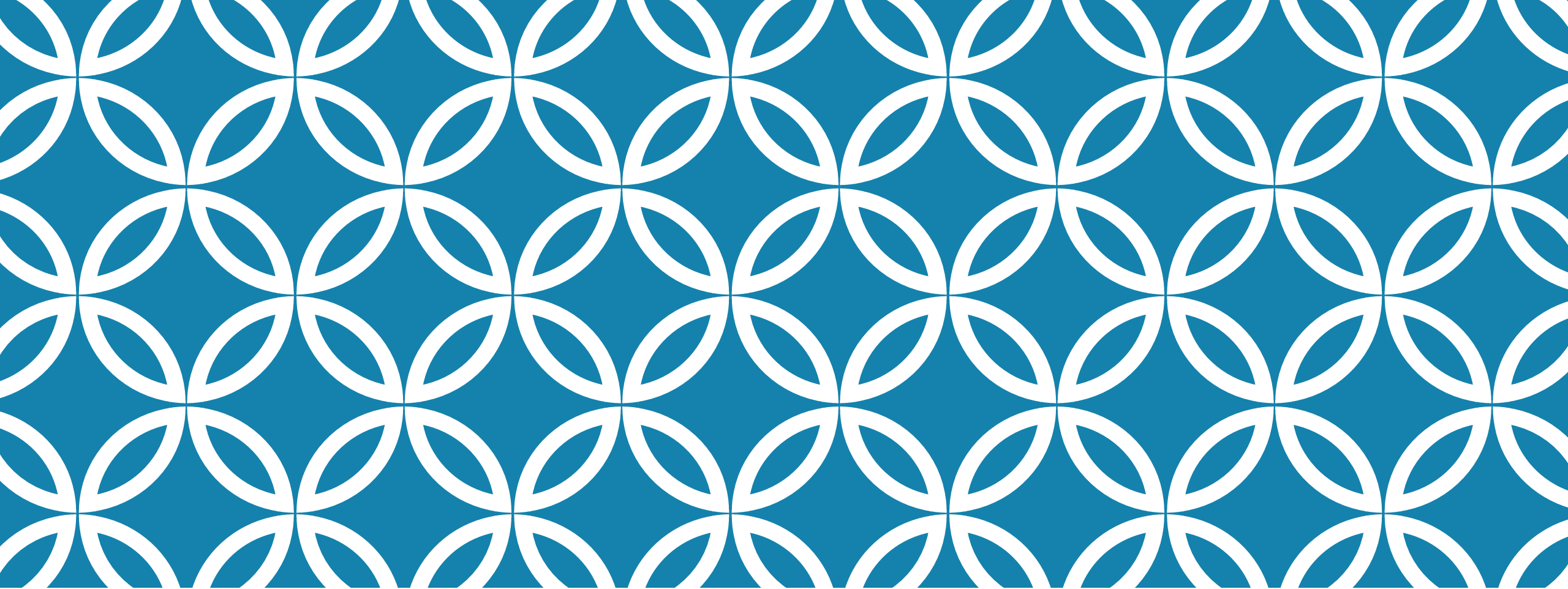




RE-VISIONING EMERGENCY OBSTETRIC CARE

Workstream 2 – Levels of Care

15 June 2022

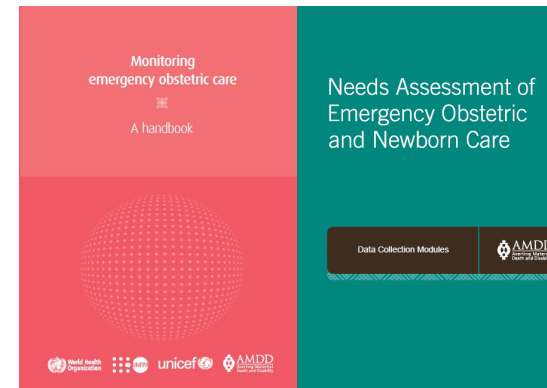


1. REVISIONING OF EMERGENCY OBSTETRIC AND NEWBORN CARE

Jalemba Aluvaala

OBJECTIVES OF EMOC RE-VISIONING

- Review, rethink and revise the EmONC framework,
- Revise 2009 Handbook for Monitoring EmONC
- Provide a roadmap for use of the indicators, including analytic strategies
- Add newborn and possibly routine delivery care (SFs).



