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МИНИСТАРСТВО ЗДРАВЉА



SOUTH-EASTERN EUROPE
HEALTH NETWORK



АГЕНЦИЈА ЗА АКРЕДИТАЦИЈУ
ЗДРАВСТВЕНИХ УСТАНОВА СРБИЈЕ



Multi-country Workshop on Development of Accreditation Standards for Maternity Wards and Neonatal Departments

Workshop conclusions with recommendations for further actions

Workshop for **Development of Accreditation Standards for Maternity Wards and Neonatal Departments** was organized in partnership with *UNICEF, SEE HN RHDC on Accreditation and Continuous Quality Improvement, Serbia* on behalf of SEEHN and Ministry of Health, Republic of Serbia, on 15-16 September 2014, in Belgrade.

List of participants: Representatives and selected health professionals of SEEHN member countries .

Venue: Hotel “Park”, Belgrade, Serbia.

Rapporteurs: Tanja Tomic and Marija Mitic

The overall aim of the workshop was to define strategic directions for development and implementation of accreditation standards for improving quality of maternal and newborn care for countries in the region based on the overview of existing practices and challenges in delivery of high quality and safety services in this field .

Specific objectives were to:

1. Familiarize with Accreditation program (using ISQua principles), WHO/UNICEF and other key international concepts, guidelines, tools for continuous quality improvement of maternal and newborn health care
2. Exchange regional experiences, achievements, challenges, lessons learnt and identify regional resources and opportunities for future inter-country support and collaboration
3. Develop key recommendations for development of accreditation standards and quality improvement processes for SEEHN countries, respecting the country needs
4. Define Decision for SEEHN countries on development and implementation of accreditation standards - for advocacy purposes

The overall conclusion of the two day workshop is that it is necessary to develop sustainable models of continuous quality improvement in the field of maternal and newborn healthcare, and that these models need to be institutionalized within national systems for healthcare quality improvement of each member country of SEEHN (inspection, licencing, certification or accreditation program, etc.).

Although progress has been made, in most of the countries indicators on perinatal and infant mortality are still calling for more systematic action in order to come closer to EU average. In addition to some structural and access shortfalls and continues requirement for innovation in clinical practice, it has been demonstrated that maternal and newborn care in the SEEHN countries is lagging behind in implementing standards of respectful care and concept of family centered or baby/mother friendly care. With the exception of Croatia, results of Baby Friendly Hospital Initiatives in most of the countries have deteriorated and were not proven sustainable and properly evaluated/assessed. In this respect it is necessary to undertake steps towards integrating these concepts into ongoing national quality improvement mechanisms.

It was agreed that accreditation is a great tool for assuring CQI of maternal and newborn healthcare. Integration of family centered, baby/mother friendly care including ‘10 steps for successful breast-feeding’ into accreditation standards for maternity wards and neonatal departments will be crucial for achieving this goal.

General and country presentations have highlighted the following documents, programmes and practices:

1. WHO/UNICEF Every Mother, Every Baby quality improvement initiative
2. WHO Maternal and New-born Hospital Care Quality Assessment tool
3. Maternal and infant death audit methodologies: Beyond the numbers and Near missed cases, Confidential enquiries, Babies etc.
4. Zajeganovic Jelena: WHO/UNICEF Baby-friendly Hospital Initiatives Package
5. Ahmed novo-B&H – Accreditation standards for Baby-friendly hospitals (AKAZ)
6. Croatia – BFHI practice and steps towards integrating it in NICU
7. Zisovska Elizabeta-Macedonia: Safe Motherhood Strategy and Tool for assessment of EmONC
8. Moldova – Modernizing Perinatology System – Quality management, technology, management, quality care in perinatology, tele-medicine, community mobilization etc.
9. Sanja Simovic: Montenegro – Reproductive health strategy
10. Serbia – Standards for baby and mother friendly health care (MoH WG); Standards for regional organization of neonatal health care (MoH WG); Programmes in NICU/Institute for Neonatology (NIDCAP trainers, Kangaroo care, Breast-milk banks)

Countries can add what they can share and what they have presented in more concrete forms.

RECOMMENDATIONS

1. Each member country of SEEHN should create its own set of quality and safety standards/accreditation standards for maternity wards and neonatal departments (including NICU), within existing national system for health care quality assurance/improvement.
2. Each member country of SEEHN should incorporate WHO/UNICEF baby/mother friendly principles including ‘10 steps for successful breast feeding’ and Code for marketing breast-milk substitutes into set of accreditation standards for maternity wards and neonatal departments (including NICU), either as a separate set of standards or preferably incorporated into service based standards.
3. Accreditation standards must contain not only clinical aspect of healthcare, but also patient safety requirements; infection control, medical waste management; system for adverse events reporting; system for disasters and emergencies; sterilization, etc.; as well as to respect structure, process and outcome aspects of healthcare;
4. There should be established system for regular assessment/evaluation of provided mother and newborn healthcare. The evaluation of the quality of care provided to woman and to babies should not be separated. Assessment of users’ views is crucial component of it as it supports evaluating holistic, culturally appropriate and rights

- based care. If accreditation program is not applicable, than it is necessary to establish other mechanism for healthcare quality assessment.
5. Along with accreditation standards, new methodologies and tools available should be promoted and accessible to countries to guide the quality improvement processes e.g. maternal and new-born hospital care quality assessment (WHO tool), maternal and child death audits/near missed cases, confidential enquiry etc. Exchange of good practices and expertise in implementing quality care among the SEEHN countries e.g. quality of care in NICU etc. should also be ensured electronically and/or in person.
 6. It is necessary to have continuum of mother and new-born/child healthcare and in that manner referral system must be well-defined; needed staff, staff education, equipment and all procedures that have to be met during referral.
 7. Besides addressing accreditation standards and mechanisms for quality improvement each country should define and invest in key strategies that would motivate professionals and managers and ensure sustainable change within health system. They should include identification of drivers for change as well as creation of demand for quality services among defined population (families/mothers) through media and other communication channels.
 8. Having in mind importance of mother and child healthcare for well-being of all people from the region, it is necessary to apply whole-of-government approach in order to achieve desirable results in this field.
 9. Community healthcare has to be involved in adequate education of women during pregnancy and after giving a birth, because lack of information and knowledge about pregnancy, baby care and women and baby and family wellbeing can make long-term consequences on whole family. Support of breast-feeding must be providing firstly in terms of education of pregnant woman, through maternity wards support (skin to skin, exclusive breast-feeding...) and patronage/community nurse support after discharge. Accreditation standards for primary/community health care should also be reviewed to incorporate aspects of family centered or baby/mother friendly care including '10 steps to successful breastfeeding'.
 10. This initiative will be governed by RHDC on Accreditation and Continuous Quality Improvement on Health Care in Belgrade, Serbia in close cooperation with UNICEF Serbia. Interest for organizing separate multi-country workshop dedicated to standards for NICU is to be explored.
 11. Decision on quality and safety of maternal and newborn healthcare will be prepared by the RHDC on Accreditation and CQI and submitted to Plenary Meeting of the member states SEEHN to support these activities.

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