



Research Insight



Improving maternal and child health outcomes in Ghana: Insight from a scoping exercise



Insight from a scoping exercise on maternal and child health outcomes

Introduction

Investing in women's and children's health is crucial for societal and economic development (Stenberg et al. 2014; World Health Organization (WHO), UNICEF, UNFPA and World Bank 2012). Despite significant progress, Ghana continues to face challenges in improving child and maternal outcomes.

Thrive is conducting a research study to understand how the quality of existing health services in Ghana could be improved to positively impact maternal and child health outcomes at scale. A scoping exercise was carried out to inform the project, and to identify promising strategies and areas for further research.

"The highest rate of return in early childhood development comes from investing as early as possible, from birth through age five [...] Efforts should focus on the first years for the greatest efficiency and effectiveness."

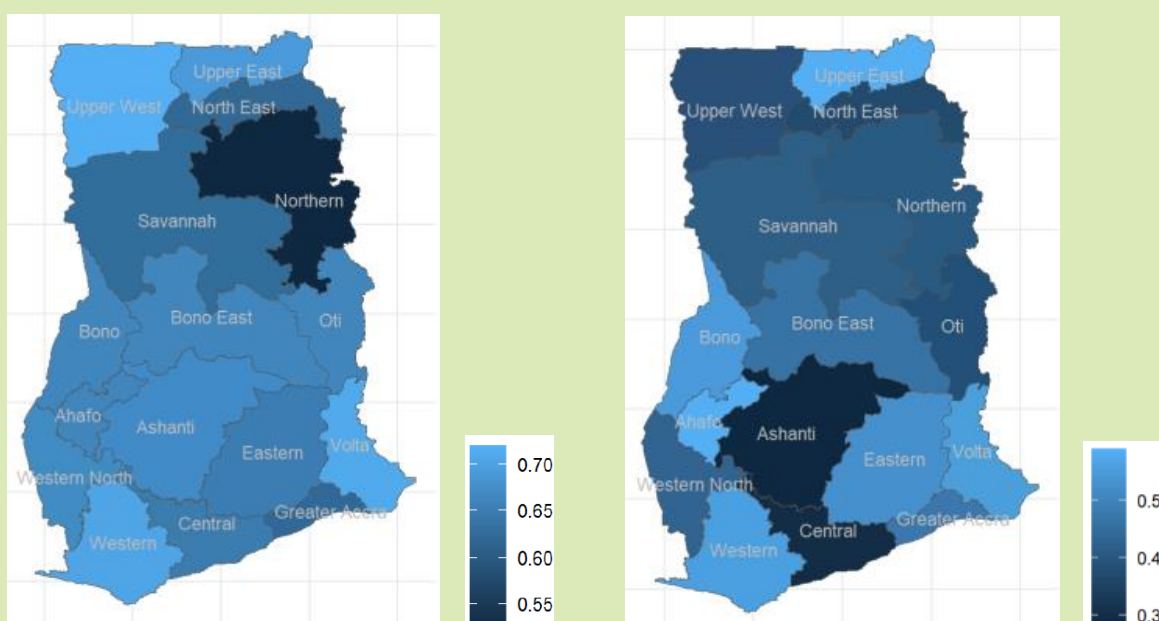
James J. Heckman, December 7, 2012

Improving child and maternal outcomes – the challenges

The challenges mothers face in receiving the necessary quality care (Bhutta et al. 2014) across Ghana is illustrated in Figure 1, which uses Ghana Demographic and Health Survey (DHS) data. The likelihood of a woman seeing a skilled provider in the first trimester ranges from 53% in northern Ghana to 72% in Upper West (left panel), and the likelihood of quality postnatal care ranges from 29% in Ashanti to 59% in Ahafo (right panel).

Figure 1: Probability that...

- A. ...a woman is seen by a skilled provider during first antenatal care visit. B. ...quality postnatal care is provided.



Notes: Variable definition: “quality postnatal care” includes checking whether the baby needs medical attention in the first two days, observing breastfeeding and discussing vaginal bleeding or family planning.
Source: Ghana DHS 2022

Maternal and neonatal mortality rates

The urgency of improving maternal and neonatal care is underscored in the fact that in 2020, Ghana recorded a maternal mortality rate of 263 per 100,000 live births compared to 16.8 and 21.1 per 100,000 live births in Egypt (African context) and Malaysia (similar post-independence development context) respectively. The extreme event of maternal deaths is one of the greatest concerns: a significant shock to families, and particularly the newborn baby, which jeopardises maternal inputs known to positively affect child development, such

as breastfeeding. Other events, such as reduced oxygenation during birth, or maternal psychological distress, have been raised as concerns that may generate persistent negative consequences for child development (DiPietro et al. 2006) – if babies survive. The neonatal mortality rate for Ghana was 22.8 per 1,000 live births against 10 per 1,000 live births in Egypt and 4.21 per 1,000 live births in Malaysia over the same period. Most of these deaths are preventable by providing quality care by skilled health professionals before, during and after childbirth (Bhutta et al. 2014).

Concerted efforts are required by Ghana to achieve the Sustainable Development Goals 3.1 and 3.2, which are to reduce maternal mortality ratio to less than 70 per 100,000 live births and neonatal mortality to 12 or fewer deaths per 1,000 live births.

