

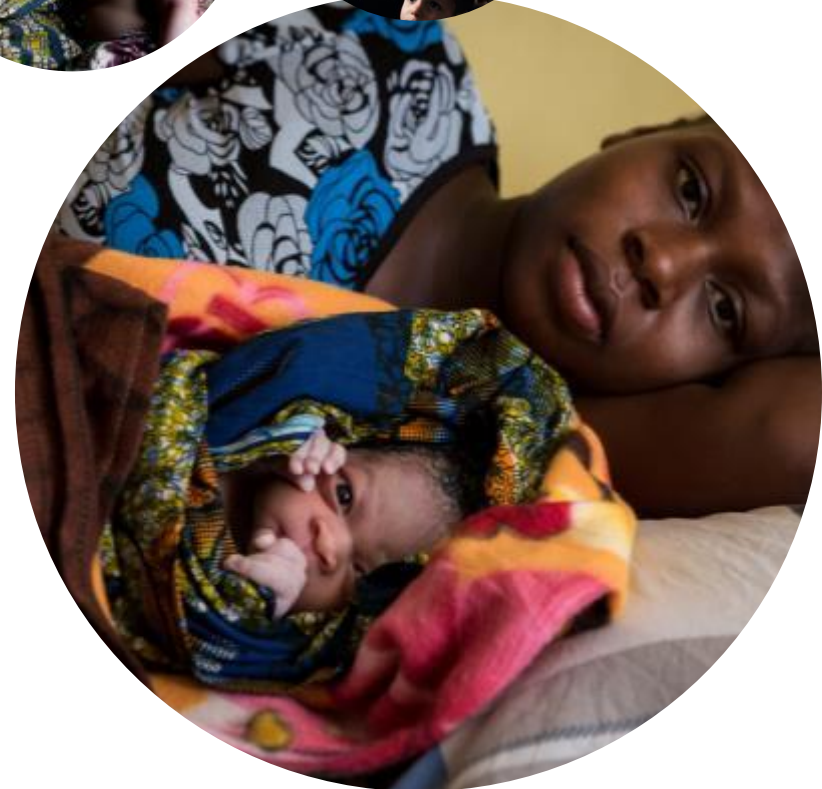
# INTEGRATION OF MATERNAL AND NEWBORN CARE



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# Session Objectives

- Discuss why better integration of maternal and newborn health (MNH) care is critical
- Explore the challenges for strengthened MNH integration at various levels
- Identify practical approaches to improving integration, including current experiences and opportunities for Save the Children programs to contribute



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# What do we mean by integration of MNH?

