

# Sharing Quality Improvement Experiences across the WHO South East Area Region

## MYANMAR

### Improving Essential Newborn Care “From one hospital to many”

Point of Care Quality Improvement ([www.pocqi.org](http://www.pocqi.org))

Friday, 3rd August 2018

Participants to use ‘chat box’ to  
introduce themselves



**WHO** COLLABORATING CENTER FOR  
TRAINING AND RESEARCH IN NEWBORN CARE  
Department of Pediatrics, AIIMS, New Delhi, India



# Guidelines

- Please **use the chat box** to:
  - ✓ Introduce yourselves
  - ✓ Ask questions
  - ✓ Contribute throughout the session
- ✓ All participants please **remain muted**.
- ✓ To speak please message in the **chat box** and we will unmute you
  
- **Please be patient** with the technology
- Any connection problems
  - Send Email [ontopaiims@gmail.com](mailto:ontopaiims@gmail.com)
- Participate, Share and Learn
- **Twitter #QISEA**



# Webinar Roles



**Presenter:**

**Professor Thein Thein Hnin**

Neonatologist  
Women's and Children's  
Hospital, Taunggyi  
Southern Shan State

**Myanmar**

August 2018



**Moderator:**

**Dr. Aparna Sharma**

Associate Professor,  
Obstetrics & Gynecology,  
AIIMS, New Delhi  
**India**



**Improvement of Essential Newborn Care**  
at  
**Women's and Children's Hospital Taunggyi**  
**Southern Shan State**  
**Myanmar (Burma)**

**Professor Thein Thein Hnin**  
**Neonatologist**  
August, 2018

# Today's presentation outline

1. QI projects at Women's and Children's Hospital (WCH), Taunggyi (Tgi)
2. Learning points from QI projects at WCH, Tgi
3. How QI culture was spread to other hospitals in Myanmar

# Today's presentation outline

1. **QI projects at Women's and Children's Hospital (WCH), Taunggyi (Tgi)**
2. Learning points from QI projects at WCH, Tgi
3. How QI culture was spread to other hospitals in Myanmar

# How QI was brought to Myanmar (Burma)



August 2018

# Quality Improvement of Newborn Care at WCH, Taunggyi

**2016**                      Updating **immediate newborn care**  
June to                      practice  
October



# Four Steps for Quality Improvement

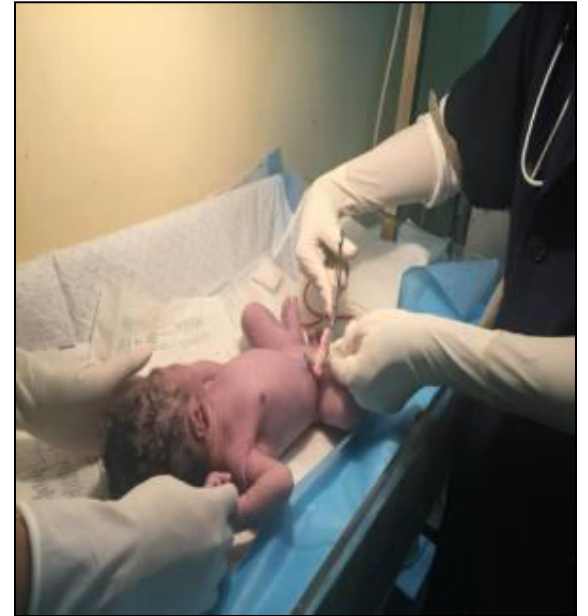
- **Step 1: Identifying a problem, forming a team and writing an aim statement**
- Step 2: Analyzing and measuring quality of care
- Step 3: Developing and testing changes
- Step 4: Sustaining improvements

# Step 1: Problem identification, team forming, and aim statement

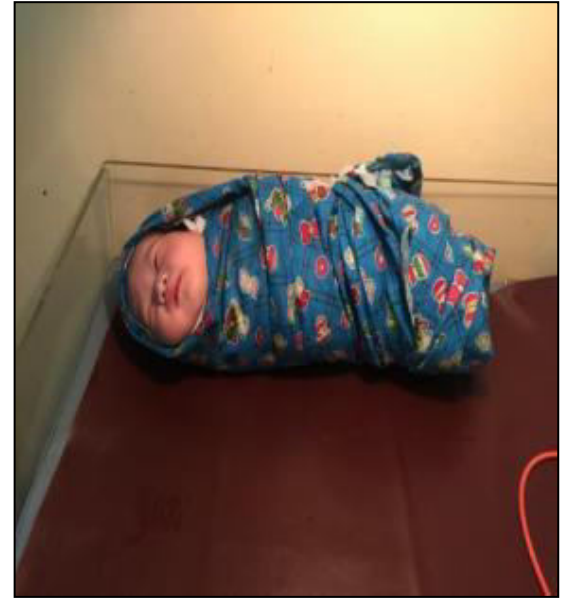
## Problems

1. At the time of delivery, **immediate cord clamping** was done.
2. The baby was brought to the radiant warmer and all the steps of immediate newborn care (**drying, weighing, Vitamin K injection and other physical examination**) were performed **under radiant warmer** at labor room in WCH, Taunggyi.

# Problems



# Problems (Continued)



# **Step 1: Problem identification, team forming, and aim statement**

## **Problems**

- 1. Un-updated method of Immediate Newborn Care**
- 2. Gaps in the knowledge and skills of health care providers in Women and Children's Hospital, Taunggyi**
- 3. No record of data around quality of immediate newborn care practice**

# Step 1: Problem identification, team forming, and aim statement

## Forming QI team

Advocacy Meeting : 23<sup>rd</sup> May, 2016

- Medical Superintendent
- Matron
- Obstetricians
- Neonatologists
- Medical officers, Ward Sisters and nurses of both Ob & Gy Ward and neonatal unit
- All other relevant staff