HOW WORK IS ORGANIZED — 4 WORKSTREAMS

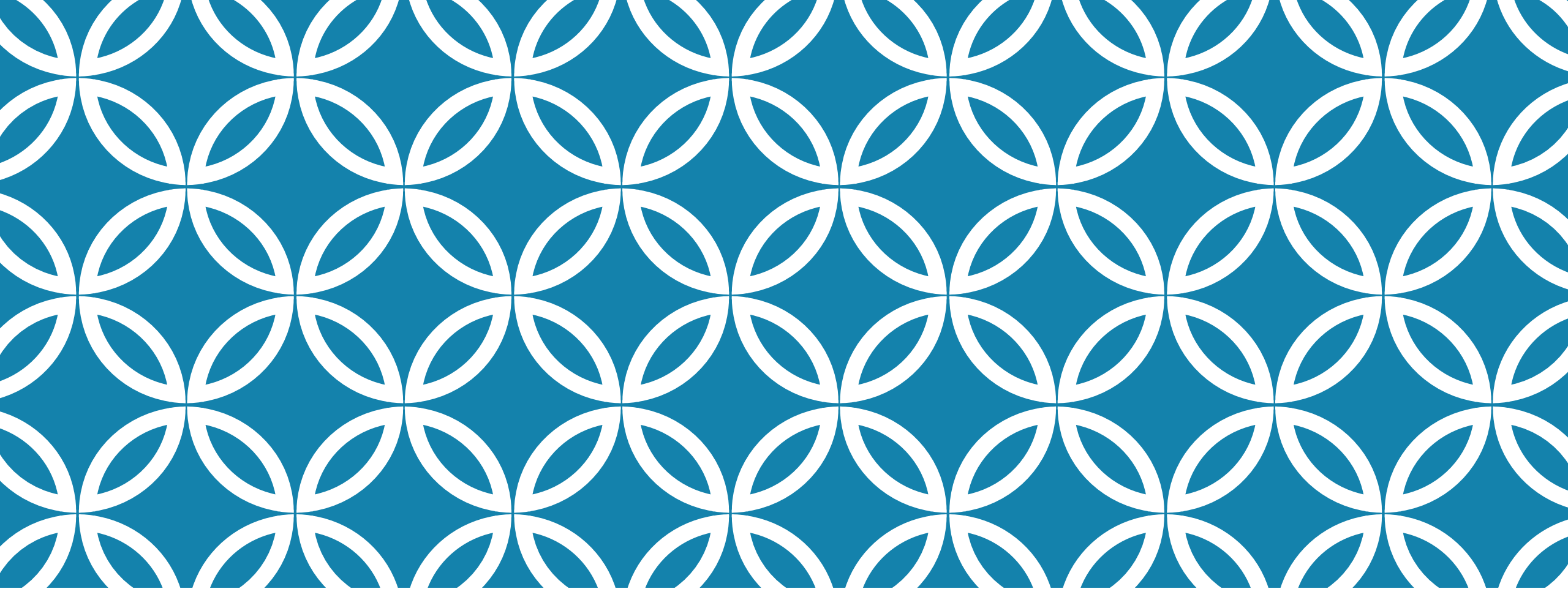
Workstream 1 — Signal functions

Workstream 2 — Levels of care —

Develop overall recommendations on levels of care for the revised EmONC framework

