

2012

THE LAST 10 PATIENTS
WITH PREGNANCY,
OBSTETRIC, NEONATAL,
OR POSTNATAL
COMPLICATION
PATHWAY MAPPING
TOOL CODE: B34B

H4+ SUPPORT FOR HIGH BURDEN COUNTRIES

COUNTRY TOOL SET TO INFORM COSTED STRATEGIES ON HUMAN RESOURCES FOR
HEALTHCARE (HRH) FOR MATERNAL AND NEWBORN HEALTH

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NOTES TO THE FACILITATOR

The aim is to have a simple picture of what happens to 10 patients treated by in the facility and ideally by the health professional involved in the discussion.

Using a pre-agreed format, the patient notes and discussion with the health worker who was involved in the care of the patient. PLEASE NOTE THAT THIS INFORMATION IS TO BE COLLECTED WITH THE ASSISTANCE OF A HEALTH WORKER WHO IS FAMILIAR WITH THE CASE

Please identify the starting point for the patient making contact with the health facility and previous key dates. Record their progress through the facility and through the services provided taking notes of the time taken to provide care along all the key stages. Don't try and collect the detail: your purpose is to identify the size of any differences and the key stages where patients wait for a long time. **Keep the information simple, as there are other tools and techniques designed to pick up the details.** Where possible, follow up on progress and next steps for any patients such as referral, information to return for PNC etc..

Following the session, create ten patient journey maps recording the patient journey time, all the health workers involved in delivering care including team members. The patient journey map should be provided to the participants as part of the feedback from the session.

SELECTION OF THE PATIENTS

- Last 10 patients with ANC, PNC, neonatal or obstetric complications
- Look at the patient log and select ten cases with the help of the healthcare provider
- Take the 10 patient notes and start making notes without the healthcare provider present
- **After notes have been taken, meet with the healthcare provider and start discussing the details of the case and ask about time taken etc and make sure that the clinical care, time taken and the cadres involved in the care are carefully written down.**

Before the interview begins:

Ensure that you inform the health worker being interviewed that you are trying to find out the story of how they dealt with the woman in the particular case being discussed. Let them know that there is no right or wrong answer, and that you simply want to put together a picture of the circumstances.

The following list is to be used as a series of prompts, or a checklist to ensure that all necessary information has been collected from an interview when conducting the referral interviews, but not as an interview guide.

COMPLETE THE CONSENT FORM

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Data from the Delivery Register (please enter all data exactly as shown in the delivery register for this patient)

Description	Data
Delivery date and time (dd/mm/yy – 00:00)	
SVD (✓)	
Caesarian Section (✓)	
Forceps (✓)	
Maternal Status – Stable (✓)	
Maternal Status - Unstable/deteriorated and referred to the next facility (✓)	
Maternal Status – Died (✓)	
Obst Complication (✓)	
Complication Referred (✓)	
Alive (✓)	
Apgar Score 1' 5'	
Sex (M/F)	
Weight in grams	
Weight less than 2000g	
Still Birth (✓)	
Live Birth, died before arrival at facility (✓)	
Live Birth, died after arrival Or delivery in facility (✓)	

Description	Data
Vitamin A (✓)	
BCG given (✓)	
OPV0 given (✓)	
Newborn MRN	
HIV assessment – HIV counseling and Testing offered (✓)	
HIV Testing accepted (✓)	
HIV Test Results (R or NR or I)	
HIV Positive delivery (✓)	
ARV prophylaxis for mother	
ARV prophylaxis for newborn	
Counseled on feeding options (✓)	
Mother and newborn referred to chronic care (✓)	
Type of obstetric case (if any)	

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INFORMED CONSENT FORM FOR KEY INFORMANT INTERVIEWS

Good morning/afternoon. I am a researcher and we are doing a study on the health workers providing health care to women during pregnancy, labour and birth and to mothers and babies in the postnatal period. This study is part of a wider study which aims at describing the situation in eight different countries and is implemented by the Ministry of Health in collaboration with the United Nations Populations Fund, the World Health Organization, the World Bank, UNAIDS, and UNICEF.

