Maternal and Perinatal Database for Quality, Equity, Dignity Programme

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1. Introduction

The Maternal and Perinatal Database for Quality, Equity and Dignity (MPD-4-QED) programme in Nigeria which commenced on 1 September 2019 has continued to collect maternal and perinatal data from 54 tertiary level public and private health facilities. We are pleased to report that from 1 September 2019 to 30 June, 2020, a total 78,056 women and babies were enrolled under the programme's electronic platform. In the second quarter of this year (April to June 2020), the total enrollment was 20,828. This consists of 16,999 women who delivered in the health facilities, 996 gynaecological admissions and 2,833 babies born outside the health facilities but were subsequently admitted to the special care baby units. Death audits were conducted for women who died in the perinatal period, for babies who were stillborn and babies who died within the first week of life. Each health facility has a functional structural support for the programme consisting of the obstetrician, a neonatologist and one or two Medical Record Officers (MROs).

In this edition, we will be sharing a success story from Amino Kano Teaching Hospital, discussing the highlights from the mid-year stakeholders' virtual review meeting, presenting recent national and regional QED indicators on the MPD-4-QED programme, providing an update on the COVID-19 experience and featuring a dedicated staff member.

2. Success Story: Aminu Kano Teaching Hospital, Kano

In this edition, we will be featuring the team from Aminu Kano Teaching Hospital, Kano. The hospital coordinator (HC) is Dr Aliyu Labaran, while the neonatologist is Dr Muhammed Abdussalam. The medical record officers (MROs) are Edna Obi and Nafisa Bello.

This team is featured because they have the highest number of patients enrolled into the MPD-4-QED programme across the network. They have enrolled 3577 women and babies into the platform to date. However, it was not without overcoming several challenges. The measures they adopted to achieve this success are elaborated on by Dr Aliyu Labaran, the hospital coordinator as follows:

When we discovered that we were lagging in our enrolment and auditing we had a meeting and decided on certain steps which included: (1) Reflecting on the improvements made in the time taken to enroll a case from 15-20 minutes at the beginning of the programme to 10 mins; (2) Addressing the lack of coordination and synergy between the MROs by setting up a system where MROs inform HCs on enrolling a patient and handover appropriate folders. A mandate was established that the obstetrician and the neonatologist audit all case files within 24 hours; (3) A locker was procured to keep all folders with a key given to MROs and HCs to reduce the number of enrolled cases where the folders were missing or taken away; (4) Because of the zeal to achieve success our MROs decided to sacrifice some of their off duty days to come to the hospital and complete outstanding enrollments; (5) A meeting was

organized with Head of Records and other record officers to stress the importance of the project in a bid to improve the cooperation between hospital record officers and MROs. This was successful and the two teams have been working together successfully since the meeting. These steps ensured the success of the MPD-4-QED programme at AKTH.

Amino Kano Teaching Hospital team, Dr Mohammed Abdussalam (neonatologist), Nafisa Bello (medical record officer 1), Edna Obi (medical record officer 2), Dr Aliyu Labaran (obstetrician).

3. Mid-year stakeholders' virtual review meeting, 2 June 2020

The mid-point of the first year of data collection was on 31 March 2020, and after six months of uninterrupted data collection, a meeting was held with the MPD-4-QED programme collaborators to review the status of implementation of the programme and share experiences on challenges and lessons learned. It was a virtual one-day meeting that was also used to recognize hard work and excellence of the MPD-4-QED programme with collaborators.

The zoom meeting platform had over 230 registered participants of which more than 130 were connected at any time throughout the four hour duration. Participation was drawn from WHO Nigeria and WHO HQ, National Coordination Unit AKTH, collaborators from programme sites (doctors and medical records officers) and the platform managers.

Dr Fiona Braka, Officer-In-Charge (OIC) WHO Nigeria, in her welcome remarks, extolled the achievements of the programme and appreciated collaborators for their hard work especially in the face of the COVID-19 pandemic. The Project Manager, Dr Olufemi Oladapo, in his opening remarks noted that for the maternal, stillbirth and neonatal indices to change in Nigeria, something has to change in the approaches to maternal and perinatal health.

The Regional Coordinators presented the data for their regions individually and these showed that between 01 September 2019 and 31 March 2020, a total of 57,839 obstetrics, gynaecology and out-born baby admissions were enrolled into the database. Maternal and early neonatal mortality in these facilities in the first six months averaged 517/100,000 and 17/1,000 livebirths respectively. The audit completion rate across stillbirths, maternal and neonatal deaths was around 80%.