*Language matters*

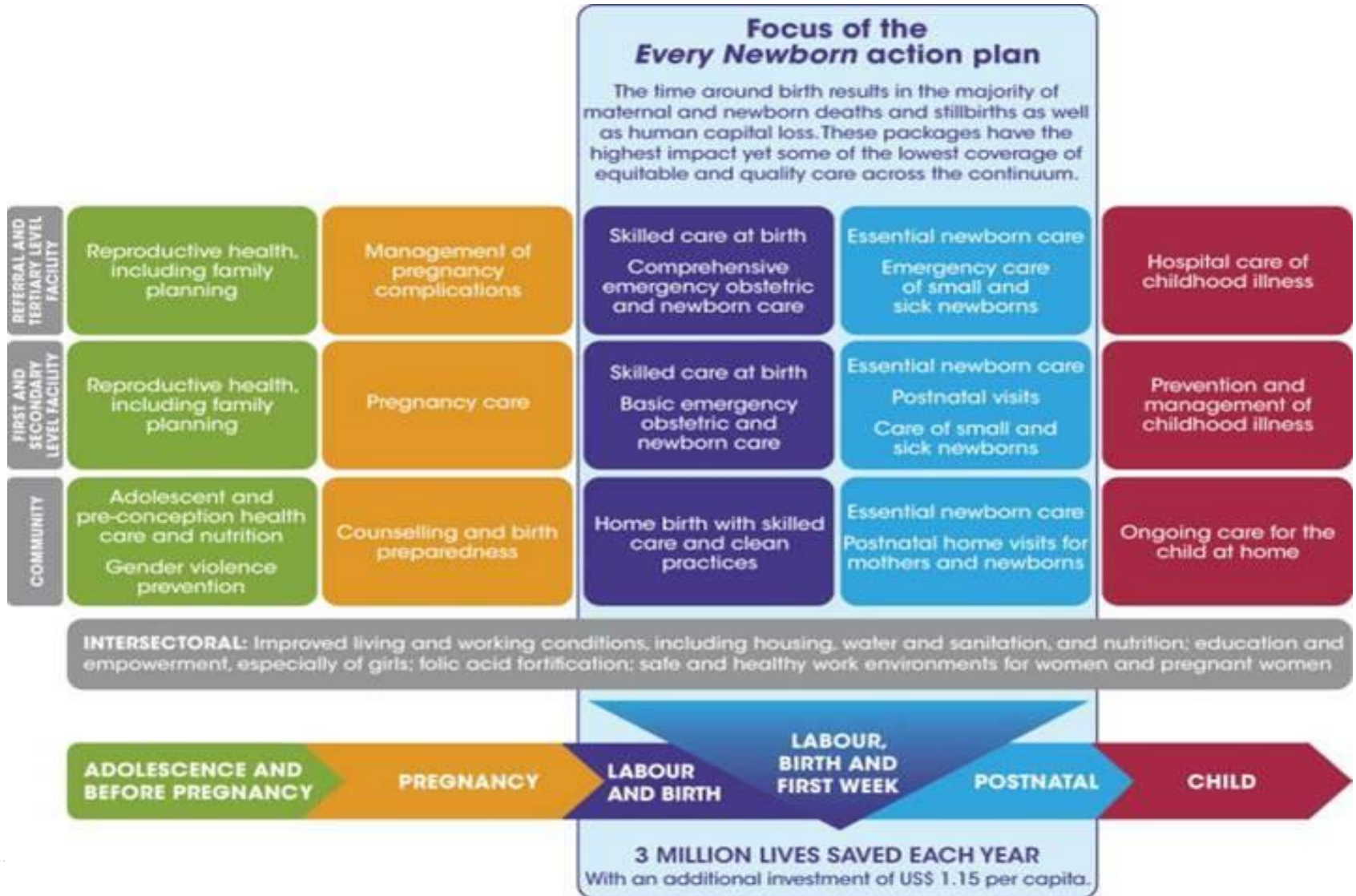
# Definition for this discussion

MNH integration refers to the coordination of policies, funding, planning, delivery and evaluation of care provided to mothers and newborns in order to ensure *equitable access* to the *highest quality* of such care.

- Multiple levels in health system
- Within technical assistance and funding agencies programs

**Integration is a means to an end**

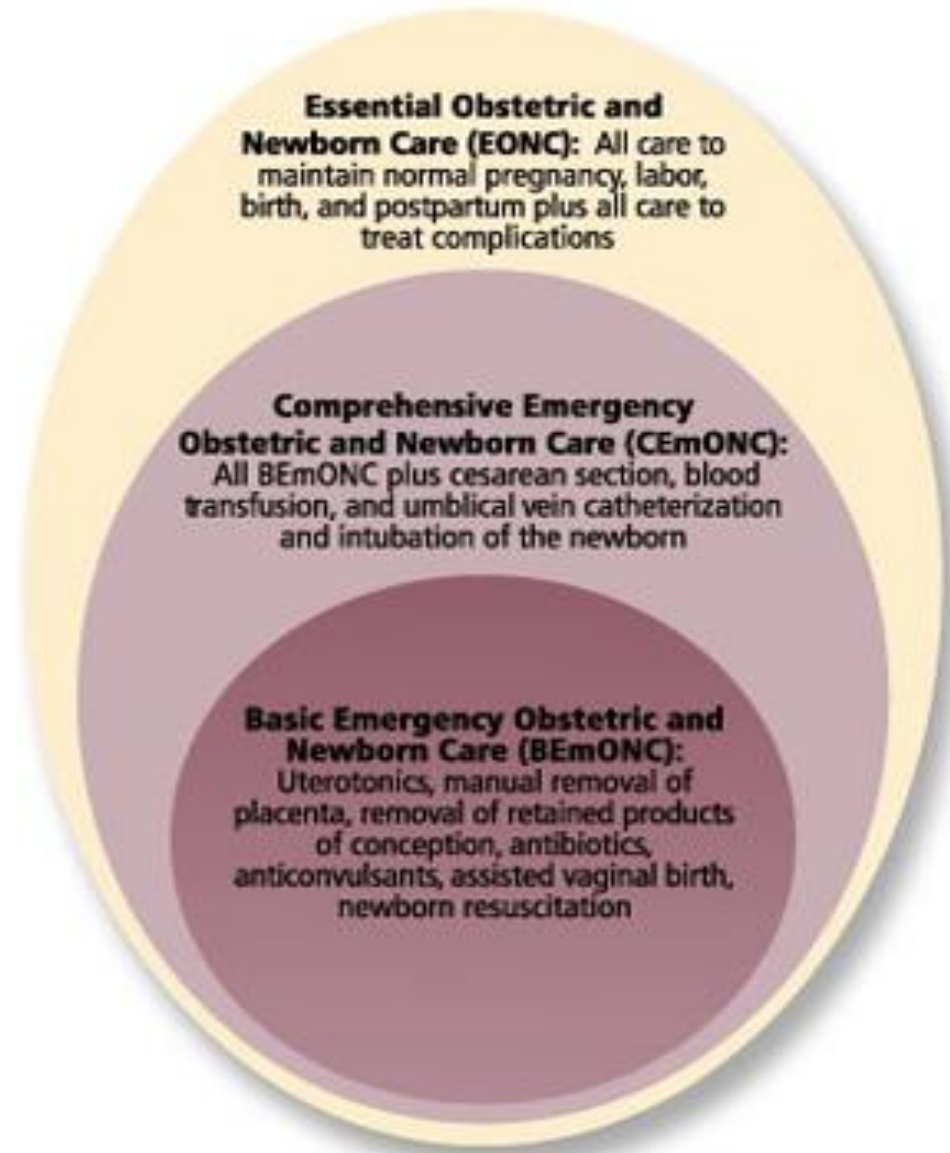
# Proven interventions within RMNCH continuum of care