To attain these goals, Ghana has implemented various initiatives to improve access to healthcare, such as its free maternal care policy and community-based health planning services (Adu and Owusu 2023). However, efforts to enhance the quality of care for women and children across the country are increasingly recognised as critical. To this end, Ghana has, for example, joined the WHO Network for Improving Quality of Care for Maternal, Newborn and Child Health (Quality of Care Network), demonstrating its commitment to reducing preventable maternal and newborn deaths through peer learning around best practices and implementing evidence-based actions.

Thrive scoping exercise

To inform Thrive's research on maternal and child health services in Ghana, a scoping trip took place over a week (19-23 February 2024) in Accra, Ghana's capital city. The goals were to understand the context of the Ghanaian health sector and to identify potential opportunities for research that could positively impact maternal and child health outcomes.

The Thrive team spoke to multiple stakeholders, including current and retired directors and programme officers in the Ghana Health Service (GHS), nurses, NGO representatives, and mothers.

In particular, the existing GHS policies that affect the health outcomes of mothers and young children were discussed, as well as challenges faced in implementing them and introducing new policies.

Insights from the scoping exercise

A recurring theme among key stakeholders was the importance of improving care by skilled health professionals before, during and after childbirth, particularly in innovative ways that accommodate limited time availability for in-service training. Peer-to-peer learning, supervision, and support were identified as essential components for maintaining quality of care.

An interview with the Newborn Programme Officer at the GHS Family Health Division highlighted that the GHS had established a Network of Practice, acknowledging the importance of collaboration and knowledge-sharing among healthcare professionals, particularly in the field of newborn care. This collaborative approach was seen as crucial to enhance the quality of care and promote best practices. Similarly, GHS's Quality Lead and Deputy Director at the Institutional Care Directorate highlighted the importance of professional leadership and sustainable capacity building in improving maternal and newborn healthcare outcomes.

The Obstetric Triage Implementation Package

One promising programme that stood out – and that presents an opportunity for further research – is the Obstetric Triage Implementation Package (OTIP). This midwife-led clinical programme is designed to expedite patient assessment and care planning, and is currently being rolled out across high-volume facilities in Ghana.

Several midwives are chosen within a hospital to serve as triage champions and are trained. They in turn train their peers and are responsible for maintaining a triage area and providing ongoing clinical coaching and refresher trainings. Pilot studies have shown a significant reduction in patient waiting times, indicating the potential for improved efficiency and quality of service provision (Goodman et al. 2018; Ramaswamy et al. 2023), in line with evidence from on-the-job training by more experienced or skilled workers in education (Jackson and Bruegmann 2009; Papay et al. 2016). However, the scalability of OTIP and its impact on maternal and child health outcomes remains uncertain, and conducting rigorous research around its implementation at scale is crucial in view of promising interventions often facing challenges to scale-up (Dickson et al. 2014).

Furthermore, while healthcare professionals have highlighted critical lessons regarding the important role of champions, the sustainability of professional-led training, co-financing, supportive supervision, and ownership by health facilities, such mechanisms of how the training might affect outcomes have not been systematically studied. Doing so would not only be key to considering the use of this type of training model to other GHS settings, such as essential care for small babies, and kangaroo mother care, but would also contribute to the academic literature, which identifies gaps in our understanding of the effectiveness of different training methods in overcoming barriers to the diffusion of new practices (Berwick 2003).

“Understanding the effectiveness of such lower-cost training models is essential to help Ghana focus its efforts and resources to achieve effective, high-quality coverage of the interventions needed to save women and newborns.”

Mary Eyram Ashinyo, Quality Lead and Deputy Director at the Institutional Care Directorate of the GHS

Next steps

Thrive Ghana is collaborating with GHS, and its OTIP implementing partner, Kybele, a US-based NGO, to rigorously evaluate the national rollout of the OTIP programme.

GHS's commitment to innovation and knowledge sharing provides an opportunity to provide important input to other parts of the GHS and the Ministry of Health, as they consider whether and how best to adapt and adopt the approach to streamline other health services they provide to significantly improve the quality of care for children and ultimately improve their life chances.

Thrive Ghana and the GHS will continue to explore opportunities for further research, potentially building on the OTIP evaluation to establish a longitudinal cohort study that will allow testing of interventions with newborn babies and infants, paving the way for effective, high-quality healthcare interventions that improve the lives of women and children throughout Ghana.

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Acknowledgements

With thanks to everyone who participated in the scoping exercise, including Dr Edward Antwi, Programme Manager for Newborn and Child Health at Family Health Division, GHS; Ms Rita Aganiba, Programme Officer for Newborn Care at Family Health Division, GHS; Mrs. Grace Eddy Amewu, Programme Officer for Child Health at Family Health Division, GHS; Ms. Gladys Brew, Retired Programme Manager for Safe Motherhood at Family Health Division, GHS, and Ms. Catherine Adu-Asare, Programme Manager at Nutrition Department, GHS.

Scoping exercise partners



Thrive international partners



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About Thrive

Thrive is a large-scale, multi-country research programme that aims to build understanding of early childhood development service delivery models at scale, and how they can transform to significantly improve childhood health, nutrition, education and well-being in low- and middle-income countries.

Thrive seeks comprehensive, practical answers about how early childhood development systems innovate, improve, and better serve children and communities.

The programme is managed by Oxford Policy Management (OPM) and is implemented in five countries – Ghana, Sierra Leone, Tanzania, Bangladesh and Kiribati.

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