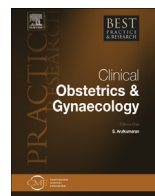




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# Improving quality of care during labour and childbirth and in the immediate postnatal period

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Quality of care during labour and childbirth and in the immediate postnatal period is important in ensuring healthy maternal and newborn survival. A narrative review of existing quality frameworks in the context of evidence-based interventions for essential care demonstrates the complexities of quality of care and the domains required to provide high quality of care. The role of the care provider is pivotal to optimum care; however, providers need appropriate training and supervision, which should include assessment of core competencies. Organisational factors such as staffing levels and resources may support or hinder the delivery of optimum care and should be observed during any monitoring. The woman's perspective is central to all quality of care strategies; her opinion should be sought where possible. The importance of assessing and monitoring quality of care during such a critical period should be appreciated. A number of quality frameworks offer organisations with a foundation on which they can deliver high quality care.

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## Defining quality of care

Defining what is meant by 'quality' has been a global challenge. Consequently, there are several definitions of the term used in relation to healthcare and/or health systems. Defining 'quality' is important if one is to explore its relationship to outcomes, the processes of assessment and the

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mechanisms for continual monitoring. Noticeable definitions stem back to the 1960s, with Donabedian stating: 'Quality of care is the extent to which actual care is in conformity with present criteria for good care' [1, pg. 166] Although a limited definition, it does acknowledge the concept of 'best practice' or 'gold standards' which are pivotal to providing quality care. Donabedian's model of quality of care [2] separates the attributes into three useful domains: (1) structure; this includes the physical environment, facilities, equipment, organisational systems, administrative processes and staffing (levels, leadership, structure, qualifications and finances); (2) process: diagnosis, treatment, interventions, referrals, communication and continuity; and (3) outcomes: clinical outcomes, mortality, morbidity and satisfaction. A deficit in any one of these domains can impact the others.

The Institute of Medicine [3] offered a further definition of quality of healthcare, which provided a greater description of its components: 'The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge' [pg. 1] This definition acknowledges the timeliness of quality of care.

The World Health Organization (WHO) [4, pg. 9–10] offers a more comprehensive definition which includes six dimensions of quality. These dimensions require that healthcare be:

1. *effective*, delivering healthcare that is evidence based and results in improved health outcomes for individuals and communities, based on need;
2. *efficient*, delivering healthcare in a way that optimises resources;
3. *accessible*, delivering healthcare that is timely, reachable and provided in locations where appropriate skills are available;
4. *acceptable/client-centred*, delivering healthcare which considers the preferences and aspirations of individual service users and the cultures of their communities;
5. *equitable*, delivering the same quality of healthcare to all, regardless of individual characteristics such as gender, race, ethnicity, geographical location or socioeconomic status;
6. *safe*, delivering healthcare which maximises the safety of users and minimises risks.

The WHO definition provides a good foundation on which facilities can monitor their own provision of care, identifying areas of weakness and identifying solutions to improve the quality. It is likely that all dimensions are required to deliver high quality care.

Many more definitions exist in the literature, specifically related to maternal and newborn health [e.g. 5,6]; the common components of which are providing a high level of essential evidence-based care to all women and newborns and a higher level of care to those with complications. The WHO's package of interventions for the integrated management of pregnancy and childbirth (IMPAC) provides evidence-based recommendations to ensure the best outcomes for mother and newborns [7]. However, this care should be provided in a way that satisfies women and their families, supports the care provider and has a good organisational and financial framework. It is no longer acceptable for facilities to focus solely on health goals. Indeed, there has been a realisation that health goals and quality goals are inter-related [6], and therefore should be addressed simultaneously. Examples from within the maternity continuum can be seen in Table 1.

Ultimately, improving quality of care should result in improved clinical outcomes.

Building on the WHO definition of quality of care [4], a framework has been developed [8] to conceptualise quality of care for maternal and newborn health [Fig. 1], as part of a vision for continual quality improvements.

**Table 1**

Examples of health goals and related quality goals.

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Health goal: Improve the uptake of focussed antenatal care

Quality goal: Ensure that the antenatal service offered is acceptable and desirable to women.

Health goal: To reduce obstructed labour in women living in rural communities

Quality goal: To improve local access to health services

Health goal: To increase the number of women using family planning methods

Quality goal: To increase women's knowledge and understanding of available family planning methods

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