Workstream 3 — Quality of care

Workstream 4 — Country implementation



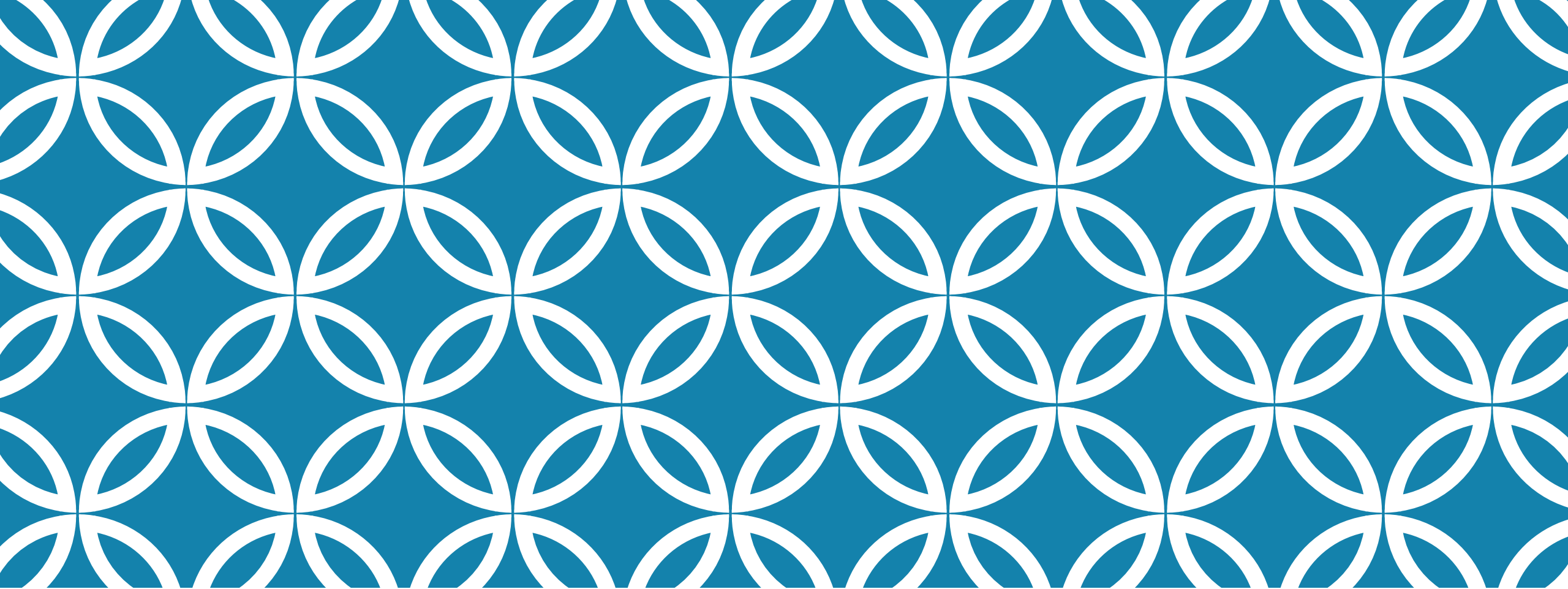
2. WORKSTREAM 2 - LEVELS OF CARE

AIM OF WORKSTREAM 2 ON LEVELS OF CARE

Develop overall recommendations on levels of care for the revised EmONC framework.

OBJECTIVES FOR WS 2 – LEVELS OF CARE

Obj 1	Map existing initiatives around networks of care for maternal and newborn health and identify gaps	Completed
Obj 2	Conduct literature reviews for gap areas identified in the mapping	Levels scoping review – ongoing
		Bypassing of care review – discuss today
		Political determinants – pending
		Transport and referral systems – under discussion
Obj 3	Coordinate with workstream 4 on country case studies	Ongoing
Obj 4	Develop recommendations on levels of care for maternal and newborn health	Ongoing



3. LITERATURE REVIEW GAP AREAS: BYPASSING OF CARE

Michuki Maina

Bypassing of care around the time of birth for women and newborns:

*To what extent and why do women and newborns bypass care around
the time of delivery in low and middle-income countries?*

Specific Objectives

- a) To collate different **definitions of bypassing health facilities** among women/families seeking birth in a health facility in LMIC.
- b) To describe **how often** pregnant women/families and newborns bypass care in LMIC
- c) To explore the **determinants of bypassing** care in maternal and newborn health in LMIC?
- d) To explore the **outcomes of bypassing care** in maternal and newborn health at the patient facility, and health systems levels.
- e) To summarise how bypassing in maternal neonatal health **has been measured/assessed** in the literature

