

Midwife led quality improvement initiatives in improving maternal health in Neno, Malawi



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Introduction

- In Malawi, systems-level quality initiatives have led to improvements in provision of maternal and neonatal healthcare, yet high rates of maternal and neonatal mortality persist.
- Quality improvement (QI) methodology and teaching has shown to increase quality of care and patient outcomes but nurse-midwifery education in Malawi does not include formal training in QI or supportive on the job mentorship at a facility level.
- We developed the Global Action in Nursing (GAIN) project in Neno District where nurse-midwives are trained by experienced mentors in **leadership and QI skills**

Objective

- The objective was to evaluate if QI methodology and leadership training coupled with consistent on-site mentorship would lead to QI projects in rural health care facilities.

Methods

- Forty-five nurse-midwives at Neno District health facilities participated in two days of QI training
- Participants formed interdisciplinary teams in their workplaces that designed and implemented QI projects based on facility needs.
- Experienced nurse-midwife mentors provided on-site QI coaching

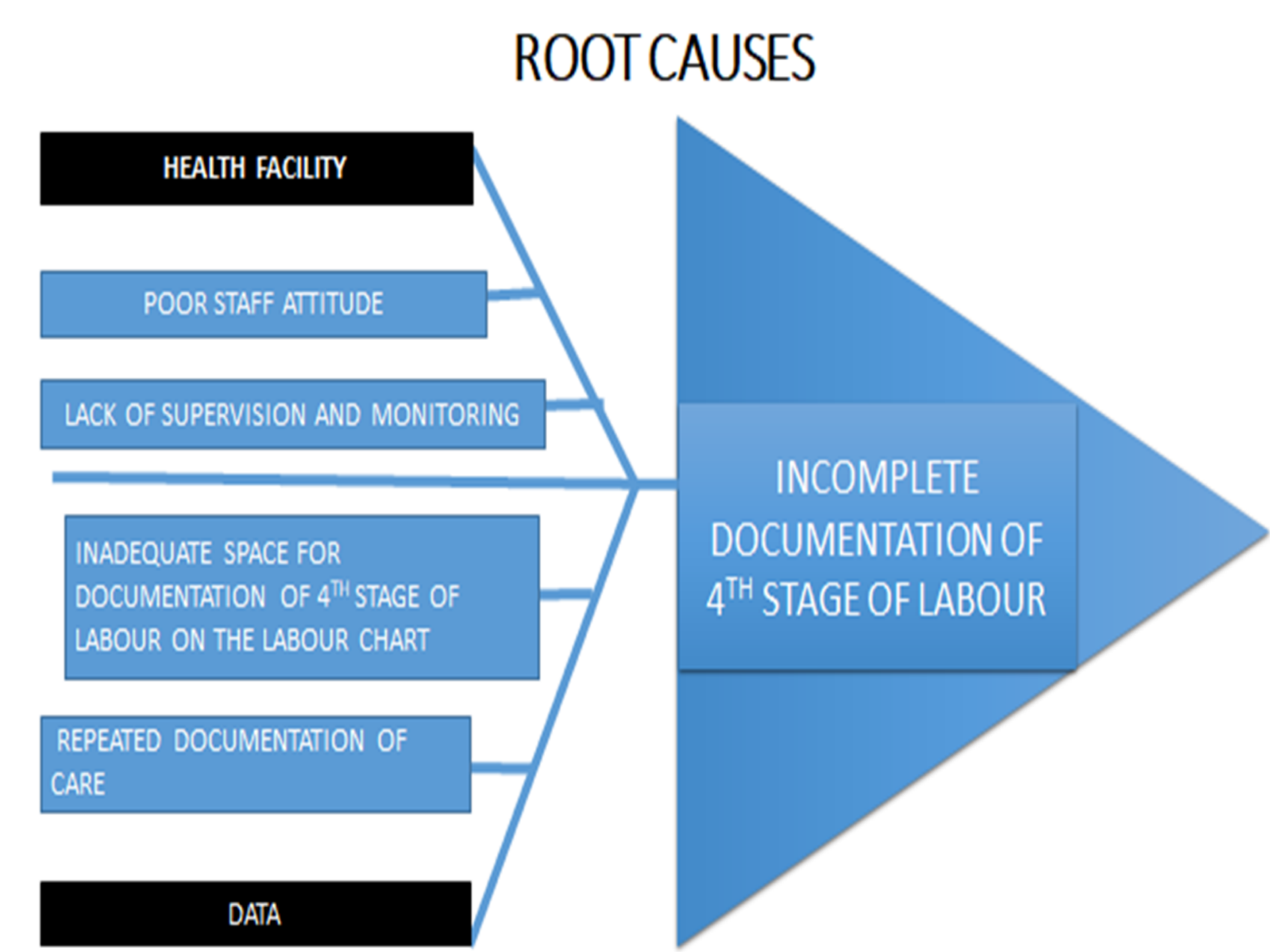
Results

- Training and on-site coaching have occurred since September 2017 in 9 health care centers and 2 hospitals with a total of 68 mentorship sessions logged in the first year of the program.
- All 9 health facilities and 1 hospital have formed interdisciplinary teams and implemented QI projects based on facility needs
- Topics included: improving immediate postpartum management; improving routine neonatal care through checklist use and increasing early entry to antenatal care.
- Several projects achieved the targeted improvements

Figure 1. A priority matrix for planning interventions for QI project at Lisungwi Community Hospital

Issues	Impact on health outcomes	Volume of clients severely affected	Achieving greatest impact in shortest time	Feasibility within available resources	Conditional complementary action not required	TOTAL SCORE
1. Availability of essential supplies at all time	5	3	3	3	2	16
2. Introduce initial newborn assessment form	3	3	3	4	3	16
3. Refresher course for midwives	4	4	3	4	3	18
4. Reintroduction of shift leader	4	4	3	3	4	18
5. More spacious L&D room/ beds	4	4	3	2	2	15

Figure 2. Root cause analysis using a fishbone diagram at Dambe Health Center



Conclusions

- Training in QI methodology and leadership coupled with continuous on-site coaching led to several interdisciplinary facility-led QI projects with the potential to improve maternal and neonatal health care
- Challenges include financial funding for ongoing projects and high client volume that limits time mentors spent discussing projects with mentees
- We encourage all midwives to be trained in QI with further evaluation of the potential outcomes of such projects.