

SURVIVE and THRIVE

Transforming care for every
small and sick newborn



unicef  | for every child

Data for Action:

Namibia's Maternal and Perinatal Death Surveillance and Response



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Addressing the problem of PDSR based on data

What were the documented challenges?

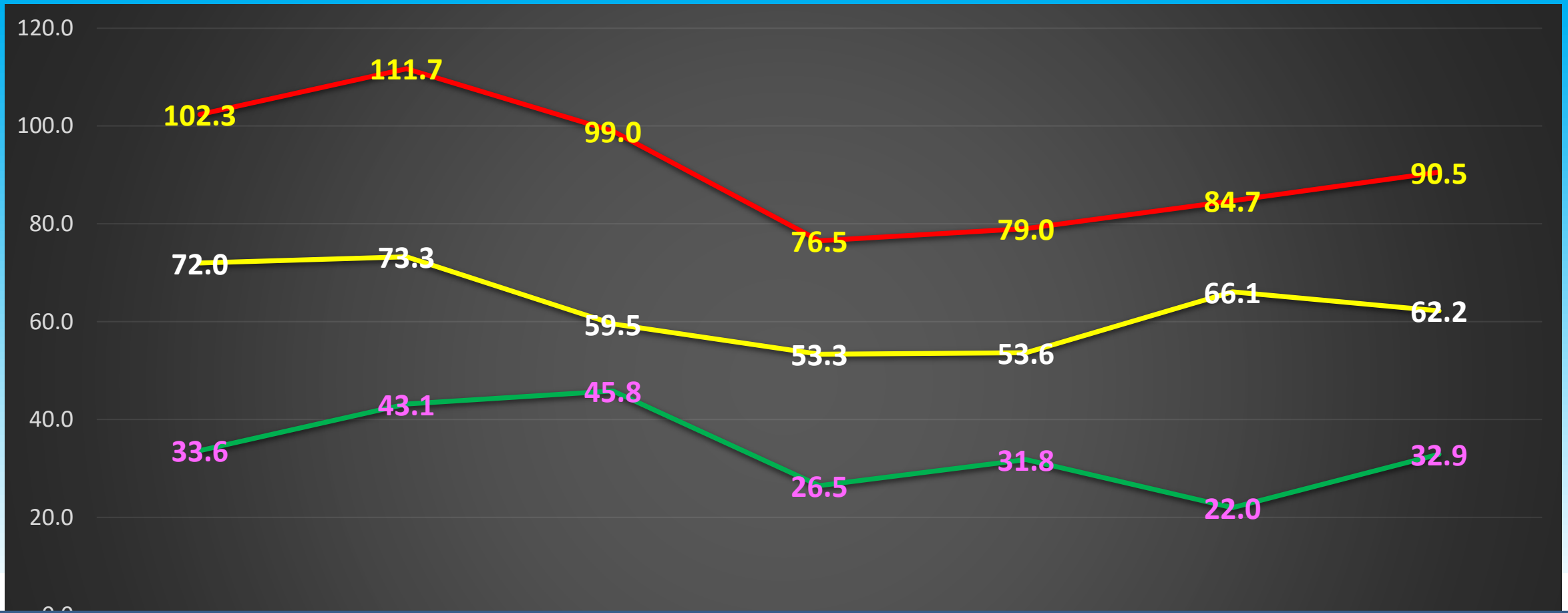
- Non-existent or variable functionality of Review Committees; often maternal focused.
- Recommendations not implemented and so recur
- Staff commitment waned
- MDSR too weak to support many perinatal deaths
- Like always, newborns fall between the cracks – not well counted



Incremental intensity of technical support

- Training (hands-on) - May/Sep.
- Practical sessions: observations - Sep/Nov
- Follow-on support - Nov

Trends in Neonatal Mortality, Stillbirth and Perinatal Mortality Rates – Summary of 3 intermediate referral hospitals



The averages never tell the entire story

Neonatal Mortality Rate (iNMR) per 1000 Livebirths



Jan-Mar 2019
Mean NMR = 16.1
Median NMR = 18.1

1st Training

Jan-Mar 2020
Mean NMR = 12.4
Median NMR = 13.2

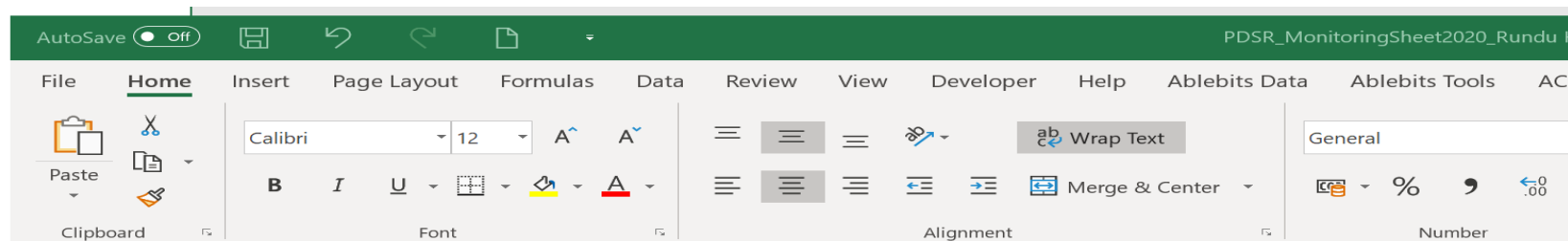
2nd Training; focus on data quality and implementing recommendations

Strengthening the “R”s Data System

- A simple, bespoke Excel Spreadsheet developed to capture data from the surveillance, assess trends in indicators
- A color-coded sheet to track implementation of the recommendations

