



Learning from Stillbirth Audits to Strengthen Antenatal Care



**Naha Clinic (Naha urban Health Centre), Honiara,
Solomon Islands**

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A quality improvement initiative to close the gap between hospital audit findings and routine antenatal practice — translating lessons learned into lifesaving change.



Stillbirth Audit and Feedback Pathway in Honiara

A four-step cycle connects antenatal clinics to the National Referral Hospital — but a feedback gap was breaking this loop.

1. ANC at Clinics

Pregnant women receive antenatal care at Naha Clinic and surrounding facilities

2. Delivery at NRH

Most women in Honiara deliver at the National Referral Hospital (Tertiary hospital)— approximately 500–600 deliveries per month

3. Monthly Stillbirth Audit

Structured monthly review of all stillbirth cases at the tertiary hospital(NRH)

4. Feedback

Audit findings returned to clinic staff — **the step most often missed before the intervention**

Problem: Audit Findings Were Not Reaching the Front Line

Stillbirth audit findings were not consistently translated into routine ANC practice at Naha Clinic.

Inconsistent Attendance

Naha Clinic staff didn't regularly attend monthly audit meetings at the tertiary hospital

Findings Not Shared

Audit results were not routinely communicated to all clinic staff

No Clinic Review System

No structured process existed to discuss and apply lessons learned locally

Inconsistent Risk Recognition

High-risk pregnancies were not always identified early or referred appropriately

Aim

To strengthen antenatal care practices at Naha Clinic through regular stillbirth audit review and consistent application of lessons learned.



Intervention: From Inconsistent to Systematic

Targeted changes transformed how **Naha Clinic** used stillbirth audit findings to improve antenatal care.

Before

Irregular attendance at audit meetings

Verbal-only case discussion

No structured clinic review system

Limited follow-up on findings

After

Consistent, reliable attendance

Visual case summaries for all staff

Monthly learning sessions established

QI actions integrated into daily ANC

QI: Quality Improvement

Translating Audit Findings into Quality Improvement

A monthly cycle turns audit insights into concrete practice changes across four ANC domains.



First Visit Assessment

Follow guidelines, screen for risk factors, and document thoroughly



High-Risk Referral

Early identification, timely referral, clear communication, and follow-up



Syphilis Screening

Early screening, timely treatment, partner counseling, and partner treatment



Mother's Class

Encourage regular ANC, recognize danger signs, health education on labour progress, and treatment adherence



Outcomes: Changes Observed

Systematic changes at Naha Clinic produced improvements across antenatal care.