# **Step 1: Problem identification, team forming, and aim statement**

## **Aim**

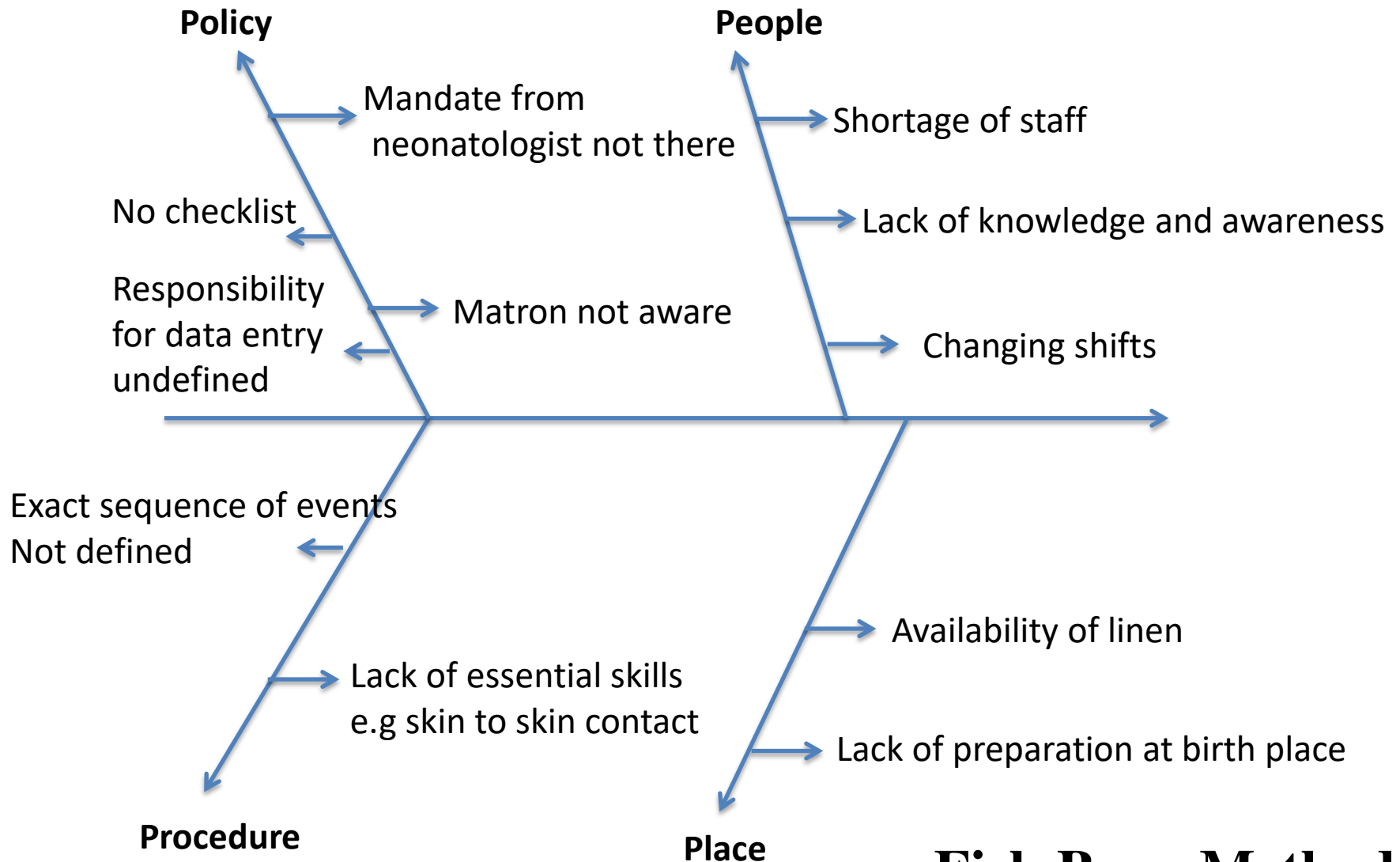
- **To provide an updated immediate newborn care to 80% of eligible newborns born in WCH, Taunggyi, within eight weeks (from 1<sup>st</sup> June to 31<sup>st</sup> July 2016)**

# Four Steps for Quality Improvement

- Step 1: Identifying a problem, forming a team and writing an aim statement
- **Step 2: Analyzing and measuring quality of care**
- Step 3: Developing and testing changes
- Step 4: Sustaining improvements



# Step 2: Analysing the problem, and measuring the quality of care



# Step 2: Analysing the problem, and measuring the quality of care

## Immediate Newborn Care Checklist (English Version)

	Yes	Time and date of delivery	No
Note Time of delivery			
Place on Mother's abdomen			
Dry thoroughly body, head, eye			
Check respiration			
Removal of wet towel			
Skin to skin contact			
Cover blanket and head			
Pulsation, cord clamp ( time)			
Identification of labels			
Initiation of BF			
Shift to PN ward			

Name

Signature

# Immediate Newborn Care Checklist

## (Myanmar Version)

မွေးပြီးပြီးချင်း မွေးကင်းစ ကလေးပြုစောင့်ရှောက်ခြင်းကို စောင့်ကြည့်ခြင်း					
	လုပ်	အချိန်	မလုပ်		
မွေးချိန်ကို ကျယ်ကျယ်အော်ခြင်း					
ကလေးကို မိခင်ဝမ်းပိုက်ပေါ်တင်ခြင်း					
ကလေးကို သေချာစွာ ခြောက်သွေ့အောင် သုတ်ခြင်း၊ မျက်လုံးများကို သုတ်ခြင်း					
ကလေးအသက်ရှူကို ကြည့်ခြင်း					
အဝတ်စိုများကို ဖယ်ရှားခြင်း					
ကလေးကို မိခင်ရင်ခွင်တွင် ထားပြီး အသားချင်း ထိကပ်ထားခြင်း					
ကလေးကို အဝတ်ခြောက်ဖြင့် ဖုံးခြင်း၊ ဦးထုပ်ဆောင်းပေးခြင်း၊ မိခင်နှင့် ကလေးကို ခြံစောင်ဖြင့် ခြံပေးခြင်း					
ချက်ကြိုးကို ဖြတ်ခြင်းနှင့် ကြိုးချည်ခြင်း (သို့မဟုတ်) ချက်ညှပ်ကလစ် တပ်ခြင်း					
ကလေးလက်တွင် အမှတ်အသား လက်ပတ်ပတ်ခြင်း					
မိခင်နို့ စတင်တိုက်ရန် အားပေးခြင်း					
ကိုယ်အပူချိန်တိုင်းခြင်း					
အသက်ရှူနှုန်း စစ်ဆေးခြင်း					
အမည်	လက်မှတ်				

# Data Entry and Analysis:

## Original documents

The image shows two pages of handwritten data entry. The left page is a table with columns: NAME, Type of baby (N, V, F, I), Immediate cord clamp (Y, N), Maternal Abdomen (Y, N), and check Resp. (Y, N). The right page is a table with columns: Immediate cord clamp (Y, N), Maternal Abdomen (Y, N), Delayed cord clamp (Y, N), and skin-to-skin contact (Y, N). The data is organized into rows, with some entries circled in blue.

Total Delivery = 68

Noneligible = 9 (BBA: 2, Loss: 4, NR: 2, s.B: 1)

---

59 → NVD = 49  
 Vacuum = 10

Immediate cord clamping = 59 (100%)

cordes warman = 47 (79%)

Maternal Abdomen = 12 (21%)

Delayed cord clamping = 0 (0%)

skin-to-skin contact = 0 (0%)

# Data Analysis:

**Project Indicator: % of babies to whom updated immediate newborn care was provided**

Numerator: No. of babies receiving updated essential newborn care

----- X 100

Denominator: No. of babies eligible for essential newborn care

# Baseline Data Analysis Results

( 16<sup>th</sup> to 31<sup>st</sup> May, 2016)

	Total number of eligible babies	received	%
<b>Immediate drying</b>	<b>59</b>	<b>59</b>	<b>100%</b>
<b>Delayed cord clamping</b>	<b>59</b>	<b>0</b>	<b>0%</b>
<b>Immediate newborn care on mothers' abdomen</b>	<b>59</b>	<b>12</b>	<b>21%</b>
<b>Immediate skin-to-skin contact within first hour after birth</b>	<b>59</b>	<b>0</b>	<b>0%</b>
<b>Initiation of breastfeeding within first hour after birth</b>	<b>59</b>	No record	No record

