PROMOTING RESPECTFUL MATERNITY CARE IN MOZAMBIQUE

Panel - Humanization of Childbirth / Respectful Maternity Care
Presenter: Dr. Veronica Reis, Jhpiego/MCHIP
Senior RH/MNH Technical Advisor
Tuesday, 28 May, in Grand Ballroom 1,
2:45pm - 4:15pm
Session Objective

- To share the results of work undertaken in Mozambique to promote the Quality and Respectful Care, particularly in the area of MNH.

Mozambique:

- Population: 23 million
- Life expectancy at birth of 52 years
- Maternal mortality ratio: 550/100,000 lb
- Neonatal mortality: 37/1,000 lb
- Skilled birth attendant coverage: 54.3%

General Concepts and Considerations

“Respectful Maternity Care” called in Mozambique “Humanized Care” is an approach that:

- Centers on the individual
- Emphasizes the fundamental rights of the mother, newborn and families
- Promotes evidence-based practices that recognize women’s preferences and needs
Background, 2007–2008

- Quality and RMC promotion process, in 6 provinces/18 HF, using the Jhpiego Standards-Based Management and Recognition approach (SBM-R®).

- Results: By the end of 2008, selected HF doubled or tripled their performance and were operating at a higher quality level.
It is a practical approach that follows four main steps:

1. **Setting performance standards** based on national norms and international references – including standards related to RMG
2. **Implementing standards** through a systematic methodology
3. **Measuring progress** to guide improvement toward standards
4. **Reward achievement** of the standards
Model Maternities Initiative (MMI): Since 2009
A Work in Progress...

- Process expanded in 2009 to the 34 largest hospitals throughout the country (MMI)
- MMI aims - create facilities models for maternity care and for clinical training
- National Plan for the promotion of Quality and RMC launched by the MOH in 2010
MMI Promotes Practices that Recognize Women’s Preferences and Needs...

- Respect for beliefs, traditions, and culture
- The right to information and privacy
- Choice of a companion during childbirth
- Liberty of movement during labor
- Choose the position for childbirth

Photos: MCHIP Mozambique
**MMI: Scaling-Up of MNH High-Impact Interventions**

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**“At Pre-Natal Care”**

- Minimum of 4 ANC Visits with a guaranty of high-impact interventions:
  - Tetanus Toxoid Immunization;
  - Supplementation with Iron Folate;
  - Intermittent preventive treatment of Malaria (IPT);
  - PMTCT;
  - Birth and Obstetric Complications Preparedness Plan;

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**“During Normal Labor and Delivery”**

- Partogram consistent use;
- Liberty of movements and continuum emotional support (Evidence Category A - Labrecque et al, 1999)
- Birth Plan implementation – according to the obstetric history, clinical exam, woman preferences and fetus condition;
- Clean delivery;
- Newborn care (including skin-to-skin contact with mother and early breastfeeding...);
- Active management of the third stage of labor (AMTSL);
- Mother/Newborn close monitoring in the immediate post-partum;
- AVOID: Room transference; Routine supine position; Intended pushing; Frequent vaginal examinations; kristeller maneuver; Routine episiotomy.

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**“Provision of Basic Emergency Obstetric and Newborn Care”**

- Intravenous antibiotics, oxytocics, MgSO4, manual removal of placenta, assisted vaginal delivery, removal of retained products, newborn resuscitation, Kangaroo Mother care and antibiotics for the newborns;
- Timely referral to Comprehensive Emergency Obstetric and Newborn Care Facilities;

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**“Pos-Natal Care & Family Planning”**

- Post-Natal Care: 3 Visits for Mother and Newborn: 2º-3º, 7º and 21-28 days after deliver;
- Family Planning: Promotion of long-lasting methods (including immediate pos-partum family planning).
# MMI Adopted Standards by Area

<table>
<thead>
<tr>
<th>AREAS</th>
<th>CONTENTS</th>
<th>STANDARDS</th>
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<tbody>
<tr>
<td>1.</td>
<td>Management</td>
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<td>2.</td>
<td>Information, monitoring and evaluation</td>
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<td>3.</td>
<td>Human and material resources</td>
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<td>4.</td>
<td>Health work conditions</td>
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<tr>
<td>5.</td>
<td>Health education and community involvement</td>
<td>4</td>
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<tr>
<td>6.</td>
<td>Antenatal and postnatal care</td>
<td>14</td>
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<tr>
<td>7.</td>
<td>Labor, delivery and neonatal care</td>
<td>23</td>
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<tr>
<td>8.</td>
<td>BEmONC</td>
<td>9</td>
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<tr>
<td>9.</td>
<td>Training</td>
<td>4</td>
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<tr>
<td><strong>TOTAL OF STANDARDS</strong></td>
<td></td>
<td><strong>80</strong></td>
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Key M&E Result Indicators Selected for MMI