Consistent Audit Participation

Staff attendance became regular
monthly review continued routinely

Improved Documentation

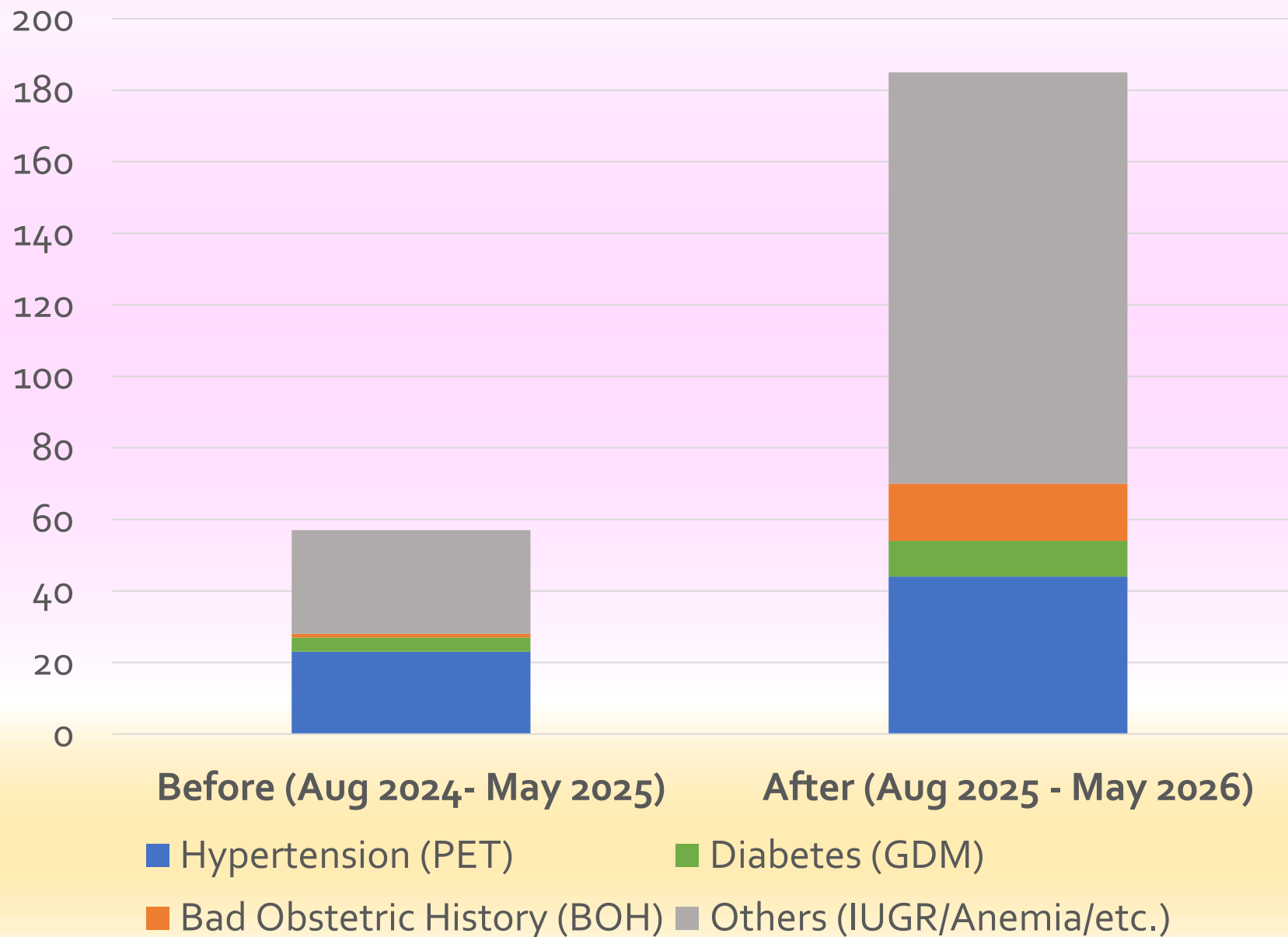
Quality of ANC records improved across the clinic

