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Background

What is the status of maternal and neonatal health in Ethiopia?

Significant improvements in maternal and neonatal health:

	1990	2015
Maternal Mortality (per 100,000 live births) ¹	1250	353
Neonatal Mortality (per 1,000 live births) ²	60	29

Despite improvements, the mortality ratios are unacceptable. Several challenges remain:³

- Low-skilled birth attendance
- Lack of culturally-sensitive, patient-centered care
- Geographical/ transportation barriers,
- Shortage of skilled health professionals
- Lack of infrastructure, medical equipment
- Poor quality of healthcare services

What work is IHI supporting in Ethiopia?

To address the high levels of mortality and improve care, IHI is supporting the MOH on three major program components:

Creation of **Ethiopian National Health Care Quality Strategy** with the Ethiopian FMOH
 Aligned with the Ethiopian Health Sector Transformation Plan
 Builds on the existing quality and equity initiatives in the country

Activate a **culture of continuous improvement** at all levels of the healthcare system
 Multi-level QI capability building training activities

Launch and test large-scale **results-focused collaboratives** in maternal and neonatal health

Demonstrate impact of QI methods to accelerate change in key priority area

Create scalable woreda-wide model for operationalizing QI for national scale-up

Ethiopia's Health Sector Transformation Plan has identified four major pillars within the healthcare system that need our immediate attention. Among these pillars is the provision of Compassionate and Respectful Care. IHI has partnered with the FMOH to aid in the creation and training of a compassionate and respectful health workforce through a quality improvement approach.



Figure 1: Learning Collaborative Design

What is Respectful Maternity Care (RMC)?

- RMC: "an approach that emphasizes the positive interpersonal interactions of women with health care providers and staff during labor, delivery, and the postpartum period."⁴
- Components of RMC: respectful and dignified patient-provider communication, privacy, birth companionship

Why focus on Respectful Maternity Care?

- Lack of RMC is a major cause of low skilled birth attendance⁴.
- Patients are largely unsatisfied with their experience at hospitals due to the lack of RMC⁵.
- Community members invited to IHI's learning sessions described that lack of RMC at the facilities is a major deterrent to utilization of health services.
- RMC can prevent health complications caused by neglect and abandonment of care

Objective

Train healthcare providers on the provision of respectful maternity care through testimonial videos that depict pregnant women's facility-based childbirth experiences and motivate change idea generation to address key gaps through QI efforts.

Methods and Materials

RMC training: RMC training is embedded into the learning sessions as well as quality improvement trainings. This training package included a set of three patient testimonial videos as well as a presentation on compassionate and respectful care. With this training on RMC, healthcare providers designed quality improvement projects to improve patient-provider communication and ensure privacy and birth companionship. In addition, privacy and birth companionship are crucial components of the on-admission bundle of WHO's Safe Childbirth Checklist that IHI is working to incorporate into all maternity and delivery wards.

On-admission bundle: One of the core indicators selected to be monitored that focuses on patient-centered care. This indicator includes "danger sign assessment, partograph initiated when cervical dilation at least 4 cm, availability of soap and water/alcohol hand rub, and gloves, birth companion encouraged to be present during labor and at birth, mothers privacy maintained during labor and delivery."

Data

A baseline assessment was carried out to determine the initial quality of maternal and neonatal services and the performance on the selected indicators. Data was collected throughout the action period to monitor improvements as part of routine QI and coaching activities.

The run charts presented below show progress on adherence to the "on-admission bundle" with an all/none approach. The data was collected from three IHI-supported prototype woredas and aggregated across all woreda facilities: Lemu Bilbilu (LB), Duguna Fango (DF) and Tanqua Abergele (TA).

Results

Sustained improvement was observed in all three woredas with a recent decline in DF over the past 2 months.

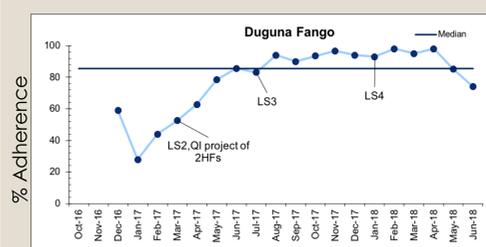


Chart 1: All-or-None "On Admission" Bundle Adherence for Duguna Fango woreda (district)

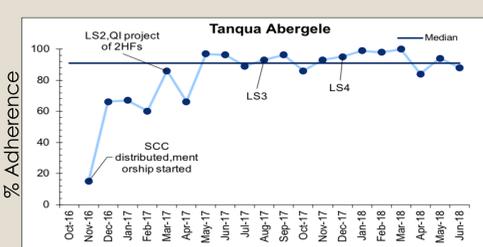


Chart 2: All-or-None "On Admission" Bundle Adherence for Tanqua Abergele woreda

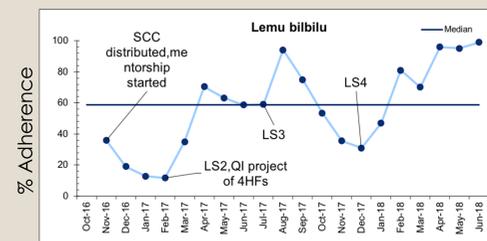


Chart 3: All-or-None "On Admission" Bundle Adherence for Limu Bilbilu woreda

Discussion

The videos and presentation used to teach healthcare providers of the importance of RMC seem to result in promising, sustainable improvement.

- The learning sessions and quality improvement trainings emphasize important patient-provider communication skills and encourage healthcare workers to ensure privacy and birth companionship for childbearing women.
- The coaching visits allow project officers to advise healthcare workers and monitor the facilities' progress on the chosen indicators.
- The use of the videos and the presentation coupled with coaching visits and the adoption of the quality improvement culture has resulted in an increased adherence to the on-admission bundle.



Figure 2: Strengthening patient-provider communication.



Figure 3: Using patient testimonies



Figure 4: QI coaching and clinical mentorship with woreda health officer

Moving Forward

The Federal Ministry of Health has identified compassionate and respectful care as one of the pillars of a quality health system. IHI has worked hand-in-hand with the ministry to make strides towards this goal.

Looking to the future, we hope that:

- This work to advance CRC will support the ministry's goal of creating compassionate and respectful healthcare professionals;
- The training modules that are produced be used as educational resources for medical professionals across the country as well as those in training;
- The training modules help healthcare providers foster positive attitudes towards pregnant women and adopt quality improvement strategies;
- Health care providers continue to engage patients directly in the design of quality improvement projects to improve pregnant women's facility birth experiences.

Contact

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