Purpose of the study: The aim of this study is to gather information from healthcare providers as part of understanding the context for delivering maternal and newborn care. We want to gather information regarding the work and career context for healthcare providers. Through this study we want to contribute to future policies on health workers for health care to mothers and children before, during and after birth. Therefore, we would be grateful if you could agree to share your thoughts and experience regarding this topic.

Discomfort and risk: The questions we will be asking about your ideas regarding the midwifery workforce as you have been observing them. The study should not cause any harm to you or the community.

Duration of participation: Your participation is voluntary and your decision on whether you will participate or not in this study and the answers you will give will not have any influence on how you will be treated in the health services in the future or how you will be appraised in case you are employed in the health system. Nevertheless if you feel uncomfortable with certain questions you can decide to not answer these and you can stop the interview at any moment in time.

Confidentiality: The interview will be confidential and your name will not appear in the report but will only be recorded on the consent form. We might wish to use some of your thoughts as anonymous quotes, but if you do not wish these to be traceable to you personally you can indicate this here. We will make notes and with your permission we wish to tape record the interview to make sure we record your answers right. After transcribing the interviews, these tapes will be destroyed.

Benefits and compensation: You will not gain personal benefit from participation in this study. The intention for this case study is to contribute towards further strengthening of the midwifery workforce in your country.

Do you have any questions? (If yes, note the questions and answer)

Yes No

If you agree to participate we ask you to sign below:

“I have been given an opportunity to ask any questions I may have, and all such questions or inquiries have been answered to my satisfaction. I hereby consent to participate in this study”.

I agree that my answers can be used as anonymous quotes: Yes No

Name: -----

Signature:-----

Date: -----

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COUNTRY INFORMATION	
COUNTRY NAME	
PARTICIPANTS/STAKEHOLDERS INVOLVED IN COMPLETING THE TOOL (IF APPLICABLE)	NAME ROLE TITLE DATE

PART 1. ABOUT THE FACILITY ()

NAME OF FACILITATOR/DATA COLLECTOR:	
FACILITY ID:	
FACILITY NAME:	
REGION:	
WOREDA:	
FACILITY TYPE:	<input type="radio"/> HEALTH CENTRE <input type="radio"/> HOSPITAL
DATE OF DATA COLLECTION	

PART 2. IDENTIFICATION

Think about the patient's home and background like family situation, distance from health facility etc. if available

DATE AND TIME OF ARRIVAL	ARRIVAL Date _____ Time _____ <input type="radio"/> Week Day <input type="radio"/> Week End <u>If week day</u> <input type="radio"/> Working hour <input type="radio"/> Off working hour DISCHARGE DATE Date _____ Time _____
DATE OF DISCHARGE	
PATIENT'S HOME LOCATION/LOCALITY	NAME _____ DISTANCE FROM FACILITY _____ KM OR _____ HRS BY COMMON TRANSPORT MEANS
AREA/RESIDENCY/LOCALITY CATIGORY	<input type="radio"/> REMOTE <input type="radio"/> RURAL <input type="radio"/> TOWN <input type="radio"/> CITY
AGE	_____ YEARS

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PART 4. MNH CARE AT HEALTH FACILITY

Note for the facilitator /Essential information

Clinical Care Given: Record essential care components provided

Time taken: Write approximate estimate of time for care . Please record if time is recorded on the patient chart or not at each of the key care components

Who was involved in the care and where in the facility: Please ask carefully who was involved for this particular patient by cadre title, and all the people involved, not just the main person.

Please note that the following is additional information and all the essential information is to be completed fully:

Gap: Identify Gaps in patient care based on record review and the standard care package annexed to this tool

Reason for Gaps Identified: Please identify reasons for gaps identified during discussion with care givers.

A. Reception/triage

Clinical care given	Time Taken (minutes)	Who is involved in the care and Where in the facility (unit/department)	Gap)	Reason for the gaps in patient care

Comments:

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B. Initial ASSESSMENT (INITIAL Care)

Note for the facilitator

Essential information

Clinical Care Given: Record essential care components provided

Time taken: Write approximate estimate of time for care . Please record if time is recorded on the patient chart or not at each of the key care components

Who was involved in the care and where in the facility: Please ask carefully who was involved for this particular patient by cadre title, and all the people involved, not just the main person.