Earlier, Broader Referrals

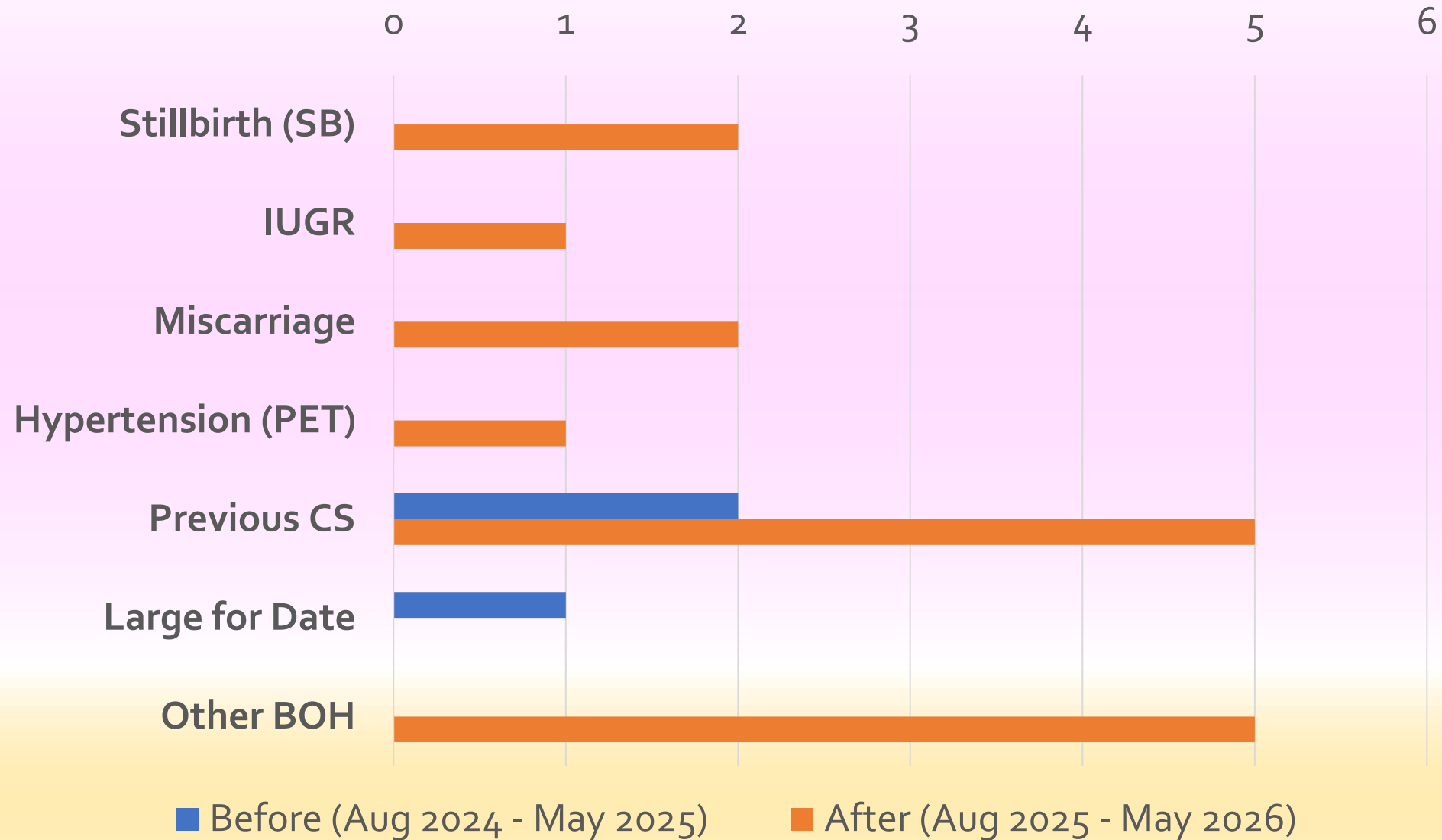
Post-term and high-risk pregnancies referred sooner;
risk factor recognition expanded