Home	Date entered	Recommendation	Expected date of completion	Date of status review	Person responsible for implementing in facility	Person responsible for reporting to team	Status of Implementation	Comment
Example (enter serial number)	05/05/2019	We recommend that the matron in-charge of the maternity unit should develop a standard operating procedure document for identifying infections in pregnancy to be used by nurses at the ANC clinics within 2 weeks from this day (5 th of May, 2019). To carry out this recommendation, she/he will need support from the HOD of the Obstetrics unit for technical input and review and support for printing and the Secretary of this PDSR team will follow-up on this recommendation for the team.	19/05/2019	26/01/2020	Matron in charge of maternity	Secretary - Mr Caramansa	Completed	SOP was developed and currently in print with the Ministry's printers to be delivered to the facility in a week
				Review Date				
				Review Date				
				Review Date				
				Review Date				
				Review Date				

How did they get there? Implementing recommendations



	A	C	D	E	F	G	H	I
1	Home	Recommendation	Expected date of completion	Date of status review	Person responsible for implementing in facility	Person responsible for follow-up and reporting to team	Status of implementation	Comment
1		We recommend that all health care providers who see newborn babies considered as high risk (sick, low APGAR<7/5, LBW/premature, RDS, bad obstetrics history in index pregnancy, etc.) at all points of care (including theatre, labour ward, casualty, female ward, etc.) should immediately refer them for admission to the Prem Unit within 1 week starting today the 3rd of June 2019. Matron in charge of maternity and neonatal unit should ensure this is complied with. Neonatal in-charge will report to this team.	10/06/2019	24/04/2020	Matron in charge of maternity and Neonatal Unit	Neonatal sister incharge(Sr Ndepavali)	Completed	All high risk newborn are admitted in prem unit
2		The CMD must ensure that the HOD of gynae/obstetric present to the committee (MPNDSR) a protocol on fluid resuscitation for patient in shock during the antepartum, intrapartum and postpartum admitted in Rundu Hospital within two weeks from today (18/07/2019).	18/07/2019	24/04/2020	CMD	ObstGynae HOD	Completed	
3		The HOD of ObstGynae to print out approved protocol and distribute to all wards admitting mothers in shock which should be used by all health care provider from 25/07/2019 and the sister in charge should ensure the availability of the protocol and it is being used by the Health care workers.	22/08/2019	24/04/2020	HOD of ObstGynae	Matron in charge of Specialized services	Completed	
4		The CMD must call an urgent meeting by 13/09/2019 with all the CMDs /Mos of Rundu hospital on reinforcement of interdepartmental consultation and application of focus postnatal care (hospitalization guidelines for mothers). A mother who has non-obstetric condition should be seen by a medical Doctor from appropriate department for proper evaluation and management.	12/08/2019	24/04/2020	CMD	CMD	Completed	
5		The matron in charge of prem unit should provide an orientation for the unit staff on patient monitoring, interpretation of findings and actions to be taken in case of adverse findings. This should include ensuring that Drs who review such cases address all adverse findings found, the matron will require support from paediatric specialist to facilitate this.	06/12/2019	24/04/2020	Matron inchargeof Prem unit, Dr Kamara	Matron in charge of Specialized services	Completed	
6		All Health care providers attending to/admitting new born babies should provide a complete summary of all maternal record history (ANC passport, care in labour etc) and complete all maternal records from ANC through to delivery.	05/02/2020	24/04/2020	Prem unit In charge	Matron in charge of Specialized services	Completed	The activity
7		We recommend that all Doctors who admit or review babies in the prem unit should provide a clear care plans for the patient, write them down and communicate to the nurses.	05/02/2020	24/04/2020	Matron inchargeof Prem unit, Dr Kamara	Matron in charge of Specialized services	Completed	
9		we recommend that all health workers attending to a fresh still birth deliveries in the labor ward and theatre must attempt resuscitation before declaring dead and documenting.	06/12/2019	24/04/2020	Maternity Ward Incharge	Quality Control (Sr Shautama)	Completed	
10		We recommend that Health Care Workers in the maternity ward discharging mothers with babies , should ensure to give mothers health education on seeking early medical intentions, avoid using traditional medicines at home and it's dangers to babies. This should be documented in the maternity record and ward health education book.	06/12/2019	24/04/2020	Maternity Ward Incharge	Inchargeof Prem unit	Completed	
11		We recommend that the protocol should be developed on how to manage pregnant women presenting with difficulty in breathing in maternity ward.	15/01/2020	24/04/2020	ObstGynae SMO	Maternity Ward incharge	PENDING	
12		We recommend that orientation on developed protocol should be done to all maternity staffs (Nurses and Doctors) on handling women presenting with difficulty in breathing.	23/01/2020	24/04/2020	Inservice Training Personnel	Sr Haikera	PENDING	

Data showing success motivates BUT must be measured

In Kunene and Oshakati, functional MPDSR process highlighted the capacity gaps in care especially for small and sick newborns

- Used as advocacy for intermediate skills development for staff
- An MO sponsored to learn the use of ultrasound scan (SONA) to assess fetal wellbeing during pregnancy and labour

“In one of our previous meetings, we had a woman who was brought in late with eclampsia and our focus was to stabilise her before surgery and we lost both mother and baby. This time round, we saw that the mother was not responding to the treatment, we decided to go in and save the baby even if we were going to lose the mother. Although we lost the mother, the baby was saved. We would not have done that if we had not previously discussed the previous case at the meeting. I think it will take time but will make a difference” [Midwife]



Thanks, but before I go....

- Start small but be informed by data
- Use of data will improve quality