

Presidential Address

Collective Response for Respectful Perinatal care through Governance, Clinical quality & Parental Understanding

Dr. Susie Perera¹

MBBS, MSc(Community Medicine) MD(Community Medicine)

My address today will reflect on what we can do to improve pregnancy and newborn health outcomes even during difficult times such as now.

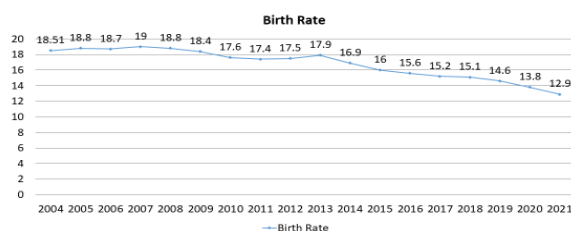
The financing of essential components of such a program, even without the capital improvements is vital. It is important that the Government gives priority to preserve the maternal and child care components ensuring that the Sri Lankan population is preserved with a foundation to be healthy, productive and lead a reasonably happy family life.

The outline of my presentation would be

- Why am I interested in this area?
- Piecemeal change is not working: Different frameworks to consider
- Presenting a framework of working together
- Proposed way forward through a multi-disciplinary professional society
- Responding in the current context

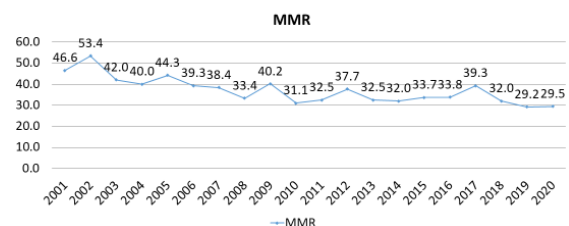
Let us quickly reflect on some commonly used indicators for pregnancy and newborn health;

Birth rate(number of births per 1000 people)
- 2000-2021



With birth rates gradually declining, which means the number of births reducing and age of mothers when they have their first baby increasing, mothers being more educated than before, the focus is gradually changing to the quality of outcomes whilst overall reducing preventable deaths.

Maternal Mortality ratio (number of maternal deaths in 100,000 live births) – 2000-2022



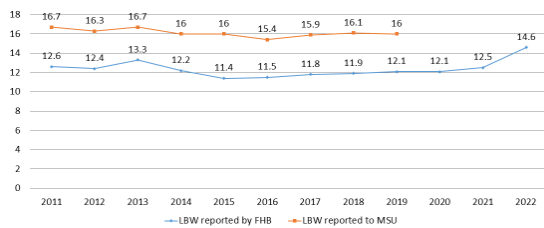
In a recent analysis done by the Family Health Bureau together with the SLCOG, we now understand that it is possible to reduce maternal mortality rate, presently at 29.5 deaths per 100,000 live births by 50% by 2030.

Whilst this reduction is what the plan should be, it is equally important to know if our mothers had a good experience during the delivery of their baby.

This should be through being adequately instructed, receiving pain relief, being treated with dignity, accommodating a birth companion during the delivery, and unnecessary cesarean section being avoided, making mothers more able to adjust soon after their delivery, breast feed, and not be incontinent and later on to have normal marital relationship.

Trend for low birth (LBW) in SL;

Trends for Low birth weight in Sri Lanka (babies born below 2.5 kg as a percentage from all births) 2000-2022



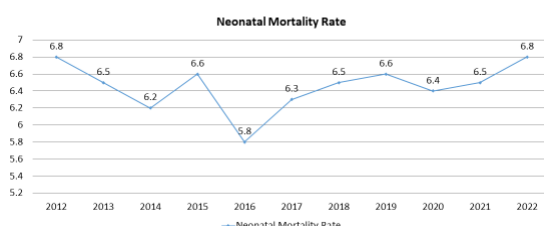
In Sri Lanka the low birth weight rates have been fairly stagnant and is now showing a slight upward trend. LBW is also associated later on in life with non communicable diseases such as cardiovascular diseases, type 2 diabetes mellitus, hypertension, dyslipidemia and chronic kidney disease.