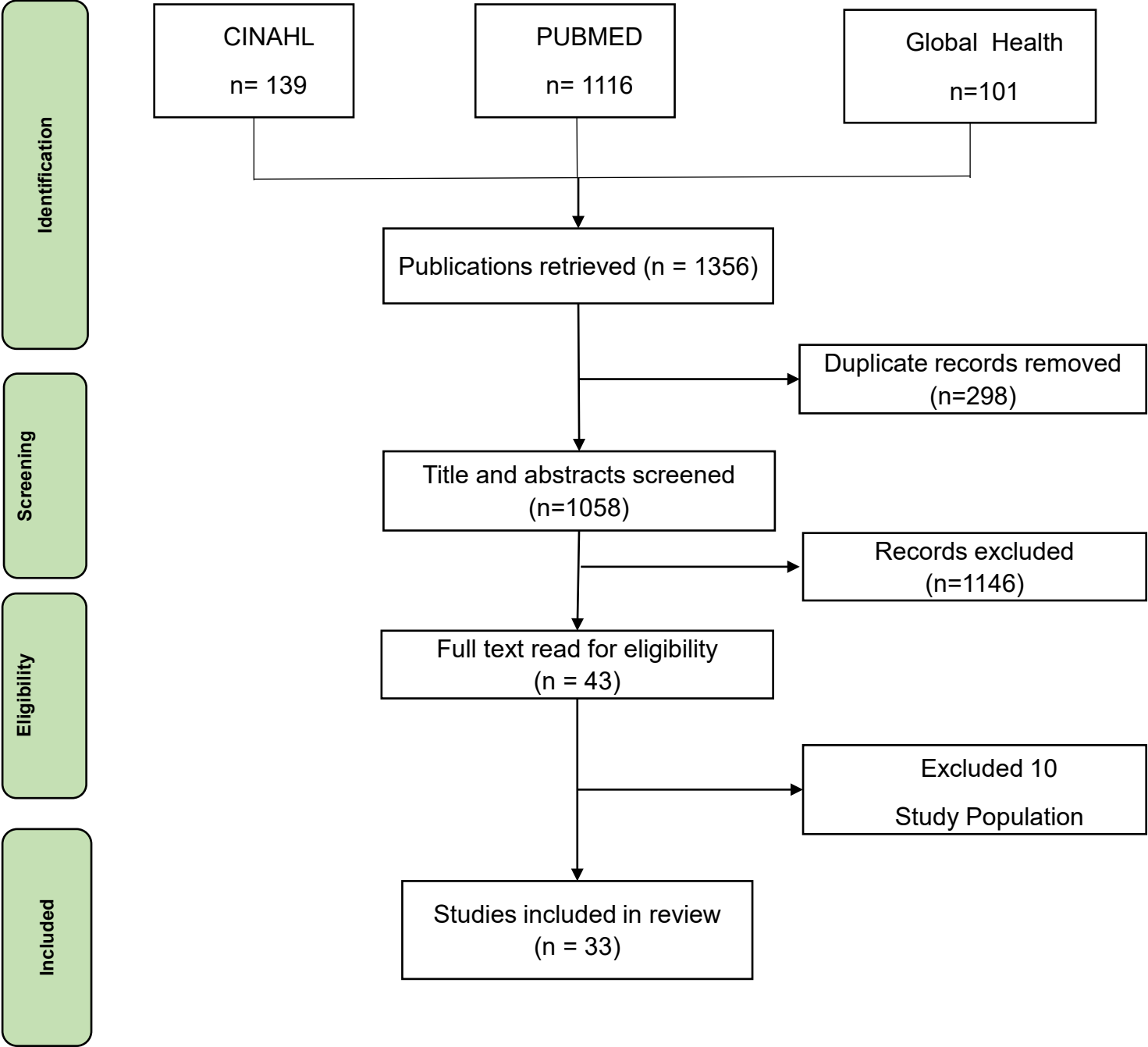
Search String

- ((maternal OR pregnancy OR pregnant OR preg* OR gestation OR gestational OR gest* OR prenatal OR antenatal OR obstetrics OR perinatal OR postpartum OR childbirth OR labour OR labor OR intrapartum OR childbirth OR birth OR delivery OR neonate OR neonatal OR premature OR preterm OR newborn OR stillbirth OR still birth OR stillborn OR still born OR intrauterine death OR perinatal death OR dead baby in utero OR infant) AND (“bypassing of care ” OR “bypassing” OR “self referral” OR “self-referral”))

