

Overview of Global Maternal & Newborn Health (GMP) Study

Dr. Delly Babona

GMP Study Coordinator for Papua New Guinea

Women Children and Adolescent Health Lead

Burnet Institute, PNG Country Office

A NOVEL APPROACH TO MEASURE AND IMPROVE THE QUALITY OF MATERNAL AND NEWBORN CARE



**GLOBAL MATERNAL
AND NEWBORN
HEALTH PLATFORM**



**World Health
Organization**



Australian Government

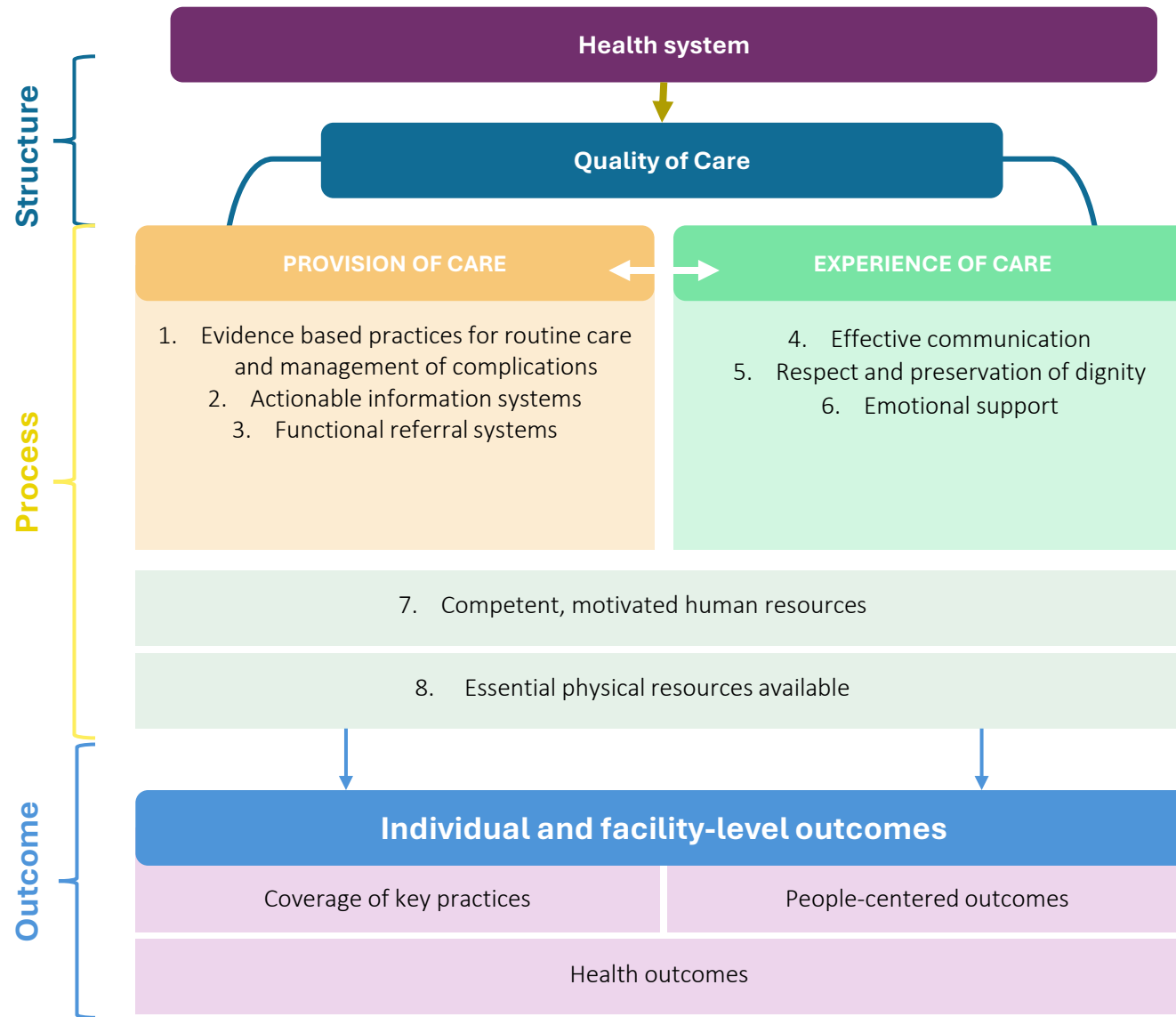
**National Health and
Medical Research Council**



USAID
FROM THE AMERICAN PEOPLE



Quality of Maternal & Newborn Care



GMP Asia-Pacific

AIM

a multi-country network of hospitals across the Asia-Pacific to **measure and improve** the quality of intrapartum and early postnatal care.

