BACKGROUND

The project, “Improving Care for Mothers and Babies,” involves the full spectrum of reproductive health, from giving couples the tools to plan their families, through a healthy, desired pregnancy and culminating in healthy and wanted baby. “Improving Care for Mothers and Babies” is among US Agency for International Development (USAID) efforts to support maternal, child and reproductive health in Russia. The project will facilitate the Russian government’s objectives to improve women’s and children’s health and stimulate population growth, as part of its National Priority Health Project.

“Improving Care for Mothers and Babies” is being carried out under USAID’s worldwide Health Care Improvement (HCI) Project, successor to the Quality Assurance Project (QAP), which worked in Russia from 1998-2007. Taking part in that project from 1998-2004, Tver Oblast health care providers achieved a 55% reduction in oblast-wide neonatal mortality (figure). Tver Oblast’s experience was later spread to 11 additional Russian regions.

This success was achieved through the use of a systematic quality improvement (QI) approach. Analysis of epidemiologic data identified the leading cause of early newborn mortality—respiratory distress syndrome (RDS). Working in teams, local caregivers identified weak points in the oblast-wide care system that might cause babies to develop RDS and babies with RDS to die. The teams developed and tested changes, small and large, that reduced both RDS incidence and the risk of mortality from RDS. Such changes as control of the temperature in delivery rooms and warming newborns, training local caregivers in neonatal resuscitation and development of the technical basis for transport of newborns to the Oblast neonatal center were formulated as an easily replicable “change package” of clinical-organizational guidelines, regulations, and resources needed for reorganization of care and a list of indicators to measure the intervention’s effectiveness.

In 2009-10, “Improving Care for Mothers and Babies” is offering change packages of proven improvements in maternal and child care and reproductive health to caregivers in 3 regions in Russia’s Central Federal District: Yaroslavl, Kostroma and Tambov.

OUR GOALS

“Improving Care for Mothers and Babies” is focused on reducing maternal and infant mortality and morbidity, on improving access to quality reproductive health services and on decreasing abortions. Each oblast QI team will select 3 or more specific improvement objectives that address major weaknesses in these areas in their oblast.

PARTNERSHIP—HOW WE WORK

The representative office of University Research Co. in the Russian Federation, supported by HCI’s worldwide expertise, works in close partnership with the Russian Federal Public Health Institute, the Russian institution responsible for development and dissemination of methods for quality improvement in health care. We are joined by Tver Oblast’s team of obstetrician/gynecologists and neonatologists with hands-on experience implementing improvement, and spreading change to other regions.

Our newest partner is the Ivanovo Scientific Research Institute of Motherhood and Childhood named for Gorodkov, which provides technical assistance and continuing education in maternal and child health in 8 neighboring oblasts of the Central Federal District. The institute’s participation will facilitate the partnerships with Yaroslavl, Kostroma and Tambov. These strong Russian partners will ensure that HCI’s collaborative approach, training courses and tools continue in use long after the project has ended.

COLLABORATIVE IMPROVEMENT

The basis of HCI’s strategy is the Improvement Collaborative approach, which seeks to rapidly spread best practices to multiple settings. It is a
dynamic shared learning system in which multiple teams from different facilities work together intensively to (a) adapt a known, best-practice model of care for a priority health problem to their local situation, (b) achieve significant results in a relatively short time and (c) scale up the model throughout the region as a whole. Among the best practice change packages offered are essential newborn care at antenatal visits, active management of the third stage of labor, identification of high-risk pregnancies for referral to the new perinatal centers, and setting up youth-friendly clinics.

In each of the 3 target oblasts, our most important partner will be the Oblast Health Department. The HCI team will select a project curator from leading specialists of the regional ministries responsible for oversight of delivery of material and child health services. We will also strive to work with all the health care providers and relevant institutions providing services throughout the maternal, child and reproductive health spectrum, including as appropriate private health providers as well as those under other ministries, departments and health enterprises. Each participating organization, plus other local groups such as health insurance funds, women’s councils, large firms and social organizations, will be invited to participate in the oblast’s Mother and Baby Care leadership council. The council's role is to identify and prioritize maternal and child/reproductive health issues and to facilitate oblast-wide decision-making.

Interdisciplinary facility-level teams will be set up in each raion or town with representatives from government maternal and child health facilities including maternity hospitals, women’s consultation clinics, perinatal centers, children’s hospitals and polyclinics. We expect about 10 raions and 30 facilities in each oblast to participate. Participating providers may be nurses, midwives, obstetrician/gynecologists, pediatricians, neonatologists, and administrators. Each team will be responsible for adapting proven best practices from the pilot sites to their specific facilities. Team leaders, who will be trained in QI methods, will hold regular team meetings and report progress through the project’s internet portal.

The teams’ first task will be collecting data for a baseline assessment of the oblast’s reproductive health situation. As the figure shows, collaborative work will then occur in a series of 4 joint “learning sessions,” which several representatives from each teams will join. Learning sessions include plenary sessions on clinical, organizational and QI topics, team reports on their approaches, review of data, and intensive teamwork to plan changes to test and implement in local facilities.

An “Action Period” follows each learning session in which teams test changes in their system of care which will allow them to adapt and implement best practice models, and regularly measure their effect. Teams will share activities and data, problems and questions through the project’s Web Communicator internet portal. Technical experts from HCI and its partners will provide technical assistance and support on a regular basis including presenting “change packages” of documentation and clinical guidelines, developing goals and objectives, following up on implementation of proposed changes, monitoring data collection, and reporting to the leadership council on progress.

**SUSTAINABILITY OF CHANGE**

Listening to the problems addressed and results achieved by the oblast teams will be a federal-level expert working group, comprised of leading scientists from Russian institutes, the MOHSD leading specialists, and international experts in reproductive health. To support the sustainability of these improvements, the group will develop proposed executive orders, norms and standards to address any obstacles to improved and more efficient care, stemming from current regulations. Indicators of reproductive health quality, refined through the project’s monitoring efforts, will also be proposed for the expert group’s review and subsequent national adoption and collection.