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# MNH Integration within essential obstetric and newborn care



Source: Global Health eLearning course on Emergency Obstetric and newborn Care

# Current situation

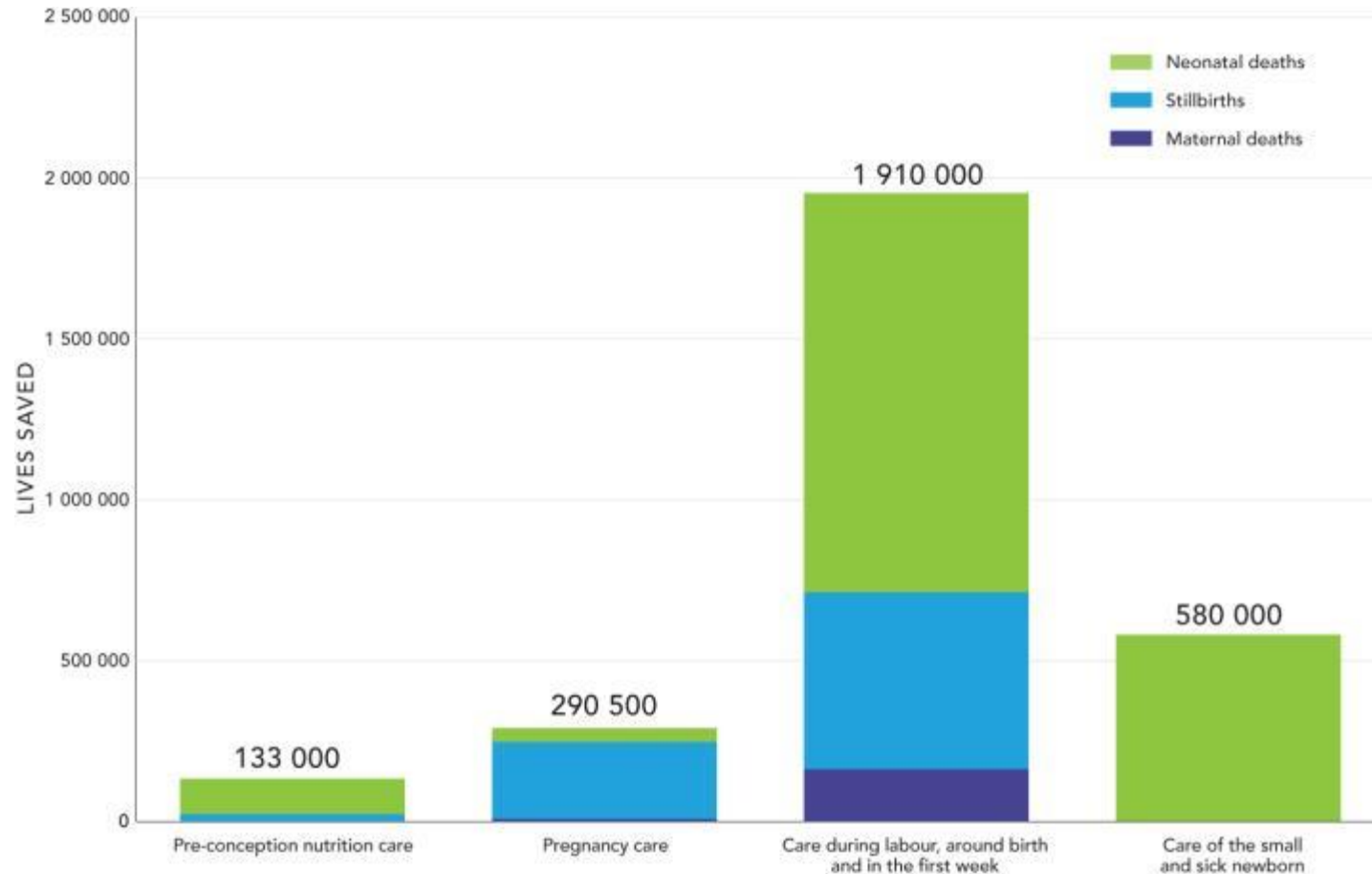
Basic and comprehensive EmONC addresses the main causes of maternal and newborn mortality