Inclusion and Exclusion

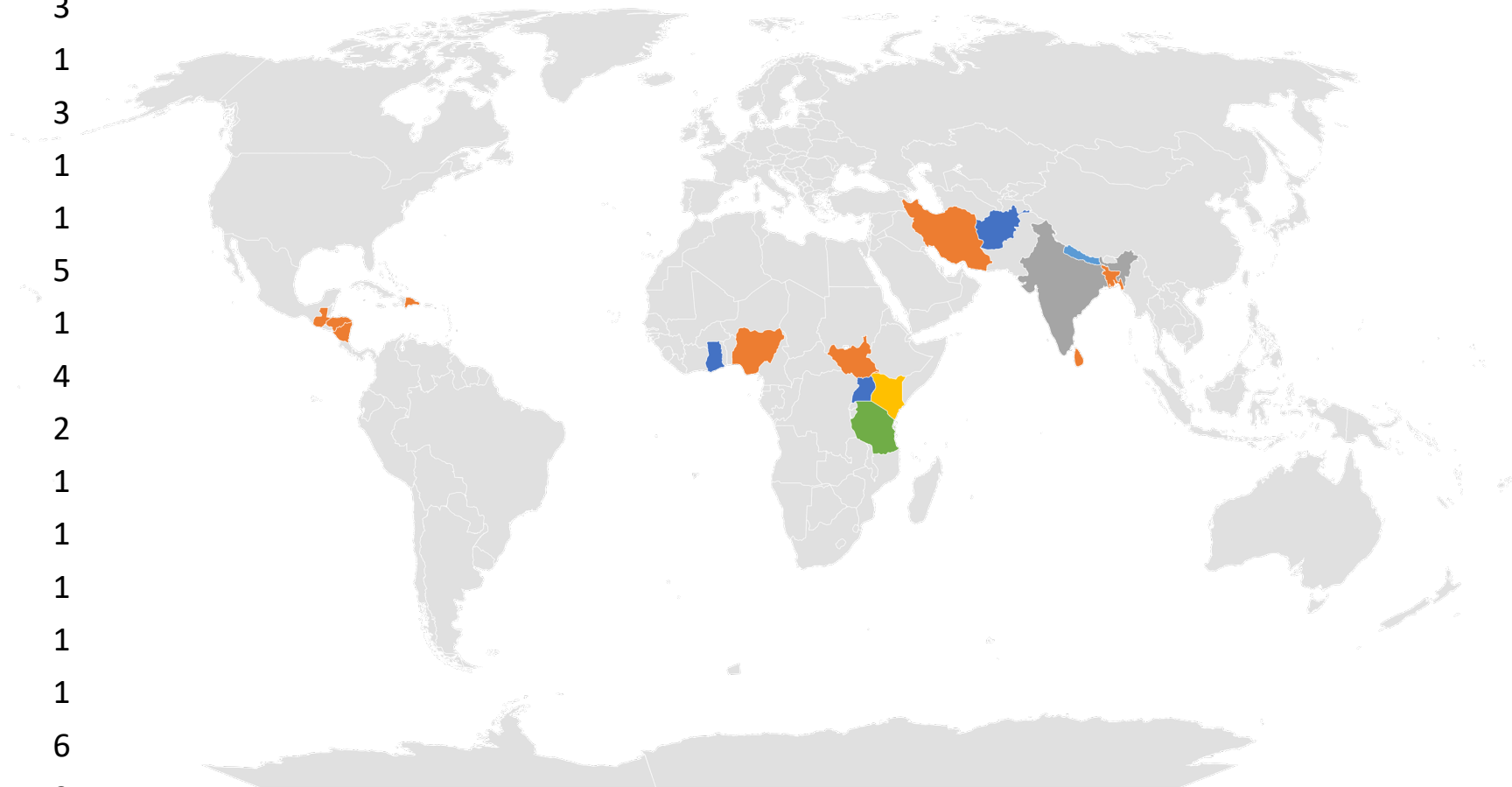
Inclusion	Exclusion
<ul style="list-style-type: none">• Bypassing care for birth and first week postnatal• Data on stillbirths• Written in English• No restriction on dates	<ul style="list-style-type: none">• Bypassing antenatal only and after one week post-natal period• Studies reporting bypassing outside maternal and newborn health• Reports not done in English due to limitations in translation

