below 2500 grams.
- Causes
  - Sepsis
  - Asphyxia
  - Low birth weight
  - Prematurity



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The Three Delays

1. Delay in deciding to seek care

2. Delay in reaching a health facility (transport, distance or no money)

3. Delay in receiving the appropriate treatment at the facility.
   - Lack of drugs and supplies,
   - Lack of blood transfusion facilities.
   - Staff shortages
   - Poorly trained personnel with negative attitude
   - High cost of services

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Aims of MaiKhanda programme

In Lilongwe, Kasungu and Salima districts of Malawi to:

- Reduce maternal deaths by 30%
- Reduce neonatal deaths by 30%

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The MaiKhanda project some numbers:

3,200,000 Population of Lilongwe, Kusungu and Salima

320,000 Population under mortality surveillance

1500 Villages involved in the surveillance system

729 Number of women's groups

64 Health centres providing Basic Emergency Obstetric Care

9 Hospitals providing Comprehensive Emergency Obstetric Care

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MaiKhanda programme approach

Reduce delays in seeking care

- Community mobilisation to educate and empower women
  - Working with 729 women's groups

Reduce delays in getting to care

- Working to improve simple means of transport

Reduce delays in delivering appropriate care

- Quality improvement of obstetric services
  - in 11 hospitals
  - in 32 health centres

All aligned with Malawi Ministry of Health roadmap for improvement of maternal and child health services

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Key interventions to reduce maternal and neonatal mortality

- Increasing utilization of Family Planning
- Emergency obstetric care services
- Skilled attendants during pregnancy and childbirth
- Essential newborn care
- Effective referral system

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Challenges

- Working with too wide a range of organizations early on
- Turnover of staff makes organizational learning/ memory weak
- Parallel work with MoH and programme plans - confusion about different approaches
- Too many short training sessions
- No systematic strategy for leadership engagement
- Too many NGO's and varying allowance practices distracting teams

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What has worked

- Alignment with MoH road map essential
- Good relationship with District Health Officer in 2 of 3 districts
- Maternal death review, based on transparent criteria
- Use of existing national standards as a basis for measurement
- Model for Improvement has built confidence in possibility of solutions
- Strong local technical team with complementary strengths and skills
- Tapped into desire of healthcare staff for change

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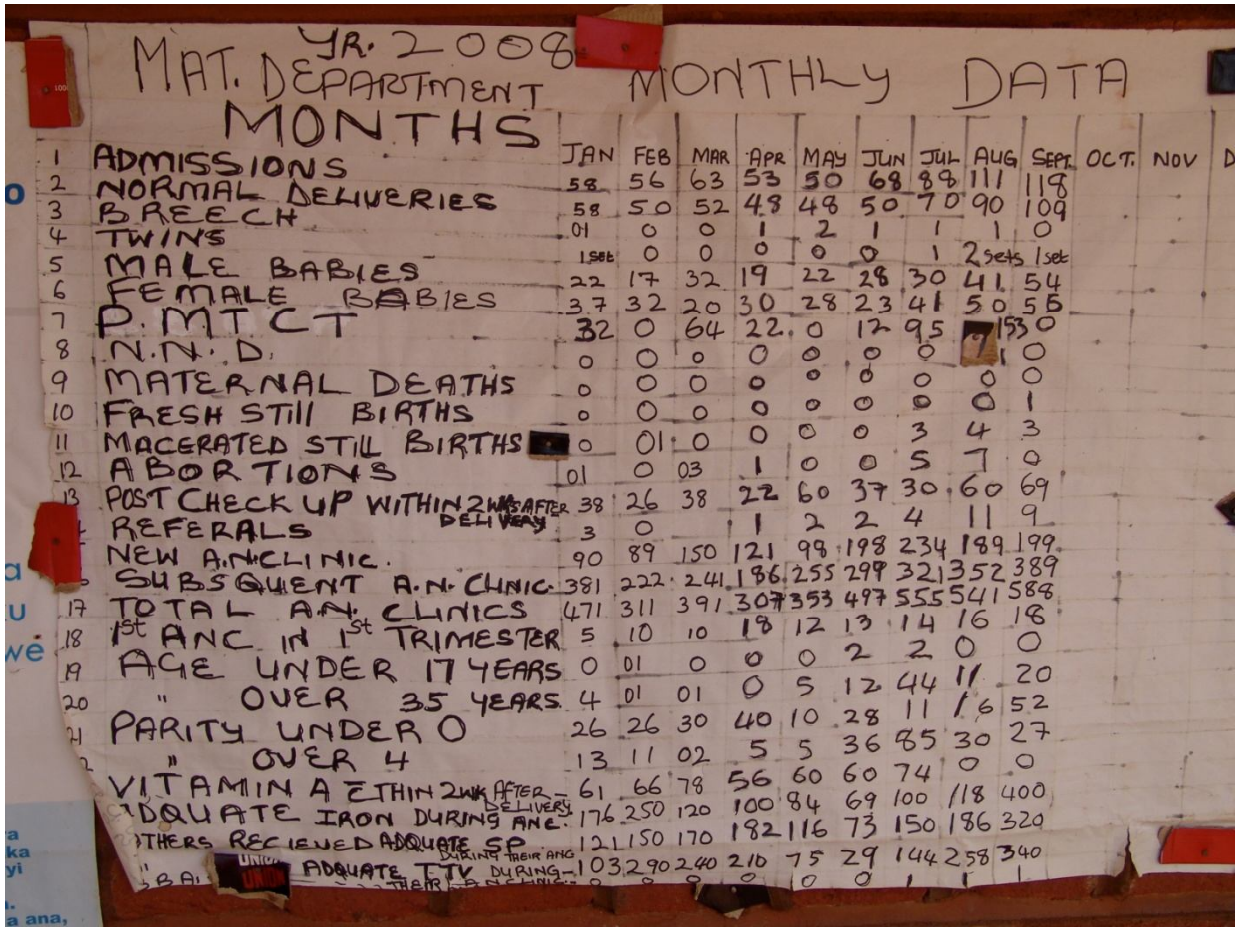
Data surveillance system

