

## Policy brief

# Improving Quality of Care Around the Time of Birth in Pakistan

### The context

Globally, progress in the reduction of maternal and child mortality has been achieved, but newborn mortality decline has been slow<sup>1</sup>. In Pakistan, the maternal mortality has fallen by 59% since 1990. Maternal, infant and child mortality indicators have no doubt improved<sup>2</sup>. For instance, maternal mortality is reported to decline from 276/100,000 to 170/100,000 live births, owing to wide outreach of national LHW program, and better skilled birth attendance availability<sup>3</sup>. However, the rate is still unacceptably high.

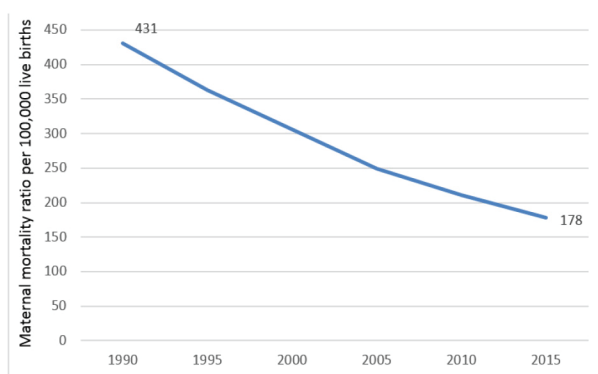


Figure 1. Trends of maternal mortality ratio, 1990-2015.

The global under-five mortality rate has dropped by 42% since 1990, but the neonatal mortality rate has remained unchanged. Despite the increase in the institutional deliveries, neonatal mortality has not improved since decades and remains stagnant at about 55 per 1000 live births<sup>4</sup>. Evidence shows that giving birth in a health facility with a skilled attendant is not sufficient to reduce maternal and newborn deaths. Besides, better care at the time of delivery, certain behaviour change interventions for the health providers' and parents must be implemented to bring this mortality rate down<sup>5</sup>.

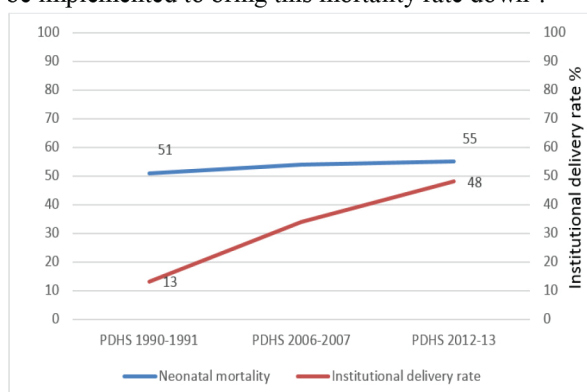


Figure 2. Trends of institutional deliveries and neonatal mortality, 1990-2012.

Incidence of stillbirths was found to be 47/1000 live births in 2011<sup>6</sup>; and since then decline in this rate has been negligible. Latest data shows Pakistan categorized as having the highest rate in the world (43/1000 live births) in the recent global estimates<sup>7</sup>. To achieve new-

born mortality and still birth targets set by the Sustainable Development Goals (SDGs), Pakistan needs to accelerate the annual rate of reduction in neonatal mortality from 1.9% to 8.9%, and stillbirth rate from 1.4% to 8.5%<sup>8</sup>.

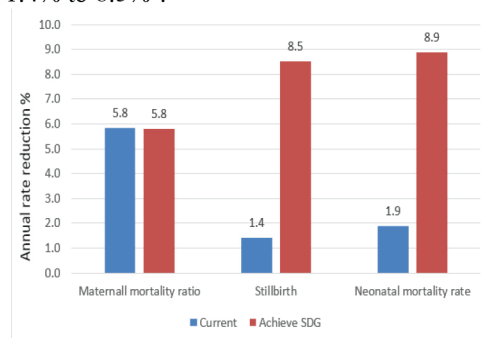


Figure 3. Current trends versus accelerated trends needed to meet the SDG target by 2030

### Quality of maternal and newborn care at around time of delivery

A range of actions is needed, acting upon the social determinants within the health and social sectors, if a wider impact is to be achieved<sup>9</sup>. With increasing numbers of women accessing health care services, improving quality of care and patient safety are therefore critical if we want to accelerate reductions in maternal and newborn mortality. Nevertheless, many women and their babies die from poor care practise, even after reaching a health facility. Poor infection control, lack of maternal and newborn death review, non-functioning medical equipment, lack of qualified staff and medical supplies are common in government health facilities<sup>10</sup>. Majority of stillbirths that occurred in the third trimester of pregnancy are preventable with a better obstetrical care<sup>11</sup>. An effective focus on neonatal survival could reap a "triple return" on the investments made, through (1) the improved survival of women during delivery; (2) prevention of stillbirths; and (3) neonatal survival itself<sup>12</sup>. There is a clear need of a composite measure of continuum of care (CoC) including antenatal care, delivery assistance and postpartum care. The largest gap in CoC was observed at antenatal care followed by delivery and postnatal care within 48 hours after delivery<sup>13</sup>.

### Government's commitment

The slow progress in maternal and neonatal outcomes and the high still birth rates is a major concern for the Government of Pakistan. Ministry of National Health Services, Regulations & Coordination has already spelled out 'improving quality of care at primary and secondary level care facilities' as one of the priority actions to accelerate progress on maternal, newborn and child health<sup>14</sup>. Recognizing its national importance, it was made an essential component of the service delivery package in the National Health Vision 2016-2025, endorsed by all the provinces<sup>15</sup>. Government is committed to adopt the WHO framework for improving the quality of care for mothers and newborns around the time of childbirth and to ensure the implementation with supportive supervision<sup>16</sup>. To address the concern, the

Ministry of National Health Services, Regulations and Coordination convened a national consultative meeting under the aegis of Health and Population Think Tank to deliberate on the theme of 'Quality of care around the Time of Birth' and to make policy recommendations for the Federal as well as Provincial governments.

### Policy recommendations

1. Develop a national Quality of Care Strategic Framework for subsequent adaptation by the provincial Governments. The framework will:
  - a. guide the reorganization of MNCH services and the establishment of the corresponding MNCH services standards.
  - b. facilitate the tracking, monitoring, and reporting of the adherence to the standards as part of the accountability measures.
  - c. identify appropriate accountabilities for the different tiers of government with respect to MNCH quality of care.
2. Select and include in Essential Health Service Package high impact and cost effective MNCH interventions around the time of birth.
3. Invest resources for inputs such as adequate staff and equipment but also in-service training, improved data collection system, and monitoring and reporting system.
4. Create an exclusive budget line on improving quality of care for MNCH to support the activities and solicit commitment from the development partners.
5. Establish women groups at the community level, hence raising demand creation for services with quality of care and enable communities to voice their needs and aspirations.
6. Mobilize and sensitize professional associations, academics and civil society to do advocacy for quality of care around the time of birth.

### References

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