OBJECTIVES

- Evaluate the quality of care provided to women and newborns, and whether key WHO recommendations are implemented;
- Explore women's experiences of intrapartum and early postnatal care;
- Measure maternal, perinatal and neonatal morbidity and mortality
- Monitor trends in quality of care, health outcomes and women's experiences.



GMP DESIGN

**Regional
oversight &
funding**



**Country
implementation**

Bangladesh
Fiji
Indonesia
Mongolia

10 countries

Nepal
Papua New Guinea
Solomon Islands

Sri Lanka
Thailand
Timor-Leste

**10 country
PIs**

**Health facility
data collection**

74 health facilities



Health facility survey

**74 coordinators
>200 data collectors**

**Provider
data collection**

Maternal & newborn providers in 74 hospitals



Health provider survey

**>5,000 health
providers**

**Women and babies
data collection**

>96,000 women and babies

>1,800 deaths

~28,000 exit surveys



Medical record review



Review/cause of maternal or baby death

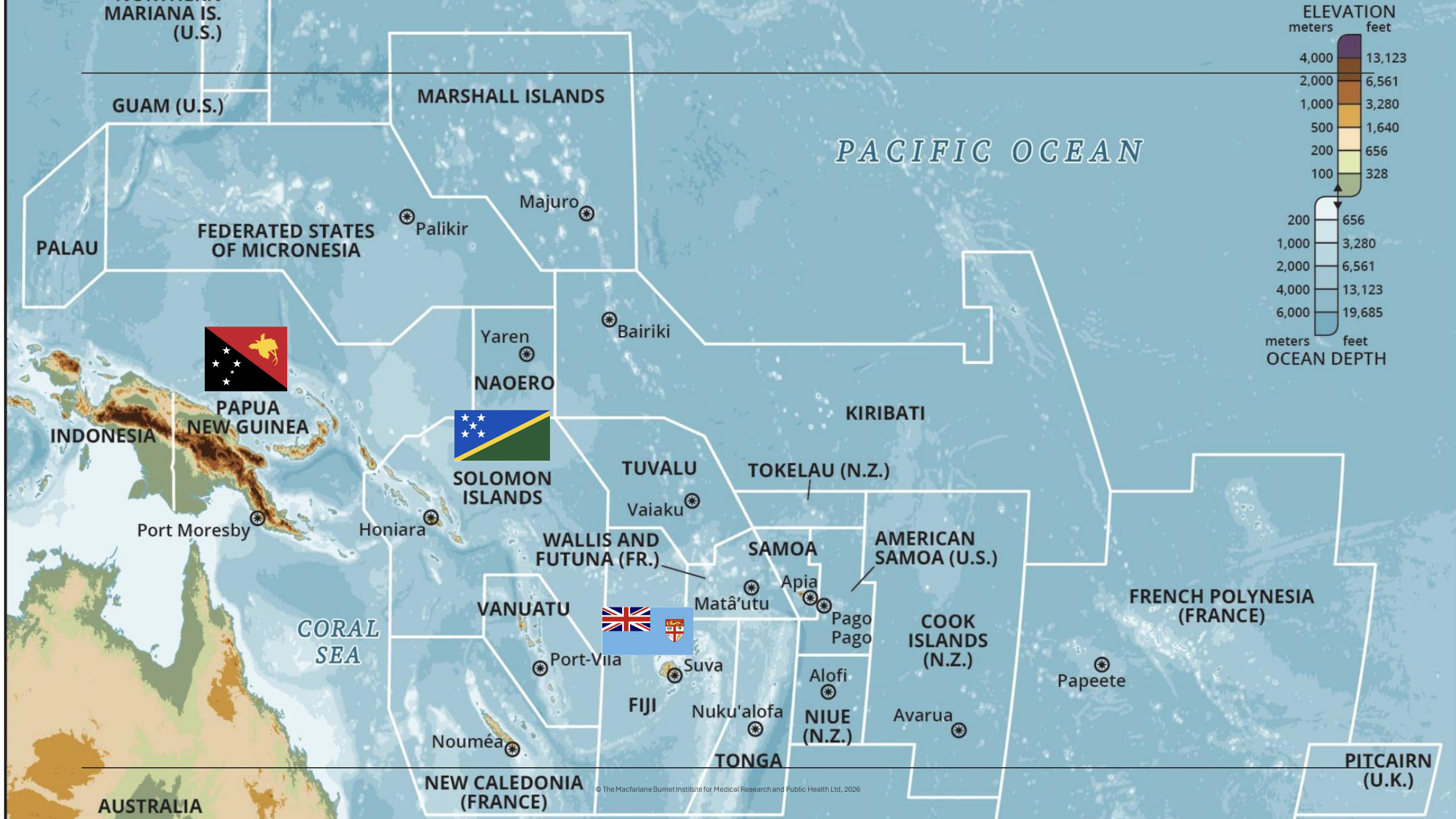


ACASI exit survey



**GMP collected data
at 3 levels in 14
languages:**

- **Woman/baby level**
- **Provider level**
- **Facility level**





1,241

Women given birth recorded in GMP

1

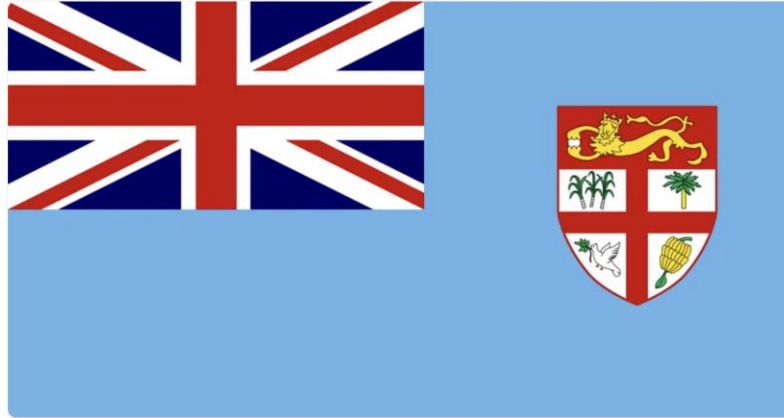
Facilities completed data collection

375

pre-discharge surveys

74

Provider surveys completed



2,294

