Maternal and Perinatal Database for Quality, Equity, Dignity Programme

PHOTO: UNICEF/NAFTALIN

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1. Introduction

Data collection under the Maternal and Perinatal Database for Quality, Equity and Dignity (MPD-4-QED) has continued reaching the first full year of continuous data collection on 31 August 2020. We are pleased to report that from 1 September 2019 to 31 August 2020, a total 87,954 women and babies were enrolled under the programme's electronic platform. This consists of 71,656 women who delivered in the health facilities, 4,785 gynaecological admissions and 11,513 babies born outside the health facilities and were subsequently admitted to the special care baby units. Death audits completion rates were 95%, 91% and 90% for maternal, stillbirths and early neonatal deaths respectively. These achievements were recorded due to the combined efforts of all the collaborators in this programme (medical record officers (MROs), Hospital Coordinators, Regional Coordinators, National team and the WHO team in Nigeria and Geneva). We congratulate all the collaborators for the successful completion of one year data collection.

Based on the successes recorded in the first year, we are pleased to report that the programme has been extended by another year to 31 August 2021. All the programme activities will continue for an additional one year period. This includes continuous collection of routine maternal and perinatal data, upload of the data on the electronic database, and regular performance of the maternal, stillbirth and perinatal death audits. The central coordinating unit will continue to monitor the data and provide regular feedback to all the participating facilities. An important feature of the second year will be activities to ensure sustainability of the programme beyond the one year of donor support. This includes working with the Federal Ministry of Health and other relevant stakeholders to ensure that the lifetime of the programme extends beyond the additional one year.

In this edition of the newsletter we have a story from Federal Medical Centre, Makurdi about their experience of using the MPD-4-QED programme for quality improvement, the experience of companionship in labour from South South region and University of Ilorin Teaching Hospital, present the latest national and regional quality indicator data and meet the team from eHealth4everyone.

2. Emergency obstetric care and MPD-4-QED: The experience at the Federal Medical Centre, Makurdi, North Central

Dr Silas Ochejele, Hospital Coordinator

Emergency obstetric care training in Federal Medical Centre, Makurdi began in 2003 and was supported by various development partners (Federal ministry of Health, United Nations Children's Fund, World Health Organization, World Bank through the HSPDII and PATHS). The competency based training was for medical officers, pediatricians and obstetricians and lasts for two weeks. It focused on improving the skills, attitudes, knowledge and operational research for optimum and prompt management of patients with direct obstetric complications.

Overall, medical officers have been trained in over 250 facilities, including more than 20 tertiary facilities, since the inception of the obstetric emergency training.

Dr Silas Ochejele (Hospital Coordinator), Sarah Igbaba (Medical Record Officer) and Abur Dennis (Medical Record Officer) at Federal Medical Centre, Markurdi, North Central.

During the training emergency obstetric care registers and log books were used which were continued after the training at the participants' health facilities and the records were collected monthly.

The MPD-4-QED programme was established at Federal Medical Centre, Makurdi in September 2019. The information collected includes sociodemographic information, labour and delivery, maternal and fetal outcomes, as well as maternal and perinatal death audits in the event of maternal or perinatal death.

From our experience with the MPD-4-QED programme the novel electronic data entry process has revolutionalised the audit of emergency obstetric care. The combination of emergency obstetric training and a comprehensive programme to evaluate and analyse the quality of emergency obstetric care has increased the quality of care at our facility.

We recommend that the MPD-4-QED programme be adopted by all facilities rendering emergency obstetric care services. We also recommend the use of this data for the operational research needed to improve the quality of emergency obstetric care services.

3. Companionship in labour

The experience of South South region

One of the major focal points of the MPD-4-QED programme is the quality of care for women in pregnancy and labour with an emphasis on companionship in labour. The process of childbirth can be stressful with traumatic experiences for both the mother and her baby. In some instances, women in labour have been quoted to swear not to go for another pregnancy, although most of them forget after the delivery.

Companionship in labour has been shown to improve maternal and perinatal outcome. It promotes emotional, psychological and physical support and hence, positive childbirth experience in women, acts as a non-pharmacological pain relief and also dispels fear in labour. Babies whose mothers experience companionship in labour are less likely to have low five minute APGAR scores.

