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**VALIDATION OF QUALITY INDICATORS IN MATERNAL
HEALTH SERVICES AMONG WOMEN WHO
DELIVERED IN REFERENCE CENTERS IN MEXICO
CITY AND IN NAIROBI, KENYA**



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MEXICO MATERNAL HEALTH POLICY ON OXYTOCIN, MISOPROSTOL AND MgSO₄

	Included in essential drug lists	Existing MOH clinical guidelines and publication date
Oxytocin	X	Technical guideline for the prevention, diagnosis and treatment of obstetric hemorrhage (2002)
Misoprostol	In Mexico City as of 2011	Technical guidelines for the prevention, diagnosis and treatment of obstetric hemorrhage (2002)
MgSO₄	X	Technical guidelines for the prevention, diagnosis and treatment of preeclampsia /eclampsia (2011)

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MgSO₄ USE IN MEXICO: EVIDENCE FROM MEDICAL CHART REVIEWS

PE/E maternal death charts (2005-7)	87 cases (30% random sample) from federal MOH registry	48% diagnosed with eclampsia received MgSO ₄ 63% sought care for PE/E symptoms at health facilities before death
	All 91 cases registered in Mexico City MOH	32% diagnosed with PE/E received MgSO ₄ 35% with severe PE did not receive anticonvulsant treatment
PE/E near miss charts (2008)	533 cases from State of Oaxaca	50% for PE received MgSO ₄ and 80% for E

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MgSO₄ USE IN MEXICO: EVIDENCE FROM EXPERT SURVEYS AND IN-DEPTH INTERVIEWS

- Lack of knowledge of national guidelines, fear of side effects and lack of experience managing the drug were identified by physicians as barriers
- Maternal health experts cited the amount of time it takes to prepare dosages, lack of enforcement over guideline implementation and patient overload / insufficient staff as additional constraints

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OXYTOCIN USE IN MEXICO: EVIDENCE FROM HEALTH CENTER ASSESSMENT

- Only 33% of obstetric emergency drug kits complete in 63 rural health centers in Oaxaca

Sachse M., et al. (2012) Quality of obstetric care, from the perspective of rights, equality and interculturality in health centers of Oaxaca. *Revista CONAMED* , vol 17 pp 4-15

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VALIDATION OF MATERNAL HEALTH STUDY

OBJECTIVE

To improve the quality of maternal health care through validating a set of maternal health indicators that can be administered in population-based surveys

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METHODS

- Comparison of women's self-report of maternal health indicators against third-party observations of labor and delivery
- November 2013- April 2014 at public reference health facility in Mexico City
- Validity assessment of 119 quality of maternal and neonatal health indicators

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RESULTS (1)

- Matched data (observation- woman's interview) on 600 vaginal births
- High prevalence of routine practices led to low variability in data
- Five indicators (urine sample taken, **received injection or IV medication before delivery**, episiotomy, hemorrhage, blood transfusion) met criteria for acceptability analysis

RESULTS (2)

- Uterotonic use for PPH prophylaxis
 - OBSERVED:
 - 99% oxytocin (followed by ergonovine and carbetocin)
 - REPORTED:
 - 50% of the women accurately identified receiving oxytocin by its brand name

RESULTS (3)

- Uterotonic use for PPH prophylaxis
 - OBSERVED:
 - 64% received the medication within 3 min. following birth
 - REPORTED:
 - 62% of the women accurately reported receiving prophylactic uterotonic within the observed time period

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CONCLUSIONS

- Inconclusive evidence to support inclusion of questions on maternal health drugs in population based surveys
- Favorable health policy (norms and guidelines) does not translate into practice
- Evidence on complexity of existing barriers ranges from health system gaps to provider-related determinants

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