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RESEARCH REPORT SUMMARY

Spreading learning from health centers to posts in the improvement of maternal and newborn care in Guatemala

Introduction

The strategy of Promotion and Essential Obstetric and Neonatal Care (ProCONE) in Guatemala has a basic component focused on prenatal, postpartum and newborn ambulatory care. The strategy uses a collaborative learning methodology to improve the quality of maternal and neonatal care in health units.

Twenty-five health centers in the Department of San Marcos participated in a demonstration phase from March 2007 to September 2008. After the demonstration phase, the experiences and "best practices" were consolidated into a document. In San Marcos the process continued with a spread phase of the Basic ProCONE Collaborative to 135 primary care units (79 health posts and 56 minimum care units).

The spread focused on three types of outpatient clinic care: prenatal, postnatal and neonatal care, including counseling. At the same time, we added an indicator of preventive actions in children aged one to 24 months of age (growth monitoring, counseling mothers on breastfeeding and complementary feeding, micronutrient supplementation and vaccinations).

The primary questions for this study were: 1) how were health posts in the spread phase in San Marcos exposed to the ProCONE strategy, methodology, and interventions from the demonstration phase, and 2) what interventions resulting from the collaborative San Marcos were adopted or replicated by the health posts in the spread phase.

Methodology

The study was cross sectional, but data were collected on what happened during the entire period of expansion to health posts, from May 2009 to May 2011. The variables of interest to the study were related to: the knowledge facilities had of the best practices document, if they had it and had used it; the changes implemented by health posts equal or similar to those of the demonstration phase; frequency of changes; new changes implemented; and documentation of changes.

The study included all health posts in San Marcos. We used existing data and new data. Existing data came from the documentation of changes implemented completed by the health posts. The latter were obtained in two workshops conducted in June 2011, each with approximately 80 participants, from half of the health posts. In these workshops, participants from health posts reviewed the planning/documentation matrices they had and consolidated changes or interventions carried out.

The Directorate of the Health Area of San Marcos considered that data collection for this study was part of the routine processes of quality improvement, so it was not necessary to submit the protocol for ethical review.

Qualitative information on the spread of the ProCONE interventions from health centers to health posts was recorded in narrative form and analyzed summarizing the most frequent responses. In addition, the data in matrices completed by participating health posts were coded and tallied to calculate numerical indicators.

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Results

The study found that none of the personnel from the health posts knew of the best practices document from the demonstration phase; no auxiliary nurse had seen it, had a copy, nor had used it. As described by the coordinators of the health districts (health center directors), the process of exposing the health posts to the ProCONE strategy, the methodology of collaborative learning, and interventions of the demonstration phase was not based on this document, but was conducted through meetings, in an informal verbal manner from the coordinators or professional nurses of the centers to auxiliary nurses of the health posts. The auxiliary nurses in the health posts became part of quality improvement teams of the health centers.

In meetings convened by the health centers, the ProCONE strategy, the audit of medical records, and the monthly measurement of indicators were explained to personnel. These meetings occurred on the initiative of health centers before the health posts were invited to formal learning sessions. In the learning sessions, health posts were taught to present their results in time-series graphs, identify gaps, and plan improvements to be implemented.

Of all the changes implemented by health posts, 13% (251) were identical or very similar to the changes implemented in the demonstration phase, and 87% (1699) were new changes.

The intervention replicated by most health posts (52%) was training in norms, procedures and/or completion of clinical records for infants and young children. This indicator was not in the demonstration phase, but introduced only in the expansion phase. The second change most frequently replicated by health posts (48%) was home visits to increase the coverage of care for postpartum women.

Most new changes implemented by health posts related to content of care and information, and education and communication (IEC) activities. IEC activities were important to increase the coverage of care.

Conclusions and Recommendations

The expansion of the Basic ProCONE strategy from health centers to health posts in San Marcos was informal and not based on a "change package" of proven, documented interventions. It is recommended for future spread activities that a more deliberate use of existing documentation be undertaken. However, the supposition that increased and more systematic use of best practices documentation leads to better implementation and more improvement in indicators could be the subject of another study. The methodology used in collecting these data, through workshops, did not allow for a thorough understanding of the process of reception, adaptation, and integration of "best practices" into the daily activities of health units. It is recommended to conduct a complementary case study to gain a better understanding of these processes.

Recommended Citation and Further Information

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It summarizes the full study report in Spanish: Hurtado E, Ramírez L. 2012. Expandiendo el aprendizaje en la mejora de la atención materno infantil de los centros de salud a los puestos de salud en San Marcos, Guatemala. *Informe de Investigación*. Publicado por el Proyecto de USAID de Mejoramiento de la Atención en Salud. Bethesda, MD: University Research Co., LLC (URC). Available at: <http://www.hciproject.org/node/3619>.

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