



Maternal Health Global Benchmark Indicators: Time for Review?

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Report of a meeting Sept 1, 2010



Talk Outline

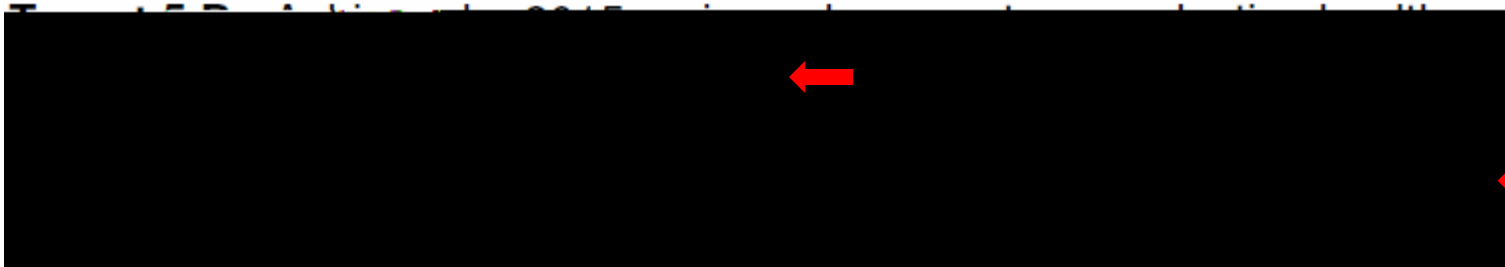
- Rationale for moving beyond present global benchmark indicators
- Present efforts:
 - Benchmark indicators
 - Indicators for program managers
- Conclusions
- Next steps