**No babies received complete essential newborn care at baseline.**

# Four Steps for Quality Improvement

- Step 1: Identifying a problem, forming a team and writing an aim statement
- Step 2: Analyzing and measuring quality of care
- **Step 3: Developing and testing changes**
- Step 4: Sustaining improvements

## Step 3: Developing and testing changes

- Addressing issues identified in the fishbone analysis
- Internal consultation among QI team to identify the weak points and fix them
- Regular data review
- Regular supervision of provision of immediate newborn care



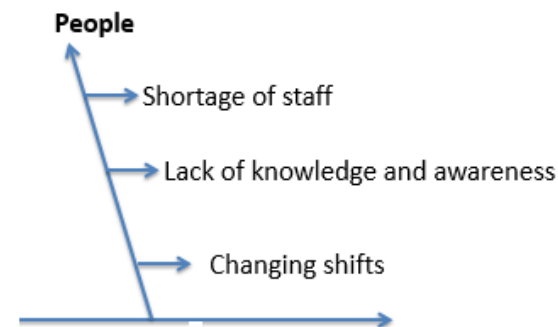
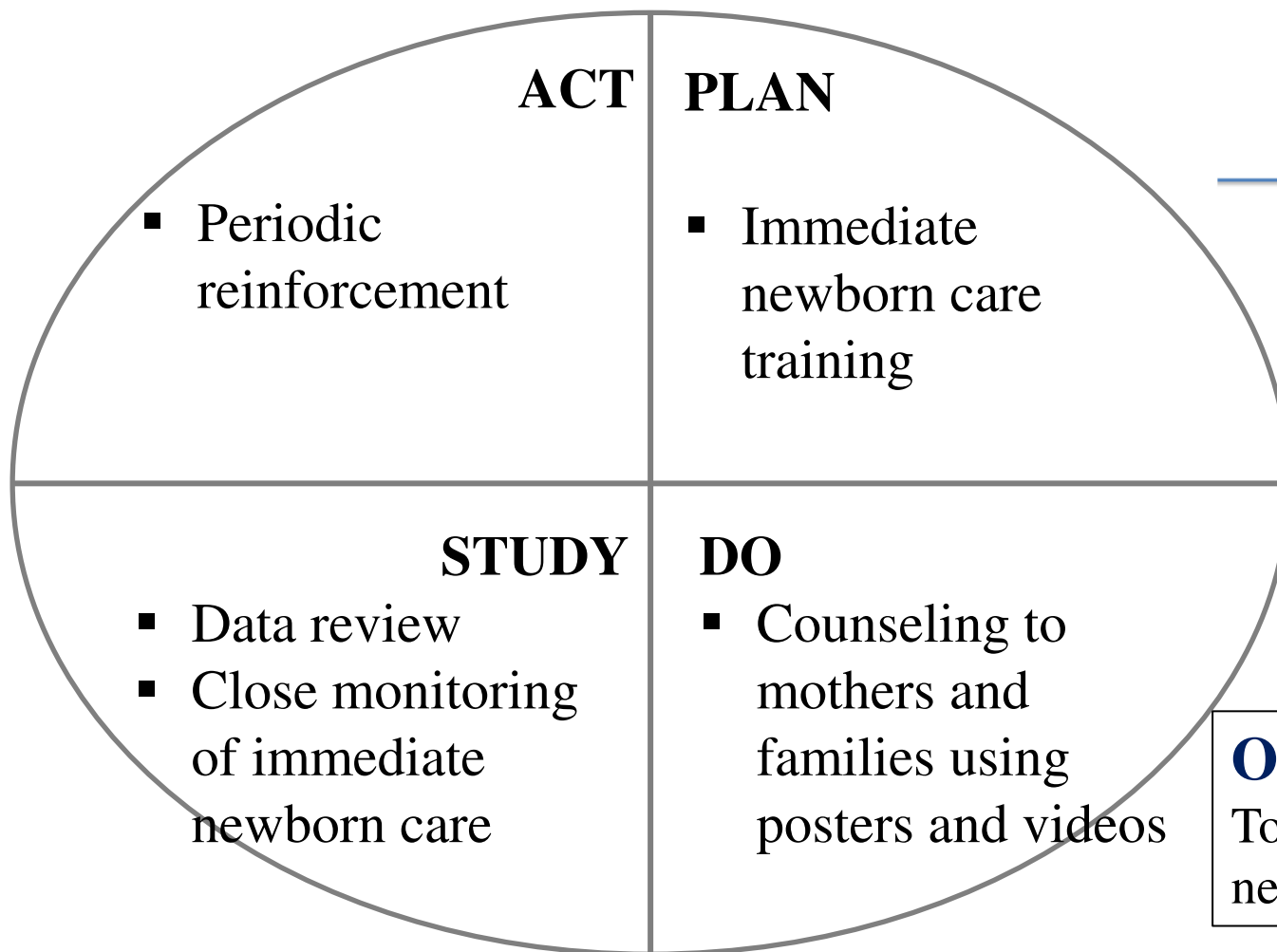
# Internal consultation among QI team to identify the weak points and fixing them