Please note that the following is additional information and all the essential information is to be completed fully:

Gap: Identify Gaps in patient care based on record review and the standard care package annexed to this tool

Reason for Gaps Identified: Please identify reasons for gaps identified during discussion with care givers.

Clinical care given	Time Taken (minutes)	Who is involved in the care and Where in the facility (unit/department)	Gap	Reason for the gaps in patient care

Comments:

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C. Follow up Care

Note for the facilitator/ Essential information

Clinical Care Given: Record essential care components provided

Time taken: Write approximate estimate of time for care . Please record if time is recorded on the patient chart or not at each of the key care components

Who was involved in the care and where in the facility: Please ask carefully who was involved for this particular patient by cadre title, and all the people involved, not just the main person.

Please note that the following is additional information and all the essential information is to be completed fully:

Gap: Identify Gaps in patient care based on record review and the standard care package annexed to this tool

Reason for Gaps Identified: Please identify reasons for gaps identified during discussion with care givers.

Clinical care given	Time Taken (minutes)	Who is involved in the care and Where in the facility ((unit/department))	Gap	Reason for the gaps in patient care

Comments:

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Part 5. Outcome of Care

Please write down the main outcomes of care for the mother and where relevant for the neonatal.

OUTCOME OF CARE	<input type="radio"/> IMPROVED AND DISCHARGED (WITH LIVE BIRTH) <input type="radio"/> REFERRED TO ANOTHER FACILITY <input type="radio"/> MOTHER DEATH <input type="radio"/> NEONATAL DEATH <input type="radio"/> OTHERS (PLEASE SPECIFY) _____
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PART 6. GAPS AND RECOMENDATION (BY FACILITATOR)

MNH Care summary:	
People involved:	
Recording of information:	
Time taken:	

Comments and Notes

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ANNEX -I **BACKGROUND NOTES:**

Context for the hospital at the time: Were there other births/labour, a lot of workload etc. that affected the care

Context for payments: Were there any payments as part of this care that may have affected the way in which care was accessed.

When looking through the notes, think about some important factors as shown below:

- reasons for the clinical care received and what may affect this like staff available, time of day, day of the week, drugs, and other equipment issues etc.
- the Essential Interventions and the type of complications or difficulties that may have to be care for: from the point of view of childbirth with PPH, Eclampsia/pre-eclampsia, postnatal (mother) and postnatal (neonatal) with asphyxia, infection, resuscitation, infection care
- key clinical factors and complication management: such as prolonged pregnancy, preterm birth, low birth weight, remove placenta and retained products of conception, what was done after removal of placenta, repair/pressure on tear, empty bladder, obstructed labour, presentation of the baby (breech), fever, offensive discharge, Malaria: antimalarials IM, glucose IV or other care issues, danger signs
- decision to refer to another cadre or to another facility: at which point of labour onset, what affected this decision, how long from decision to action
- If referred, what happened: communication, transport, way of continuing assessment – state of consciousness, onset convulsion, bleeding getting worse, management during transportation, maintain airway and breathing, fluids, staying warm etc.
- who was with the mother at the different stages and was she left on her own at any time, monitoring taking place, partographing, dilation, colour, contraction, vital signs
- routine care immediately after birth including monitoring, temperature checks etc.

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ANNEX-II

PMNCH Essential Interventions (2011)