<table>
<thead>
<tr>
<th>INDICATORS</th>
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<tbody>
<tr>
<td>% of pregnant women who received at least 2 doses of IPT</td>
<td></td>
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<tr>
<td>% of HIV+ pregnant women who received prophylaxis (PMTCT)</td>
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<tr>
<td>Number of births by SBA in the selected Model Maternities</td>
<td></td>
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<tr>
<td>% of deliveries with partograph completely filled</td>
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<tr>
<td>% of women with companion during labor and birth</td>
<td></td>
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<tr>
<td>% of women giving birth in a semi-vertical or vertical position</td>
<td></td>
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<tr>
<td>% of newborns with skin-to-skin care</td>
<td></td>
</tr>
<tr>
<td>% of newborns with early breastfeeding</td>
<td></td>
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<tr>
<td>% of birth with AMTSL</td>
<td></td>
</tr>
<tr>
<td>% of severe pre-eclampsia and eclampsia treated with MgSO₄</td>
<td></td>
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</tbody>
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Source for baselines: NHIS, 2010
*Natural population growth: 2.4%
Process followed by each Health Facility

CLINICAL TRAINING of HEALTH PROVIDERS

Quality Standards Baseline & Gaps Analysis

Elaboration of an Action Plan to address the needs identified

FIRST ACTION PLAN IMPLEMENTATION

Revision and Implementation of the ACTION PLAN ACCORDING to the NEDDS IDENTIFIED in the QUARTERLY MEASUREMENTS of QUALITY STANDARDS

EXTERNAL EVALUATION

The External Evaluation is requested by HF if in their internal evaluation they have reached 80% of all quality standards during at least 2 quarters

RECOGNITION

Quarterly measurement of quality standards and Gaps Analysis

Monthly monitoring of selected indicators

Internal Recognition Process
Implementation of the MMI Process
(Measurement of Performance and Elaboration of Action Plan)

Photos: MCHIP Mozambique
Some Results from MMI
(Average of all 34 HF, Oct 2009–Dec 2012)

Maternity care high impact interventions: partograph use; AMTSL; use of magnesium sulfate

<table>
<thead>
<tr>
<th></th>
<th>Baseline (Oct. - Dec. 09)</th>
<th>1st Quarter (Jan - Mar 10)</th>
<th>2nd Quarter (Apr - Jun 10)</th>
<th>3rd Quarter (Jul - Sep 10)</th>
<th>4th Quarter (Oct - Dec 10)</th>
</tr>
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<tbody>
<tr>
<td>% births with partograph completely filled out</td>
<td>0.0</td>
<td>22.6</td>
<td>29.1</td>
<td>33.1</td>
<td>37.9</td>
</tr>
<tr>
<td>% births with AMTSL</td>
<td>0.0</td>
<td>86.1</td>
<td>86.1</td>
<td>73.9</td>
<td>78.4</td>
</tr>
<tr>
<td>% cases severe PE / E treated with Mg. sulfate</td>
<td>20.0</td>
<td>87.2</td>
<td>74.1</td>
<td>76.4</td>
<td>70.0</td>
</tr>
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Some Results from MMI
(Average of all 34 HF, Oct 2009–Dec 2012)

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<tr>
<td>% women with companion during labor</td>
<td>0.0</td>
<td>21.7</td>
<td>26.0</td>
<td>28.8</td>
<td>34.2</td>
</tr>
<tr>
<td>% women with companion during birth</td>
<td>0.0</td>
<td>19.4</td>
<td>23.2</td>
<td>25.5</td>
<td>26.8</td>
</tr>
<tr>
<td>% women giving birth in semi-vertical / vertical position</td>
<td>0</td>
<td>18.1</td>
<td>21.7</td>
<td>23.3</td>
<td>29.5</td>
</tr>
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Some Results from MMI
(Average of all 34 HF, Oct 2009–Dec 2012)

Newborn high-impact interventions: Skin-to-skin contact; immediate breastfeeding

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</thead>
<tbody>
<tr>
<td>% newborns with skin-to-skin contact</td>
<td>0.0</td>
<td>77.0</td>
<td>81.0</td>
<td>72.4</td>
<td>76.8</td>
</tr>
<tr>
<td>% newborns with immediate breastfeeding</td>
<td>0.0</td>
<td>77.3</td>
<td>77.3</td>
<td>72.2</td>
<td>77.3</td>
</tr>
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Correlation between Quality and Respectful Care Improvement and Maternal Death

![Graph showing correlation between various factors and maternal deaths](image)
Correlation between Quality and Respectful Care Improvement and Fresh Stillbirths

- % of SBMR related to labor care
- % of use of partograph for labor
- # of cases of fresh stillbirth (+ FHR at admission with 5 minute APGAR of 0)
Client Satisfaction

- One Mozambican mother allowed to accompany her daughter during childbirth: “This is what I can call true independence!”

- One Mozambican woman, who gave birth to her first daughter in a squatting position and accompanied by her partner, is now advocating for this movement, affirming, “We women must speak up to fight for our rights.” And the father of the baby said: “It was the most incredible experience of my life.”
Main Lessons Learned and Successful Approaches from Mozambique...

- “Political will" is critical in this process.
- Community and media involvement is also very important.
- Identifying champions.
- It’s necessary to mobilize resources to support the process implementation.
Main Lessons Learned and Successful Approaches from Mozambique...

- Working together with pre-service/in-service training institutes and professional organizations creates a more sustainable training process.
- Developing a pool of trainers and supervisors is an important approach.
- Provide technical and managerial support to facilities along the way.
- Monitoring process and results indicator.
Conclusion

- Promoting quality and RMC care can improve health outcomes and increase service utilization and client satisfaction!

Thank You!

Join us tonight
Jhpiego reception
6:00pm
Room 408 & 409

Less is More:
Must Have
Simple Solutions
for Saving Lives