Change in High-Risk Referrals by Risk Categories



Identification of critical BOH Risks Emerged After Intervention

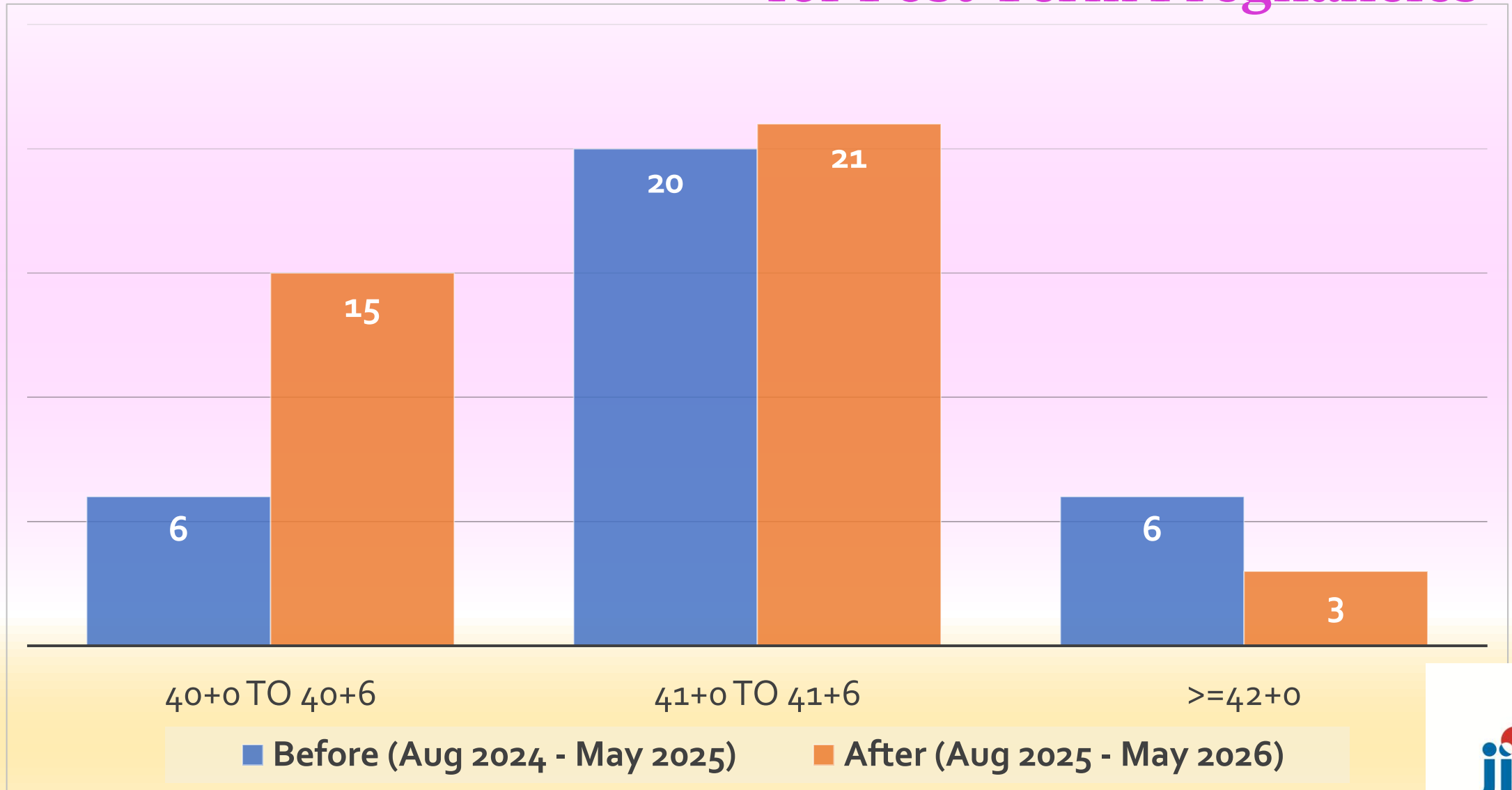


IUGR: Intrauterine Growth Restriction

CS: Cesium Section

BOH: Bad Obstetric History

Timelier and Earlier Referrals achieved for Post-Term Pregnancies



Key Lessons and Learned

Powerful Educational Tool

Regular visual case reviews bridge the gap between tertiary data and frontline nursing/midwifery practices.

System over Resources

Quality improvement is achievable in a primary care setting by embedding structured reviews into existing weekly learning sessions.

Sustainability and Next Steps

Routine Integration

Monthly audit reviews **are now integrated** into routine clinic schedules

Behavioral Change & Continuity

Continuous case reviews are vital; tangible changes in staff practice are observed.
Ongoing reminders remain necessary for regular audit attendance and team-wide reflections.

Next Steps for Honiara, Solomon Islands

Scalable model to be introduced to other area clinics
among the Solomon Islands to strengthen the national referral network.