Draft Action Plan to Accelerate Reduction of Maternal and Newborn Mortality, 2025-2030

Official Launch of FTIRM for Reduction of Maternal and Newborn Mortality 2025-2030 and MPDSR

Fairfield Hotel, 25 July 2025

Country statistics at glance

Maternal Health

- **MMR 154/100,000** (2021-22)

✓ SBA 99%

✓ Institutional Delivery 98%

✓ ANC coverage 4 visits: 86%

- PNC <48 hours: 85% mothers, 77% newborns
- Leading causes of MM: PPH, Hypertensive disorders (PE and Eclampsia)
- Majority of death is at health facilities
- Majority death during postpartum period
- Majority of death link to delay 3 (delay in receiving appropriate and timely management when women already arrived health facilities.

Newborn Health

- **NMR 8/1000** (2021-2022), 50% of under 5 deaths
- Significant decrease of NMR (2000-37 and 2014-18 per 1000 live births)
- Leading cause of mortality: Prematurity-47% and Asphixia-19%
- SSC (CDHS – 77%; AIR-)
- Early initiation of BF (CDHS-54%; AIR-53%)
- Exclusive BF (CDHS- 60%; AIR-84%)
- Kangaroo Mother Care: 40%
- Disparity between urban and rural areas

High coverage, but MMR still high → Need for quality of care improvement

Source: Cambodia's Demographic and Health Survey, 2021-2022

H.E Prof Im Sethikar:

"Reduction of maternal mortality is the top priority of MoH and ***improving quality of care is the key***"

Dr KUBOTA Shogo, Coordinator Maternal Child Health and Quality Safety, Health System and Service and team from WHO WPRO were on mission in Cambodia from 5-9 Feb 2024.

Country focus & priorities on MNH (1)

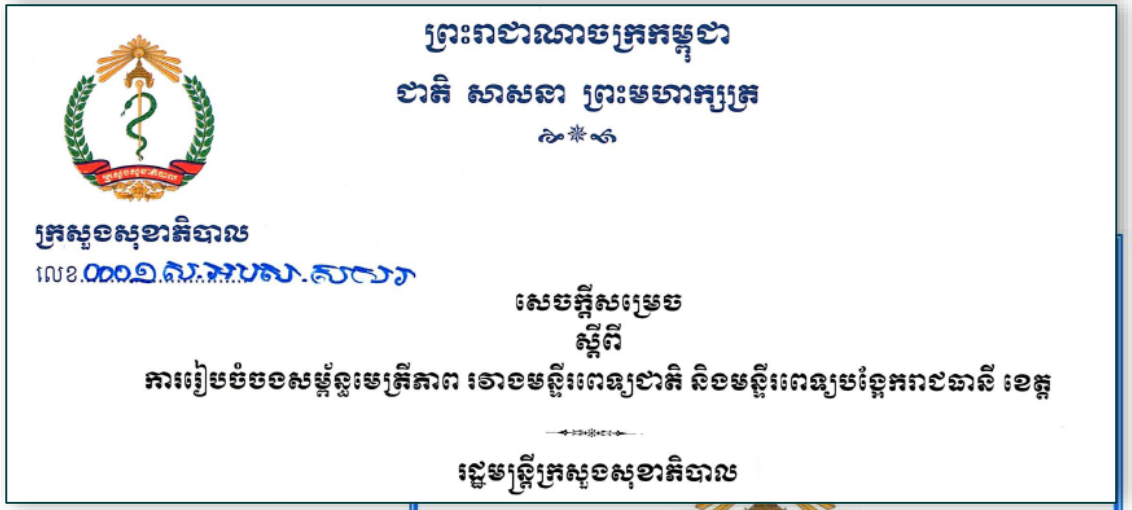
Policies documents & Strategic Direction

- Five-year Action Plan for Newborn Care in Cambodia (2016-2020)
- Fast Track Initiative Road Map 2025-2030
- MPDSR protocol, 2025
- National Strategy for Sexual and Reproductive Health and Right in Cambodia 2025-2030

Country focus & priorities on MNH (2)

System wise approaches on QI

- MDA – shifting to pro-active MPDSR Initiatives
- National Hospital Alliance with Municipal/Provincial Hospital
- Level of care for Newborns
- Regular monitoring and continuous quality improvement mechanism
- EmONC Light Assessment
- Strengthening referral system & emergency care
- Crosscutting: IPC, Patient safety, etc