The commonest causes of maternal death were pre-eclampsia/eclampsia, post-partum haemorrhage and pueperal sepsis while birth asphyxia, maternal complications, placental complications and complications of labour and delivery were the commonest clinical conditions associated with perinatal mortality.

The collaborators demonstrated ownership of the data generated by their facilities in the manner they presented them, showing in-depth knowledge of the data and the stories behind them. The MPD-4-QED programme has been critical in providing healthcare providers with appropriate and timely information to monitor clinical care performance and inform quality improvement efforts in the Obstetrics and Gynaecology and Neonatal Intensive Care Units. Thus, with the commitment to act on quality improvement strategies better health outcomes for mothers and newborns who use the facilities can be expected.

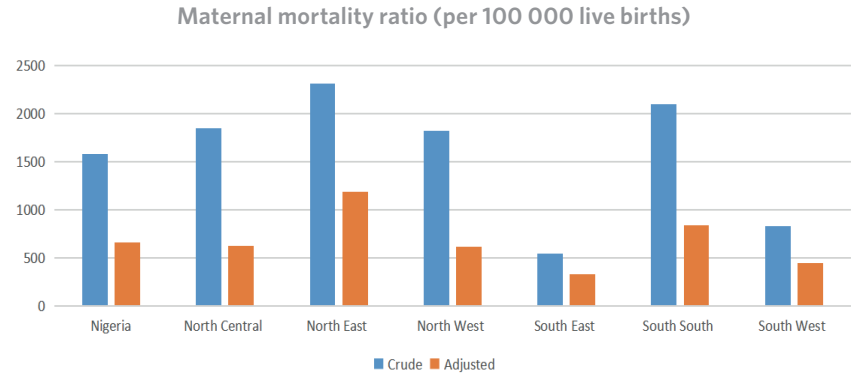
Sharing their experience on the programme at the review meeting two MROs from Federal Medical Centre Jalingo and the University of Medical Sciences Teaching Hospital Ondo applauded WHO for coming up with the initiative. In addition, Mr Muhammed Jibo (FMC Jalingo) opined that "*the project has enabled a communication channel between doctors and medical record officers*" while and Mrs Tomi Omiwole (UNIMEDTH) suggested that "*hospitals (could) use discharge summary cards for ease of data entry and create whatsapp groups for easy communication within their teams*".

The doctors also participated and Dr George Eleje, Obstetrician & Gynaecologist from Nnamdi Azikiwe University Teaching Hospital elaborated on how the programme had facilitated a shared understanding of the terminologies used in maternal and neonatal care, and that documentation was greatly improved "*terminologies (used) in deliveries have been very clear to medical record officers. Documentation in hospitals has been seriously improved*".

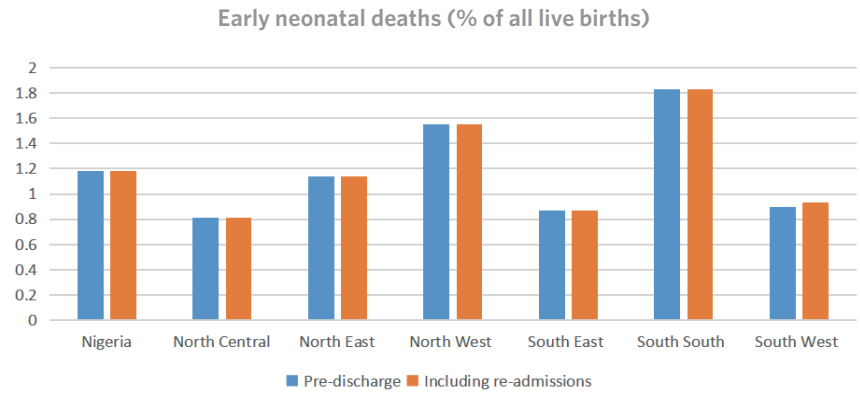
Going forward, there is need to continue data collection and management of the MPD-4-QED platform as well as explore how the factors affecting the provision of quality of care in these facilities can be addressed to ensure implementation of quality healthcare practices.