Women given birth recorded in GMP

2

Facilities completed data collection

223

pre-discharge surveys

0

Provider surveys completed



6,534

Women given birth recorded in GMP

4

Facilities completed data collection

1,768

pre-discharge surveys

274

Provider surveys completed

Characteristics of the women

Characteristics	Solomon Islands	Fiji	Papua New Guinea
Women included	1,241	2,294	6,534
< 20 years old	11%	8%	11%
> 35 years old	10%	15%	12%
Primiparous	38%	32%	38%
Unbooked	3%	<1%	3%
ANC >4	72%	94%	69%
Secondary School or higher	45%	55%	23%

Characteristics of the facilities

Characteristics	Solomon Islands	Fiji	Papua New Guinea
Level of Care	Tertiary	All Tertiary	All tertiary
Funding	Public	All Public	All Public
Annual births (2023)	5,775	10,844	29,019
RMNC In-service	0/1	0/2	3/4
Curtains/Screen LWD	0/1	2/2	4/4
WHO Labour Care Guide	0/1	0/2	0/4

Characteristics of the provider

Characteristics	Solomon Islands	Papua New Guinea
Obstetricians	5.% (4)	5% (14)
Midwives or Nurse	57% (42)	69% (189)
O&G/Paeds Registrar	20% (15)	15% (40)
Median Age	35 years	38 year
Years as health worker	0-5, >10 years=42%	>10 years = 57%

Key Findings

Characteristics	Solomon Islands	Fiji	Papua New Guinea
Stillbirth rate (per 1000 births)	20.8	7.8	20.1
ENND (per 1000 live births)	13.1	6.3	10.3
CS rate	15.4%	31%	8.5%
Assisted vaginal delivery (VE/forceps)	2.3% / 0%	0.3% / 0.3%	4% / 0%