It is important that we do not have low birth weight babies or that premature deliveries are prevented and that we can prevent births with lethal congenital anomalies and that the immediate care of all newborns are optimized to see that eventually their quality of life can be predicted to be good.

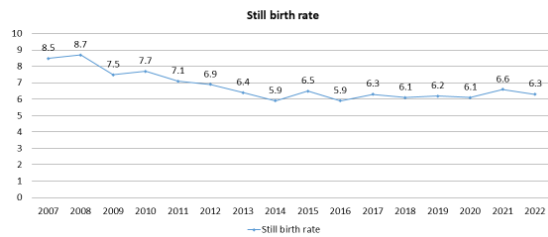
To this effect, a retrofitted Neonatal unit at CSMH was opened recently. This was possible with contributions raised by Most Ven Sri Aludeniye Subodhi Thero and the leadership of Dr Saman Kumara the immediate past president of Perinatal Society of Sri Lanka.

Historically, the Maternal and Child health program comprising of community and clinical care has come a long way and Sri Lanka was considered a well performing country with universal coverage for essential maternal and neonatal care.

Neonatal Mortality rate (Number of deaths in first month of life per 1000 live births) -2000-2022



Still birth rate (still births per 1000 births) 2000-2022



In the situation we are in, we need to lobby to preserve financing for maternal and child health, which is the foundation for health for Sri Lankans.

As you have been seeing many wheels on the screen you may be now curious about what the wheels speak about.

Before explaining the wheels, I would like to take you through quickly, some of the different frameworks of health improvement that possibly influenced improvement in perinatal outcomes, globally over the past 3 decades.

Of course, most of these Framework thinking applies to other disciplines of health too.

Frameworks for Health Development – influencing Perinatal Health outcomes

- Triple A cycle and public health surveillance
- Donabedian model of Quality of health care
- Outcomes improvement approach consequent to health systems performance framework
- Health system building blocks – A framework introduced by the WHO, 2007-Governance, Health care delivery organization, Medicines and other supplies, Human Resources, Health financing, Health information systems. Inputs/ supply side
- Lean Health care framework for health improvement is based on performance

mainly focusing on efficiency through reduction of waste and selecting the correct procedures

- Life span approach and health determinants model-a “life span” approach with considers multiple determinants. Powerful influences on outcome occur long before pregnancy begins-
- Health system governance frameworks – several
- WHO Framework 2022 – Five functions to improve quality of care for maternal newborn and child health

1. Probably the oldest framework for improvement comes from public health surveillance – being data for action - The data for action concept is often referred to as a Triple A cycle. Maternal deaths and perinatal deaths were counted and investigations done to find why deaths occurred.
2. 1966 Donabedian model of Quality of health care – Dr Advis Donabedian introduced this framework which is actually the defining framework for modern healthcare quality – It describes how provider capacity or structure, health service procedures (processes) and outcomes need to be connected to improve health care quality. The quality parameters are given as timeliness, patient safety, patient centeredness, effectiveness, efficiency and equity
3. Outcomes improvement approach consequent to health systems performance framework – This framework was used in year 2000 to describe Health system performance at a country level and had three key criteria. Health improvement is key to call for a well performing health system. Many health programs defined health outcomes and later on these were used

in several other health development agendas such as the MDGs and SDGs.

4. In 2007 the Health systems building blocks – A framework introduced by the WHO. Is probably the widely used framework for health systems and considers 6 elements that need to be in place- Governance, Health care delivery organization, Medicines and other supplies, Human Resources, Health financing, Health Information systems. These are seen as Inputs/ supply side Improvement. Actually any health outcome can follow this framework. So basically it is used to plan inputs for improvement