# Regular data review



# Addressing the causes around 'People'



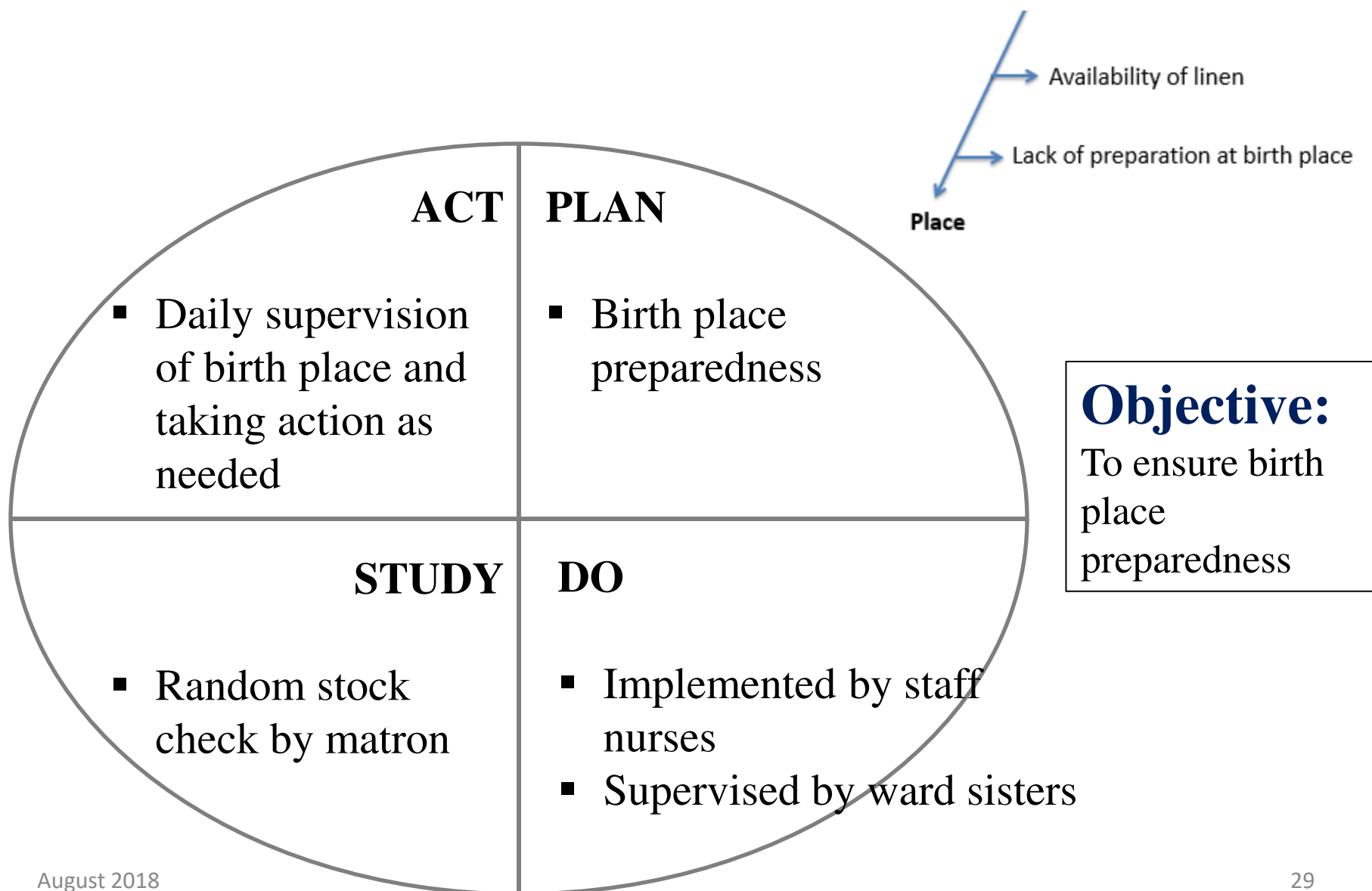
**Objective:**  
To provide immediate newborn care training

# Addressing the root cause around 'People': Immediate newborn care training

Training for QI Implementation of Hospital Care For  
Maternal and Newborn Health at  
Women and Children Hospital, Taunggyi  
(Southern Shan State of Myanmar)



# Addressing the root cause around 'Place'



# Addressing the root cause around 'Place'

## Preparedness of birth place: Labour room



Before



After

# Addressing the root cause around 'Place'

## Preparedness of birth place: Resuscitation platform



Before



After

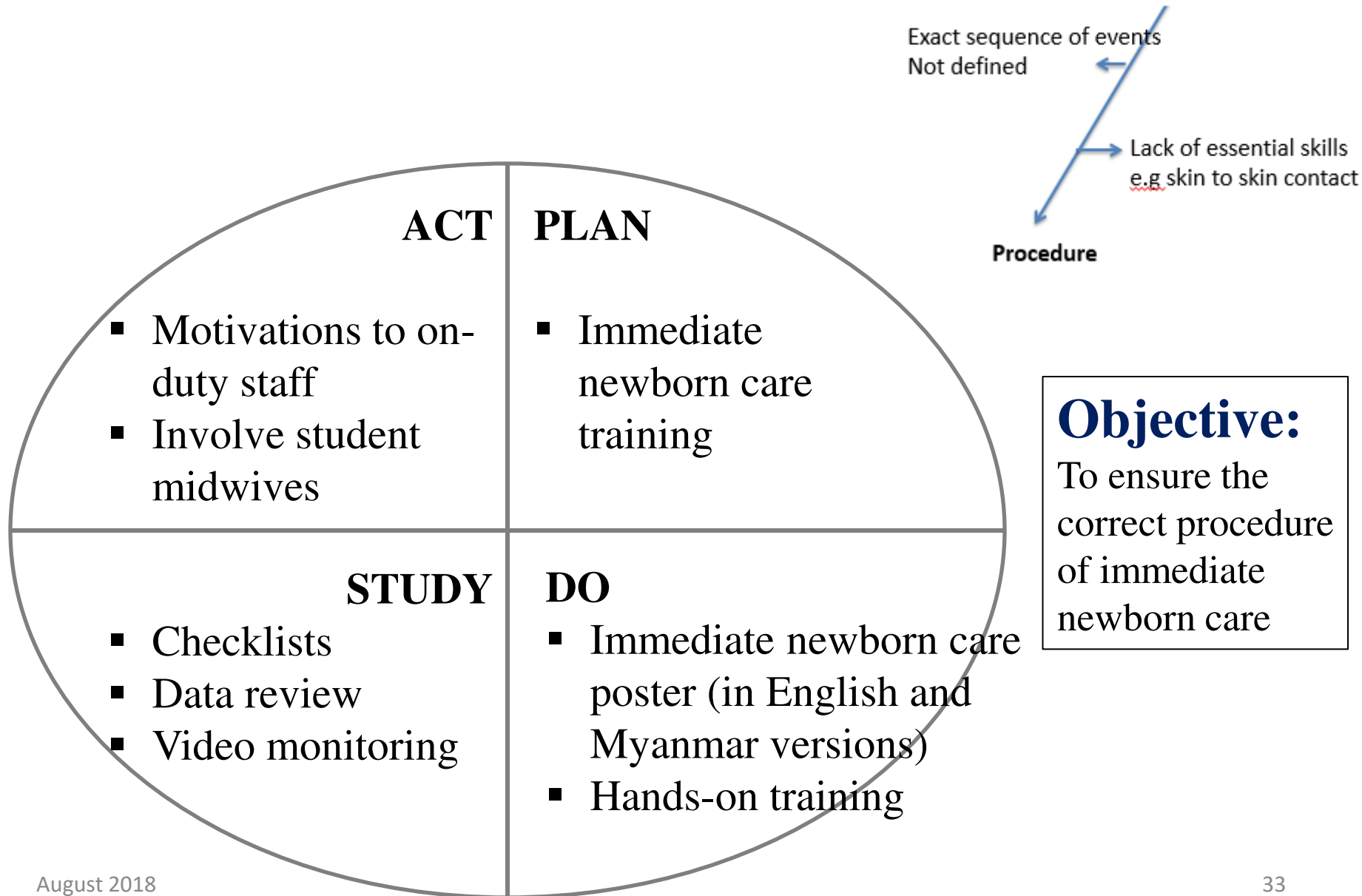
# Addressing the root cause around 'Place'