From this



YR. 2008 MAT. DEPARTMENT MONTHLY DATA

MONTHS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT.	OCT.	NOV	D
1 ADMISSIONS	58	56	63	53	50	68	88	111	118			
2 NORMAL DELIVERIES	58	50	52	48	48	50	70	90	109			
3 BREECH	01	0	0	1	2	1	1	1	0			
4 TWINS	1set	0	0	0	0	0	1	2sets	1set			
5 MALE BABIES	22	17	32	19	22	28	30	41	54			
6 FEMALE BABIES	37	32	20	30	28	23	41	50	55			
7 P.M.T.C.T	32	0	64	22	0	12	95	[redacted]	130			
8 N.N.D.	0	0	0	0	0	0	0	1	0			
9 MATERNAL DEATHS	0	0	0	0	0	0	0	0	0			
10 FRESH STILL BIRTHS	0	0	0	0	0	0	0	0	1			
11 MACERATED STILL BIRTHS [redacted]	0	01	0	0	0	0	3	4	3			
12 ABORTIONS	01	0	03	1	0	0	5	7	0			
13 POST CHECK UP WITHIN 2WKS AFTER DELIVERY	38	26	38	22	60	37	30	60	69			
REFERALS	3	0		1	2	2	4	11	9			
NEW A.N.CLINIC.	90	89	150	121	98	198	234	189	199			
SUBSQUENT A.N. CLINIC	381	222	241	186	255	299	321	352	389			
17 TOTAL A.N. CLINICS	471	311	391	307	353	497	555	541	588			
18 1st ANC IN 1st TRIMESTER	5	10	10	18	12	13	14	16	18			
19 AGE UNDER 17 YEARS	0	01	0	0	0	2	2	0	0			
20 " OVER 35 YEARS	4	01	01	0	5	12	44	11	20			
21 PARITY UNDER 0	26	26	30	40	10	28	11	16	52			
" OVER 4	13	11	02	5	5	36	85	30	27			
VITAMIN A WITHIN 2WK AFTER DELIVERY	61	66	78	56	60	60	74	0	0			
ADQUATE IRON DURING ANC.	176	250	120	100	84	69	100	118	400			
OTHERS RECIEVED ADQUATE SP DURING THEIR ANC	121	150	170	182	116	73	150	186	320			
ADQUATE TTV DURING THEIR ANC	103	290	240	210	75	29	144	258	340			