Study Chart



Study Locations

Country	Number
Afghanistan	3
Bangladesh	1
Ghana	3
Guatemala	1
Honduras	1
India	5
Iran	1
Kenya	4
Nepal	2
Nicaragua	1
Nigeria	1
Somaliland	1
South Sudan	1
Sri Lanka	1
Tanzania	6
Uganda	3
Dominican Republic	1

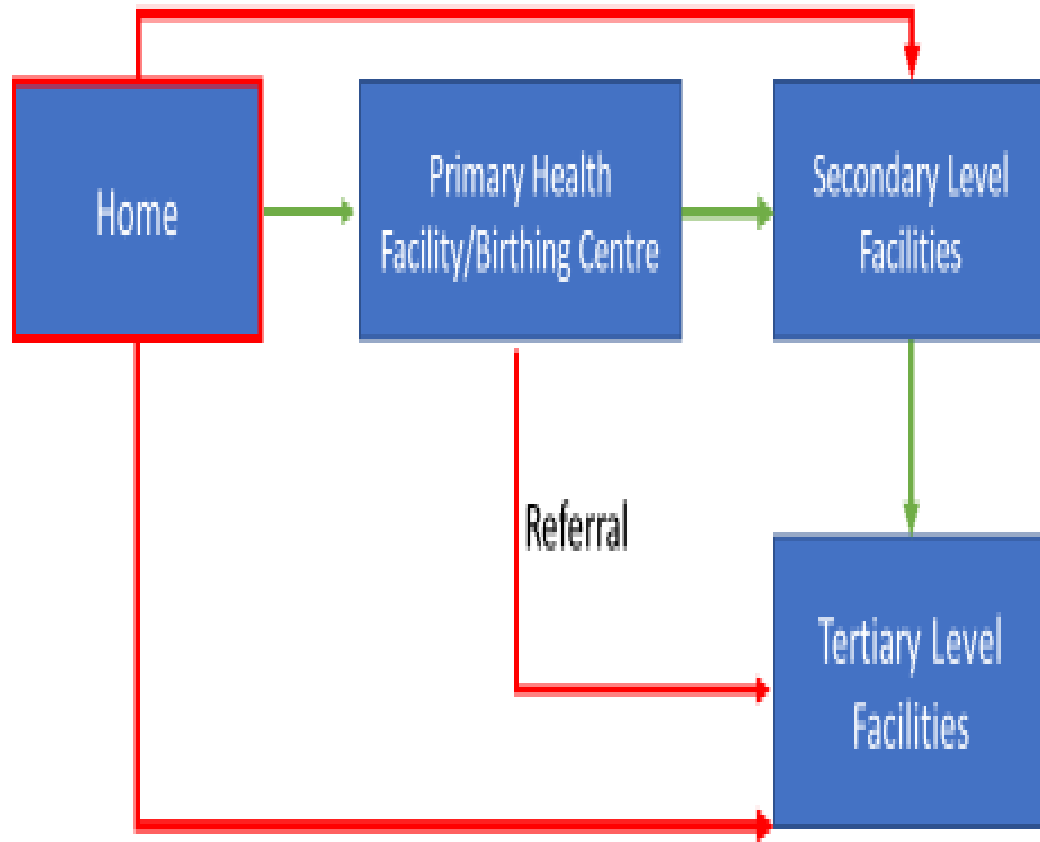


Definitions

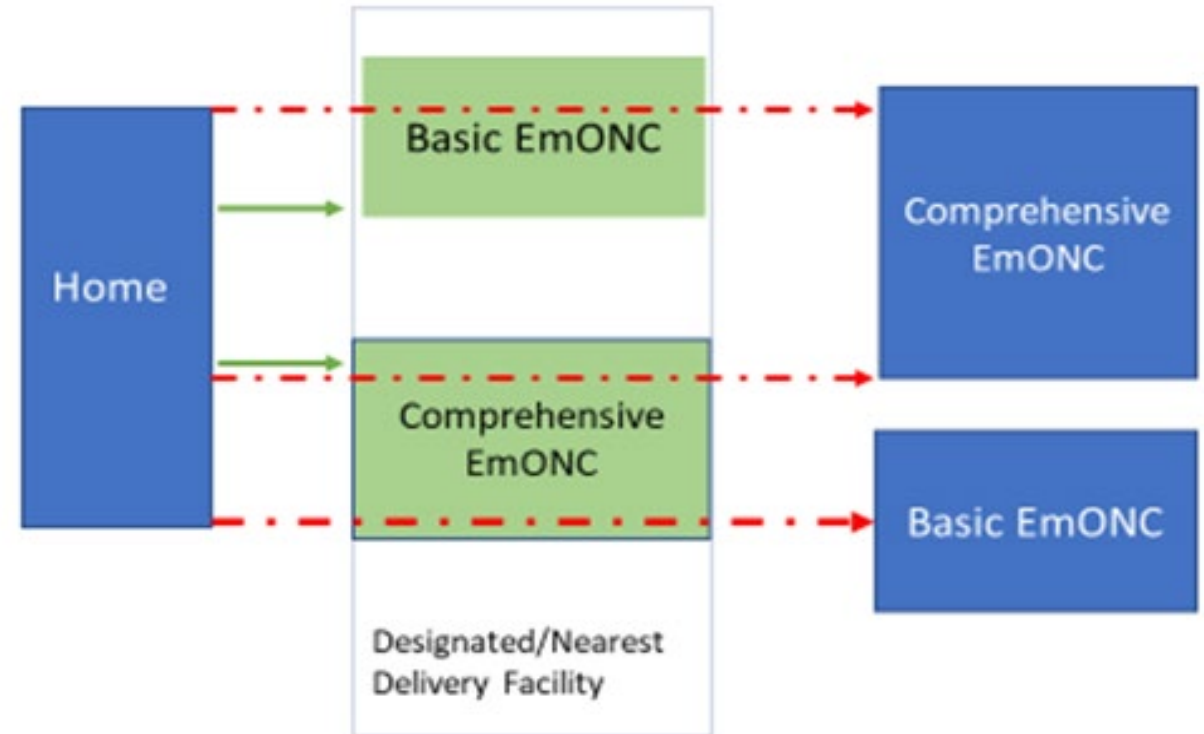
- Phenomenon where an individual seeks care in a facility that **is further from their residence** while **ignoring designated** facilities or **facilities closer** to them that are **permitted to and would offer** the required service.
 - The facilities to which these individuals go to might offer **higher or lower care** than the bypassed facility.
- Bypassing by referral
 - Bypassing **initiated by health care providers** who refer the clients to tertiary levels of care essentially bypassing secondary level facilities that can provide the required services.

Patterns of bypassing

Levels of Care



EmONC Levels



Measuring bypassing

- Most studies used patients' residence to other bypassed facilities.
- Bypassing Ratio
 - Number of deliveries in a facility that come from its catchment area of interest(=X)
 - Number of deliveries in all other facilities which came from the catchment area of the health facility of interest (=Y).
 - Bypassing ratio, therefore = X/Y .
 - A BR of <1.0 would indicate that most women in the catchment area of interest bypassed care to another facility outside their area of residence.
 - A ratio of >1.0 would show most women in the catchment area of interest sought care in the local facility.

Interpretation

- Bypassing may reflect users' and providers' preferences
- Is this metric a potential indicator at the health system level and thus a signal function? (WS1)

Incidence/Prevalence

Region	Number of Studies	Prevalence (%)
Africa	19	29-70%
Asia	13	35-70%
Latin America	1	44%

Interpretation

- Included articles show more a quarter of care seeking involves bypassing
- Is this informative for the country case studies on experience in using EmONC assessments?

