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UPDATING YOU ON HEALTH DEVELOPMENTS

IMPROVING THE QUALITY OF POSTNATAL CARE IN HEALTH FACILITIES

Research findings from Banke District, Nepal

THE MAIN POINTS

In spite of major gains, Nepal still ranks poorly on global rankings for maternal and neonatal mortality. High quality postnatal care (PNC) is crucial for reducing such deaths by carrying out standard checks, raising mothers' awareness about danger signs, providing immediate medical interventions, and strengthening referral pathways to emergency obstetric care.

An intervention to improve postnatal care (PNC) for mothers, prior to their discharge from health institutions after giving birth, had mixed results:

- At Bheri Zonal Hospital, the intervention resulted in the improved delivery of five marker PNC checks and advice. The hospital's staff valued the structured guidelines for delivering PNC, while the group education of mothers had a bigger impact on mothers' behaviour and knowledge than individual counselling.
- At the health facilities, there was no clear related impact on four of the five PNC marker checks and pieces of advice as performance was the same at control and intervention sites. The exception was family planning where between 63% and 81% of mothers at the intervention's health facilities reported receiving advice about family planning compared to only 38% of mothers at the control facilities.
- Overall the knowledge of the mothers from the intervention health facilities was substantially better than the knowledge of the mothers from the intervention hospital.

A nurse showing a mother how to care for her baby

Concerned government agencies: Family Health Division, Mid-Western Regional Health Directorate and Banke DPHO

NHSSP: Supported the carrying out of the research

More information: Full report at: www.nhssp.org.np/ehcs (Quality of PNC in Banke.pdf)

NEED FOR IMPROVED POSTNATAL CARE

In spite of postnatal care guidelines and associated protocols and job aids having existed since 2009 (in National Medical Standards for Reproductive Health), the Nepal Demographic and Health Survey (NDHS 2011) found that:

- only 45% of mothers and babies had received PNC check-ups for their last birth within two days of delivery; while
- only 9% of mothers who had a live birth in the last two years had received family planning information in their postnatal period.

In 2012–2013, research in Banke district, mid-western Nepal, tested a model for improving PNC. The model was developed in line with national and international guidelines to improve the quality of PNC, including for physical check-ups and the provision of advice on the care of mothers and newborns and on recognising danger signs.

Two measures were introduced in a hospital and seven health facilities alongside strengthening the existing education of mothers on how to safeguard their health and that of their babies:

- A job aid checklist was introduced to support health workers to more systematically deliver PNC checks, advice and danger sign information.
- An information leaflet was provided for mothers to reinforce messages received during counselling.

Orientation and training were provided to auxiliary nurse-midwives and staff nurses at the eight institutions in May 2012 on the use of the checklist. The initiative went ahead from June 2012 to January 2013. Monitoring data was collected during this period and a mid-2013 evaluation looked at the quality of pre-discharge PNC and the ability of health workers to provide PNC checks at Bheri Zonal Hospital, Bankatwa Primary Health Care Centre (PHCC), Phattepur Health Post (HP) and Baijapur Sub-Health Post (SHPs). Five health posts and SHPs that had not introduced the model were evaluated as control sites.

IMPACTS AT BOTH THE HOSPITAL AND HEALTH FACILITIES

Useful support — The intervention supported health workers at the hospital and health facilities to provide more systematic and comprehensive PNC checks and counselling. Most health personnel supported the changes and appreciated that the delivery of quality pre-discharge PNC is something to be proud of and improves the health of women and newborns.

Useful checklist — The use of the checklist helped health workers provide comprehensive health advice and danger sign information. Its use improved the content of group education and individual counselling and health worker job satisfaction.

Barriers — The main barriers to providing institutional pre-discharge PNC were some mothers' limited understanding of the Nepali language, lack of health staff time and many families' poor understanding of the benefits of PNC.

IMPACTS AT THE HOSPITAL ONLY

Greater impact of group education — At the participating hospital, no evidence was found of health worker reluctance to implement the new measures despite their heavy workloads.