4. Snapshot of data 1 April to 30 June 2020

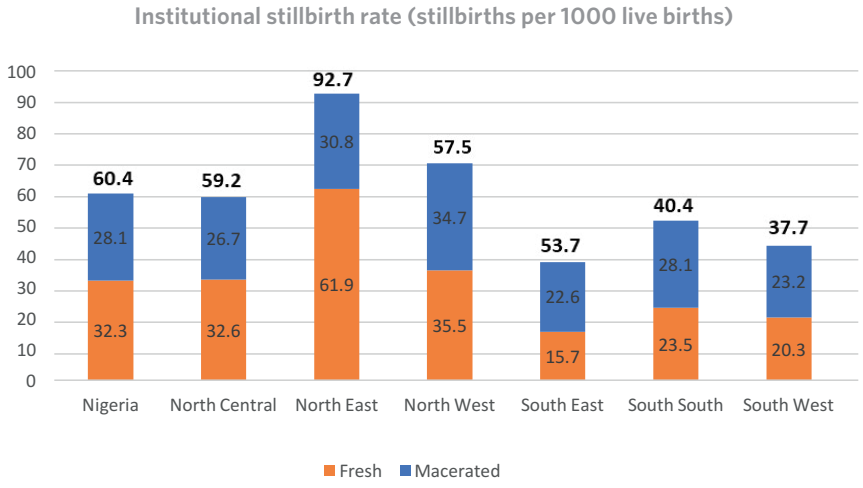
National and regional QED indicators on the MPD-4-QED programme (1 April to 30 June 2020)



The case fatality rates for QED causes of death (% deaths of all pregnant women with the condition) across Nigeria were 11.9% for puerperal sepsis, 2.5% obstetric haemorrhage, 5.6% hypertensive disorders and 1.1% labour complications.



The QED causes of neonatal death (expressed as % of all neonatal deaths) across Nigeria were birth asphyxia (36.6%), prematurity (8.6%), congenital anomaly (7.0%) and birth trauma (1.1%).



5. COVID-19 and Data Collection

Since the emergence of COVID-19, there has been a learning curve for scientists and the general population. As more information was gathered about the virus and its pathogenesis, the knowledge gained has been used to inform decisions on infection prevention and control; clinical management and public health mitigation strategies/recommendations. In the history of health emergencies and disease outbreaks, pregnant women have always been a vulnerable and susceptible population, making it a target for purposeful action in disease prevention and impact mitigation. It was on this basis that the MPD-4-QED programme incorporated indicators on its dashboard to track pregnant women who present at delivery with symptoms or positive test results for COVID-19. As at August 2020, 21 cases of pregnant women confirmed for COVID-19 have been captured into the database. Two hospitals collaborating in the MPD-4-QED programme, the University of Ilorin Teaching Hospital (UITH), Northcentral Nigeria and the Lagos University Teaching Hospital, Southwest Nigeria, share their stories.

Experience of University of Ilorin Teaching Hospital (UITH), Northcentral Nigeria

By Dr A.S. Adeniran (Hospital Coordinator)

At the UITH Ilorin facility, we have had COVID-19 patients across all the medical specialties including Obstetrics and Gynaecology. The MPD-4-QED team experienced admission of suspected and confirmed cases of COVID-19 in the antepartum, intrapartum as well as postpartum periods. The facility has learnt lessons and upgraded the protocol consequent to these experiences.

The index case was an unbooked primigravida referred for delivery from a secondary health care facility as a case of antepartum eclampsia at term. The severity of the primary diagnosis coupled with the effects of the convulsions masked the importance attached to the difficulty in breathing as well as chest findings by the referring physician. On presentation, history of cough 24 hours prior to presentation was elicited; we noticed the earlier findings with fever (Temp 39.3 °C). The presence of fever which is not synonymous with eclampsia further strengthened the suspicion of COVID-19 in the patient. The blood pressure was controlled, the convulsion was aborted and delivery expedited.

With the suspicion of COVID-19, the facility COVID-19 protocol was activated. The infection prevention and control strategies were continued; the sample for COVID-19 was promptly collected and sent for analysis while delivery was achieved via an emergency caesarean section with provision of full personal protective equipment for all staff involved in the delivery. She delivered a live female infant, the patient's clinical status improved rapidly following delivery while postoperative management was in a holding area. However, there was delay in getting the test result which was obtained 11 days after delivery following which both mother and baby were transferred to the COVID-19 treatment centre.

The case was enrolled in the MPD-4-QED data base and highlights the importance of collecting information on all patients in order to improve processes and increase quality of care.