CEmONC FUNCTION	Complication Contributing to Maternal Mortality	Complication Contributing to Newborn Mortality
Administration of antibiotics to mothers and newborns	Sepsis	Sepsis
Administration of oxytocics	Postpartum hemorrhage includes antepartum hemorrhage	
Administration of anticonvulsants	Eclampsia	
Manual removal of the placenta	Postpartum hemorrhage includes antepartum hemorrhage	
Removal of retained products following miscarriage or abortion		
Assisted vaginal delivery with vacuum extractor or forceps	Obstructed labor	
Newborn resuscitation using an Ambu bag and room air		Asphyxia
Cesarean section	Obstructed labor Placenta previa includes postpartum hemorrhage	
Blood transfusion	Hemorrhage	

*NOTE: A number of additional interventions, as well as some of the interventions included in these functions, may also contribute to the prevention of these complications.*

*Source: Adapted from WHO 1997 in Bailey et al 2006*

# Care around birth gives a triple return on investments by reducing maternal and newborn deaths and stillbirths



Comprehensive care for woman and baby begins before and continues after labor: do not neglect antenatal and postnatal care



# Why is it important?



## For the health system.

- Improving access to services and equity
- Avoiding missed opportunities for care
- Cost savings, reduce unnecessary duplication and inefficiencies
- Guiding better decisions on human resources: deployment, training & supervision



## For the client or patient.

- Services respond to client needs and desires: “client-centered” approach to care
- Reduced cost to families
- Improved opportunities for comprehensive care & immediate attention to multiple health needs

# Problems created by lack of integration



## Global

- Advocacy efforts have sometimes separated mother-baby dyad in unhelpful ways
- Well-meaning donors may channel funds too narrowly on either mothers or newborns, complicating MNH program development



## National

- Program structures that separate maternal health from newborn/child health can fragment efforts
- Inefficiencies can result from parallel systems (logistics, metrics, supervision, quality improvement, training, etc.)

# Problems created by lack of integration Communities and Families

- Multiple trips to facilities and expensive travel costs if services for mothers & newborns are not offered on the same day
- Poor quality care from providers who manage care for one member of dyad; may miss problems for other
- Lack of community trust that health facility provides care for both sick mothers and newborns
- Difficulties for the mother when obstetric and newborn service providers do not work as a team



# Examples of Smart integration



- Northern Nigeria JSI-TSHIP project: community-based distribution of misoprostol & chlorhexidine
- Ecuador URC-assisted program: QI teams at facilities comprised of obstetric, pediatric, pharmacy and laboratory staff
- Uganda and Zambia part of a multi-country public-private partnership aimed at improving connection between communities and health facilities to increase access and use of MNH services

**What are your successes and challenges and concerns around MNH integration?**

*Understanding context is critical*

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# Recommendations from MNH integration technical meeting



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# MNH Integration Meeting

INTEGRATION OF  
**MATERNAL &  
NEWBORN**  
HEALTH CARE

- September 2014 in Boston, MA
- Technical conference, hosted by MHTF and SC/SNL
- 70 participants including program managers, policy makers; global MNH experts, academics, donors, private sector and professional associations
- Developed recommendations for improving integration at 3 levels