The framework somewhat misses out on the peoples engagement/ empowerment. And the relative importance and even the interconnectedness between the inputs. Health systems building blocks framework attempts to capture six elements of the health system and perinatal outcome improvement too is looked at through this lens. This framework requires prior definition of the Strategies one would adopt and then look at how the building blocks i.e. Financing, Human Resources for health, Service delivery organization, medicines and other supplies, Governance structure and Health management information systems need to contribute and therefore the perinatal outcome improvement plan can be based on health systems building blocks strengthening. This approach misses out on the recipients contribution or participation and recent thinking is a 7th building block should be there. i.e. the People

In fact, Sandra Mounier Jack et al.in their publication titled ‘Measuring the health systems impact of disease control programmes: a critical reflection on the WHO building blocks framework ([BMC Public Health](#). 2014; 14: 278), describe the strengths and gaps in the framework and how it should be used. The interconnectedness being missed

5. Lean Health care framework for health improvement is based on performance mainly focusing on efficiency through reduction of waste and selecting the correct procedures and
6. Other performance related frameworks simply remind us on the importance of identifying Results based frameworks and these results can be any combination of above. Today many Strategic plans have Results based frameworks to guide the action plans and monitoring plans.
7. Life span approach and health determinants model – it is a “life span” approach that considers that multiple determinants occur throughout a life span that influence pregnancy outcomes. So it recognizes that powerful influences on outcome that occur long before pregnancy begins. This framework is useful to influence policy that would be even outside the direct scope of health services.

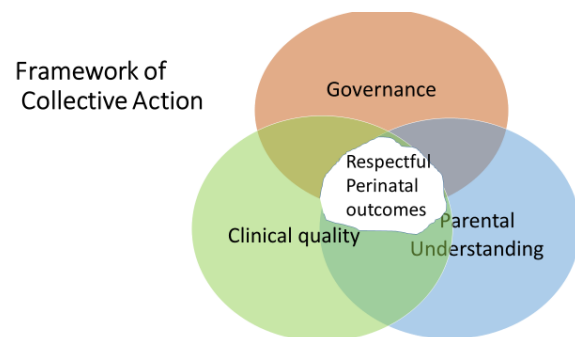
Health systems building blocks + (with community empowerment)

We can argue that the Donabedian Model for describing quality of care actually will have the building blocks if they are incorporated into Structure and Process.

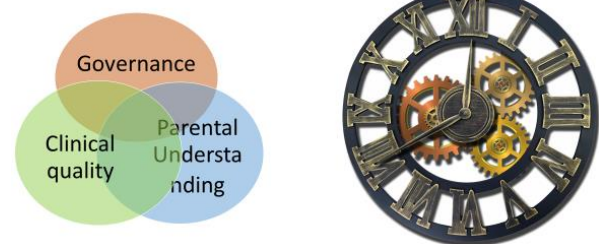
8. WHO Framework 2022 - Five functions to improve quality of care for maternal newborn and child health - This too has combined quality of care with empowering the organization and has highlighted capacity building. These frameworks are not the only ones, and they were also not mentioned in chronological order and as they are developed by different entities with different objectives in mind it is also difficult to align them so. But I feel that there is cross fertilization benefits between these frameworks.

A Framework of working together

The framework I propose today is one that combines different frameworks and this highlights the importance of Governance strengthening to implement the various clinical guidelines to improve clinical quality. The framework also highlights the importance of empowering society and here it means empowering parents. I see respectfulness as the desired impact in a broader sense and it is through this three pronged collective interventions that we can achieve it.



From conceptual Framework to Action –
wheels in harmony make the clock keep ticking



The three prongs, which I have showcased as three wheels are;

1. Improving parental understanding
 2. Use of clinical guidelines that contribute to Quality care
 3. Good Governance
- These wheels are turned by different entities. Therefore it is a framework of working together in a more cohesive and stronger way.

