



Validation of newly developed quality maternity service management (QMSM) model for primary health care facilities

ORAL PRESENTATION

BY

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LEARNING OBJECTIVES

- **At the end of the presentation participants should be able to:**
 - state the essence QMSM model
 - explain the validation process of QMSM model
 - enumerate the recommendations from the presentation



Background

- Essence of designing the QMSM model is to address the reported maternal and neonatal health issues in Nigeria.
- The high rate of maternal and neonatal deaths in Nigeria has been persistently unabated but unacceptable
- The magnitude of severe maternal/neonatal morbidity and mortality speaks volume of the present quality of maternal care in this region



- **Report of deaths related to pregnancy and childbirth**
- Global annually maternal deaths - 600,000
- Nigerian maternal mortality ratio (2008) - 545/100,000 live births
- Nigerian maternal mortality ratio (2013) - 576/100,000 live births
- ❖ The vulnerable groups - Women & children of low socioeconomic background



- Vulnerability predisposes to finding quicker & cheaper avenues to seek health care
- PHC-based maternity facilities are to serve this large population of women & their babies
- The validation of a new model is imperative before its implementation
- The designed model will serve as a framework for provision of quality maternity care to women and their newborns - a worthwhile study



Aim:

- to validate the new Quality Maternity Service Management (QMSM) Model developed for primary level-based maternity



Methodology



Study setting - Nigeria



Methodology

➤ Study settings:

- The offices of the participants (MOHs and the heads of facilities)

➤ Design: Theory validation

- Last of the 5 stages of the theory-generating research design (Chinn & Kramer, 2015)
- Validate (Verify) the new Quality Maternity Service Management (QMSM) model



Methodology

➤ **Sample size & Sampling:**

- 7 of the 9 participants - involved and skilful in the operation of PHC services – 78% response rate

➤ **Sampling technique:**

- voluntary purposive for selection of the PHC programme experts for the validation stage of the model development



Methodology

- **Instrument:** a structured questionnaire containing a 5-point Likert scale to evaluate QMSM
- **Participants:** 3 MOHs in each LGA & 4 CNOs (heads of facilities)
- **Inclusion criteria:** Involvement administrative and decision-making roles in PHC organization
- **Exclusion criteria:** Health workers involved in administration of care to patients only



Methodology

➤ Data collection procedure:

- Detailed description and the sketched diagram of the model were sent to the participants to read and study
- Clarification of issues on their responses were done via telephone calls
- Two research assistants helped in data collection via personal contact

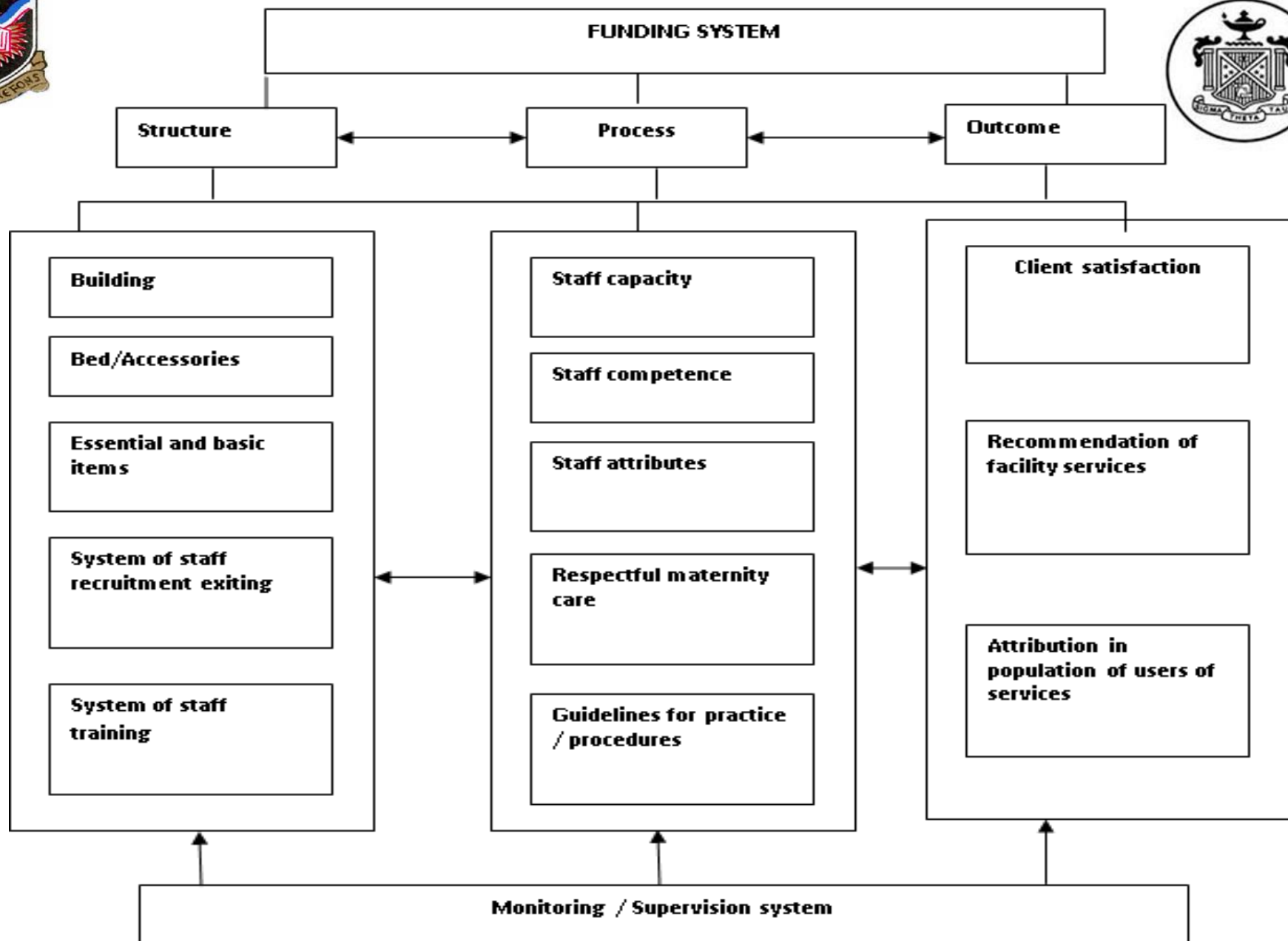


Figure 1: QMSM Model



Methodology

➤ **Data analysis:**

- Both descriptive and inferential statistics were performed
- the results are presented in both texts and tables

➤ **Ethical consideration:** Ethical clearance/permission via:

- The Faculty Higher Degree Committees, UWC
- Oyo State Ethical Committee, Nigeria
- Chairmen of LGAs through the MOHs
- informed consent by participants



Results

➤ 4 CRITERIA FOR MODEL VALIDATION

ADEQUACY

ACCURACY

REPRESENTATION OF REALITY

APPLICABILITY



Results

- Obtainable point = 20
- Obtained point = 16
- Confirmation/validation = 71.4 %



➤ **Conclusion:**

- The developed QMSM model was found to be adequate, accurate, appropriate and thus represents reality.
- It is effective in achieving the goal if applied in midwifery practice at primary level
- Therefore, the implementation of the newly developed QMSM model is strongly recommended in order to improve women's and newborn's health



Recommendations

- Replication of the validation of QMSM in other parts of Nigeria
- Implementation of the QMSM model in LGAs



References

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THANK YOU

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