



Quality, Equity, Dignity

A Network for Improving Quality of Care
for Maternal, Newborn and Child Health

WHO STANDARDS OF CARE TO IMPROVE MATERNAL AND NEWBORN QUALITY OF CARE IN FACILITIES



Background

The past two decades have been marked by substantive progress in reducing maternal and child deaths. Yet progress has often been slow to reach those who need it most. Quality of care is therefore recognized as a critical aspect of the unfinished maternal and newborn health agenda, especially care during and around labour and delivery and in the immediate postnatal period (1). For this, the World Health Organization (WHO) has elaborated a vision where “every pregnant woman and newborn receives quality care throughout pregnancy, childbirth and the postnatal period” (2), which is supported by a Quality of Care framework and *Standards for improving quality of maternal and newborn care in health facilities* (3). The provision and experience of care are at the core of the WHO framework for improving the quality of care for mothers and newborns around the time of childbirth (Fig. 1) and its related Standards.

What are the health-care facility standards of care for mothers and newborns?

The Quality of Care framework comprises eight domains of quality of care that should be assessed, improved and monitored within the context of the health system. Each domain of quality of care is supported by one standard of care.

The standards with accompanying quality measures explicitly define what is required to achieve high-quality care around the time of childbirth, to set benchmarks against which improvements can be measured, and to drive and monitor quality-of-care improvement. The standards cover routine care and management of complications occurring for women and their babies during labour, childbirth and the early postnatal period, including those of small babies during the first week of life. The

Photo: In July 2013 in Côte d'Ivoire, a health volunteer uses a foetal stethoscope during an antenatal examination of Maimounata Zompouga, who is eight months pregnant, at the health centre in the town of Blahou. ©UNICEF/Asselin



Photo: In April 2010, a mother demonstrates the Kangaroo Mother Care technique in the Bwaila Maternity Hospital in Lilongwe, Malawi. ©UNICEF/Chagara



standards are centred on the woman, the newborn and the family, and are applicable to all health-care facilities that offer maternity services. They are in line with WHO guidelines and designed to address the specific priorities identified as major causes of maternal and newborn mortality around the time of birth.

Each standard of care has two main components: the quality statement and the quality measures. A “quality statement” sets out the requirements to achieve compliance with the standard. The “quality measures” provide objective evidence for determining whether or not the requirements have been met.

Who is the target audience?

The standards of care are intended primarily for use by policy-makers, programme managers, health planners at national, subnational, district and facility levels, maternal and newborn health-care professionals, and professional bodies and technical partners involved in quality of care or that advise ministries of health. They can also be used as a resource in medical training institutions.

How can the standards of care be used to improve quality of care for mothers and newborns?

The standards, and their respective quality measures, can be used to guide the preparation of national standards of care and measures for improving, and assessing and monitoring, the quality of care provided to mothers and newborns in health-care facilities. The global standards of care and quality measures should be adapted to the local context to ensure their applicability and to obtain the desired outcomes for mothers and newborns. They should be streamlined within national quality-of-care strategies and frameworks, and the maternal and newborn health services. Planners, managers and health-care providers could use the standards to:

1. **Prepare evidence-based national and subnational standards of care** to ensure high-quality, effective maternal and neonatal health services around the time of childbirth

2. Introduce the expected standards of care and delivery in order to **identify the components of care that require improvement** to ensure high-quality service
3. **Align and use** available resources to achieve optimal health-care outcomes and improve the use by and satisfaction of individuals, families and communities with maternal and neonatal health services
4. **Monitor service improvements**, show that high-quality maternal and newborn care or services are being provided and highlight areas for further improvement
5. **Provide a benchmark** for national health-care facility audits, accreditation and rewards for provider performance.

What is the process required to implement the standards?

It is important that there is a systematic process for implementing the standards of care. The standards should be systematically integrated into a national quality of care policy and strategy, and supported by managerial structures and implementation at all levels.





Photo: An Asha worker comes out with Chandmuri Terkey and her newborn baby at the Community Health Centre (CHC) in Ratu, Jharkhand, India, in October 2012. ©UNICEF/Singh

Standards of care and quality statements

Standard 1: Every woman and newborn receives routine, evidence-based care and management of complications during labour, childbirth and the early postnatal period, according to WHO guidelines.