Prior to the advent of MPD-4-QED, the experience in some centres in the South South Region was such that the spouses would bring their wives during labour to the hospital and would later disappear possibly to go and take care of other children at home or would stay around the hospital premises to buy any prescribed consumables. Where husbands were allowed to go in to see their wives in the labour wards, it was always for a brief period, possibly because of the design of the labour wards as long halls with beds where many women would be labouring at the same time. It was also not hospital policy to allow husbands into the labour wards. Healthcare professionals were the ones to offer companionship in labour and this was not effective because of the busy schedules of these healthcare workers who were often understaffed. These were also the practices in the primary and secondary health facilities in the region.

One centre in the region indicates that before the advent of MPD-4-QED, women were allowed companions of their choice, who would stay with them in the delivery suites throughout the duration of labour. The design of the labour rooms in this hospital is in suites and could permit this practice. In the majority of these cases, the husbands or the women's mother, mother-in-law or sisters were the chosen companions. In these cases, the companions themselves were not comfortable as they would find the environment strange; and with no knowledge of labour process they may even create fear in the women.

The coming of MPD-4-QED in the region has strongly emphasized the place of companionship in labour, where women are allowed any companion of their choice in labour. The MPD-4-QED programme collects data on companionship in labour for every woman as a quality of care indicator and this in itself highlighted the importance of ensuring companionship in labour. The practice has started in most of the health facilities in the region but still not successfully implemented

in many of the centres. This is because of the many challenges this practice has unfolded. It is still yet to be made a policy in these hospitals. In some of the hospitals, the delivery areas are long halls with beds and many women labour there at the same time, and in some, the labour suites are too small in size to accommodate any other persons apart from the women and health staff. Despite these challenges the MPD-4-QED programme shows a modest increase in companionship in labour from 33% in the first quarter of 2020 to 38% in the third quarter of 2020.

To institutionalize this practice in the region, it should be made a policy in all health facilities, primary, secondary and tertiary hospitals. It should be incorporated into the health talks during antenatal clinics and all pregnant women should be educated on it. The women should be encouraged to come with their husbands or other companion of choice so that these persons would be better prepared as a support person for the women during labour. Training and re-training of all cadres of health staff should be implemented in the region. The design of the delivery rooms should be in suites and adequately equipped for each woman and her companion. In addition the health sector should be properly funded so that consumables can be made available at all times so that husbands can focus on supporting their wives in the labour suite rather than running errands to acquire consumables. Again, the importance of birth preparedness should be emphasized so that any woman who comes in labour is fully prepared for the process. If these are done, companionship in labour would remain a welcome practice in the region and would bring about the desired positive birth experience in our women and hence, improve the maternal and perinatal outcome of our labour process.

The experience of University of Ilorin Teaching Hospital (UITH) in Ilorin, North Central

The University of Ilorin Teaching Hospital (UITH) is a tertiary health facility in Ilorin, North Central Nigeria which serves as a major referral centre for states in the North Central and neighbouring South West region. The hospital's labour ward is an open ward with multiple beds which are separated by curtains to ensure some privacy; however, this is not appropriate to allow companionship. In addition, all other public hospitals in the city have the same setting as that of the teaching hospital. However, a few private health facilities in the city especially those supervised by obstetricians allow companionship in labour and during delivery including caesarean deliveries.

In a prospective observational study involving twelve health facilities comprising six public and six private facilities in Ilorin, the authors evaluated the perception, attitude and practice of labour companionship among pregnant women and their male partners as well as the healthcare providers. The study reported that 84.4% of pregnant women desire company

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during labour and delivery; 80.8% of participants preferred the company of the male partner because 57.7% of them hoped it will make men appreciate women afterwards; while 27.9% feared the partners will disturb the health workers. Also, 14.2% of the participants had the partners present at previous deliveries and 84.4% were satisfied with the experience.

Also, 68.4% of male partners supported the presence of male partners at delivery, 40.5% opined that the man may disturb the health provider; 54.8% have requested to accompany their partners during labour in previous pregnancies of which 33.6% were obliged while 60.9% desired to accompany the woman in the future.

Among the birth attendants, 82.4% supported companionship by the male partner; 77.0% had received such requests from the male partners previously while 37.1% obliged the men. Among the men allowed in, 11.0% disturbed the healthcare worker, 30.2% were visibly afraid, 10.0% cried while 2.5% eventually sued the hospitals after the delivery.

In order to allow companionship in labour in settings like Ilorin, the suggested steps include:

a. An amendment of infrastructural design of the labour and delivery rooms to allow privacy and enhance companionship.

b. Provision of additional manpower for appropriate monitoring.

