

CLINICAL PERFORMANCE STANDARDS:

A TOOL FOR IMPROVING QUALITY OF MATERNAL AND NEWBORN CARE

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Objective: To improve quality of maternal and newborn care at clinical training sites of National Nodal Centres and ANMTCs

Need for the Program

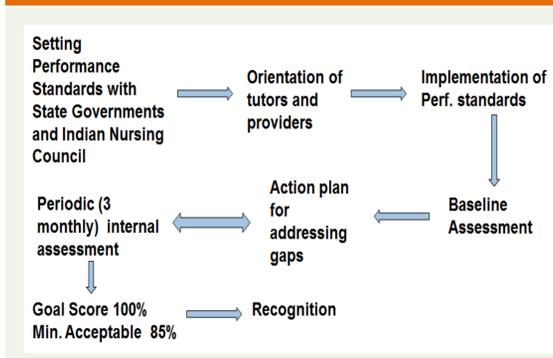
- Clinical MNH practices at district hospitals and medical colleges not as per current guidelines
- Clinical performance standards set for clinical sites of national nodal centers (CMC Vellore, CMC Ludhiana, NRS Kolkata, St. Stephens Delhi, GCN Vadodara) and ANMTCs

Areas	Number of standards
Antenatal	4
Labour room - intranatal	12
Family planning	1
Equipments at the clinical site	4
Total	21

Example of a Clinical Standard

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Baseline	1 IA	2 IA
1. The provider adequately performs active management of the third stage of labor.	<p>Observe two women during a delivery and determine whether the provider (in the labor or delivery rooms):</p> <ul style="list-style-type: none"> • Palpates the mother's abdomen to rule out the presence of a second baby (without stimulating contractions) • Tells the woman that she will receive an injection, and administers 10 IU of oxytocin IM • Clamps the cord near the perineum • Holds the cord and clamp with one hand • Places the other hand just above the woman's symphysis pubis (over the sterile towel) and gently exerts pressure upwards in the direction of her abdomen • Maintains gentle but firm traction on the cord and waits for the uterus to contract • Upon contraction, applies gentle but firm and sustained downward traction on the cord with counter force above the pubis to guard the uterus, until the placenta is expelled • Once the placenta bulges at the vaginal introitus, assists its expulsion with both hands, by turning it clockwise over in the hands, without applying traction, "teasing out" the membranes to roll them out 			

Programmatic Approach



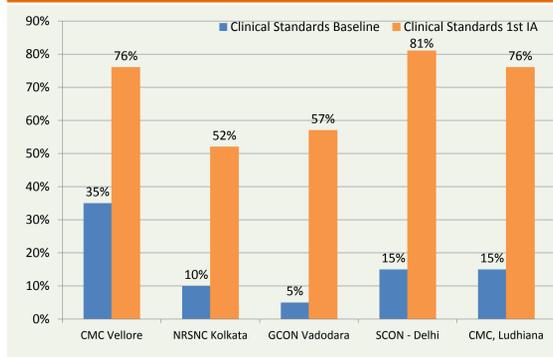
Examples of Action Taken

- Training nursing staff and residents on informing pregnant women on warning signs, birth preparedness and complication readiness
- Hands on practice of clinical skills standardization on AMTSL, ENBC, NB Resuscitation, IP etc. on models and clients
- Making GOI guidelines for SBA available at the labour room and with providers
- Use of partograph during labour initiated
- Capacity building of tutors on effective teaching skills

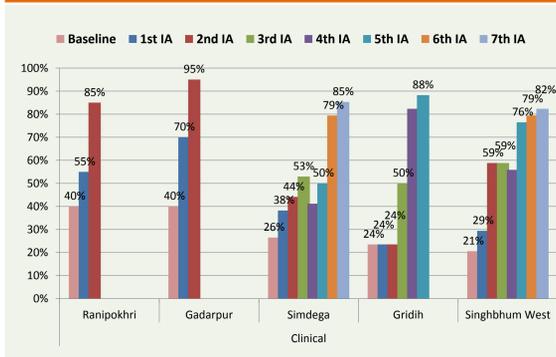
Improvement in Quality of Care at the National Nodal Centres

