WHO Quality of Care Standards: Experience of Care

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Outline

- Scope
- Quality of care framework
- Structure and definitions of quality standards
- Example of quality standard, statement and measures
- How quality standards should be used
- Related WHO research activities
In the context of the drive towards Universal Health Coverage

Every mother and newborn receives quality care throughout the pregnancy, childbirth and postnatal periods

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Quality of care for pregnant women and newborns—the WHO vision

Ö Tunçalp, a WM Were, b C MacLennan, b OT Oladapo, a AM Gülmezoglu, a R Bahl, b B Daelmans, b M Mathai, b L Say, a F Kristensen, c M Temmerman, a F Bustreo c
Scope

• Cover labour, childbirth and early postnatal period.

• Specific focus on priority areas identified:
  • **Routine childbirth care** including labour monitoring and action and routine newborn care at birth and during the first week
  • **Management of complications** related to or during childbirth

• Woman, newborn and family centred

• Applicable to all health facilities offering maternity services
Definition of Quality of Care

Quality of care is defined as the extent to which health services provided to individuals and populations improve desired health outcomes. In order to achieve this, health care needs to be *safe, effective, timely, efficient, equitable, and people-centred*. 
Alignment with 8 domains of maternal and newborn QoC framework

Health system

Quality of Care

PROVISION OF CARE
1. Evidence based practices for routine care and management of complications
2. Actionable information systems
3. Functional referral systems

EXPERIENCE OF CARE
4. Effective communication
5. Respect and preservation of dignity
6. Emotional support
7. Competent, motivated human resources
8. Essential physical resources available

Individual and facility-level outcomes
Coverage of key practices
People-centred outcomes
Health outcomes
Implementation and strategic work areas

Quality of Care Framework

Research

- Establish national policy, strategy and structures
- Build a broad coalition of stakeholders
- Conduct a landscape analysis and review data from health facilities
- Develop an operational plan and assign responsibility
- Adapt and adopt quality of care standards
- Agree indicators and monitoring framework
- Build capability for quality improvement interventions

WHO Guidelines

Standards of care

Effective implementation strategies

Learning system

Refine or adapt intervention

Plan

Act

Do

Implement interventions

Study

Monitor progress and learn

Global network and learning platform
Structure and definitions of quality standards
Structure

8 standards
one for each WHO QoC Framework Domain

2 to 13 quality statements
per standard

Input, output & outcome quality measures for each quality statement
Definitions

In this context a **Standard** is:

*An description of what is expected to be provided to achieve high quality care around the time of childbirth.*

- A **standard statement** for each of the 8 domains of QoC framework.

- Two or more prioritized **quality statements** per each standard statement.

- Several criteria or **quality measures** (input, output/process and outcomes).
A **Quality Statement** is a:

*Concise prioritized statement designed to drive measurable quality improvements in the care around childbirth.*

- Defines priority areas for quality improvement
- Describes the markers of quality based on the evidence as relates to the prioritized thematic area and resources required.
- Is achievable and measurable.
Definitions

**Quality measures** are:

_Criteria that can be used to assess, measure and monitor quality of care._

- Composed of three types of measures:
  - **Input** – what needs to be in place for desired care to be provided? (e.g. physical resources, human resources, policies, guidelines...)
  - **Output/Process** - was the desired care provided?
  - **Outcome** – what was the effect of provision of care on health and people-centred outcomes?
Example of a Quality Standard, Statement and Measures
Quality, Equity, Dignity
A Network for Improving Quality of Care for Maternal, Newborn and Child Health

Health system

Quality of Care

PROVISION OF CARE ↔ EXPERIENCE OF CARE

1. Evidence based practices for routine care and management of complications
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Individual and facility-level outcomes

Coverage of key practices
People-centred outcomes
Health outcomes
Standard 5:
Women and newborns receive care with respect and preservation of their dignity
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Women and newborns receive care with respect and preservation of their dignity

**Quality statement 5.1:** All women and newborns have privacy around the time of labour and childbirth, and their confidentiality is respected.

**Quality statement 5.2:** No woman or newborn is subjected to mistreatment such as physical, sexual or verbal abuse, discrimination, neglect, detainment, extortion or denial of services.

**Quality statement 5.3:** All women have informed choices in the services they receive, and the reasons for intervention or outcomes are clearly explained.
Standard 5:  
Women and newborns receive care with respect and preservation of their dignity

Quality statement 5.1: All women and newborns have privacy around the time of labour and childbirth, and their confidentiality is respected.

<table>
<thead>
<tr>
<th>Quality measures</th>
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<tbody>
<tr>
<td><strong>Input</strong></td>
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<td>3. The physical environment of the health facility allows privacy and the provision of respectful, confidential care, including the availability of curtains, screens, partitions and sufficient bed capacity*. (94.80)</td>
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<td>4. The health facility has written, up-to-date protocols to ensure privacy and confidentiality for all women and newborns in all aspects of care*. (89.27)</td>
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<td>5. The health facility has accountability mechanisms for redress in the event of violations of privacy, confidentiality or consent. (85.16)</td>
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<td><strong>Output/process</strong></td>
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<td>1. The proportion of procedures in the health facility that require written consent for which there is an associated record of the woman's consent*. (86.90)</td>
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<td>2. The proportion of all women undergoing examinations or procedures in the health facility who reported that their permission was sought before the examination or procedures were performed. (84.41)</td>
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<td><strong>Outcome</strong></td>
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<td>1. The proportion of all women who gave birth in the health facility who were satisfied with the degree of privacy during their stay in the labour and childbirth areas. (85.63)</td>
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<tr>
<td>2. The proportion of all women examined and treated in the health facility who expressed satisfaction with the degree of privacy during examinations and treatment. (85.48)</td>
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<tr>
<td>3. The proportion of all women who gave birth in the health facility who expressed satisfaction with the health services. (81.90)</td>
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How should the standards be used:

• To prepare evidence-based national standards of care around time of childbirth;

• To introduce and benchmark the expected standards of care and what is required to ensure high-quality service;

• To ensure availability and provision necessary resources to achieve optimal health care outcomes;

• To track and monitor quality improvements in maternal and newborn care and highlight areas for improvement; and

• To provide a benchmark for health facility audits, assessments, accreditation and rewards for performance.
WHO research activities to improve quality of care:

- **“How women are treated during facility-based childbirth” study:**
  - Nigeria, Ghana, Guinea and Myanmar
  - Phase 1: qualitative study with women, doctors and midwives to understand context and social norms about mistreatment during childbirth
  - Phase 2: development of two tools (labour observation and community survey) to measure mistreatment during childbirth

- **Labour companionship**
  - Evidence generation:
    - Update of the “Continuous support for women during childbirth” Cochrane review
    - New Cochrane review: “Perceptions and experiences of labour companionship: a qualitative evidence synthesis”
  - Implementation research: “Implementing companion of choice during labour and childbirth and Robson classification”
    - Thailand, Myanmar, and Sri Lanka
    - Phase 1: qualitative research, document review, and readiness assessment
    - Phase 2: implementation of labour companionship and Robson classification
Questions?

Follow-up
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