Quality statements

- 1.1a:** Women are assessed routinely on admission and during labour and childbirth and are given timely, appropriate care.
- 1.1b:** Newborns receive routine care immediately after birth.
- 1.1c:** Mothers and newborns receive routine postnatal care.
- 1.2:** Women with pre-eclampsia or eclampsia promptly receive appropriate interventions, according to WHO guidelines.
- 1.3:** Women with postpartum haemorrhage promptly receive appropriate interventions, according to WHO guidelines.
- 1.4:** Women with delay in labour or whose labour is obstructed receive appropriate interventions, according to WHO guidelines.
- 1.5:** Newborns who are not breathing spontaneously receive appropriate stimulation and resuscitation with a bag-and-mask within 1 min of birth, according to WHO guidelines.
- 1.6a:** Women in preterm labour receive appropriate interventions for both themselves and their babies, according to WHO guidelines.
- 1.6b:** Preterm and small babies receive appropriate care, according to WHO guidelines.
- 1.7a:** Women with or at risk for infection during labour, childbirth or the early postnatal period promptly receive appropriate interventions, according to WHO guidelines.
- 1.7b:** Newborns with suspected infection or risk factors for infection are promptly given antibiotic treatment, according to WHO guidelines.
- 1.8:** All women and newborns receive care according to standard precautions for preventing hospital-acquired infections.
- 1.9:** No woman or newborn is subjected to unnecessary or harmful practices during labour, childbirth and the early postnatal period.

Standard 2: The health information system enables use of data to ensure early, appropriate action to improve the care of every woman and newborn.

Quality statements

- 2.1:** Every woman and newborn has a complete, accurate, standardized medical record during labour, childbirth and the early postnatal period.
- 2.2:** Every health facility has a mechanism for data collection, analysis and feedback as part of its activities for monitoring and improving performance around the time of childbirth.

Standard 3: Every woman and newborn with condition(s) that cannot be dealt with effectively with the available resources is appropriately referred.

Quality statements

- 3.1:** Every woman and newborn is appropriately assessed on admission, during labour and in the early postnatal period to determine whether referral is required, and the decision to refer is made without delay.
- 3.2:** For every woman and newborn who requires referral, the referral follows a pre-established plan that can be implemented without delay at any time.
- 3.3:** For every woman and newborn referred within or between health facilities, there is appropriate information exchange and feedback to relevant health care staff.

Standard 4: Communication with women and their families is effective and responds to their needs and preferences.

Quality statements

- 4.1:** All women and their families receive information about the care and have effective interactions with staff.
- 4.2:** All women and their families experience coordinated care, with clear, accurate information exchange between relevant health and social care professionals.

Standard 5: Women and newborns receive care with respect and preservation of their dignity.

Quality statements

- 5.1:** All women and newborns have privacy around the time of labour and childbirth, and their confidentiality is respected
- 5.2:** No woman or newborn is subjected to mistreatment, such as physical, sexual or verbal abuse, discrimination, neglect, detainment, extortion or denial of services.
- 5.3:** All women have informed choices in the services they receive, and the reasons for interventions or outcomes are clearly explained.

Standard 6: Every woman and her family are provided with emotional support that is sensitive to their needs and strengthens the woman's capability.

Quality statements

- 6.1:** Every woman is offered the option to experience labour and childbirth with the companion of her choice.
- 6.2:** Every woman receives support to strengthens her capability during childbirth.

Standard 7: For every woman and newborn, competent, motivated staff are consistently available to provide routine care and manage complications.

