

Ensuring the Quality of Maternity and Child Care Services in Primary Health Care Centers

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Abstract: Assess the existing quality assurance protocols for maternity and child care services at Al-Tale' a Primary Health Care Center in Al-Diwaniyah Governorate, and ascertain the demographic characteristics of the study participants. A descriptive study was done from January 6, 2024, to June 9, 2024, using a simple random sample of 60 respondents obtained by likely sampling approaches. The sample consisted of providers who offer maternity and child care services. The data were gathered utilizing the Quality Assurance Tool sanctioned by the Iragi Ministry of Health. The data were gathered using questionnaires and interviews as methods of data gathering. Furthermore, data from several sources were utilized to enhance the availability of information regarding the study sample. The interviews were carried out with the staff members of Al-Tale' primary health care clinics, with each interview having a duration of 5 to 10 minutes. Data collection commenced on January 6, 2024, and concluded on June 9, 2024. The data was analysed using methods for descriptive statistical analysis. The survey revealed that the primary health care centers had a low rate of individuals availing the service. The primary factor contributing to this problem was a shortage of healthcare professionals and support staff, coupled with an inadequate distribution of nursing personnel. The study suggests that the number of primary health care centers should be increased in proportion to the people that will benefit from them within a specific area. Furthermore, it proposes that the Ministry of Health and the Ministry of Higher Education, in conjunction with educational institutions, work together to create a carefully planned strategy to meet the staffing needs of these facilities

Keywords: Ensuring, Quality, Maternity, Child Care, Primary Health Centers.

1. INTRODUCTION

Quality, in a broad sense, refers to the specific requirements and the methods by which they can be developed. It also implies consenting to the conditions and suitability of being



employed. Quality refers to the effective implementation of interventions that are known to be safe, affordable for the specific population in question, and capable of producing positive outcomes in terms of mortality, morbidity, disability, and general well-being [1]. Quality Assurance concept examines healthcare quality through a structured framework, process, and outcome. Quality assurance involves establishing principles or rules based on best practices, ensuring consistency, and taking action to meet standards [2]. The presence of high-quality standards in essential social protection agencies plays a crucial role in decreasing overall mortality rates and incidences of disability. Organizations are associated with the sufficiency of necessary healthcare components and the Provision of prevention and advertisement services. Enhancing ensuring the quality will enhance confidence in the quality of services provided, benefiting both clients and service providers. Additionally, offering a variety of services will result in cost-effectiveness, safety, and efficiency [3]. The Essential Medical Services Administrations aim to provide healthcare resources through a strategy that emphasizes the implementation of key healthcare practices using socially acceptable and costeffective approaches. This includes promoting innovation, transparency, public involvement in policy development, and collaboration across different sectors [4].

2. RELATED WORKS

Basic medical services are practical foundations Well-being frameworks, this should be reflected in well-being Efficient teaching methods and frameworks for all interested countries To achieve a viable, equitable and effective welfare framework And reasonable [5] The concept of primary health care developed in the late twentieth century The 1970s when health service workers were still facing health problems that could have been prevented and solved with what was available Advances in medical knowledge and advances at that time [6]. The advancement of substantial value has consistently been a crucial component of primary healthcare services (Primary Health Care) in Iraq. the Ministry of Health in Iraq defined its vision for fundamental community protection as "a transparent, rational, accessible, secure, and comprehensive healthcare system of the highest standard that is financially sustainable and based on legal principles, in order to meet the current and future healthcare needs of all Iraqi peoples, regardless of their nationality, geographic origin, gender, or religious affiliation [7]." This vision also requires the integration of many elements within the existing PHC system. Currently, the Iraqi primary healthcare service for basic healthcare centers has been established considering the available resources in terms of essential requirements such as construction, equipment, medications, and other facilities. These guidelines would evaluate and enhance the performance of the primary healthcare system [8].

3. METHODOLOGY

Objective: To evaluate the quality assuring of maternal and child medical services at Al-Tale 'a Primary Health Care Center in Al-Diwaniyah city, and examine the demographic characteristics of the study sample.



The Study Design employed a descriptive study conducted between January 6, 2024, and Jun 9, 2024. A sample of 60 respondents was acquired using standard random sampling procedures. The sample comprised of providers who provide services related to maternity and child care.