ព្រះរាជាណាចក្រកម្ពុជា
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ក្រសួងសុខាតិបាល
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ស្តីពី
ការរៀបចំចងសម្ព័ន្ធមេត្រីភាព រវាងមន្ទីរពេទ្យជាតិ និងមន្ទីរពេទ្យបង្អែករាជធានី ខេត្ត
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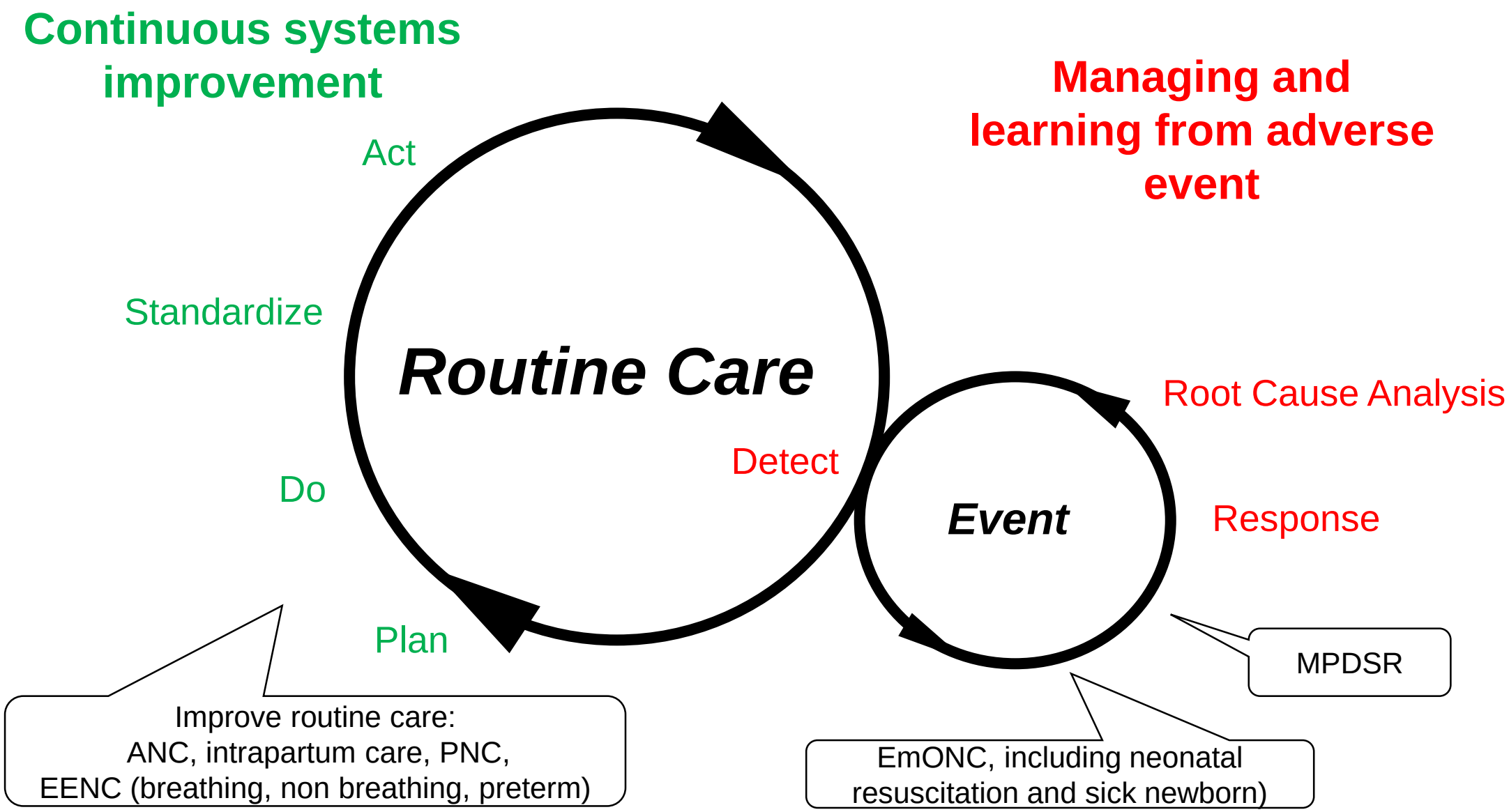
ក្រសួងសុខាតិបាល
សំណុំ
ឯកសារផែនាំសម្រាប់ឆ្មប
រៀបចំដោយ ៖ នាយកដ្ឋានមន្ទីរពេទ្យ
រាជធានីភ្នំពេញ ថ្ងៃទី២២ ខែមេសា ឆ្នាំ២០២៥
ទីស្តីការក្រសួងសុខាតិបាល ដីឡូតិ៍លេខ៨០ ថ្វីសម្តេច ប៉ែន នុត(២៨៩) សង្កាត់បឹងកក់ទី២ ខណ្ឌទួលគោក រាជធានីភ្នំពេញ

