

# Quality of care and women's health: lessons from developing countries

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# The outline

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1. What is the core of quality care which women have the right to access?
2. What is the current status of quality maternity care in Mzimba South, Malawi?
3. What is the women's experience of childbirth in Shanghai, China?

# 1. What is the core of quality health care which women have the right to access?

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- Everyone including women have the right to achieve the highest attainable standard of health, including sexual and reproductive health.
- SDG 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

# What is the quality health care ?

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Quality health care can be defined in many ways but there is growing acknowledgement that quality health services should be:

**Effective** – providing evidence-based healthcare services to those who need them;

**Safe** – avoiding harm to people for whom the care is intended;

**People-centred** – providing care that responds to individual preferences, needs and values.

Source: [https://www.who.int/health-topics/quality-of-care#tab=tab\\_1](https://www.who.int/health-topics/quality-of-care#tab=tab_1)

# What are the current status of quality care services in developing countries?

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Research findings from two studies:

Quality of care in Mzimba South, Malawi: a health facility census

Women's experience of episiotomy: a qualitative study from China

## 2. What is the current status of maternal care in Mzimba South, Malawi?

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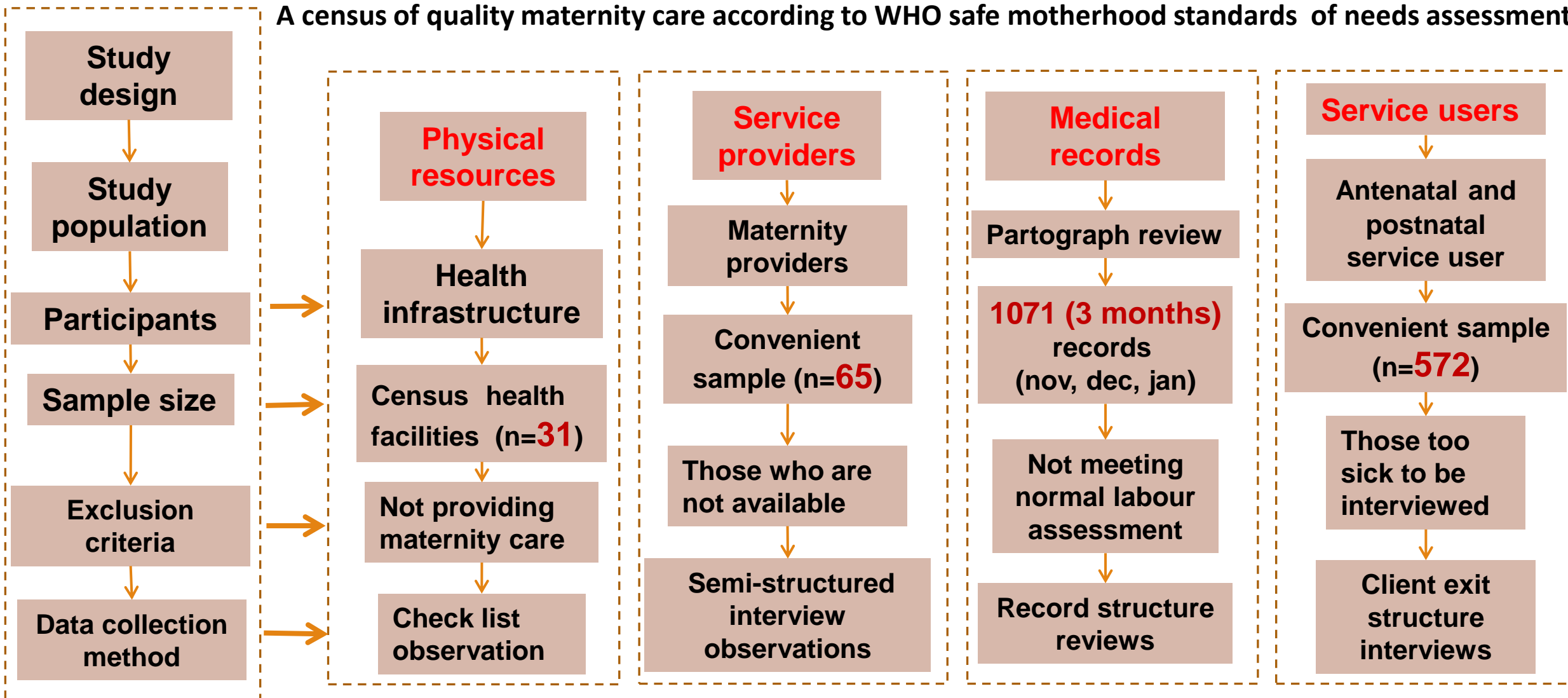
There is a highly significant MMR (439/100,000 in 2015) in Malawi and lagged behind MDG 5a target (155/100,000 in 2015).

The increased hospital delivery rate (90 % in 2015 ) in Malawi does not match with the reduction for maternal death .

Above situation raises a concern about the quality of care provided by skilled attendants to pregnant women.

