Improving Patient-Centered Care for Maternal Health and Family Planning Services in Kenya

Negative experiences in medical facilities can deter women from accessing delivery, family planning, and post-abortion care services and adhering to recommended treatment. In Kenya, researchers are evaluating the impact of quality improvement interventions on improving patient-centered care for delivery and family planning services.

**Policy Issue**

Patient-centered care is responsive to individual preferences, needs, dignity, and values, and seeks to improve communication between the provider and patient. Poor patient-centered care can deter women from accessing delivery, family planning, and post-abortion care services. It can delay initiation and adherence to antenatal-care, reduce family planning uptake, and reduce adherence to recommended treatment, including contraception. A growing body of research suggests women in developing countries experience disrespectful, abusive, or neglectful treatment when receiving maternal health services. These experiences of poor patient-centered care have been found to dissuade many women from accessing future health services, leading to poor health outcomes. This study investigates the effectiveness of quality-improvement teams to improve person-centered care for maternal health, family planning, and abortion services.

**Evaluation Context**

The intervention activity is being led by experts from Jacaranda Health, a private social enterprise aiming to make pregnancy and childbirth safer for women and newborns by transforming maternity care in East Africa. The project is targeting women aged 15-49 years who recently delivered, received family planning services, or underwent an abortion. The 2014 Kenya Demographic and Health Survey estimated the maternal mortality ratio at 362/100,000 live-births.1 Using maternal health services such as antenatal clinics and assistance from skilled professionals during deliveries can lead to reductions in maternal mortality through early detection and management of potential complications. However, less than 50
percent of women in Kenya have four or more antenatal care (ANC) visits as recommended by the World Health Organization.¹

**Details of the Intervention**

*[Note: This study is not a randomized controlled trial.]*

Researchers are using a quasi-experimental design to investigate the impact of quality improvement interventions on improving patient-centered care for delivery and family planning services in Kenya. Out of seven hospitals in the Nairobi area, the quality improvement interventions will take place at four hospitals chosen by patient volumes, location, and with the input of county officials. The other three hospitals will serve as the comparison group.

The intervention consists of three three-month quality improvement cycles over a two-year period applied independently in both the maternity and family planning wards of each facility. Each hospital has created a quality team including clinicians, support staff, and administrators that are trained on collaborative quality improvement methods based on techniques developed by the Institute for Healthcare Improvement.

Over the two-year study period, researchers will conduct patient and provider surveys at the three treatment hospitals every three months. Researchers will survey up to 50 family planning and 50 maternity patients as well as 90 providers after each quality improvement cycle (1,200 patients and 360 providers). The final quality improvement cycle will be evaluated through a follow-up survey across all seven hospitals (1,000 patients and up to 200 providers).

**Results and Policy Lessons**

Results forthcoming.

**Sources**