## Preparedness of birth place: Immediate postnatal room

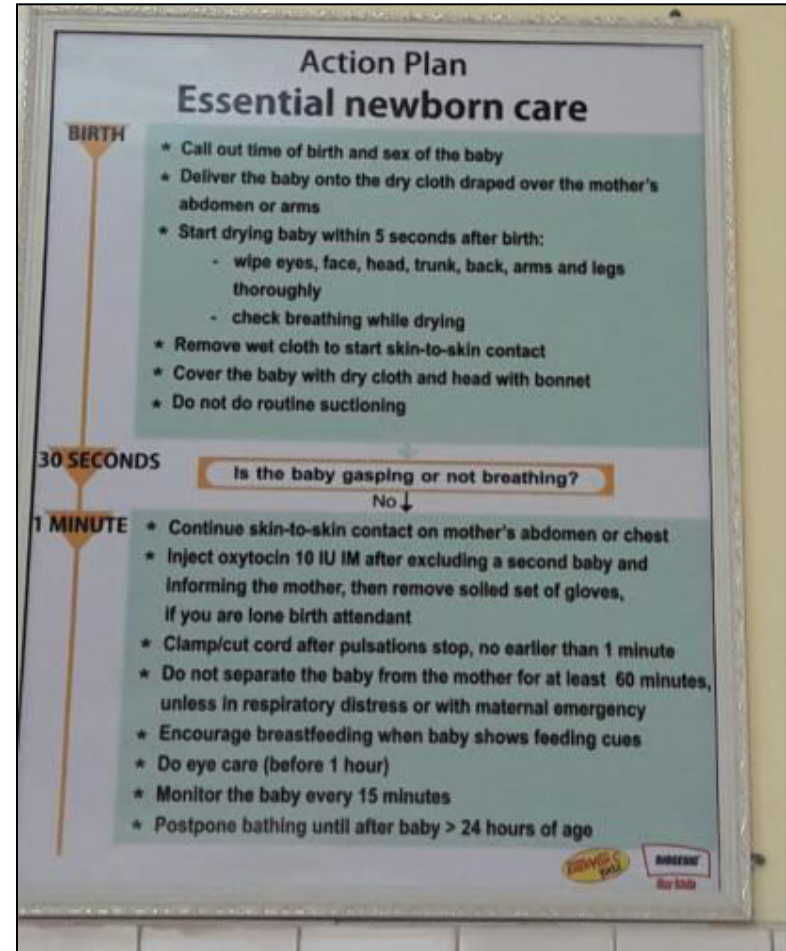




# Addressing the root cause around 'Procedure'



# Addressing the root cause around ‘Procedure’: Preparedness of birth place (Continued)



# Change in the process order of immediate Newborn Care

## Before

- Note the time of delivery and sex
- Immediate cord clamping
- Placed under radiant warmer
- Immediate and thorough drying and check breathing
- Remove wet towel
- Cord clamping
- Vit K injection and check for anal opening
- Weighing baby and examination

## After

- Note the time of delivery and sex
- **Put on mothers abdomen**
- Immediate and thorough drying and check breathing
- Remove wet towel
- **Immediate skin to skin contact**
- Cover blanket and wear bonnet
- Cutting of the cord after pulsation stop ( **delayed cord clamping** )
- **Continue skin to skin contact and encourage BF**
- Vit K, anal opening check
- Weighing baby and examination

# Change in order of process steps: Results



Before



After

# Change in order of process steps: Results



Before



After

# Change in order of process steps: Results

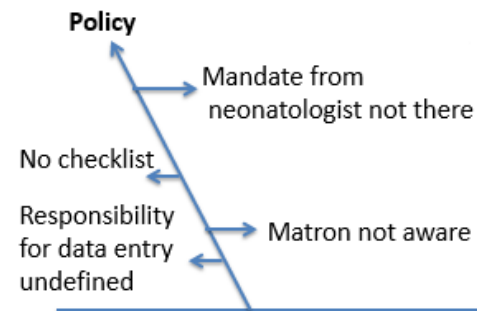
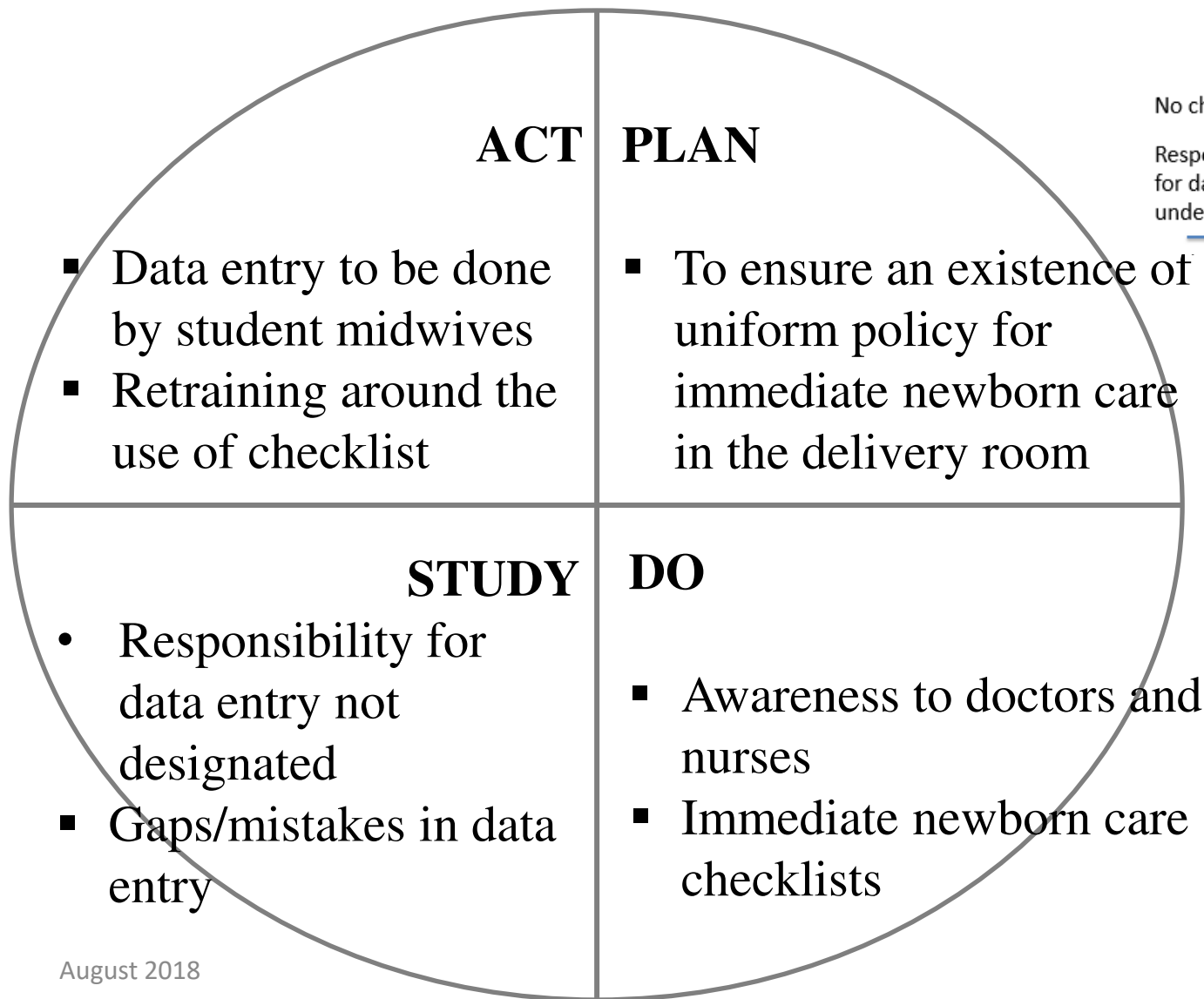