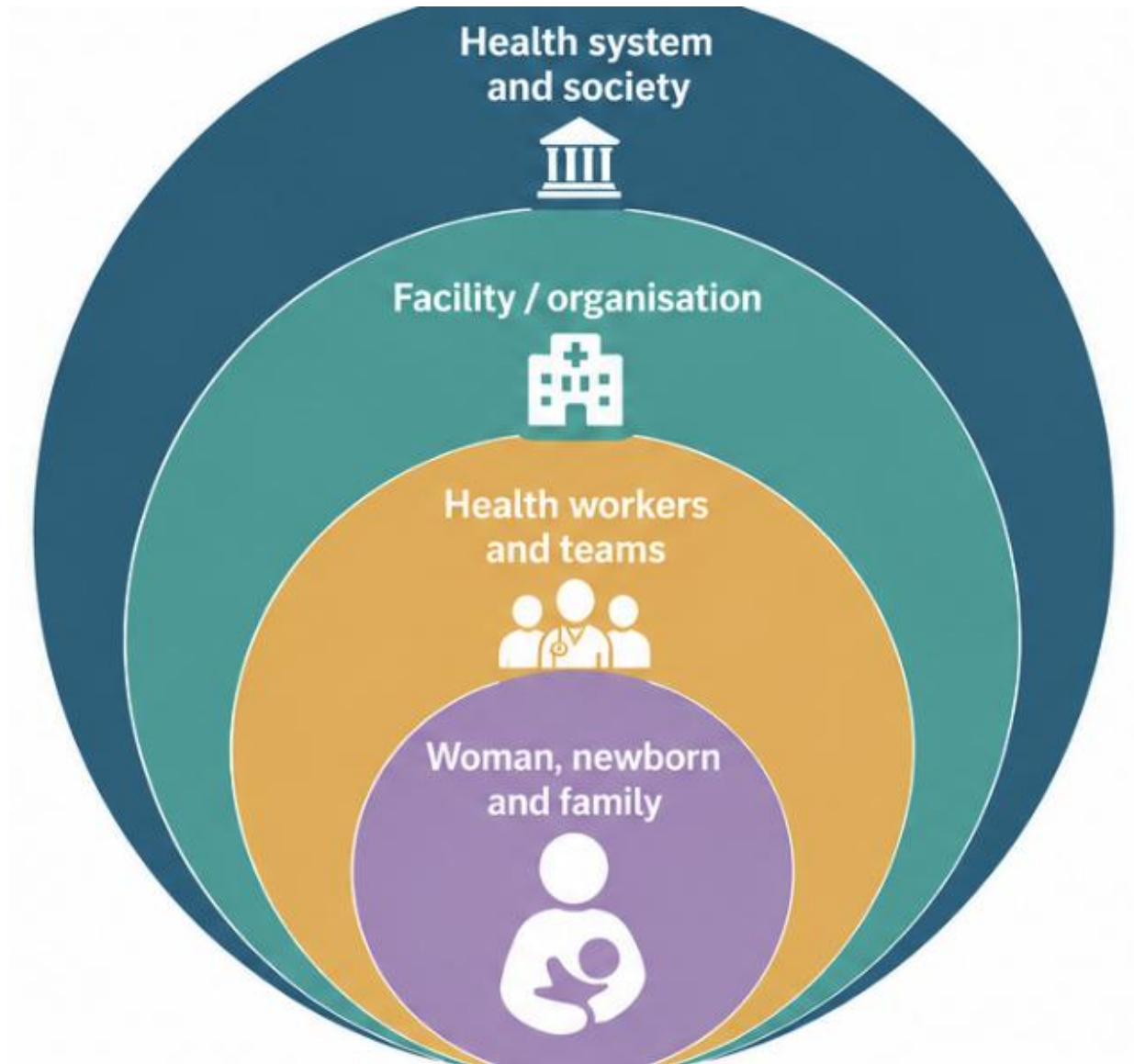
Why does GMP context matter in today's discussion?

Next

- Consent
- Provision of information and privacy
- Companionship
- Mistreatment

Experienced directly by women, but influenced by the providers and environment in which those providers work

GMP allows us to look at these different dimensions together



Next up – Dr. Leanne Panisi