Lagos University Teaching Hospital (LUTH), Southwest Nigeria

By Dr Opeyemi Akinajo (Hospital Coordinator)

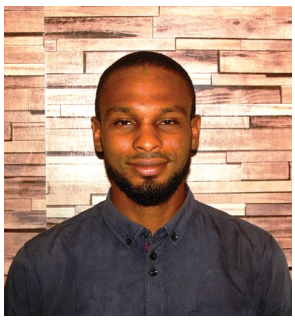
After the confirmation of the index case in Lagos State, both inter and intrastate restriction of movement commenced with a total lockdown for all except the essential workers including medical personnel between 30 of March and 27 of April 2020. This restriction had a negative impact on the health care services rendered to all patients including pregnant women. With an increase in the rate of this infection, the Department of Obstetrics and Gynaecology, LUTH instituted COVID-19 guidelines with all protective and precautionary measures put in place.

With the institution of these guidelines, skeletal clinical services were instituted with running of shift duties among the resident doctors. Services rendered were: WHO recommended focused antenatal care services to low- risk pregnant women with a short appointment on an individualized basis as needed, telephone consultations to patients who have complaints about their health conditions but otherwise stable, elective obstetric surgical cases, and emergency gynaecological and obstetric services. The department had to be closed for clinical services on two occasions since the onset of this pandemic due to the high rate of confirmed COVID-19 positive cases among hospital staff.

Since the onset of this pandemic, a series of suspected COVID-19 cases and 9 confirmed COVID-19 patients have been managed with seven asymptomatic and two symptomatic cases by our dedicated COVID-19 team. Their length of hospital stay ranged between 4 and 22 days. Eight of them had caesarean deliveries (with obstetric indications) with good neonatal outcome for all and one had a vaginal delivery of a male macerated stillbirth. All cases were entered into the MPD-4-QED data platform and in the future will allow more in-depth understanding of the impact of COVID-19 on pregnant women and their babies.

Presently, full services have been recommenced with strict guidelines and protocol as a guide to increase our capacity to cope with challenges as they surface. Situations are gradually getting back to normal with the realization that COVID-19 will be with us for a while, however, strict and precautionary measures are still in place with the running of shift duties and a high index of suspicion still maintained.

6. Featuring Is'haq Aminu: The Program Data Analyst



Is'haq Aminu is a graduate of Information systems engineering with Honors from Eastern Mediterranean University, North Cyprus (best graduating student for spring 2017 graduating class). Is'haq joined the MPD-4-QED program at its inception as a Data Analyst. He works closely with all collaborators of the program (i.e WHO MPD-4-QED team, MPD-4-QED national coordinating center unit, regional coordinators, medical doctors and medical record officers) on different issues related to the project. He handles the project social media platforms, makes sure the medical record officers have steady internet on their devices, collates labour ward summary registers and uses them to compile monthly quality assurance reports for each collaborating facility after comparing data entered into the database by the facilities, he also sends reports to each collaborating facility which contain their stand at that particular time on a weekly basis. He is an enthusiast of technology and how it can be used to improve standard of living. He is a strong believer that data from MPD-4-QED platform has many advantages which if harnessed properly can change the face of deliveries in Nigeria.

7. Photo gallery

Medical record officer FMC Owo, Ondo Southwest, Nigeria.

Medical record officer FMC Umuahia, Abia, Southeast Nigeria

Above: Medical record officers Enugu State Teaching University Hospital, Southeast Nigeria.

Right: Medical record officers University of Uyo Teaching Hospital, Southsouth Nigeria

Planned Activities

- 12 months of continuous data collection complete on 31 August 2020
- Monthly Regional Teleconferences for collaborators – May, June and July 2020
- Data interpretation virtual meeting October 2020

For further information, visit our social media platforms:

Website: https:www.mpd4qednigeria.com
Twitter: https://www.twitter.com/mpd4qednigeria
Facebook: https://www.facebook.com/mpd4qednigeria

This programme is supported by funding from MSD through MSD for mothers, the company's $500 million initiative to help createa world where no woman dies giving birth. MSD for Mothers is an initiative of Merck and Co Inc, Kenilworth, NJ, USA; and bythe UNDP/UNFPA/ UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in HumanReproduction (HRP), a co-sponsored programme executed by the World Health Organization.

World Health Organization

Federal Ministry of Health

MSD for Mothers

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