Before



After

# Addressing the root cause around 'Policy'



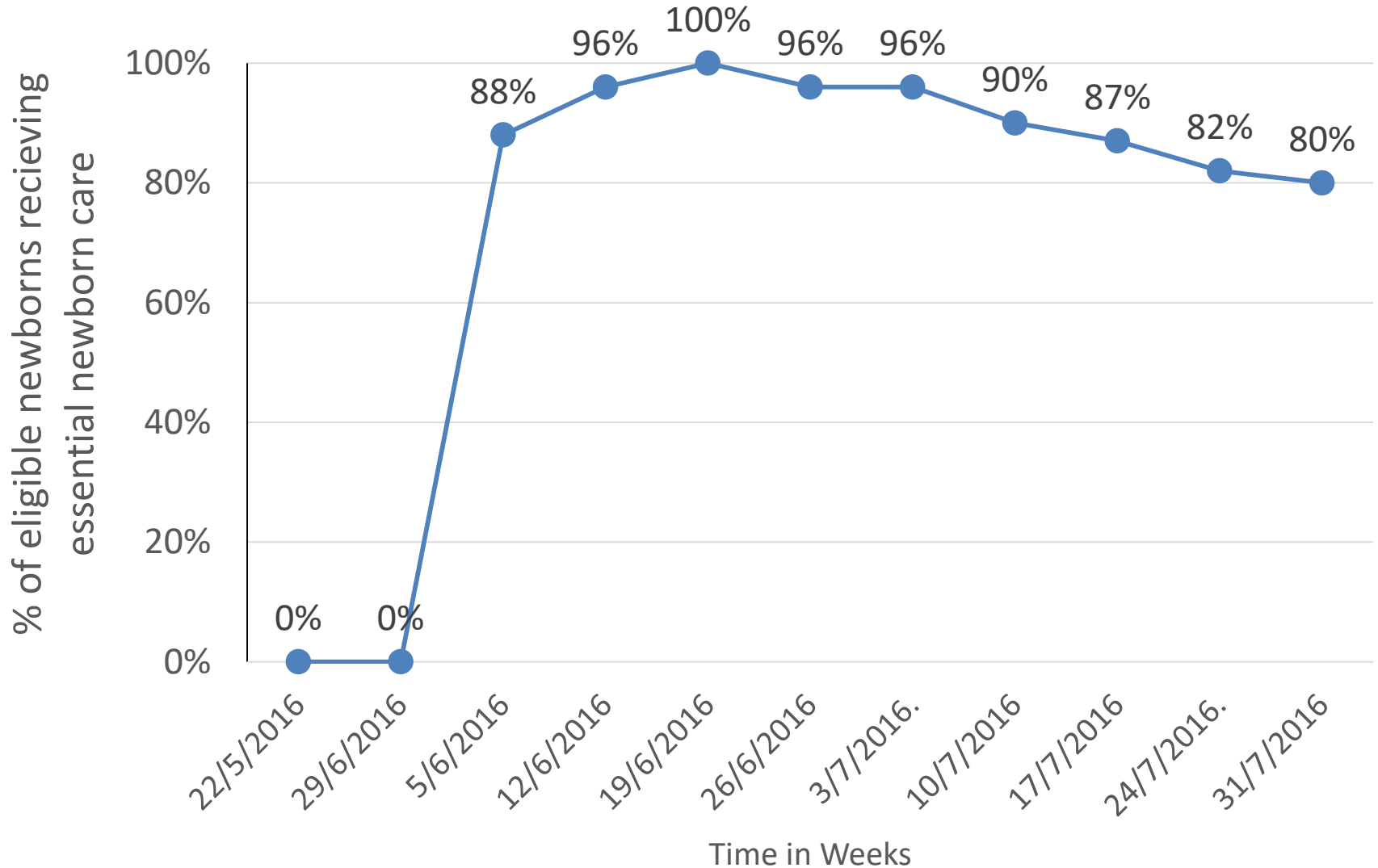
**Objective:**  
To ensure the policy implementation for ENC

# Regular supervision of provision of immediate newborn care





## % of eligible newborns receiving complete updated essential newborn care



# Four Steps for Quality Improvement

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- **Step 4: Sustaining improvements**

# Step 4: Sustaining Improvement

- Hands-on training by senior staff to new staff
- Periodic on-site and via-CCTV supervision of provision of immediate newborn care

