Technical Brief

Global Promotion of Maternal and Child Health Handbook

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MYANMAR: Maternal and Child Health Handbook as a Potential Plug to the access-quality gap

MCH Handbook, Myanmar, 2013

Access to care is improving, but how about quality of care?

Access to maternal and newborn care and regular contacts of mothers and newborns with health workers have been improving in Myanmar. An emerging question is that, whether they receive quality care during the contacts. Without improved quality of care, further acceleration of healthy pregnancy and safe childbirth will be unrealistic. Maternal and Child Health (MCH) Handbook may play a critical role as "coordinator" in ensuring regular contacts with health workers and quality improvement of antenatal (ANC), peripartum (PPC), and postnatal care (PNC). We assessed whether mothers and newborns had adequate contacts with health workers, and received quality care during ANC, PPC, and PNC, by comparing the related indicators between mothers having received the MCH Handbook and those have not, in Myanmar.

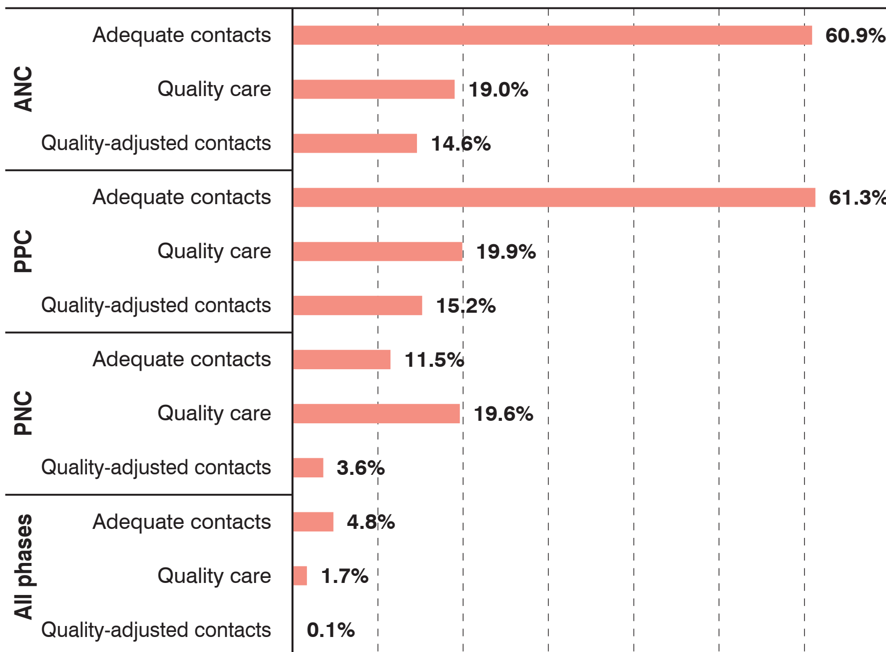

Figure 1. Proportions of adequate contacts, quality care, and quality-adjusted contacts during antenatal, peripartum, postnatal care, and across all three phases (n=1,500)

Challenges in maternal and newborn health

Myanmar is a South-East Asian country with an estimated population of 51.5 million as of 2014. Maternal and newborn health indicators have been improving for over last decades: maternal mortality ratio of 200 per 100,000 live births in 2013, and neonatal mortality rate of 25 per 1,000 live births in 2015. The government provides mothers with ANC, PPC, and PNC services along with the standard MCH Handbook, for free of charge.

Field research on the continuity and quality of maternal and newborn care

We conducted a cross-sectional study in a predominantly rural township in Ayeyawady region (Pan Ta Naw township), and a predominantly urban township in Yangon region (Shwe Pyi Tha township) in March 2016. We recruited 1,500 mothers (750 from each site) having given birth before the survey (between 6 weeks and 12 months postpartum). Data on background characteristics, the frequency of contacts with health workers. and the contents of care they received during ANC, PPC, and PNC were collected through structured interviews with them .

We measured adequacy of contacts with health workers, quality care, and quality-adjusted contacts as the study outcomes. Having adequate contacts was defined as ≥4 ANC contacts, delivery at a healthcare facility with the assistant of skilled birth attendant(s), and ≥3 PNC contacts including the first contact within 24 hours postpartum. Quality care was defined as the reception of essential interventions: ≥11 of 14 items during ANC, all the seven items during PPC, and ≥16 of 17 items during PNC. Finally, quality-adjusted contact was measured with the definition of having adequate contacts and receiving quality care for each phase.

Critical access-quality gap over continuum of care

During ANC, 60.9% of mothers had adequate contacts. Yet, only 19.0% received quality care.