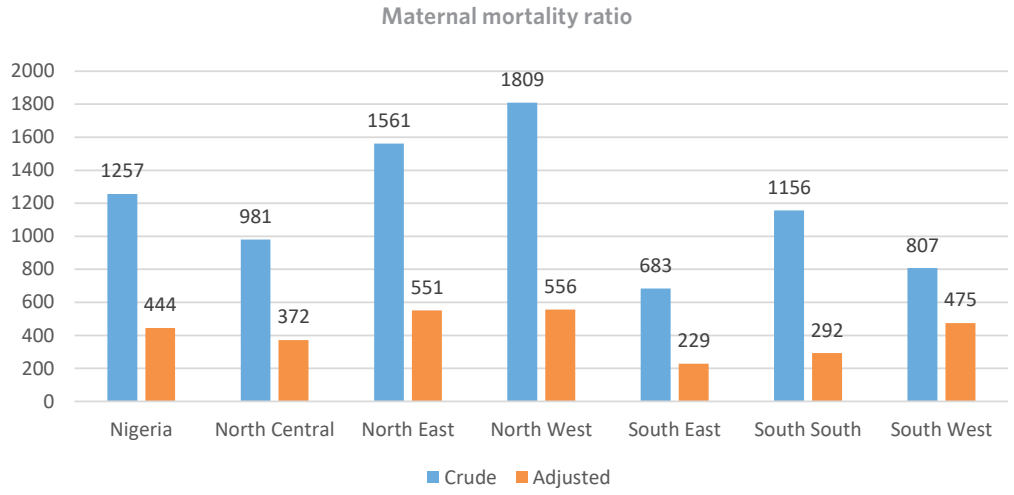
c. Provision of electronic motoring and alerting system to allow prompt attention of health personnel.

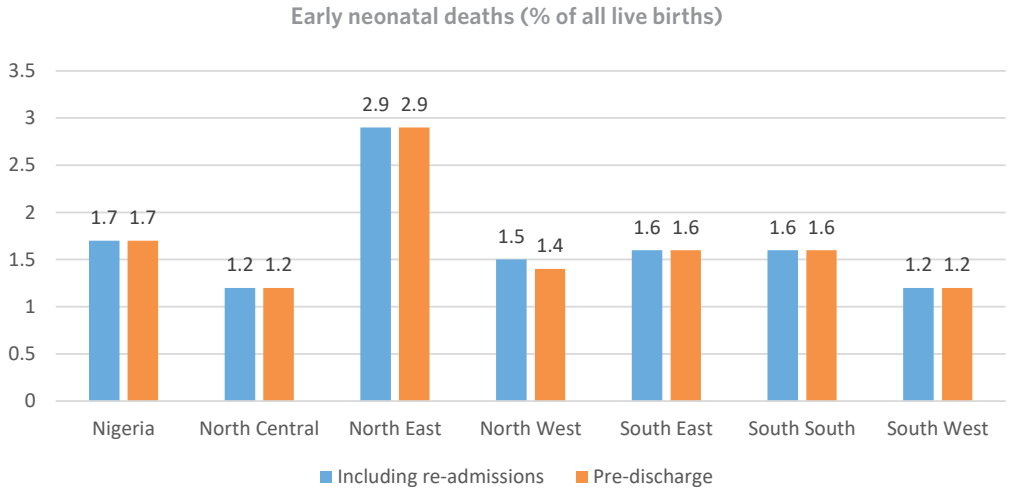
d. Education of would-be companions on labour process, interventions and what to expect to avoid confrontation and litigation.

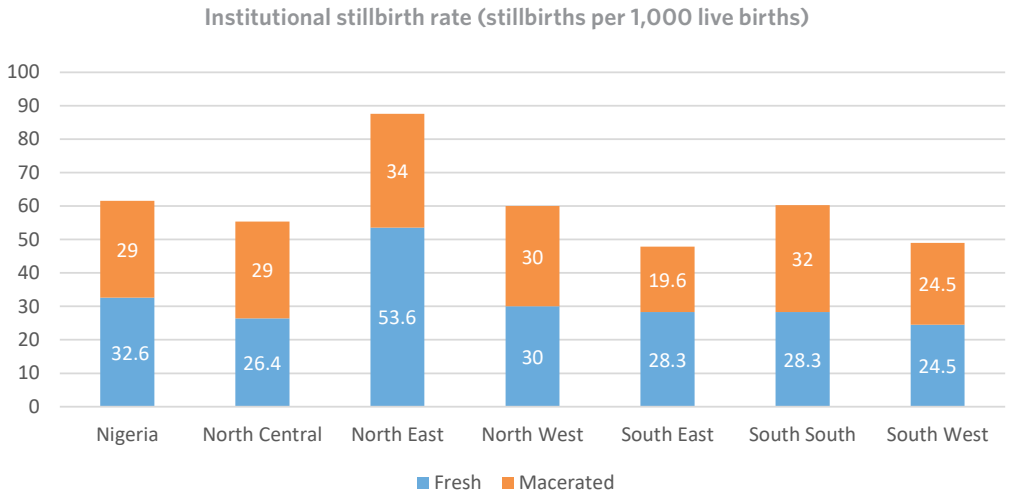
e. Attitudinal change for healthcare workers to accommodate the policy change.

