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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MATERNAL HEALTH QUALITY INDICATOR VALIDATION

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MEXICO MATERNAL HEALTH POLICY ON OXYTOCIN, MISOPROSTOL AND MgSO4

<table>
<thead>
<tr>
<th>Drug</th>
<th>Included in essential drug lists</th>
<th>Existing MOH clinical guidelines and publication date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misoprostol</td>
<td>In Mexico City as of 2011</td>
<td>Technical guidelines for the prevention, diagnosis and treatment of obstetric hemorrhage (2002)</td>
</tr>
<tr>
<td>MgSO4</td>
<td>X</td>
<td>Technical guidelines for the prevention, diagnosis and treatment of preeclampsia /eclampsia (2011)</td>
</tr>
</tbody>
</table>
MgSO4 USE IN MEXICO: EVIDENCE FROM MEDICAL CHART REVIEWS

<table>
<thead>
<tr>
<th>PE/E maternal death charts (2005-7)</th>
<th>87 cases (30% random sample) from federal MOH registry</th>
<th>48% diagnosed with eclampsia received MgSO4. 63% sought care for PE/E symptoms at health facilities before death</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 91 cases registered in Mexico City MOH</td>
<td>32% diagnosed with PE/E received MgSO4. 35% with severe PE did not receive anticonvulsant treatment</td>
<td></td>
</tr>
<tr>
<td>PE/E near miss charts (2008)</td>
<td>533 cases from State of Oaxaca</td>
<td>50% for PE received MgSO4 and 80% for E</td>
</tr>
</tbody>
</table>
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
OXYTOCIN USE IN MEXICO: EVIDENCE FROM HEALTH CENTER ASSESSMENT

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

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
MATERNAL HEALTH QUALITY INDICATOR VALIDATION

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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
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
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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