One solution adopted in the participating hospital to overcome the workload challenge was to provide group rather than individual counselling. Group sessions on PNC were provided to 41% of women delivering at Bheri Zonal Hospital during the evaluated period. The women who received information in a group prior to discharge had greater recall of the advice and danger signs than individually counselled women.

Group education had a greater impact than individual counselling

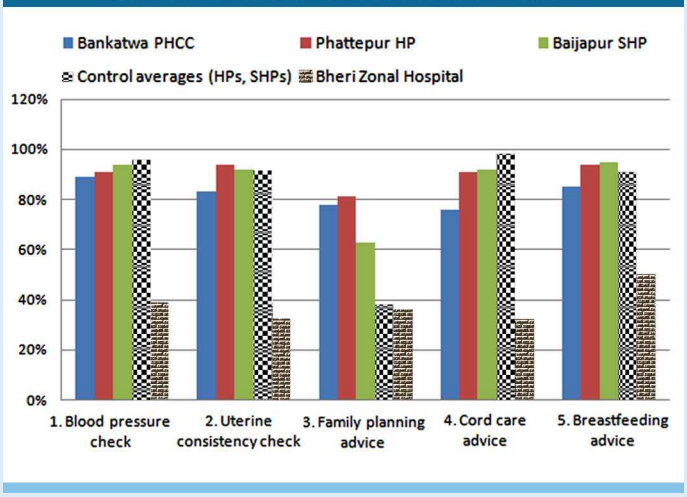
IMPACT AT THE HEALTH FACILITIES ONLY

Greater recall of family planning messages — A direct impact on mothers' knowledge was only evident at the interventions' health facilities for the recall of family planning advice, although it is not known what caused this.

Between 63% and 81% of the mothers at the three evaluated intervention sites reported receiving this advice compared to only 38% of mothers at the five control health facilities and 36% of mothers at the hospital (see chart). These results are much higher than the 2011 NDHS figures of only 9% of mothers receiving family planning information in their postnatal periods.

No related impact for other checks/advices — For the other four marker checks and pieces of advice the performance at the health facilities was at about the same high level at the intervention and control sites, and far better than at the hospital. Further investigation is needed to see if the very good performance at the Banke health facilities is nationally representative. The same pattern was evident for mother's knowledge on the three main danger signs (mothers' headaches, bleeding and cord infections).

Proportion of mothers saying they received PNC checks and advice at intervention and control institutions



The government is considering integrating this enhanced approach into skilled birth attendant training and maternal and newborn health update training and is producing a video on PNC as a job aid for educating mothers.

THE WAY FORWARD

1. Promote group PNC counselling at hospitals that have sufficient births to make it feasible, and augment it with standardised, quality assured information, education and communication materials.
2. Consider producing a more concise PNC checklist for health workers.
3. Ensure that the danger signs in the first 24 hours postpartum are included in messages given to women at antenatal care sessions, as many women are discharged within six hours postpartum.
4. Put mothers and their families at the centre of PNC campaigns by running campaigns in their languages and addressing how their communities can support PNC.
5. Identify opportunities for PNC task shifting, especially to the education component, to reduce pressure on hospital wards and reinforce messages in women's communities.
6. Identify indicators for monitoring the level of PNC provision including quality (eight indicators are suggested).

The Nepal Health Sector Support Programme (NHSSP) is funded and managed by DFID and provides technical assistance to the Nepal Health Sector Programme (NHSP-2). Since it began in January 2011, NHSSP has facilitated a wide variety of activities in support of NHSP-2, covering health policy and planning, health financing, procurement and infrastructure, human resources for health, essential health care services, public financial management, gender equality and social inclusion, monitoring and evaluation, research and the preparation of NHSP-3. For more information visit www.nhssp.org.np and follow us on Facebook (Nepal Health Sector Support Programme) and Twitter (@NHSSP).