

The Maternity Register Project

MEASURE *Evaluation*
Gestion de
Soluciones in
Desarrollo



Background

- ✧ Limitation of maternal mortality measures for monitoring purposes
- ✧ Little experience with process indicators
- ✧ Increasing awareness of critical role of emergency care



Process indicators

- ✧ Coverage of ANC
- ✧ Proportion of births with skilled attendant at delivery*
- ✧ Caesarian sections as a proportion of all births*
- ✧ Met need and unmet need for obstetric care*
- ✧ Number of EOC facilities (basic and comprehensive) per 500,000 population

* could potentially be derived from maternity registers



Maternity register

The record that is kept permanently in or near the delivery room and is used for the purpose of recording all admissions and deliveries to the delivery suite/labour room.



The ideal monitoring system ?

- ✧ A minimum data set can be collected easily and quickly
- ✧ Used and understood by the people who collect the data
- ✧ Universal
- ✧ Sustainable
- ✧ High quality



Literature review of maternity registers

✧ Methods

- Medline & Popline search
- 14 articles
- Used for identifying specific morbidities of pregnancy; perinatal characteristics and outcomes; evaluation

✧ Findings

- Registers record data on many crucial variables, retrospective or prospective study designs possible,
- No articles systematically studied the validity of the data.



Workshop

- ✧ “Towards improving monitoring and Evaluation in maternal and perinatal health.”
- ✧ Most facilities maintain maternity registers
- ✧ 80% of facilities collect 9 common variables



Project Aim

To explore the feasibility of using maternity registers for monitoring maternal and newborn health status at facility, district and national level.



Objectives

- To describe the extent, quality, and use of the information that can be derived from the existing and redesigned birth registers for monitoring maternal health.
- To calculate district estimates of important key variables that can be derived from the registers.
- To make recommendations as to whether maternity register data can be used for monitoring and evaluating maternal and newborn health status and if so how it can be used most effectively.
- Where appropriate to develop and test interventions to improve the quality, validity and use of maternity



Guatemala

- ✧ MMR 200
- ✧ IMR 45
- ✧ ANC coverage 59.6%
- ✧ Skilled attendant coverage 40.6%

Source DHS 1998/9



Monitoring maternal & newborn health

- ✧ MMR
- ✧ ANC coverage 1+
- ✧ Coverage of “high risk” pregnancies (<20,>35)
- ✧ TT 2 (pregnant women & women of RA)
- ✧ Proportion of LBW births
- ✧ Early and late NMR



Sistema de Informacion Gerencial (SIGSA)

- ✧ National HIS data quality poor
 - ✧ too many forms & many repetitive
 - ✧ no standardised source used for completing any SIGSA forms
 - ✧ private hospitals and IGSS not included in SIGSA data
 - ✧ differing reporting requirements for national hospitals and lower level facilities
 - ✧ no code for maternal death in local civil registration system



Project area

- ✧ San Marcos
- ✧ Tontonicapan
- ✧ Quiche



Comprehensive survey of the obstetric information system.

- ✧ Census of all facilities where deliveries take place
- ✧ Survey of the range, quality and quantity of the information in facility birth registers
- ✧ Interviews and focus groups with staff to determine how information is collected, managed and used at all levels of the health system.



Methods 1

- ✧ Study 1 Assessing the validity of the data by comparing a sample of register entries with information recorded in the medical records.
- ✧ Study 2 Determining the proportion of women missing from the birth register by cross validation with other registers
- ✧ Study 3 Determining facility and district rates of selected maternal health indicators.
 - » Delivery with a skilled attendant
 - » C/section rate
- ✧ Study 4 Staff perceptions of data collection and use



Census

- ✧ Multiple sources of ascertainment including
 - ✧ Ministry of health
 - ✧ State (department) health directors
 - ✧ Maternal and Newborn Health Project staff
 - ✧ Local bus drivers, policemen, pharmacists.



Facility selection



Facilities

- ✧ 8 MOH hospitals
- ✧ 2 IGSS (social security hospitals)
- ✧ 14 private clinics
- ✧ All except one of the private clinics were equipped to do C/Sections (facility rates between 40-70%)



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Maternity registers

- ✧ All facilities kept register of some type
- ✧ 16 criteria maternity register
- ✧ Total of 46 different variables collected in study facility registers (range 2-27, median 10)
 - ✧ at least 75% of registers recorded name, age, admission date, delivery date
 - ✧ at least 50% recorded address, admission diagnosis, attendant*, type of delivery*, sex and weight of baby



Summary of main findings

- ✧ Most facilities maintain some type of maternity register
- ✧ Registers are sometimes used for reporting purposes
- ✧ Maternity registers may provide data for the numerator of delivery with a skilled attendant and C/section rate
- ✧ Data sources for HIS should be reviewed in view of large number of C/sections in private facilities.