Instruments: The researcher formulates questionnaires in accordance with the guidelines set forth by the "Ministry of Health", with technical support from the "World Health Organization". The objective of these inquiries is to evaluate the key principles linked to Ensuring the quality for maternity and child primary health care services in the present investigation. The design of these surveys is informed by an extensive analysis of relevant literature. The surveys consist of three components, with a total of 24 items that encompass a wide range of elements.

Data Collection is the systematic procedure of acquiring and documenting information or data from diverse origins. Data were collected by presenting a carefully constructed questionnaire through interviews. This technique was employed to gather data and keep records of all accessible contacts that facilitated entry to the study population. Personnel from Al-Tale 'a primary health care centers are interviewed. each interview typically lasts between 5 and 10 minutes. data collection took place between march 1 and April 1, 2024.

Data Analysis Data analytics is the methodical process of analyzing, refining, transforming, and modeling data in order to discover important insights, make well-informed assessments, and facilitate decision-making. Descriptive statistics, such as the estimation of percentage, mean, and standard deviation, were computed using SPSS version 23. The research was especially conducted on categorical data to examine proportions.

4. RESULTS AND DISCUSSION

Result

Table (1) displays the frequent and proportion of different age group in the sample of the study conducted at Al-Tale 'a Primary Health Care Center in Diwaniyah city.

No.	Class	Frequent	percent
1.	Less Than 20	11	18.33%
2.	20-29	25	41.67%
3.	30-39	10	16.66%
4.	40-49	9	15%
5.	50-59	2	3.34%
6.	More Than 60	3	5%
Sum		60	100%

Table (1) reveals that the (20-29) age group is the most common in the analyzed sample, representing 41.67% of the total. In contrast, none of the persons in the sample fall within the age range of 50 to 59, which accounts for 3.34% of the total population.



Table (2) displays the frequent and percent of educational achievement among the participants in the study sample at Al-Tale 'a Primary Health Care Center in Diwaniyah city.

No.	Educational Achievement	Frequent	percent			
1.	Nurse	12	20 %			
2.	competent nurse	32	53.34 %			
3.	Nurse Technical	10	16.66 %			
4.	Academic Nurse	6	10 %			
	Sum	60	100%			

The results of the Table (2) analysis indicated that the skilled nursing categories exhibited the highest proportion of academic achievement within the sample, with a percentage of 53.34%. Conversely, the university nurse category had the smallest proportion, representing just 10% of the sample.

The table (3) displays the comprehensive evaluation scores of Maternal and Child Health (MCH) services offered by a cohort of 60 chosen participants. Pass: Achieves or surpasses the predetermined threshold; Failure: Falling below the designated limit;

No.	Standards	N.	Sum Score	Rating %	Mean Score	Assessment Result
1	Pre-marital medical evaluation	60	10	8.34	0.17	Failure
2	Pregnancy diagnosis	60	120	100	2.00	Pass
3	Tetanus vaccination	60	92	76.67	1.53	Pass
4	Antenatal checkups involve the measuring of weight and height.	60	95	79.17	1.58	Pass
5	Supplementation with multiple micronutrients, including iron and folic acid.	60	97	80.83	1.61	Pass
6	Measurement of blood pressure	60	100	83.34	1.67	Pass
7	Glycemic level assessment	60	95	79.17	1.59	pass
8	Urinalysis and management of symptomatic urinary tract infection	60	82	68.34	1.37	Pass
9	Anemia diagnosis and treatment	60	75	62.5	1.25	Pass
10	Detection and management of sexually transmitted diseases (STDs)	60	18	15	0.3	Failure
11	Management of moderate both pre- and eclampsia involves earlier referrals.	60	70	58.34	1.17	Pass

Discussion



12	Support uncomplicated childbirths and offer essential emergency obstetric care in cases where transfer to a specialized facility is not feasible.	60	5	4.17	0.08	Failure
13	Administration of vitamin A supplements	60	88	73.34	1.47	Pass
14	The breast exam	60	85	70.83	1.41	Pass
15	Management of puerperal infections	60	65	54.17	1.08	Pass
16	Treatment of afterbirth psychosis	60	9	7.5	0.15	Failure
17	Consultation regarding the practice of breastfeeding exclusively	60	85	70.83	1.41	Pass
18	Planning families counseling	60	15	12.5	0.25	Failure
19	The contraceptive pill services include the provision of condoms and oral contraceptives.	60	100	83.34	1.67	Pass
20	Offer neonatal care, including the treatment and control of neonatal infections and pneumonia.	60	90	75	1.5	Pass
21	Monitoring of growth	50	91	91	1.82	Pass
22	The management of acute respiratory infections and integrated management of childhood illness encompass the treatment and care of conditions such as pneumonia, diarrhea, and measles.	60	94	78.34	1.57	Pass
23	Malnutrition management	60	75	62.5	1.25	Pass
24	Written information or records that provide details, instructions, or explanations about a particular subject or process.	60	80	66.67	1.34	Pass