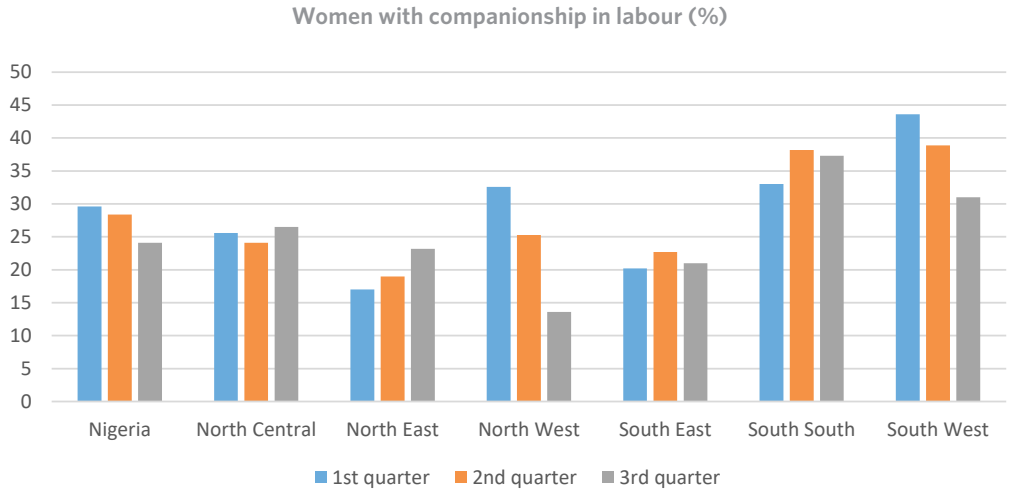
4. National and regional QED indicators on the MPD-4-QED programme

(1 July to 30 September 2020)









5. eHealth4everyone: The platform development experience

eHealth4everyone officially joined the MPD-4-QED programme in January 2019. After becoming familiar with the program requirements, we decided on the best ways we could use the DHIS2 to achieve the needs of stakeholders, and we began developing the platform with the full cooperation from MPD-4-QED coordinators.

In developing the platform, the first step was to develop the forms for data capture. We used DHIS2's tracker program to develop the individual-level aspect of the program and the Event program for the facility audit. Along the way we received a lot of feedback from the WHO and the MPD-4-QED coordinators that helped us improve the forms and quality of data collected on the platform.

Other activities carried out on the platform included the development of indicators to calculate the programme's key metrics, creation of facility, regional and national dashboards and user roles and accesses for proper user management.

During the development of the platform, we focused on: (1) making the platform easy to use to encourage easy adoption, (2) ensuring good data management and accuracy, (3) collaborating closely with stakeholders to ensure success of the programme.

To facilitate the use of android tablets for data collection, we developed an android web-application from which the Medical Record Officers could access the platform using the tablet. Extensive tests and reviews were carried out by the team and stakeholders to ascertain the quality of the platform before deployment. Following the success of the tests, manuals and training materials were created for the platform. These materials were used to train Medical Record Officers and Hospital Coordinators on how to effectively use the platform.

The MPD-4-QED database was deployed for use during the regional training in the six geopolitical zones of the country. After which, eHealth4everyone took the responsibility of providing technical support for the programme, helping all the users of the platform to resolve issues they experienced.

During the support phase, we actively participated in all regional meetings held for the Medical Record Officers and Hospital Coordinators to provide support and resolve complaints that arose during the meetings. We have also worked with the national coordinating team to continue to improve the platform. Some of the changes made during this period include; adding items relating to COVID-19 and Lassa fever to the individual-level data entry form and correcting errors discovered by Hospital Coordinators on the perinatal death audit forms.

eHealth4everyone is delighted to have contributed meaningfully to the improvement of the MPD-4-QED database thus far. We are confident that the use of this platform would facilitate the enhancement in the quality of care for mothers and babies in Nigeria. To be a part of this story is an honour and a great privilege and we use this opportunity to reaffirm our commitment to save lives.