MDG 5 Improve Maternal Health

MDG 5

5.1 Maternal mortality ratio

5.2 Proportion of births attended by skilled health personnel

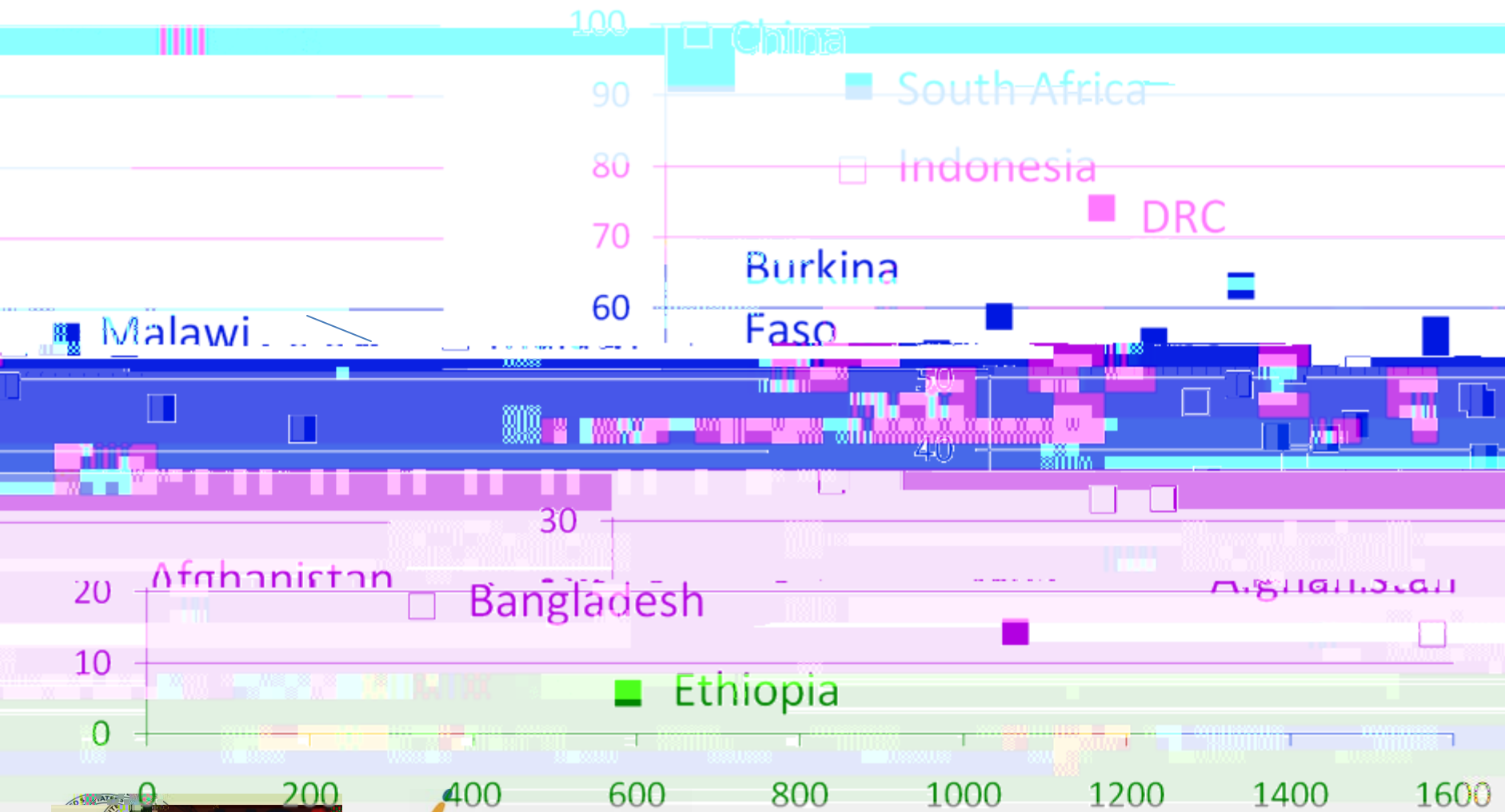


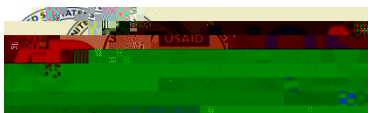
□ Asia

SBA %

MMD vs SBA %

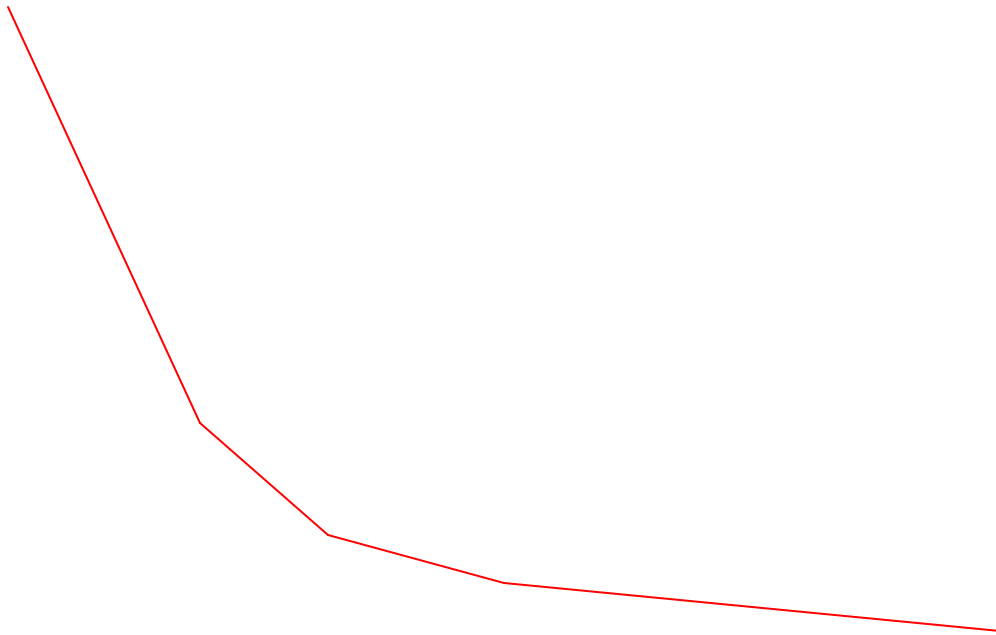
▲ Africa





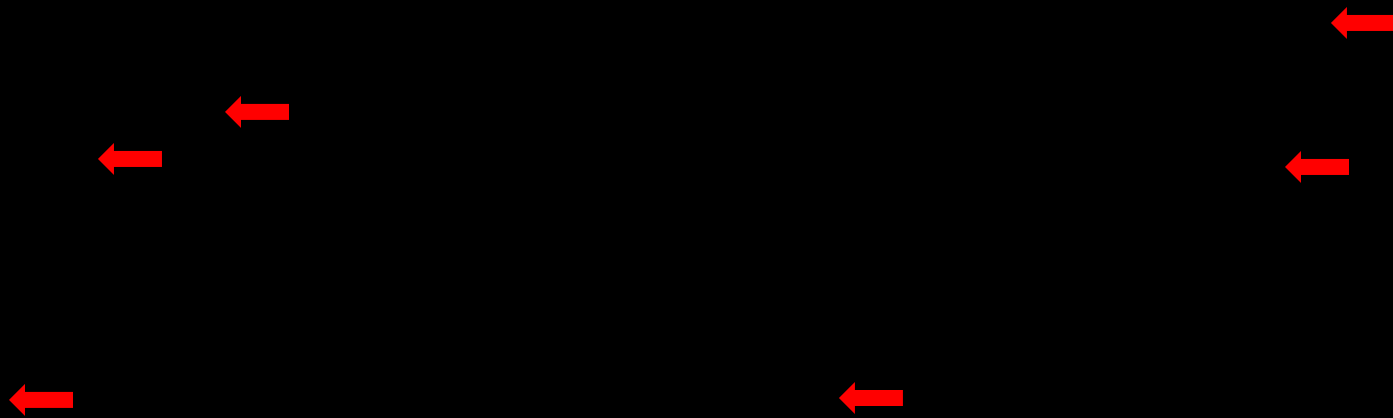
MMAR - CDD (continued)

□ Asia



Ethiopia Countdown Profile

MATERNAL AND NEWBORN HEALTH	