Mother and infant reviewing MCH Handbook

Similarly, during PPC, 61.3% delivered with assistance of skilled birth attendants at health facilities, whereas 19.9% received quality care. As a result, only 14.6% and 15.2% had quality-adjusted contacts, during ANC and during PPC respectively. A significant challenge emerged during PNC; 11.5% had adequate contacts, 19.6% received quality care, and only 3.6% had quality-adjusted contacts. Converting them into the proportions across the three phases, 4.8% received adequate contacts, 1.7% received quality care, and only 0.1% complied with quality-adjusted contacts as recommended by the national guidelines (Figure 1).

MCH Handbook as a potential plug for the access-quality gap

Further analysis revealed that 78.6% of mothers received the MCH Handbook during the latest pregnancy, with significant difference between the two study sites (83.9% in the Ayeyawady site, 73.3% in the Yangon site). Mothers having received MCH Handbook were more likely to have adequate contacts at ANC and delivery, and receive quality care during ANC, PPC, and PNC (Figure 2).

Highlights of the research findings

It was found that mothers and their newborns did not necessarily receive quality care even though they contacted health workers. Reception of the MCH Handbook could be a factor enabling mothers and newborns to get encouraged for continuous contacts with health workers and a reminder of essential interventions to be received. Additionally, the MCH Handbook could ensure that health workers offer routine interventions and pay greater attentions to mothers and newborns in needs of special care. Needless to say, mothers' initial access to maternal health care is the minimum requirement for obtaining an MCH Handbook and thereby they benefit from it. The universal coverage and effective use of the MCH Handbook by mothers and health workers will be a key to filling the gap in contact and quality of maternal and newborn care in Myanmar.

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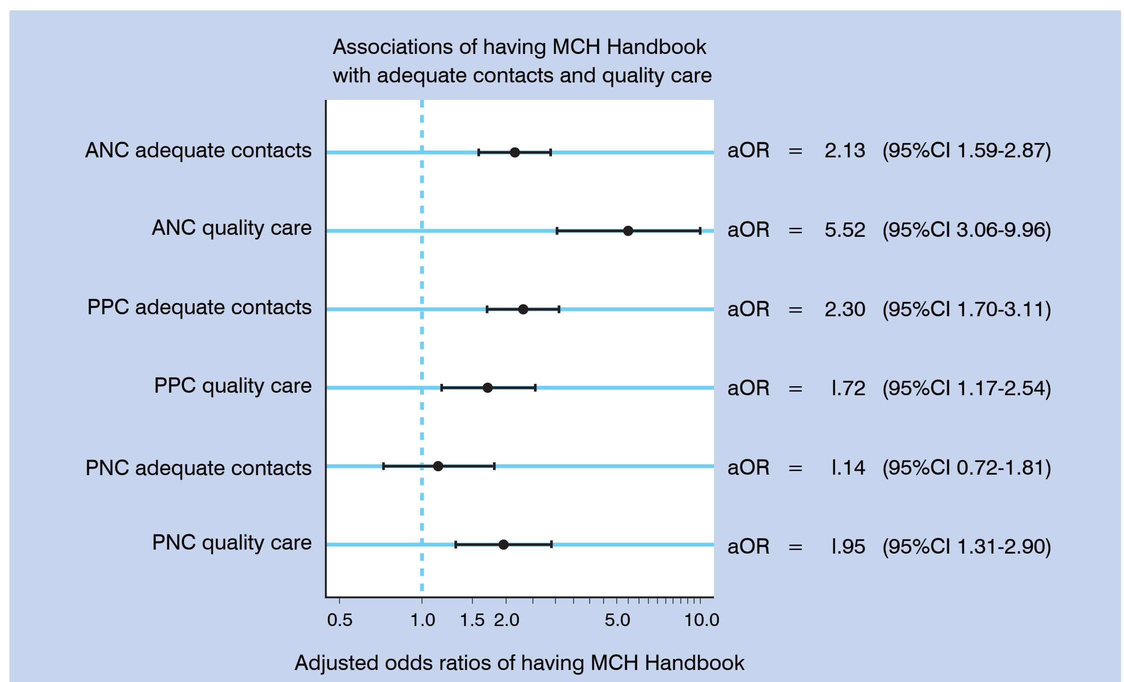
Further readings

1. Okawa S, et al. Quality gap in maternal and newborn healthcare: a cross-sectional study in Myanmar. BMJ Global Health 2019;4(2):e001078.

2. Okawa S, et al. Advice on healthy pregnancy, delivery, motherhood and information on non-communicable diseases in the maternal care programme in Myanmar: a cross-sectional study. BMJ Open 2019; 9(3):e025186.



▲ **Figure 2. Associations of having MCH Handbook with adequate contacts and quality care**

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