INDICATORS	Baseline				Present			
	NRSM KOLKATA	CMC VELLORE	GCN VADODARA	SCON DELHI	NRSM KOLKATA	CMC VELLORE	GCN VADODARA	SCON DELHI
Educating women on warning signs during pregnancy	Not Achieved	Not Achieved	Not Achieved	Not Achieved	Achieved	Achieved	Achieved	Achieved
Birth preparedness- development of a birth plan	Not Achieved	Not Achieved	Not Achieved	Not Achieved	Achieved	Achieved	Achieved	Achieved
Includes member of family for antenatal counseling	Not Achieved	Achieved	Not Achieved	Not Achieved	Achieved	Achieved	Achieved	Achieved
Maintenance of partograph	Not Achieved	Not Achieved	Not Achieved	Not Achieved	Achieved	Achieved	Achieved	Not Achieved
Administration of uterotonic during the third stage of labour	Not Achieved	Achieved	Not Achieved	Not Achieved	Achieved	Achieved	Achieved	Achieved
Cord clamping within 1 to 3 minutes	Not Achieved	Achieved	Achieved	Achieved				
Suction applied only if Meconium is present	Not Achieved	Not Achieved	Not Achieved	Not Achieved	Achieved	Achieved	Achieved	Achieved
Giving Vitamin-K Injection for New Borns	Not Achieved	Achieved	Not Achieved	Not Achieved	Achieved	Achieved	Achieved	Achieved
Initiating Breastfeeding within 1st hour of birth	Not Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved	Achieved
Family planning counseling	Not Achieved	Not Achieved	Not Achieved	Not Achieved	Achieved	Achieved	Achieved	Achieved
Preparation of Chlorine Solution for decontamination	Not Achieved	Not Achieved	Not Achieved	Not Achieved	Achieved	Achieved	Achieved	Achieved

Achievements in Clinical Standards at Five National Nodal Centres



Performance Achievements at Clinical Training Sites of Five ANMTCs



Improvement in Quality of Care at the ANMTCs in Uttarakhand

INDICATORS	Baseline		Present	
	Gadarpur	Ranipokhri	Gadarpur	Ranipokhri
Educating women on warning signs during pregnancy	Not Achieved	Not Achieved	Achieved	Achieved
Birth preparedness- development of a birth plan	Not Achieved	Not Achieved	Achieved	Not Achieved
Includes member of family for antenatal counseling	Not Achieved	Not Achieved	Achieved	Achieved
Maintenance of partograph	Not Achieved	Not Achieved	Achieved	Achieved
Administration of uterotonic during the third stage of labour	Not Achieved	Not Achieved	Achieved	Achieved
Uterine Massage as a part of AMTSL	Not Achieved	Not Achieved	Achieved	Achieved
Cord clamping within 1 to 3 minutes	Not Achieved	Not Achieved	Achieved	Achieved
Places baby in Skin to Skin contact with the mother	Not Achieved	Not Achieved	Achieved	Achieved
Initiating Breastfeeding within 1st hour of birth	Not Achieved	Not Achieved	Achieved	Achieved
Family planning counseling	Not Achieved	Not Achieved	Achieved	Achieved
Preparation of Chlorine Solution for decontamination	Not Achieved	Not Achieved	Achieved	Achieved

Challenges

- Updated clinical skills are not practiced even after training
- Lack of job-aids and tools at the sites
- Lack of supportive supervision/post-training follow-up and constructive feedback
- Lack of motivation
- Sub-optimal facility readiness - commodity supply and essential equipment

Lessons Learnt

- Having the state officials and site managers involved in implementation and assessment, instills ownership
- Using humanistic and competency based training helps build skills and confidence
- Post-training follow-up and support help in addressing gaps and provides motivation
- Periodic assessments and action plans help develop strong team spirit for quality improvement
- Recognition on achievement of standards provides motivation

Conclusion and Implications: Performance standards and the approach are effective in improving quality of clinical services and can be scaled up and adapted for quality improvement in health care services.