Minister's priority: Health quality assurance mechanisms & regulations


Continuous systems improvement
Managing and learning from adverse event
Act
Standardize
Routine Care
Do
Plan
Detect
Root Cause Analysis
Event
Response
MPDSR
Improve routine care:
ANC, intrapartum care, PNC,
EENC (breathing, non breathing, preterm)
EmONC, including neonatal resuscitation and sick newborn)

Draft Action Plan 2025-2030

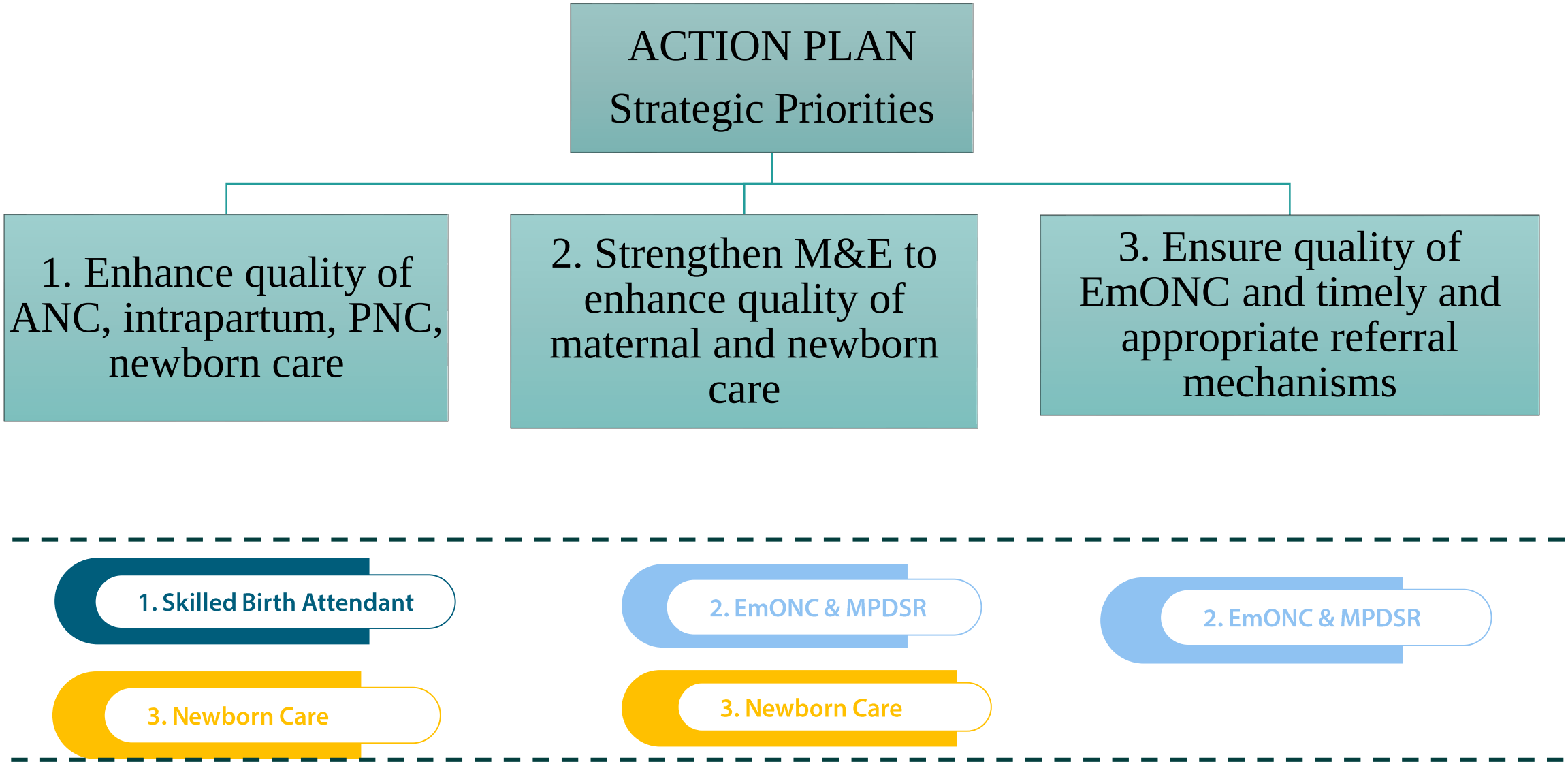
✓Prioritized concrete activities

Targeted interventions to enhance QoC