Along the continuum of care	Cause of maternal deaths
Regional estimates for Sub-Saharan Africa, 1997-2007	109 (2003)
Acceptable rate (births per 1,000 women)	



MVIR vs. C-Section Rate

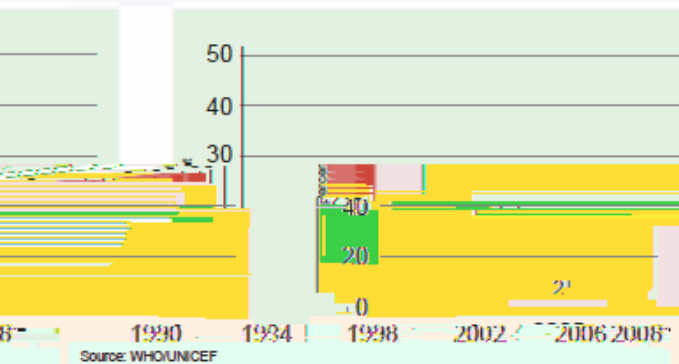


Ethiopia Countdown Profile

CHILD HEALTH

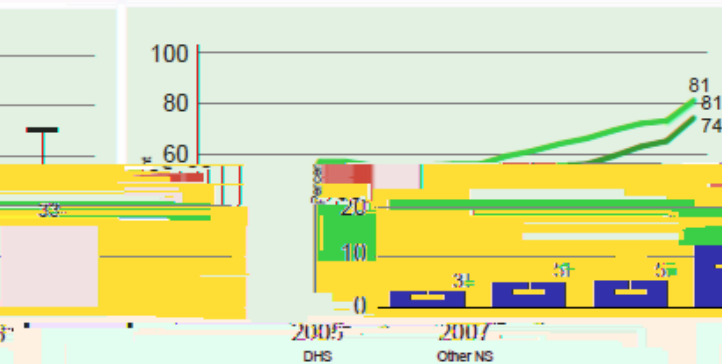
Immunization

■ Percent of children immunised against measles
■ Percent of children immunised with 3 doses DPT