Meet the eHealth4everyone team

Dr. Ime Asangansi

Dr Ime Asangansi is a health technology executive and entrepreneur with a multidisciplinary background spanning areas of health informatics consulting, information systems research, medicine & surgery, software engineering, health data analytics & big data and other emerging technologies. He served in the recent past as an expert/advisor on eHealth/mHealth at the World Health Organization, the mHealth Alliance, and other national and international capacities. On national level,

Dr. Ime Asangansi

Blessing Ehizojie-Philips

Aondofa Shija

Joy Tile

he led the development of Nigeria's first Health ICT Strategic Framework. He is currently the Lead/CEO of eHealth4everyone; a social enterprise, which is focused on strategy, solutions & implementation of digital health solutions and approaches.

Blessing Ehizojie-Philips

Blessing Ehizojie-Philips is a data systems officer with a passion for data systems and developing health information systems. She has extensive experience working with DHIS2, and has supported organizations in their DHIS2 implementation and use, and supports the DHIS2 development arm of eHealth4everyone.

On the MPD-4-QED programme, she has played an active role in the development and management of the MPD-4-QED database. She continuously provides support to all the users of the platform and collaborates with the National Coordinating team to manage the use of the platform.

Aondofa Shija

Aondofa Shija is a software project manager with a demonstrated ability to work in the health informatics industry and experienced in managing projects from concept to completion. He has worked on the WHO MPD-4-QED programme since he joined eHealth4everyone in June 2019 and has successfully managed and overseen the development and support of the programme into the 2nd year.

PHOTO – Aondofa

Joy Tile

Joy Tile is a DHIS2 intern who wants to improve the quality of health data in Nigeria. She joined the eHealth4everyone team in October 2019 and has been working on the MPD-4-QED programme since January 2020. Joy supports the team in managing the MPD-4-QED platform. She is responsible for carrying out routine data quality checks and also providing technical support for the programme.

6. Photo Gallery

Safiya Umar (Medical Record Officer), Dr Adamu Abdullahi Atterwaemie (Hospital Coordinator) and Mustapha Adamu (Medical Record Officer) at Federal Medical Centre Nguru, Yobe State.

Dr Muhammad Faruk Bashir (Hospital Coordinator), Mr Rabiu Aliyu Chibiyayi (Medical Record Officer), Dr Saidu Kadas (Hospital Coordinator) and Mr Sulieman Hussaini (Medical Record Officer) at Abubakar Tafawa Balewa University Teaching Hospital.

Dr Aisha Abdurrahman (Hospital Coordinator), Mr Mansir Ibrahim (Medical Record Officer) and Mr Abdulwasiu Olawale (Medical Record Officer) at Federal Medical Centre, Katsina.

Dr Samuel Adelaiye (Hospital Coordinator), Mr Abubakar Lamara (Medical Record Officer) , Dr Ismail Musa Kalle (Hospital Coordinator) and Mr Ibrahim Yahaya (Medical Record Officer) at Federal Ministry Hospital, Azare.

Dr Baba Fatima Joy (Hospital Coordinator), Mr Clement Wambutda (Medical Record Officer), Mrs Nenkimwa Zatchuk (Medical Record Officer), Dr Amaka Ocheke (Hospital Coordinator) at Jos University Teaching Hospital.

Mrs Adeoye Abiola (Medical Record Officer), Dr Olusoji Adeyanju (Hospital Coordinator) and Mrs Oyeyemi Taiwo Morufat (Medical Record Officer) at Adeoyo Maternity Teaching Hospital.

Planned Activities

- Society of Obstetrics and Gynaecology Nigeria (SOGON) conference plenary session 23–28 November 2020
- Monthly Regional Teleconferences for collaborators – October, November, December 2020
- Data interpretation virtual meeting 30 November, 2020

For further information, visit our social media platforms:

Website: https:www.mpd4qednigeria.com
Twitter: https://www.twitter.com/mpd4qednigeria
Facebook: https://www.facebook.com/mpd4qednigeria

This programme is supported by funding from MSD through MSD for mothers, the company's $500 million initiative to help createa world where no woman dies giving birth. MSD for Mothers is an initiative of Merck and Co Inc, Kenilworth, NJ, USA; and bythe UNDP/UNFPA/ UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in HumanReproduction (HRP), a co-sponsored programme executed by the World Health Organization.

World Health Organization

Federal Ministry of Health

MSD for Mothers

human reproduction programme hrp research for impact
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