RESEARCH BRIEFING: QUALITY OF CARE IN MALAWI'S HEALTH FACILITIES EVIDENCE FROM MATERNAL DEATH AUDITS

RESULTS FROM A STUDY BY PACHI AND THE INSTITUTE OF GLOBAL HEALTH, UNIVERSITY COLLEGE LONDON, BETWEEN OCTOBER 2013 AND FEBRUARY 2014

BACKGROUND

Maternal death audits (MDAs, also known as maternal death reviews) are routinely completed in Malawi by maternal death review teams in health facilities. An MDA is an in-depth, systematic investigation of the health, social, and other contributory factors surrounding maternal deaths. The lessons learned from such an audit are used in making recommendations to prevent similar future deaths[1].

Between October 2013 and February 2014, the Institute for Global Health, University College London, and PACHI Malawi carried-out a study[2] on behalf of MamaYe Malawi . Using MDA records, the research explored whether there was a difference in the quality of care provided to pregnant women who arrived at the health facility in a stable condition compared to those who arrived critically ill.

This briefing aims to provide health providers (decision-makers, health planners, and health workers) with the key findings from the study to inform their efforts in improving quality of care in Malawi through using MDAs.

BOX 1: DEFINITION OF QUALITY OF CARE:

In this study, quality of care referred to key characteristics of the provision of care, including:

- **Availability of midwifery skills**
- **Availability of qualified staff**
- **Availability of essential equipment**
- **Availability of antibiotics and other essential drugs**
- **Timeliness of referrals**
- **Completeness of initial assessments**
- **Adequacy of monitoring**
- **Accuracy of diagnosis and treatment**
- **Provision of treatment**
- **Timeliness in starting treatment**
- **Prolonged observation without action**

METHODS

The study carried out a secondary analysis of data of records from 345 maternal deaths that were audited from six districts from 1st January 2009 to 31st December 2013. The analysis used the MDA data to compare the quality of care received by pregnant women who died but were stable (fully alert and not needing resuscitation) on arrival at the health facility to pregnant women who were critically ill (weak, unconscious, or needing resuscitation) on arrival. See Box 1 for a definition of quality of care.

Limitations of this study include that it only looked at records of women who had already died and, therefore, did not have a 'control' group of women (i.e. women who were cared for at the same time and had good outcomes).

KEY FINDINGS

- Nearly half (44%) of MDAs analysed were for women who were stable on arrival at the health facility.
- Women who arrived at the facility in a stable condition experienced poorer quality of care compared to those women who were critically ill:
  - Critically ill women were more than twice as likely to receive essential drugs compared to stable women
  - Nearly half of stable women received incomplete initial assessments, compared to one-third for critically ill women

- Stable women were more than twice as likely to receive inadequate monitoring compared to women who were critically ill.

WHAT DOES THIS MEAN FOR QUALITY OF CARE IN MALAWI?

Differences in quality of care provided to women arriving at a facility in a stable condition compared to those arriving who are critically ill seem to be related to two key issues:

1: INITIAL ASSESSMENT SKILLS

Health workers are not adequately assessing the condition of stable pregnant women on admission, so that some of the stable women who died could have done so as a result of detectable and preventable complications.

Since many of the pregnant women classified as 'stable' received incomplete initial assessments, this suggests that the status of women on arrival is determined by their physical appearance, and that the findings from this study are a result of failure to perform adequate initial assessments on pregnant women to identify complications.

2: PRESERVATION OF LIMITED RESOURCES

There is an attitude among health workers to prioritise critical cases in order to save lives, for example, by preserving life-saving drugs for what are perceived to be critical cases.

The severe shortage of resources in Malawi seems to suggest that there is a "preservative mechanism" used by health workers, where essential drugs are preserved for what are perceived to be life threatening cases.

As a result, the need to prioritise resources seems to negatively affect the quality of care provided to pregnant women who arrive at the health facility in a stable condition.

CONCLUSIONS AND RECOMMENDATIONS

This study seems to contradict the assumption that pregnant women die because they arrive at a health facility critically ill. Instead, the study found that there were almost equal numbers of maternal deaths for women who had arrived in a stable condition compared to those who had arrived with complications.

Overall, stable women experienced poorer quality of care compared to those who were critically ill.

The study recommends action to ensure :

- essential drugs are adequately stocked so that they are available for all women across the continuum of care regardless of the condition they arrive in at the health facility
- health care workers are trained and supervised to provide quality of care to women irrespective of their condition on arrival.

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REFERENCES:

[1] Mills, S. (2011). *Maternal death audit as a tool reducing maternal mortality. Health, Nutrition and Population (HNP) notes*. Washington DC: World Bank.

[2] John, B., Gladson, M., Banda, L., Makwenda, C., Matthews, Z., Wigle, J., King, C., Costello, A., Neuman, M., Nambiar, B., & Colbourn, T. (2016). *Mother's condition on arrival at a health facility and the quality of care they receive: Evidence from maternal death audits in Malawi.* London & Lilongwe: Institute of Global Health, University College London & PACHI (Parent and Child Health Initiative).