# Quality Improvement of Newborn Care at WCH, Taunggyi

**2016**

June to  
October

Updating immediate newborn care practice

**2017**

January to  
June

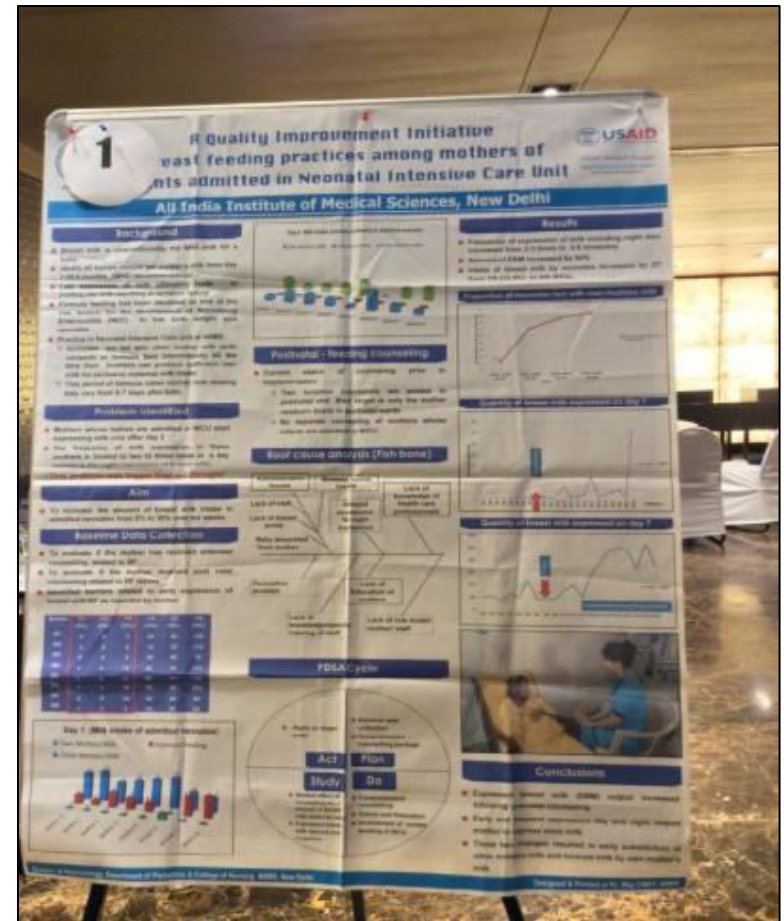
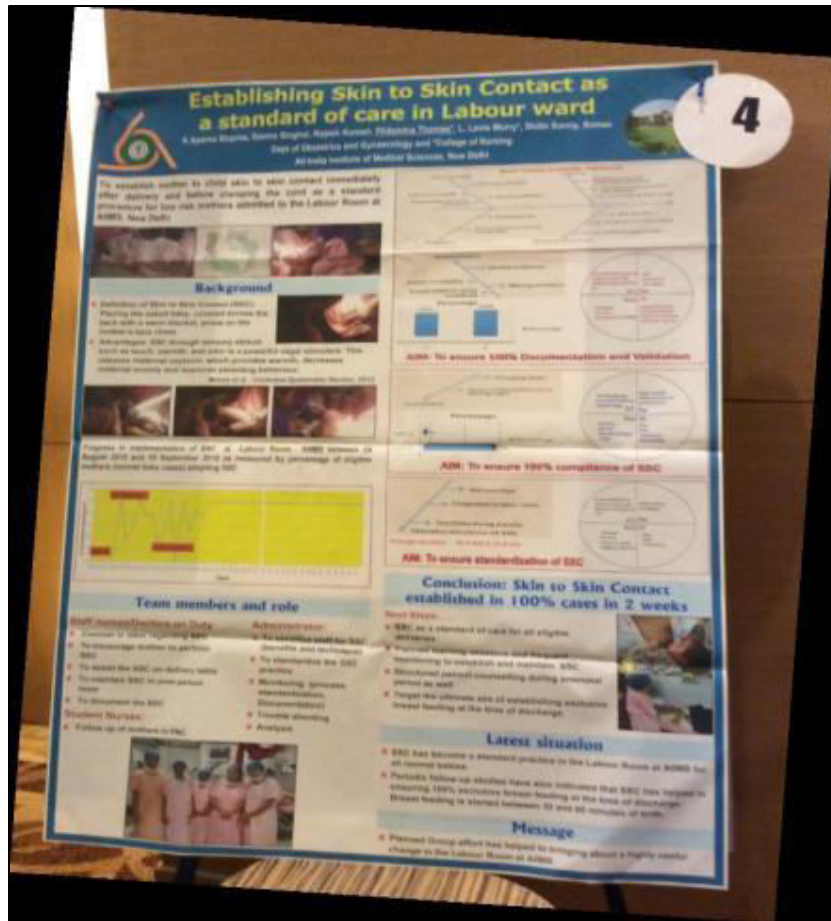
Integrating **Kangaroo Mother Care** into small baby care

**KMC % increased from 0% before the QI project to 63.7%**

# Quality Improvement of Newborn Care at WCH, Taunggyi

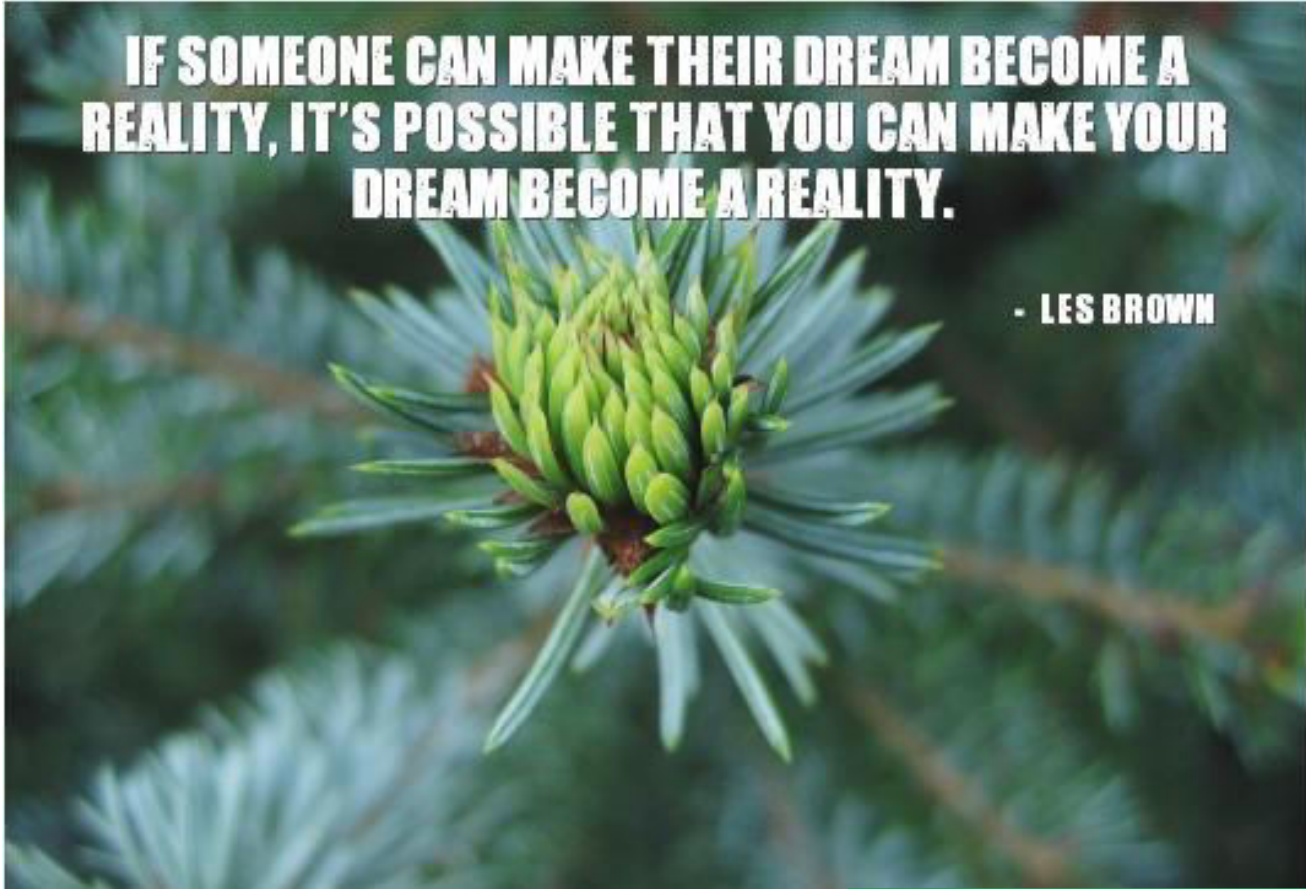
<b>2016</b> June to October	Updating <b>immediate newborn care</b> practice
<b>2017</b> January to June	Integrating <b>Kangaroo Mother Care</b> into small baby care
<b>2018</b> January to June	Strengthening of <b>thermal care</b> of newborns <b>Reduced hypothermia in newborns from 37.7% to 4.7% .</b>

# After I have seen the achievement of QI projects in other countries, .....



**IF SOMEONE CAN MAKE THEIR DREAM BECOME A REALITY, IT'S POSSIBLE THAT YOU CAN MAKE YOUR DREAM BECOME A REALITY.**

**- LES BROWN**



August 2018

~~Impossible~~  
~~Unachievable~~  
~~Unable~~

# Today's presentation outline

1. QI projects at Women's and Children's Hospital (WCH), Taunggyi (Tgi)
2. **Learning points from QI projects at WCH, Tgi**
3. How QI culture was spread out to other hospitals in Myanmar



# Learning points from QI projects at WCH, Taunggyi

- Strengths
  - Leadership by the ward-in-charge
  - Involvement of & a rapport among all relevant staff
  - Acceptance by family members of neonates
  - Donation by the community

# Learning points from QI projects at WCH, Taunggyi (Continued)

- Weaknesses
  - health care providers, at the beginning, view QI works as extra work
  - it takes time to change behaviours

# Learning points from QI projects at WCH, Taunggyi (Continued)

- Opportunities
  - MoHS and a number of non-governmental organisations are now strategizing QI as part of routine
- Threats
  - Sustainability ?