Heath care facility focused

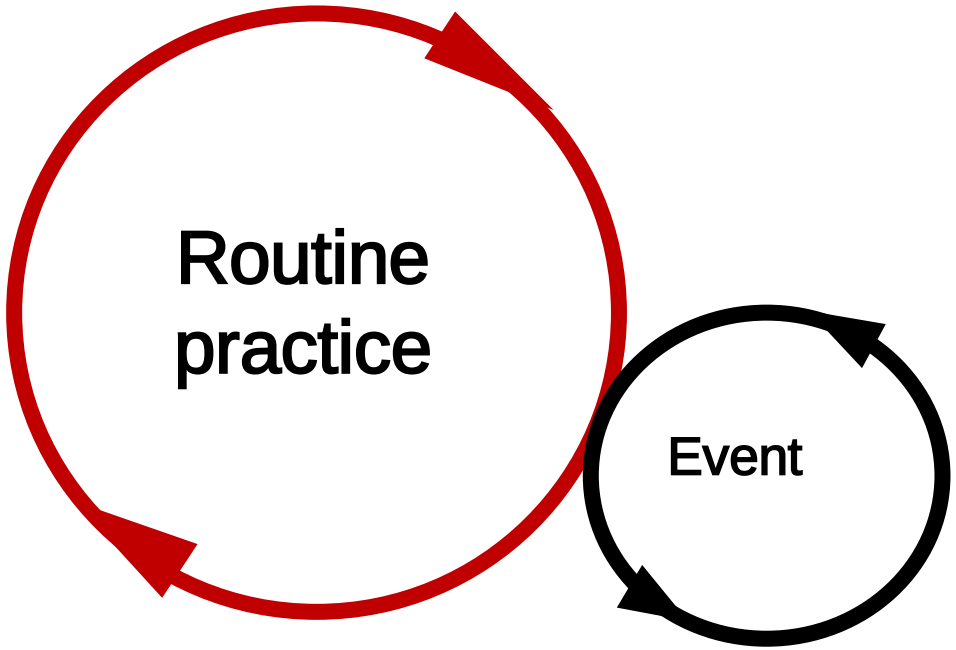
Defined timeframe

Progress regularly monitored

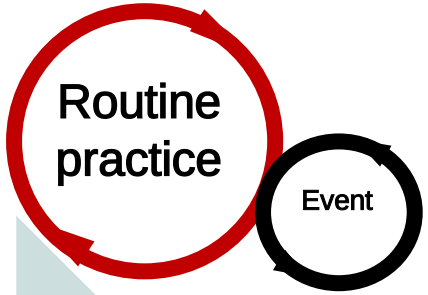

ACTION PLAN
Strategic Priorities
1. Enhance quality of ANC, intrapartum, PNC, newborn care
2. Strengthen M&E to enhance quality of maternal and newborn care
3. Ensure quality of EmONC and timely and appropriate referral mechanisms
FTIRM
1. Skilled Birth Attendant
3. Newborn Care
2. EmONC & MPDSR
3. Newborn Care
2. EmONC & MPDSR