Quality statements

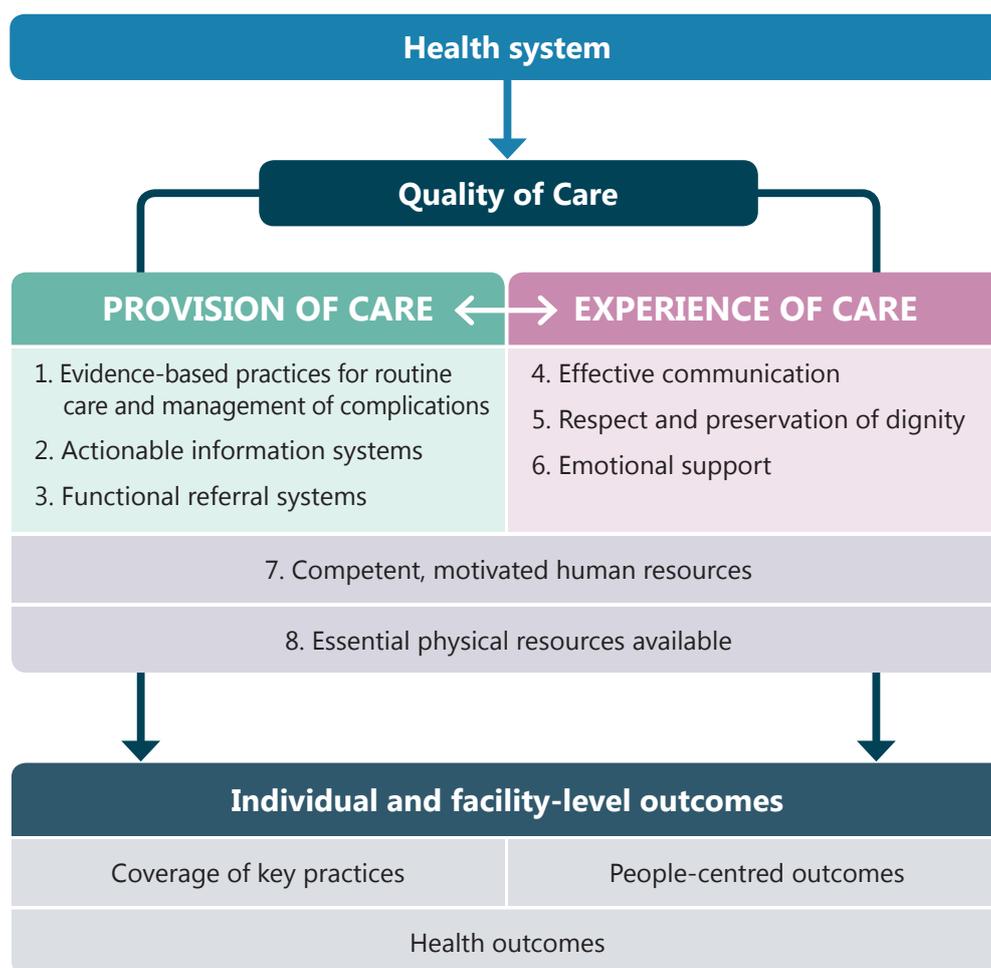
- 7.1:** Every woman and child has access at all times to at least one skilled birth attendant and support staff for routine care and management of complications.
- 7.2:** The skilled birth attendants and support staff have appropriate competence and skills mix to meet the requirements of labour, childbirth and the early postnatal period.
- 7.3:** Every health facility has managerial and clinical leadership that is collectively responsible for developing and implementing appropriate policies and fosters an environment that supports facility staff in continuous quality improvement.

Standard 8: The health facility has an appropriate physical environment, with adequate water, sanitation and energy supplies, medicines, supplies and equipment for routine maternal and newborn care and management of complications.

Quality statements

- 8.1:** Water, energy, sanitation, hand hygiene and waste disposal facilities are functional, reliable, safe and sufficient to meet the needs of staff, women and their families.
- 8.2:** Areas for labour, childbirth and postnatal care are designed, organized and maintained so that every woman and newborn can be cared for according to their needs in private, to facilitate the continuity of care.
- 8.3:** An adequate stock of medicines, supplies and equipment is available for routine care and management of complications.

Fig. The Quality of Care framework



Notes

1. Global strategy for women's and children's health. New York: United Nations; 2010.
2. Tunçalp Ö, Were WM, MacLennan C, Oladapo OT, Gülmezoglu AM, Bahl R, Daelmans B, Mathai M, Say L, Kristensen F, Temmerman M, Bustreo F. Quality of care for pregnant women and newborns – the WHO vision. *BJOG*. 2015;122(8):1045–9. doi:10.1111/14711471.13451.
3. Standards for improving maternal and newborn quality of care in health facilities. Geneva: World Health Organization; 2016 (http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/improving-mnh-health-facilities/en/, accessed 2 February 2017).