Determinants of Bypassing (Patient Level)

Wealth

- Wealthier women are about five times more likely to bypass care to higher levels of care or private facilities.

Geographical Location

- Those living in the urban areas are more likely to bypass compared to their rural counterparts (Latin America- Urban residents less likely to bypass)
- Those living in a flat terrain were more likely to bypass care compared to those who live in the mountainous regions.
- Women living further to their primary health facility are more likely to bypass to a nearer facility.

Disease Severity

- Mothers with complications during pregnancy
- Previous history of birth complications more likely to seek care in higher level facilities

Patient Level

Parity

- Primi gravidas more likely to bypass care
- Higher parity reduced odds of bypassing (OR 0.25, 95% CI 0.08–0.72)

Previous ANC Care

- Having previous antenatal care reduced the likelihood of bypassing

Age

Previous experiences of delivery

- A good previous experience of delivery increased the odds of bypassing and returning to the higher-level facilities
- Reports that they were satisfied with the services

Occupation

Influence of Family and Friends

Qualitative research

Key Themes

Convenience

Affordability

Perception of the quality of care offered

Expected health outcomes

Negative experiences and perceptions (e.g., Abusive provider behaviour, long queues and lengthy administrative procedures)

Unfulfilled expectations- care, cost

Hospital Level

Hospital Supplies

- Diagnostic facilities (radiology, laboratory)
- Drugs
- Availability of an ambulance

Health Workers

- Availability of clinicians
- Competence (skilled attendants)
- Respect
- Abusive provider behaviour

Care Provision

- Perceived quality
- Cost of care
- EmOC signal functions
- Level of care provided
- Long queues and lengthy administrative procedures

Hospital Characteristics

- Functional theatre and doctor to handle emergency caesarean sections
- Availability of water

Determinants of bypassing using the WHO Quality of Care Framework

Provision of Care

- Presence of CEmONC facilities reduced bypassing
- Increase in EmONC signal functions reduced bypassing
- Antenatal care
- Perceived quality of care
- Opening times
- Long queues and lengthy administrative procedures

Experience of Care

- Poor communication by health workers
- Negative experiences and perceptions /abusive provider behaviour
- Previous experiences of delivery
- Support/ Influence from family and friends
- Cost of care

Human Resource

- Health worker availability
- Health worker competence
- Respect from the clinicians, trust and responsive care

Physical Resources

- Medical supplies including ambulances
- Availability of operation theatres
- Diagnostic facilities (laboratories)
- Drug availability

Patient Characteristics

- Income and wealth
- Geographical location
- Maternal age
- Parity
- Education
- Disease severity

Interpretation

- Is bypassing an indicator of inequity/ lead to inequity in quality of care (WS3)?
- Is bypassing an indicator of experience of care? (WS3)
- How does bypassing affect performance of signal functions in facilities and thus designation versus functioning?
- Does bypassing of a CEmONC facility signal requirement of a higher level of care (WS2)
- How do the themes from the qualitative component relate to indicators of experience of care? (WS3)

Outcomes of Bypassing

- **Patient outcomes**
 - Data from Ghana showed **no difference** in the type of delivery and delivery outcomes
 - In Tanzania, blood transfusions and examination more in the bypassers than non-bypassers
 - Bypassers' **ratings of quality of care were higher** than those reported by non-bypassers
- **Financial Effects**
 - Women who bypassed care incurred **a higher financial** cost for delivery (transport, accommodation, meals)
 - Some reports where bypassing was cheaper
- **Facility level**
 - Bypassing lower-level facilities results in **overcrowding** at the higher-level facilities
 - Bypassed facilities- (Cleaner and less busy) or understaffed, poor triage and referral systems

Interpretation

- Does bypassing contribute to/ drive push towards larger facilities as these may perform more/all signal functions more often? How does this impact on current EmONC indicator 1 and the standard?
- When initiated by providers does it represent an improper use of the referral system?