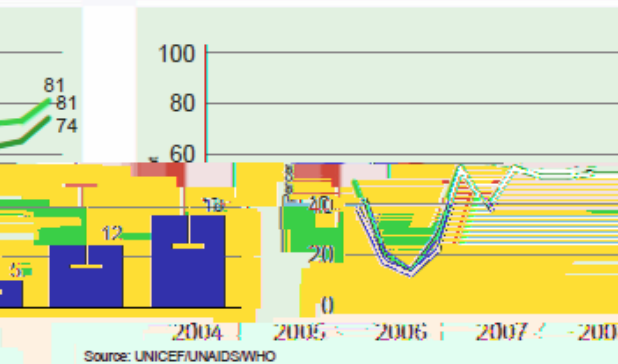
Malaria prevention

■ Percent children <5 years sleeping under ITNs



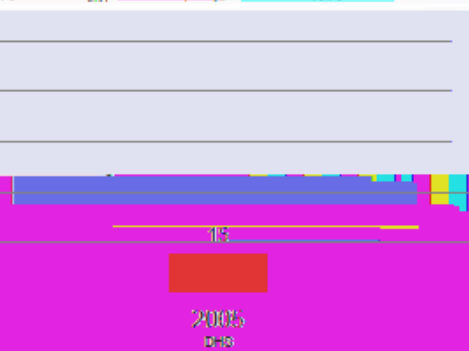
Prevention of mother to child

■ Percent HIV+ pregnant women receiving AZVs for PMCT



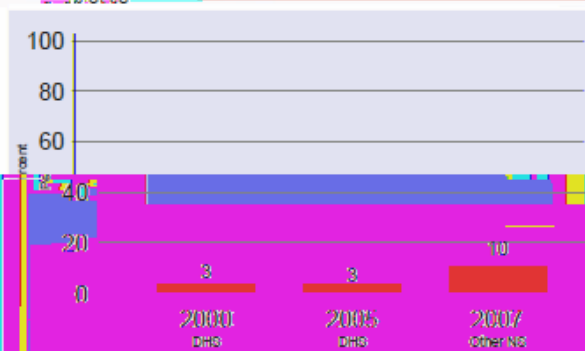
Diarrhoeal disease treatment

■ Percent children <5 years with suspected pneumonia receiving therapy or increased fluids with continued feeding



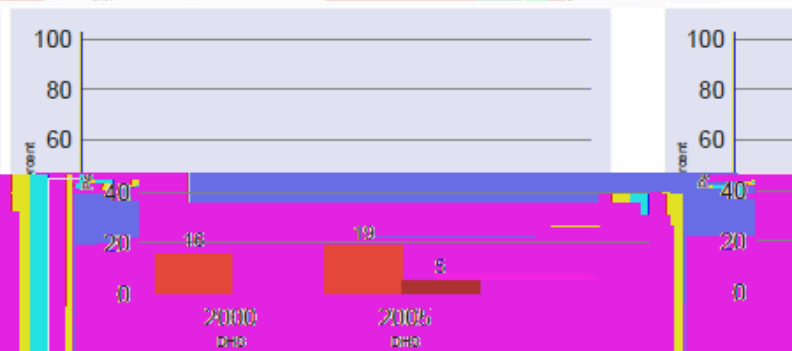
Malaria treatment

■ Percent children <5 years with suspected malaria receiving appropriate health provider



Pneumonia treatment

■ Percent children <5 years with suspected pneumonia receiving appropriate health provider



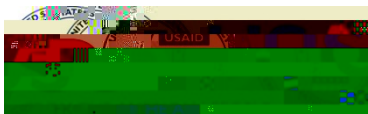
For 'MH, are the present benchmark indicators enough? NO!