Proposed way forward through a multi professional Society

- Improve existing antenatal parental sessions conducted through the MOOH's at field level and in some of the hospital.
- Initiated a reflective practice on respectful care provided by the public health midwife through guiding them on reflective case study writing
- Train nursing staff on research into audit practice where they will be guided to focus on respectful care in maternity wards and neonatal units
- A symposium on Low Birth Weight with possibilities towards a strategic plan for low birth weight reduction
- Seek methods for rationalizing delivery by caesarean section for primis
- Propose a short set of quality focused indicators for use in hospital at different levels and the MOH system, that can be mainstreamed through the quality Secretariat through the Family Health Bureau.
- Contribute to the review of Maternal and Child health policy
- Advocate for strengthening the legal framework for therapeutic abortion for lethal congenital anomalies
- Continue to support essential care needs to improve perinatal outcomes
- Propose ways in which primary care reforms can accommodate and contribute to better perinatal outcome

As a multi professional body we have the strength to advocate for this and suggest to the Ministry of Health better ways to include into the National Programs

I have outlined some of the areas that we are currently working on. The perinatal society is working through several subcommittees

to address some cross cutting issues. We hope to build several connections with other professional colleges to advocate our thinking. We will capitalize on the strength we have as a multi professional group

1. By the end of this year we hope to propose a way forward to Family Health Bureau to improve the existing antenatal sessions conducted through the MOOHs at field level and in some of the hospitals through active involvement of our membership
2. We also hope to initiate a reflective practice on respectful care provided by the public health midwife through guiding them on reflective case study writing.
3. In selected hospitals we will also train nursing staff on research into audit practice, where they will be guided to focus on respectful care in maternity wards and neonatal units through audit practice. This is done to create gradually a culture for routine audit practice but also with a concern for respectful care. The lessons will be discussed with other professional colleges and with the National Program , Family Health Bureau
4. Low birth weight has many explanations to draw from and in the life cycle it is the cause and effect both of many other factors and outcomes. Even Non communicable diseases in later life are associated with low birth weight. A special subcommittee is working on this area leading to a joint symposium towards midyear. We hope to review enough evidence and strategic thinking to propose a way forward to reduce low birth weight which had been stagnant / has increased in recent. The Family Health bureau is already exploring the use of Multiple Micronutrient supplementation for pregnant mothers with the assistance of the UNICEF. The Perinatal Society can assist in further improving professional

understanding envisaging a scale up into the national program

5. Exploring adopting a process indicator, where absolute indicator of Cesarean Section rate does not yield ways to improve decision making. I am sure we can work on this with the Sri Lanka College of Obstetricians and Gynecologists.
6. Proposing a short set of quality focused indicators for use in hospitals at different levels and the MOH system that can be mainstreamed through the Quality Secretariat through the family Health bureau. This would no doubt capture the appropriate use of clinical guidelines as well as how we can improve parental understanding and empower them.
7. Contribute to the review of Maternal and Child Health policy as a key stakeholder
8. Advocate for strengthening the legal framework for Therapeutic termination of pregnancy for lethal congenital abnormalities
9. Continue to support essential care needs to improve perinatal outcomes – last year through Dr Saman Kumar’s leadership the Perinatal Society was able to make significant contribution to support essential care needs, this would be continued.
10. Integration of services for better perinatal outcomes into primary curative care – We intend to propose ways in which the primary care reforms can also accommodate and contribute to better perinatal outcomes.

Responding in current context –

Currently we are firefighting to find the essential medicines to run health services. We may think that improvements are quite challenging in an economic crisis especially

when we are short of essentials. We must not lose hope.

Long drawn crisis situations such as what we are in now, are also the time period for instituting certain changes which would have been difficult if all was smooth sailing. Whilst we lobby to get the necessary cash flow into maintaining a **reprioritized** essential health package for Maternal and newborn health, we must also lobby that the funds are **utilized efficiently**.

We have to also advocate for **more sensitive HR policies to run our services**. This probably needs a lengthy but early discussion as there are ways to run the health services. So procurement process to get an essential drug may take 6-9 months, but to produce Human resource it takes several years.

As part of good governance we must ensure that health financing is sustained for the essential and suitable financing strategy is considered for timely onward action and suitable policies are adopted to preserve adequate workforce for health.

Having said this the clock must continue to tick and we can together improve perinatal outcomes as we work stronger to turn these wheels.

Thank You for your patient listening.

¹*President, Perinatal Society of Sri Lanka*