Strategic Priority 1

To enhance quality of ANC, intrapartum, PNC and newborn care



1. Ensure service delivery of standardized high quality, ANC, intrapartum, PNC and newborn care



1.1 Updating guidelines & protocols

1. Review and update SMP (including EENC and breastfeeding)
2. Endorse Level of Newborn Care guidance

- Implementation/scaling up implementation of Level of Newborn Care

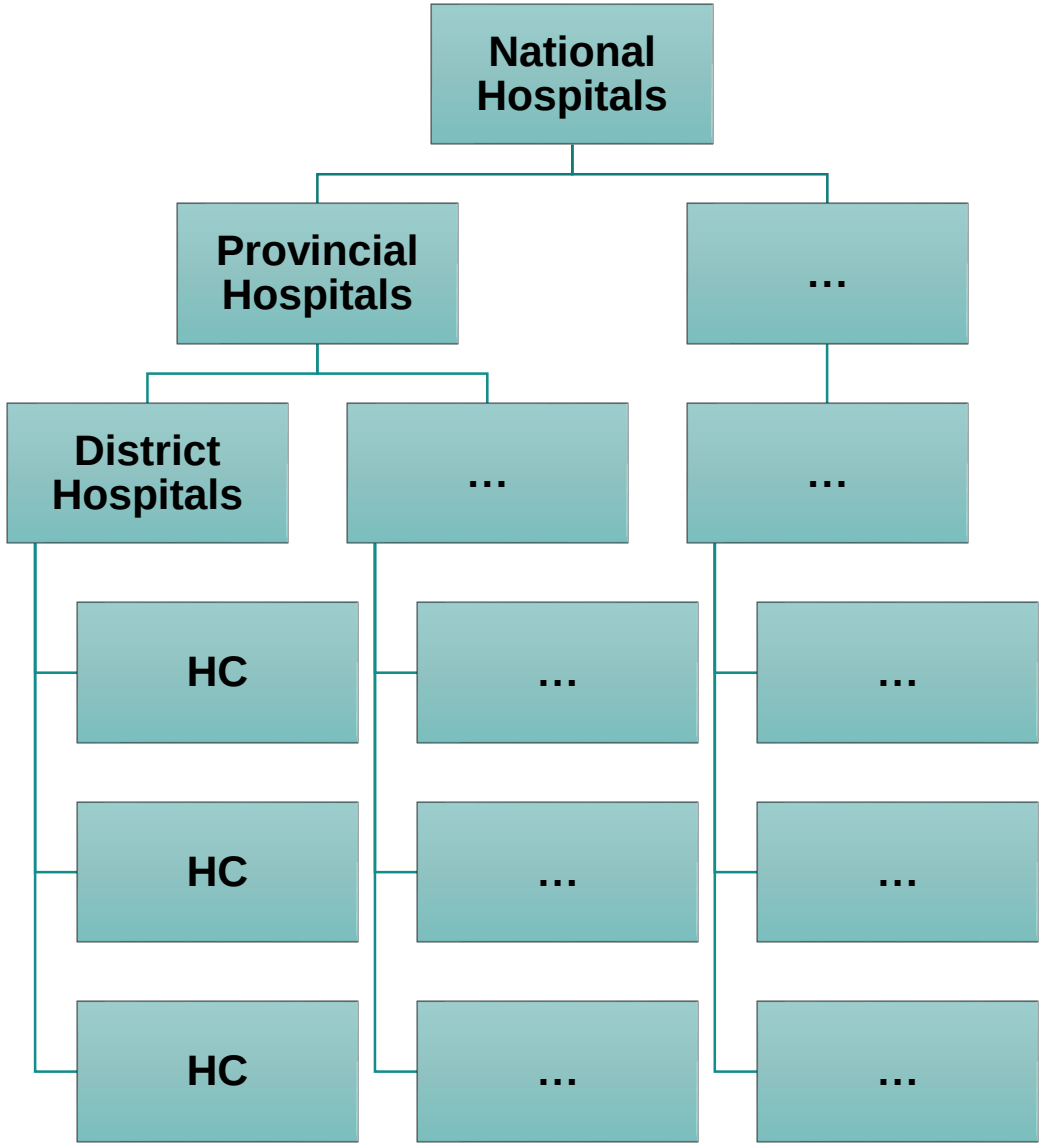
1.2 Strengthening health workforce capacity

3. On-the-job training through **National Hospital Alliance structure** (mentorship)
4. Mobilize human resources and improve interprofessional collaboration
5. Review and revise **pre-service education** curriculum
6. **Improve CPD** of MNH workforce

1.3 Strengthen midwife-led service delivery

7. Implement recently endorsed Tools for Midwifery Care
8. Provide MNH workforce with standardized tools to ensure quality of ANC
9. Maximize the midwifery scope of practice and ensure enabling environment including optimal legal regulation to strengthen midwifery service delivery

National Hospital Alliance (mentorship)