- **Possible outcomes beyond MMR**
 - Near Miss WHO Maternal and Perinatal Survey (facility)
 - Quality of Intra Partum Care: QUIP Care (Vincent Fauveau)
 - Measuring survival of fetus and newborn (facility)
- **Benchmark indicators beyond contact indicators:**
 - Focus on content and quality of care of interventions that prevent/treat major maternal killers—PPH, PE/E, sepsis, obstructed/prolonged labor, septic abortion



Near Miss: WHO Maternal and Perinatal Health Survey

- New standard near miss definition and identified indicators
 - **Maternal Near Miss (MNM)** : a woman who



Individual data collection form - WHO MMMA L10

World Health Organization

IDENTIFICATION

Facility code (1-20): Individual identification code: Final mode of delivery/

SCREENING QUESTIONS

In the questions 1 to 4, please specify:

1: Vaginal delivery
2: Caesarian section
3: Complete abortion
4: Damage of vacuum aspiration

CRITICAL INTERVENTIONS OR INTERVENTIONS OF SEVERE MATERNAL OUTCOME

1: Blood transfusion
2: Resuscitation of newborn
3: Resuscitation of mother
4: Resuscitation of fetus

UNDERLYING CAUSES OF DEATH

1: Hemorrhage
2: Infection
3: Thrombotic thrombocytopenic syndrome
4: Uterine dysfunction

CONTRIBUTORY ASSOCIATED CONDITIONS

1: Hypertension
2: Diabetes
3: Anemia
4: Other

PERINATAL OUTCOMES

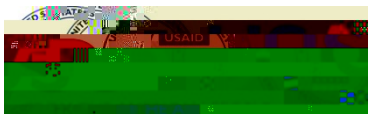
1: Stillborn
2: Neonatal death
3: Neonatal near miss
4: Live birth

Study population:

- women with severe complications in facility
- Allows to identify:
- women with severe maternal outcomes (i.e., maternal death or maternal near miss)
 - frequencies of underlying causes of severe maternal outcomes
 - conditions at arrival at the facility and the referral status,
 - use of critical interventions
 - perinatal outcomes

QUIP Care indicator (Fauveau, V)

- Facility indicator:
 - o Proportion of



QUIP Care indicator: Advantages

- Indicator of quality of facility care by looking at intrapartum outcomes (fetus and newborn)
- Sensitive to changes over time within a facility
- Make comparison between facilities
- Easy to understand, intuitive
- Easy to express a percentage



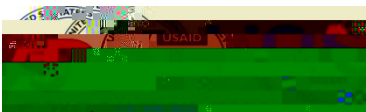
QUIP Care indicator: Challenges

Recording: Ideally ONE admission register with
Date/time of admission, of birth, of death; birthweight; fetal heart beat
at admission

Birthweight: Exclude all births < 2.5 kgs from numerator and
denominator

Fetal Heart Beat: Measured and recorded at admission

Benchmarking : What is the **normal** value?

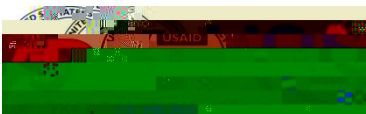


Monitoring MH programs

Indicators: A clear, appropriate signal to program managers

Criteria:

- Focus on life saving MH interventions
 - Content and quality of care
 - System capacity to deliver life saving interventions



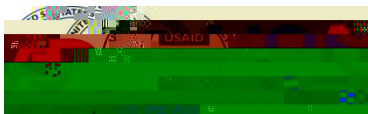
WHO: 'Helping countries monitor reproductive health care access at national level

- Based on evaluation of existing indicators



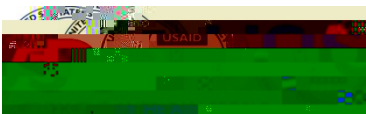
Available WHO





Conclusions

- Global



Conclusions

- “Use of SBAs” has become the strategy for all contexts. But one size does not fit all countries or subnational contexts.
- MH strategies need to differ based on context, infrastructure and life saving interventions appropriate for their setting (eg., Bangladesh, Nepal)
- With varied intervention strategies, indicator needs also vary across countries and within countries
- **Need indicators of**
 - Context— road density, population density, development index
 - System capacity to deliver LS interventions (pub/priv, comm/fac)
 - Referral network (continuum of care)
 - Transport response



Next steps

- **Determine criteria for**
 - benchmark indicators
 - program manager indicators
 - New indicators to fill gaps
- **Review efforts re quality of care/content of life saving interventions:**
 - Macro/Evaluation and WHO/UNFPA compendia,