# Donors & Technical Assistance Partners

- **Technical Support:** consolidate management units in TA organizations and donor agencies to strengthen MNH program integration
- **Research:** Support implementation research to learn more about how and when to integrate MNH programs
- **Use Data:** Assist with the interpretation of data to develop evidence-based resources and tools to help fortify health systems
- **Funding:** Establish or bolster integrated funding streams to encourage strong linkages between MNH programs at all levels

## Recommendations from MNH Integration Meeting

# Facility & service delivery

- **Metrics**: collect information on health outcomes and service delivery performance at point of care, and develop and implement action plans to address gaps
- **Commodities**: Strengthen supply system and distribution management within the facility and community to ensure that necessary MNH commodities are equally available and accessible
- **Advocacy**: Increase engagement among facility level stakeholders to address specific barriers to and opportunities for integration of MNH care
- **Human resources**: Support team-based in-service training and supervision that meets the needs of professionals for clinical skills development facility and human resource management, quality improvement and interpersonal communications.

# National policies and programs

- **Standards of care:** Harmonize ENAP, EPMM and EMEN frameworks for MNH policies, programs and guidelines
- **Metrics:** Strengthen national monitoring and reporting systems to include indicators and measurements of coverage, content and quality of MNH services
- **Commodities:** Strengthen national supply and distribution chains to ensure MNH commodities are equally available

# Other recommendations to strengthen MNH integration?

## What is needed going forward?

*Everyone has a role to play in the  
pursuit of quality MNH integration*

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# Opportunities for SC programs

The way forward



# Opportunities for SC programs



- Encourage client-centered planning for integrated care for mothers and babies during antenatal, intrapartum and post natal period, rather than care organized for the convenience of clinicians or facilities
- Engage in community mobilization efforts to improve care seeking for both maternal and newborn services
- Advocate for policies that support both mothers and babies: appropriate subsidies or vouchers, same day services, respectful care, availability of health workers who can manage both.
- Strengthen existing program platforms for integrated care; document experience and lessons learned

# Opportunities for SC programs

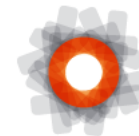
- Advocate for and promote program synergies: combined pre- and in-service training and supportive supervision, data analysis and use, commodity distribution
- Joint advocacy events and efforts for mothers and newborns including strengthening partnerships that bring together maternal and newborn activities and identifying and supporting a network of MNH champions
- Support adaptation of WHO integrated MNH guidelines



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# Save the Date! 2015 Global MNH Conference

- October 19-21, 2015
- Mexico City, Mexico
- Creating a roadmap together in a changing global landscape (SDGs)
- Technical conference to focus on discussing programs, policies, research, and advocacy for effective and sustainable coverage of MNH interventions at scale
- Expected participants include program managers, policymakers, researchers, donors, clinicians, technical advisors, advocates, and representatives of professional organizations



Maternal Health **Task Force**

thank you!

#MNHintegration

[www.healthynewbornnetwork.org](http://www.healthynewbornnetwork.org)

# MNH Integration resources

Additional resources and information can be found on  
The Healthy Newborn Network: <http://ow.ly/E2VdZ>

Blog series:

- [Integration of MNH Services in Mozambique](#): Leonardo Chavane, MCHIP & Jhpiego
- [Four Steps Towards Improved MNH Care](#): Graciela Salvador-Davila and Rebecca Herman, Pathfinder International
- [Quality Improvement Teams Improve MNH in Ecuador](#): Katie Millar, MHTF
- [Where was the Newborn in the MDGs?](#) Katie Millar, MHTF
- [Using SMS to Integrate MNH](#): Niyi Osamiluyi, Premier Medical Systems Nigeria, Ltd.
- [Disrespect and Abuse During Maternity Care Keep Women from Seeking Facility Births](#): Koki Agarwal, MCHIP
- [WHO Welcomes Revitalized Interest in MNH Integration](#): Severin Ritter von Xylander, WHO
- [The urgency of MNH services integration in Bangladesh](#): Dr. Mohammad Shahidullah, Bangabandhu Sheikh Mujib Medical University
- [Achieving Better Outcomes with MNH Integration](#): Ana Langer, MHTF and Joy Riggs-Perla, Save the Children's Saving Newborn Lives program