Implementation of the New Model of Antenatal Care at Moi Teaching and Referral Hospital, Eldoret, Kenya

Draft Action Plan drawn by Boaz Otieno-Nyunya, 2nd July 2005

My Long Term Goal: provide high-quality antenatal care using the 4 visit New model ANC to all women who come to MTRH, and ensure that at least 60% of the women deliver at MTRH

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| Develop and finalise proposal for New model ANC    | • Finish WHO course  
• Continuing communication with placenta colleagues and e-professors  
• Define roles, responsibilities and authority in the implementation | Time | Placenta colleagues e-professors | Unstable internet connection  
Heavy workload (Teaching/learning; Research and development; Outreach and extension)  
Lack of face-to-face interaction | Dr.Qureshi  
Dr.Kirwa | July 2005 | July 31st 2005 |
List, Examine and Describe Current clinical Assessments, Procedures/Tests Performed; and Information obtained and recorded during ANC visits, on Admission and At Delivery and on Postnatal Visits

- Develop Checklists and Questionnaires.
- Collect Information on Visits and Admissions.
- Analyse Information so collected.

<table>
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<tr>
<th>Stationery Time Photocopying Funds</th>
<th>Computer</th>
<th>Printer</th>
<th>Poor HIS making retrieval of data difficult</th>
<th>Medical students Statistician</th>
<th>September 2005</th>
<th>November 2005</th>
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Medical student Statistician

September 2005

November 2005
# Implementation of the New Model of Antenatal Care

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| Study (TAS, patient flow) 1st and subsequent ANC visits, admission, delivery and postnatal visits) two-months before and two after initiation of the project | • Develop data capture forms.  
• Collect data  
• Analyse data. | Time  
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| Develop/use/adopt protocols for ANC and EOC (basic and comprehensive) | • Meet consultants. Collect protocols from MOH, other institutions  
• Adopt protocol.  
• Train HCPS on protocols. | Communication (mobile phone, scratch cards, transport, photocopying)  
• Meeting rooms  
• Training facilitators | Finance for workshop | Consultants, Midwives, Medical officers, Hospital management | Nov. 2005 | January 2005 |
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| Ensure that all procedures (TT, Hb, HIV testing, IPT, blood gp etc) PB Weight for 1st, 2nd, 3rd, 4th, delivery and postnatal visits are performed | • Train HCPs on community management, lab tests  
• Procure laboratory reagents (BS, rapid HIV test, RPR, blood grouping)  
• Procure adequate BP machines and Weighing machines | • Laboratory reagents and equipment.  
• Finance for Renovation and relocation of a dedicated laboratory within ANC | Some reagents and equipment | Policy environment on laboratory testing | Lab. Tech. Midwifes | Nov. 2005 | Jan/Feb 2006 |
Monitor, Evaluate, Report and Supervise the project

- Develop monitoring, evaluation and facilitative supervision instrument and,
  - harmonise with national instruments
  - Train HCPs on the use of MES instrument.

- MES Checklists, guides and questionnaires
- Training curriculum and manual

Facilitators Training venue PC and printer LCD projector

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<th>Time</th>
<th>Demotivation</th>
<th>Statistician Consultants in the department Midwives Medical officers</th>
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Statistician Consultants in the department Midwives Medical officers

November 2005 and ongoing
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| Reduce the # of ANC visits per woman to 4 and ensure average booking visit is before 12 weeks | • Present RCT findings, Time Action Study (TAS), outcomes and impact results to division of obs-gyn members.  
• Discuss process.  
• Agree on initiation/implementation. | Information Education Counselling Communication (IECC) Material | LCD projector Meeting venues | Resistance to Change  
Poor staff motivation | Consultants midwives | Nov. Dec. 2005 | November 2006 |
| Increase/enhance proportion of women who deliver (booked) at MTRH following ANC attendance | • Mobilise communities and facilities through IEC.  
• Improve quality of care through use of | IECC Material | LCD projector Meeting venues | Cultural barriers  
Time  
Poor Staff motivation | Community field educators  
| protocols, New model ANC and clinical audits | Develop and Include ANC process indicators as part of performance improvement indicators |  |  |  |  |
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| Standardise the data collected from individual and group patients in ANC and maternity | •Modify mothers card  
•Modify registers used in ANC, admission and delivery  
•Improve storage and retrieval of ANC maternity cards. | Classifying forms  
| Develop and finalise proposal for New model ANC | •Finish the course  
•Continuing communication with colleagues and Professors  
•Define roles, responsibilities and authority | Stationery  
Time  
Photocopying funds | •Computer and  
printer | Time | Medical students  
Statistician | Sep, 2005 | Nov. 2005 |
| Introduce and use maternity electronic HIS in antenatal and maternity units | •Discuss with management.  
•Procure computers  
Develop 2-forms  
Initiate M EHIS. | 2 computers  
2 printers  
Stationery | Personnel  
Informatics experts | Computeracy  
Digital divide | Record officer  
informatics | | |
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<th>Create/strengthen linkages to high risk clinic FPC, HIV clinic, maternity ward, referring clinics and laboratories</th>
<th>Hold joint regular meetings, share information, Harmonise registers and forms</th>
<th>IECC Material</th>
<th>PC and Printer LCD Projector</th>
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