National hospitals are a mentor sites for several provincial hospitals

Each provincial hospital is a mentor site for district hospitals

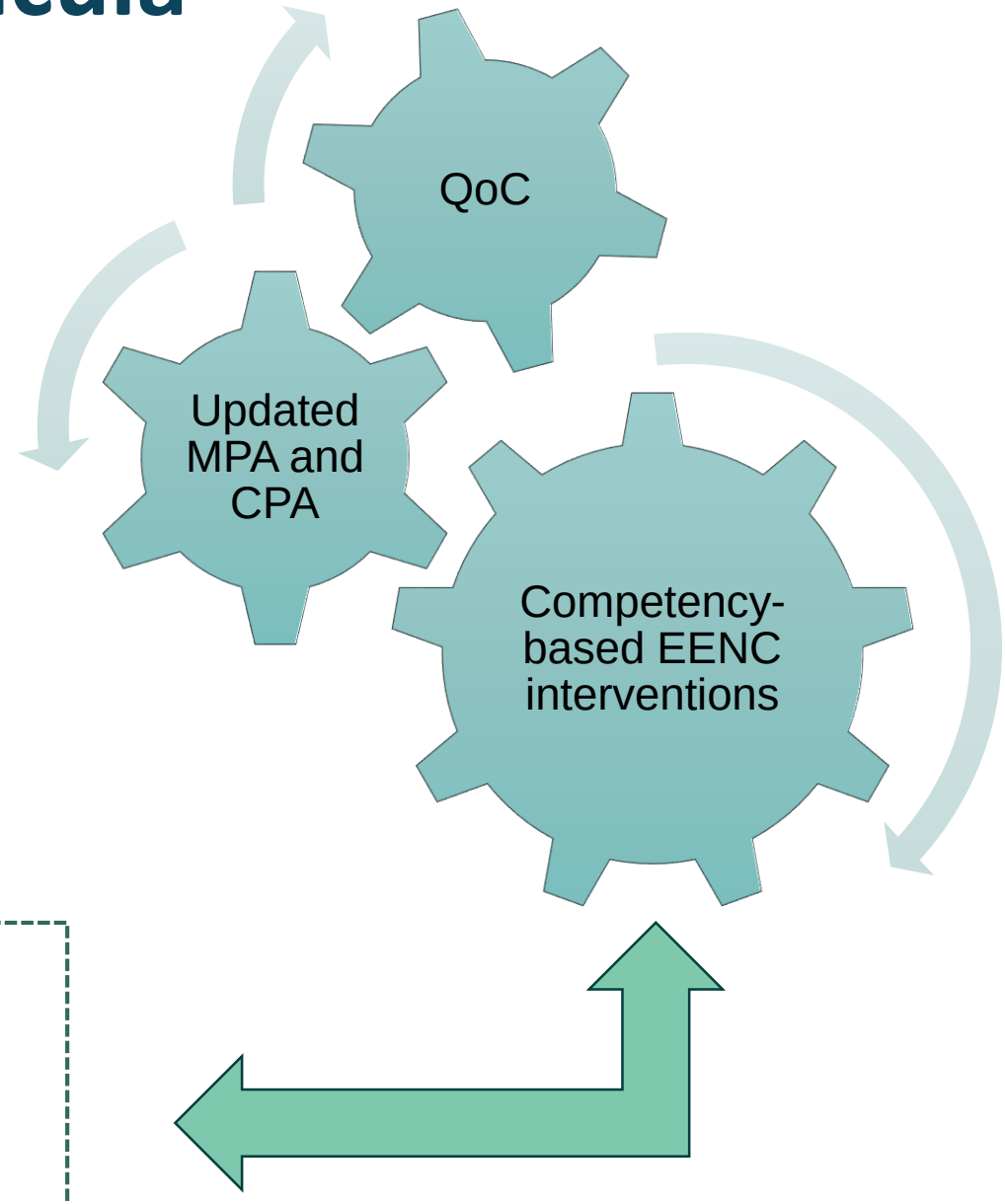
Each district hospital is a mentor site for several health centers

TOR for mentoring sites

- On site coaching
- Supportive supervision
- Facilitate short term exchanges of midwives through facility levels to enhance competencies
- Review meetings for knowledge and experience sharing

