Health Service Providers Club:
Improving quality of maternal and neonatal health care services in rural Bangladesh

Background and significance

More than 5,200 women die each year in Bangladesh[1] due to pregnancy-related complications; 29-33% of these deaths are attributable to postpartum haemorrhage (PPH), and another 18-24% to eclampsia and severe pre-eclampsia[2,3]. These life-threatening conditions, however, can be prevented and even reversed if appropriate measures are taken at early stages such as during antenatal care. Our study shows that a supportive environment encouraging the exchange of valuable information and provision of quality services among healthcare providers is key to exercising preventive measures. As part of our study, we formed a health service providers (HSP) club at Shahjadpur sub-district involving the maternal and neonatal health (MNH) service providers of Upazila Health Complex (UHC), Family Welfare Centres (FWCs), and private clinics. By bringing together all the MNH service providers in one platform to strengthen interpersonal communication skills and increase capacity to provide quality service delivery, the goal was to bridge the gaps between different tiers of MNH service providers from the union (community) to sub-district level

and improve the quality of MNH care services at the sub-district. The study was operationalized between January and December 2014 and, after formation of the club, activities were continued from April to September 2014. Pre- and post-intervention research using quantitative methods was adopted to determine the effect of the HSP club on improving the quality of MNH care services at the sub-district. The evaluations included a) home/FWC delivery observations, b) exit interviews of pregnant women and delivered mothers at UHC, FWCs and private clinics, and c) community-based surveys of mothers who delivered two months prior to the interview.

Approaches

The HSP club included a performance improvement platform for providers with different skills in order to create a common understanding of MNH care. The club consisted of 30 MNH service providers including community skilled birth attendants (CSBAs), family welfare visitors (FWVs), sub-assistant community medical officers, family planning inspectors, health inspectors, Upazila health & family planning officers (UH&FPO), consultant-OBGYNs, resident medical officers, medical officers-MCH&FP, Upazila family planning officers (UFPO), senior staff nurses, and service providers from the private sector.

The UH&FPO served as the mentor for the HSP club and conducted sessions once a month at the UHC. He conducted needs assessments to identify gaps in performance of MNH services at the facility- and community-level. The findings were shared with the club members and, based on their suggestions, an action plan was developed to improve the quality of MNH services at Shahjadpur. Each monthly club session had a specific agenda which included refresher training and discussion focusing on quality of care, active management of third stage of labor (AMTSL), PPH and eclampsia management, as well as essential newborn care (ENC). Videos on related issues were screened in each session that helped the club members become more acquainted with aspects of quality MNH care services. All the sessions were facilitated by the club members themselves with support from the project staff.

Results

Six and eight deliveries at home and FWCs attended by the CSBAs and FWVs during baseline and endline period respectively were observed by a trained female interviewer using a standard checklist to assess the quality of care offered. Simultaneously, 165 exit-interviews and 400 community-based interviews were also conducted during the baseline and endline survey period.

[1] World Health Organization 2014. WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division estimates. Trends in maternal mortality: 1990 to 2013.
[2] Bangladesh Maternal Health Services and Mortality Survey. 2010: Dhaka: 2012.
[3] Chowdhury ME, Ahmed A, Kalim N, Koblinsky M. Causes of Maternal Mortality Decline in Matlab, Bangladesh. J HEALTH POPUL NUTR. 2009 (April);27(2):108-123

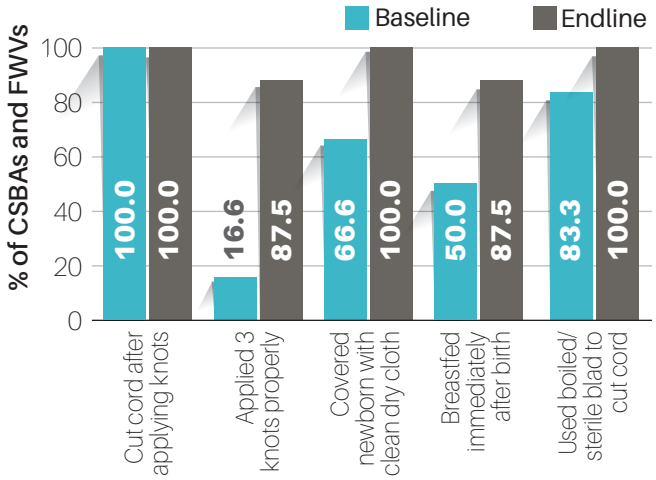

Figure 1: Percentages of the CSBAs and FWVs having practiced selected ENC services during baseline and end line

In our baseline and endline surveys, we found that the CSBAs and FWVs performed most of the standard practices at every stages of labour. Several specific practices, such as hand washing with antiseptic, assessment of the mother's condition by measuring blood pressure, fundal height, and leg edema, perineum cleansing, uterine massage, and examination of placenta were improved between baseline and endline survey. Their performance was also improved in the selected ENC practices. Marked improvement was observed in proper application of three knots after cutting the umbilical cords, covering the newborns with clean and dry cloth, and assisting with immediate breastfeeding (Figure 1).

We also found that skilled antenatal care (ANC) services after 28 weeks of gestation and postnatal care (PNC) services within 7 days of delivery were significantly improved at the FWCs (with average ANC score 5.8 vs 7.5 and PNC score 5.5 vs 7.0) from baseline to endline compared to the UHC and the private clinics. At the endline, the majority of women (88.0%) who delivered at the health facilities reported that service providers heard their problems carefully, were responsive, and explained the delivery procedure well. The percentage at the outset was significantly lower at 52.0%. Appropriate and timely referral by the club members for any severe maternal complications significantly increased from baseline to endline. The increase was 8.0% vs 40.8% during ANC, 28.3% vs 32.5% during delivery, and 0.0% vs 28.6% during PNC (Table 1).

Conclusion

The HSP club with all MNH service providers can make a significant contribution in improving quality MNH services through supportive supervision, monitoring, and evaluation from union to sub-district level health facilities.

Implication

Participatory approaches through HSP clubs to assemble all the MNH service providers in one platform in an existing health system could be initiated by the UH&FPO and UFPO and appear to be effective in improving quality MNH care services in rural Bangladesh. The changes in increase in quality of MNH care services observed through the study calls for continuation of the HSP club at sub-district level health facilities.

Table 1: Referral of mothers for any maternal complications

Severe maternal complications noted during	Baseline		Endline	
	% had complications n=400	Referred by skilled providers	% had complications n=400	Referred by skilled providers
Pregnancy after 28 weeks of gestation	43.5	8.0	21.1	40.8*
Delivery	21.5	28.3	16.3	32.5*
PNC within 7 days of delivery	13.0	0.0	8.2	28.6*

* p-value <0.05

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