The findings from Table (1) indicate that the most prevalent age group in the analyzed sample is the 20-29 age group, comprising 41.67% of the participants. Conversely, the least proportion of participants falls within the 50-59 age range. The findings from Table (2) indicate that the group with the highest proportion of competent nurses among the sample studied was the specialized nurses, with a percentage of 53.34%. Conversely, the group of university nurses had the lowest percentage, accounting for only 10% of the sample. The data was evaluated and the findings were clearly evident through the calculation of the average score and rating %. Upon gathering data from 24 questionnaire items assessing service availability, the results revealed that the bulk of the items (79.1%) scored at a significantly high average level. Among them, 20.8% got the lowest average scores on the items in all the sectors evaluated, as shown in Table 3. Concerning services related to the health of mothers and children Table 3 Five items did not satisfy the required standards, which are premarital screening, screening and treatment for sexually transmitted diseases, aid with vaginal deliveries, provision of basic emergency obstetric care in case referral is not feasible, and management of psychosis. Postpartum and failure to seek advice regarding family planning services. The failure of the premarital



screening policy in the Diwaniyah Health Directorate can be attributed to several factors, including the lack of specialized staff. Similarly, the failure to effectively screen and treat sexually transmitted diseases and manage postpartum psychosis may also be due to the same reason. Additionally, the inability to provide adequate support for natural births and essential emergency obstetric services, particularly when referral is not feasible, can be attributed to the policies implemented by the Diwaniyah Health Directorate. The configuration of the primary health care facility. This discovery aligns with the discoveries of [9], which indicate a lack of screening and treatment for sexually transmitted infections, inadequate assistance during vaginal deliveries, and a failure to provide essential emergency obstetric care if referral is not feasible. Additionally, there is a failure to consult on family planning services, except for prescreening. Matrimony and administration of postpartum psychosis services. This finding aligns with the findings of [10], which suggest that there is a lack of screening and treatment for sexually transmitted infections, inadequate assistance during vaginal deliveries, and a failure to provide basic emergency obstetric care in cases where referral is not feasible. Additionally, there is a failure to provide consultation on family planning services, except for pre-screening. Matrimony and administration of postpartum psychosis services.

5. CONCLUSION

The study findings revealed that the age group with the highest representation in the survey sample is individuals aged 20 to 29. The study revealed that the skilled nurses category had the highest percentage of academic attainment among the sample population. Five criteria have failed the assessment, namely examinations for pre-marital individuals, laboratory-based screening and treatment for sexually transmitted diseases, support for natural childbirth, provision of emergency care when referral is not feasible, and management of postpartum psychosis. The remaining 19 criteria have passed the assessment. Maternal and child health services, which encompass family planning and health education programs, have achieved a crucial threshold.

Recommendation

- 1. Emphasizing the enhancement of screening services for individuals preparing to marry, conducting laboratory tests to detect and treat sexually transmitted diseases, providing support during the natural childbirth process, offering emergency care when referral is not feasible, addressing postpartum psychosis in mothers, and providing guidance on family planning (contraception), while achieving success in the remaining 19 evaluation criteria.
- 2. Expanding the overall number of primary healthcare (PHC) facilities based on the population density, in compliance with international benchmarks (2-3 facilities per 10,000 individuals).
- 3. It is imperative to establish collaboration and coordination between the ministry of health, ministry of higher education, and education institutes in order to create a planning system that guarantees primary healthcare facilities have an adequate workforce according to the number of consumers in each region, while also complying with national standards.



- 4. The primary health care institutions will undergo reorganization, and a comprehensive guidebook on standard operating procedures (SOPs) will be furnished. Accompanying this will be detailed job descriptions for all aspects of primary health care service provision.
- 5. Improving the delivery of healthcare services for mothers and children, including programs for family planning and health education.

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