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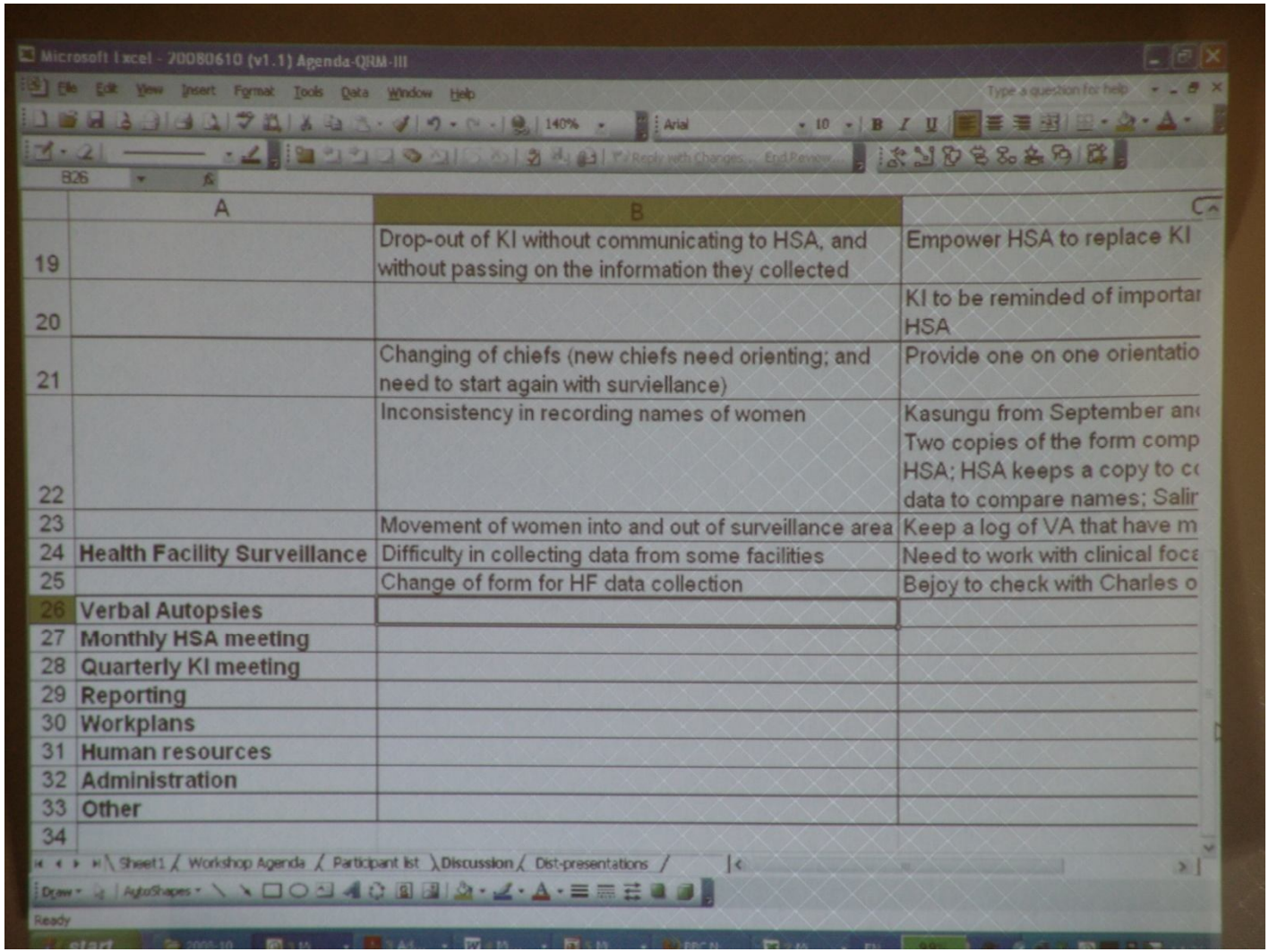
Data surveillance system

To this



	A	B	
19		Drop-out of KI without communicating to HSA, and without passing on the information they collected	Empower HSA to replace KI
20			KI to be reminded of importar HSA
21		Changing of chiefs (new chiefs need orienting; and need to start again with surviellance)	Provide one on one orientatio
22		Inconsistency in recording names of women	Kasungu from September an Two copies of the form comp HSA; HSA keeps a copy to c data to compare names; Salir
23		Movement of women into and out of surveillance area	Keep a log of VA that have m
24	Health Facility Surveillance	Difficulty in collecting data from some facilities	Need to work with clinical foc
25		Change of form for HF data collection	Bejoy to check with Charles o
26	Verbal Autopsies		
27	Monthly HSA meeting		
28	Quarterly KI meeting		
29	Reporting		
30	Workplans		
31	Human resources		
32	Administration		
33	Other		
34			

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What has worked

- Women friendly care adopted at nearly all sites
- Most hospital leadership engaged and supportive
- Anecdotal increase in community awareness
- One exemplary site with stunning results which has shown the possibilities
- Full engagement of the project teams
- Strong desire to learn from each other - spontaneous spread occurring through site visits

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Women's groups

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Thank you!

Find out more at
www.health.org.uk