ID	Stage	Intervention	Types of interventions
1	Preconception/ periconceptual Interventions	Family planning	.Barrier methods (male and female condoms, diaphragm, gels, foams) .Oral contraceptives (progestin only and combined) .Emergency contraceptives and hormonal injections. .All of the above plus implants .Long acting reversible contraceptives (implants) .Intrauterine devices .Surgical contraception
2	Preconception/ periconceptual Interventions	Prevent and manage Sexually Transmitted illnesses including Mother-to-Child Transmission of HIV and syphilis	.Materials for counselling .Condoms (male and female) .Antibiotics in line with essential medicine guidelines
3	Preconception/ periconceptual Interventions	Folic acid fortification and/or supplementation for preventing Neural Tube Defects	.Folic acid fortification of staple food e.g. flour .Folic acid tablets
4	Pregnancy	Management of unintended pregnancy: Availability and provision of safe abortion care when indicated	.Materials for counselling, health education and health promotion .Medications for induced abortion (Mifepristone, Misoprostol) .Vacuum aspiration equipment .Uterotonics (Misoprostol, Oxytocin) .Antibiotics in line with essential medicine guidelines .Surgical procedures when required .Sphygmomanometer
5	Pregnancy	Management of unintended pregnancy: Provision of post abortion care	Post abortion care as appropriate
6	Pregnancy	Appropriate antenatal care package: Screening for maternal illnesses	.Fetal stethoscope .Scale .Sphygmomanometer .Haemoglobinometer
7	Pregnancy	Appropriate antenatal care package: Screening for hypertensive disorders of pregnancy	
8	Pregnancy	Appropriate antenatal care package: Screening for anaemia	
9	Pregnancy	Appropriate antenatal care package: Iron and folic acid to prevent maternal anaemia	.Iron and folic acid

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10	Pregnancy	Appropriate antenatal care package: Tetanus immunization	„Vaccine (TT vaccine)
11	Pregnancy	Appropriate antenatal care package: Counselling on family planning, birth and emergency preparedness	
12	Pregnancy	Appropriate antenatal care package: Prevention and management of HIV, including with antiretrovirals	„HIV test kits „Antiretroviral drugs „Cotrimoxazole „Counselling material
13	Pregnancy	Appropriate antenatal care package: Prevent and manage malaria with insecticide treated nets and antimalarial medicine	„Antimalarial drugs according to the situation/context „Insecticide Treated Nets
14	Pregnancy	Appropriate antenatal care package: Smoking cessation	„Materials for individual and group counselling and behavioural change interventions on smoking cessation
15	Pregnancy	Reduce malpresentation at term with External Cephalic Version	„Stethoscope
16	Pregnancy	Prevention of pre-eclampsia: Calcium to prevent hypertension	a) Calcium Supplementation: Calcium. Use of Antihypertensive drugs for treating Severe hypertension in Pregnancy: Methyl dopa, Hydralazine, Nifedipine
17	Pregnancy	Prevention of pre-eclampsia: Low dose aspirin to prevent hypertension	b) Prevention of pre-eclampsia in high risk Women: Low dose Aspirin
18	Pregnancy	Magnesium Sulphate for eclampsia	Magnesium Sulphate (Injection)
19	Pregnancy	Induction of labour to manage prelabour rupture of membranes at term	„Uterotonic (Oxytocin and/or Misoprostol) „Partograph „Stethoscope „Sphygmomanometer
20	Pregnancy	Antibiotics for preterm prelabour rupture of membranes	„Antibiotic (Erythromycin)
21	Pregnancy	Corticosteroids to prevent respiratory distress syndrome in newborns	„Corticosteroids (Betamethasone, Dexamethasone)
22	Childbirth	Induction of labour for prolonged pregnancy	„Uterotonics (Oxytocin, Misoprostol)
23	Childbirth	Prophylactic uterotonics to prevent postpartum haemorrhage	„Uterotonics (Oxytocin, Ergometrine, Misoprostol) (Community Health Workers and Professionals)
24	Childbirth	Active management of third stage of labour (AMTSL) to prevent postpartum haemorrhage	„Uterotonics (Oxytocin, Ergometrine)
25	Childbirth	Management of postpartum haemorrhage (e.g. uterotonics, uterine massage)	„Uterotonics (Oxytocin, Misoprostol). „Uterotonics (Oxytocin, Ergometrine, Misoprostol) „IV fluids „Blood transfusion „Surgical facilities