# 2.1 A brief introduction of study methods

A census of quality maternity care according to WHO safe motherhood standards of needs assessment



## 2.2 Selected results related to ANC services

**Table 1** The comparison between the service availability in 31 facilities and the service received by 572 women in those facilities' exit interview

Availability of selected essential services	Availability in 31 facilities		Essential service received by 572 women in exit interview	
	Supplies provided	Number(%)	Service received	Number(%)
Lab testing	Hemoglobin test	7(22.6%)	Hemoglobin test	82(14.3%)
	Urine protein test	12(38.7%)	Urine protein test	5(0.9%)
Equipment for maternity care	Blood pressure machine	21(67.7%)	Blood pressure measurement	386(67.5%)
	Thermometer	16(51.6%)	Temperature measurement	361(63.1%)
	Fetal scope	31(100.0%)	Fetal heart monitoring	547(95.6%)
Drugs for maternity care	IPTp	31(100.0%)	IPTp	544(95.1%)



## 2.3 Referral indicators for facilities, by facility administration(N=31)

Table 2 Health facility referral indicators in all institutions

Referral indicators	Total n(%)	Facility administration	
		Public(N=23) n(%)	Nonpublic(N=8) n(%)
Referral time within 2 hours ( <i>n</i> =31)	21(67.7)	13(56.5)	8(100.0)
Provider accompaniment / rescue to woman to referral hospital( <i>n</i> =31)	7(22.6)	1(4.3)	6(75.0)
Communication capability ( <i>n</i> =31)	28(90.3)	21(91.3)	7(87.5)
Ambulance or vehicle ( <i>n</i> =31)	5(16.1)	1(4.4)	4(50.0)

## 2.4 Women's experience of antenatal care as measured by the level of provider-client relationship (N=572)

**Table 3 Women's experience of antenatal care as measured by the level of provider-client relationship (N=572)**

<b>Provider-client relationship</b>	<b>n (%)</b>
<b>Effective communication</b>	
Introduction of health worker before procedure	240(42.0)
Allowing of asking questions throughout the procedure	212(37.1)
Health worker provide health education to women	519(90.7)
<b>Respect and preservation of dignity</b>	
Asking consent before procedure	291(50.9)
Another woman presents during examination	53(9.3)
Feeling secure in the room during ANC examination	570(99.7)
No vaginal examination during antenatal care	572(100.0)
<b>Emotional support</b>	
Friend or family accompany during examination	119(20.8)
Feeling comfortable during the procedure	537(93.9)
Feeling comfortable during the antenatal examination	572(100.0)

## 2.5 Implications of above results

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1. Lack of essential equipment influenced women to receive quality ANC services.
2. Inadequate referral preparedness may influence women to access timely to emergency services.
3. Women's experience of care may be influenced by the provision of care women received from the health providers.

# 3. What is the women's experience of childbirth in Shanghai, China?

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More recently, the WHO recognised the need for a 'positive childbirth experience, which corresponds to the new Global Strategy for Women's, Children's and Adolescents' Health (2016–2030).

With an increase in emphasis on women-centred outcomes in clinical decision making, women's experience of episiotomy during childbirth is highly relevant.

A Cochrane review we did in 2017 pointed out that trials inadequately considered women's preferences, views on the procedures or the outcomes that are important to them.

Source: He S, Jiang H, Qian X, Garner P. Women's experience of episiotomy: a qualitative study from China. *BMJ Open*. 2020;10(7):e033354. Published 2020 Jul 19. doi:10.1136/bmjopen-2019-033354

# 3.1 A brief introduction of study methods

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**Objective:** To describe women's experience of episiotomy in urban China.

**Design:** This is a semistructured, indepth interview with women after episiotomy. We analysed transcriptions using thematic analysis in Chinese. Emerging themes were debated in English to finalise interpretation.

**Setting:** Two community health centres and four hospitals in Shanghai, China.

**Participants:** Purposive sampling of 30 postpartum women who had experienced episiotomy during childbirth; 25 were primiparous and 4 had deliveries by forceps. We interviewed health providers to complement the data.

## 3.2 Main findings: four themes emerged

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Theme 1:

- Women's views of the procedure vary considerably

Theme 2:

- Pain interferes with daily life for weeks

Theme 3:

- Long-term anxiety is a consequence for some, described as a 'psychological shadow'

Theme 4:

- Societal norms assume women will not complain

# Themes related perspectives from women

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## Theme 1

- What is episiotomy?
- Contrasting attitudes towards the policy of episiotomy

## Theme 2

- Pain from episiotomy varied
- Restricted postures and movements
- Obvious difficulties in breast feeding and defecation

## Theme 3

- Undesirable and affected sexual life
- Less confidence in subsequent vaginal deliveries

## Theme 4

- Pain from childbirth is normal and endurable
- Too many complaints incur criticisms
- Health services might be influenced by the societal norms

## 3.3 Implications of the findings

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1. Women were inadequately informed about episiotomy, but experienced consequences of the procedure, including pain and interference with daily life. These were compounded by social norms that expect them not to complain and the longer term anxiety about the physical and psychological effects on them as women.
2. People-centred services were inadequate in the procedure and nursing of episiotomy.
3. Overuse medical procedures during childbirth may cause adverse consequence to women and influence their later life quality.



# Conclusions

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1. No matter in Malawi or China, issues related quality of maternity care existed in different ways.
2. less access to effective and safe care services is the one issue. Overuse medical procedure is the another issue. People-centered care is inadequate in developing countries.
3. To realize the benefits of quality health care, health services must be:
  - **Timely** – reducing waiting times and sometimes harmful delays;
  - **Equitable** – providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status;
  - **Integrated** – providing care that makes available the full range of health services throughout the life course;
  - **Efficient** – maximizing the benefit of available resources and avoiding waste.

# Thank you!

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