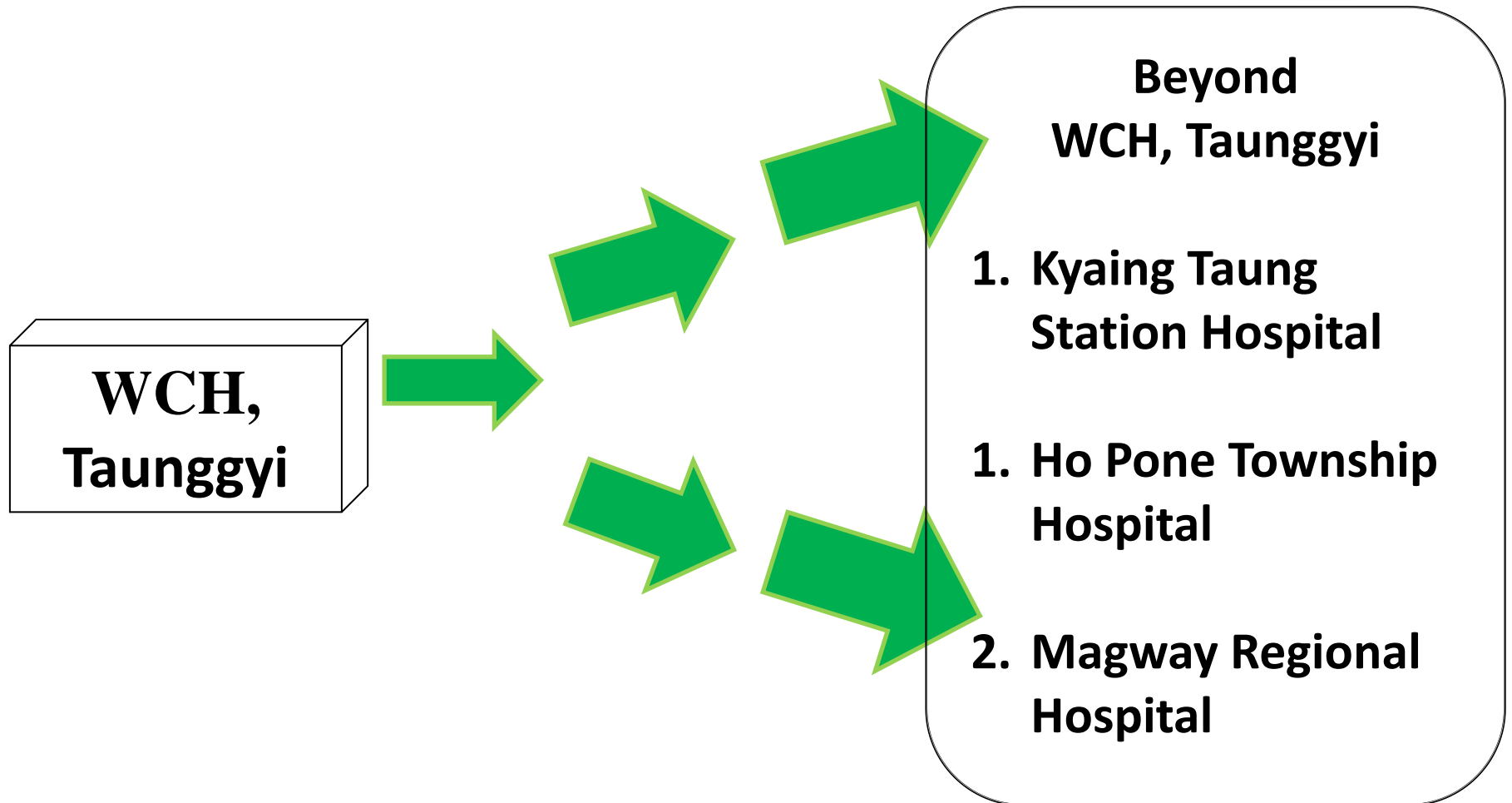
# Learning points from QI projects at WCH, Taunggyi

- PoCQI model is very comprehensive, handy, and practical
- The four steps are very simple but can very well navigate the QI team throughout the QI activities

# Today's presentation outline

1. QI projects at Women's and Children's Hospital (WCH), Taunggyi (Tgi)
2. Learning points from QI projects at WCH, Tgi
3. **How QI culture was spread out to other hospitals in Myanmar**

# Spreading QI culture .....



# 1. Kyaing Taung Station Hospital

## An unforgettable moment in my life

“I was admitted to Kyaing Taung Hospital one day ahead of the delivery of my second baby. The **nurse asked me** whether I wanted my baby stay with me right after birth or after all the procedures for him and myself. I was surprised because I did remember that **I was not asked so for my first baby**, but responded that I wanted to have my baby with me. On the day of birth, my baby, still tied with the cord, **was put on my abdomen** and dried by the nurses. He cried right then. Within a few minutes, the baby was on my chest. Seeing him sleeping soundly on my chest, all my tiredness and pain flew away...An unforgettable moment in my life indeed!”



## 2. Ho Pone Township Hospital

**Handwashing facilities  
(before)**



**Handwashing facilities  
(after)**



**Immediate skin-to-skin contact within the first hour of life**



**Neonatal resuscitation  
facilities (before)**



**Neonatal resuscitation  
facilities (after)**





# 3. Magway Regional Hospital





# Thank you!

## Questions & Discussion

Please use the chat box to:

- ✓ Ask questions
- ✓ Contribute
  
- ✓ All participants are muted currently.
- ✓ To speak message in chat box!



# Next Steps

- ❑ **Share** your QI work! Email us [ontopaiims@gmail.com](mailto:ontopaiims@gmail.com)
- ❑ **START** a new QI project. Contact us we will help!
- ❑ **Contact** your Coach for help and updates!
- ❑ **Get** your **POCQI certificate** ([workbook.pocqi.org](http://workbook.pocqi.org))
- ❑ **Join** webinars – 14<sup>th</sup> August QI story from **Bhutan** on improving discharge process for newborns:  
<http://www.pocqi.org/webinar/>