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26	Childbirth	Caesarean section for maternal/foetal indication	<ul style="list-style-type: none"> „Surgical environment „Sphygmomanometer
27	Childbirth	Prophylactic antibiotics for caesarean section	<ul style="list-style-type: none"> „Antibiotics (Ampicillin or Cefazolin);
28	Postnatal (mother)	Family planning	<ul style="list-style-type: none"> „Barrier methods (male and female condoms, diaphragm, gels, foams) „Oral contraceptives (progestin only and combined) „Emergency contraception and hormonal injections. „All of the above plus implants „Long acting reversible contraceptives (implants) „Intrauterine devices „Surgical contraception
29	Postnatal (mother)	Prevent and treat maternal anaemia	<ul style="list-style-type: none"> „Ferrous Salt (liquid or tablet) „Ferrous Salt+Folic Acid (tablet) „Folic Acid (tablet) „Hydroxycobalamine (injection) „Lab tests „Blood products
30	Postnatal (mother)	Detect and manage postpartum sepsis	<ul style="list-style-type: none"> „Antibiotics (Ampicillin, Gentamicin, Metronidazole)
31	Postnatal (mother)	Screen and initiate or continue antiretroviral therapy for HIV	<ul style="list-style-type: none"> „Antiretroviral medicines „HIV test kits + ARVs
32	Postnatal (newborn)	Immediate thermal care	Promotion and provision of thermal care for all newborns to prevent hypothermia (immediate drying, warming, skin to skin, delayed bathing): „Materials for counselling, health education and health promotion
33	Postnatal (newborn)	Initiation of exclusive breastfeeding (within first hour)	<ul style="list-style-type: none"> „Materials for counselling, health education and health promotion
34	Postnatal (newborn)	Hygienic cord and skin care	<ul style="list-style-type: none"> „Cord clamp and scissors „Clean birth kit for health facilities
35	Postnatal (newborn)	Neonatal resuscitation with bag and mask (professional health worker)	<ul style="list-style-type: none"> „Training aids and devices to maintain competencies „Newborn resuscitation device (Ambu Bag, bag-mask and suction device)
36	Postnatal (newborn)	Case management of neonatal sepsis, meningitis and pneumonia	<ul style="list-style-type: none"> „Materials for counselling, health education and health promotion „Thermometer / digital thermometer „Timer „Blood sugar sticks (disposable) „Nasogastric tube „Antibiotics (oral and injectable)

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37	Postnatal (newborn)	Kangaroo mother care for preterm and for less than 2000g babies	<ul style="list-style-type: none"> ,.Materials for counselling, health education and health promotion ,.Support Binder for KMC (KMC wrap) ,.Hat ,.Nasogastric tube
38	Postnatal (newborn)	Management of newborns with jaundice	<ul style="list-style-type: none"> ,.Bilirubinometer ,.Phototherapy lamp ,.eye shade ,.IV fluids ,.Exchange transfusion kit
39	Postnatal (newborn)	Surfactant to prevent respiratory distress syndrome in preterm babies	<ul style="list-style-type: none"> ,.Surfactant ,.Oxygen supply/concentrator ,.Pulse oximeter
40	Postnatal (newborn)	Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome	<ul style="list-style-type: none"> ,.Standard CPAP or bubble CPAP ,.Oxygen supply/concentrator ,.Pulse oximeter
41	Postnatal (newborn)	Extra support for feeding small and preterm babies	<ul style="list-style-type: none"> ,.Nasogastric tubes ,.Feeding cups ,.Breast pump ,.Syringe drivers ,.Blood sugar testing sticks ,.Materials for counselling
42	Postnatal (newborn)	Presumptive antibiotic therapy for newborns at risk of bacterial infections	<ul style="list-style-type: none"> ,.Antibiotics (ampicillin and gentamicin or penicillin)
52	Cross-cutting community strategies	Home visits for women and children across the continuum of care	

END OF QUESTIONNAIRE

Acknowledgement: Adapted from the UK NHS Institute for Innovation and Improvement 2008 (<http://bit.ly/HeVJA8>) and TRACE tool (<http://www.impact-international.org/toolkit/module4/trace/trace.pdf>) and annexed through PMNCH Essential Interventions list. These are to be used as part of the H4+ Support for High Burden Countries.