EENC: Pre-service education curricula

PROGRAMME READINESS FOR EENC SCALE-UP 2023[3]	YES	PARTIAL	NO
EENC 5-year action plan developed, costed and adopted	●		
Detailed 12-month EENC implementation plan developed and funded			●
Clinical intra-partum and newborn care protocol adapted, reviewed and endorsed	●		
EENC technical working group formed	●		
EENC included in pre-service curricula (medical, midwifery and nursing)		●	



Next generation/Newly practicing midwives and doctors will become ready to provide high-quality interventions

Midwifery Care Tools

- Endorsed by MoH, 2025
- Patient medical files to be used for admission, monitoring and referral
- All facility levels

ឯកសារវាយតម្លៃសម្រាប់ឆ្មប

Assessment sheet for Midwives

ព័ត៌មានអ្នកជំងឺ

ឈ្មោះ: ..... ថ្ងៃខែឆ្នាំកំណើត: ..... អាយុ: ..... ឆ្នាំ

លេខកូដចូលសម្រាកពេទ្យ: ..... ផ្នែក ..... បន្ទប់ ..... គ្រែ .....

វាយតម្លៃករណីសង្គ្រោះបន្ទាន់សម្រាប់ស្ត្រីមានផ្ទៃពោះ:		
១	ស្មារតី:	☐ រើវាយ ☐ សន្លប់ ☐ ប្រកាច់
២	ផ្លូវដង្ហើម និងការដកដង្ហើម:	☐ អត់ដង្ហើម ☐ ពិបាកដកដង្ហើម ☐ ខ្លីនិងញាប់ (> ៣០ដង/នាទី)
		☐ ឃីត ☐ កំហាប់អុកស៊ីសែនក្នុងឈាម (SpO_2 < 94%) ☐ ពណ៌ស្វាយ (ជុំវិញបបូរមាត់)
៣	សញ្ញាស្គុក:	☐ ជីពចរញាប់ (> ១០០ដង/នាទី) ☐ បែកញើសស្អិត
		☐ សម្ពាធឈាមអតិបរមា (ស៊ីស្តូលីក) ចុះទាប (<៩០មមបារ៉ែត)
៤	សញ្ញាបម្រុងក្រឡាភ្លើង/ ក្រឡាភ្លើង	☐ សម្ពាធឈាមអប្បបរមា (ឌីយ៉ាស្តូលីក) ≥ ១១០មមបារ៉ែត ហើយប្រូតេអ៊ីនក្នុងទឹកនោម (+++)
		☐ សម្ពាធឈាមអប្បបរមា (ឌីយ៉ាស្តូលីក) ≥ ៩០មមបារ៉ែត ហើយប្រូតេអ៊ីនក្នុងទឹកនោម (++) រួមនឹងសញ្ញាណាមួយមាន ឈឺក្បាលខ្លាំង ស្រវាំងភ្នែក ចុកចុងដង្ហើម
៥	គ្រុនក្តៅ:	☐ > ៣៨°C
៦	ធ្លាក់ឈាម:	☐ ធ្ងន់ធ្ងរ
៧	ការបង្ហាញមារកមិនធម្មតា:	☐ ថ្ងាស ☐ មុខ ☐ ទទឹងពោះ ☐ បញ្ចិតពោះ ☐ កូនទទឹងពោះធ្លាក់ដៃ ☐ កូនបង្ក្រាស ☐ ដៃខូលក្បាល ☐ ធ្លាក់ទងសុកមកមុន
៨	ចង្វាក់បេះដូងទារក:	☐ គ្មាន ☐ ខ្សោយ (<១១០ ឬ >១៦០ដង/នាទី)
ករណីមានតម្រូវការសង្គ្រោះជីវិតបន្ទាន់ក្រៅពីសម្ភព:		
☐ ត្រូវបញ្ជូនទៅផ្នែកពាក់ព័ន្ធ ☐ អញ្ជើញគ្រូពេទ្យជំនាញ/ឯកទេសផ្សេងទៀត ☐ បញ្ជូនទៅមន្ទីរពេទ្យដែលមានកម្រិតខ្ពស់ជាង		

ព្រះរាជាណាចក្រកម្ពុជា

ជាតិ សាសនា ព្រះមហាក្សត្រ

ក្រសួងសុខាតិបាល

សំណុំ

ឯកសារថែទាំសម្រាប់ឆ្មប

រៀបចំដោយ ៖ នាយកដ្ឋានមន្ទីរពេទ្យ

រាជធានីភ្នំពេញ ថ្ងៃទី២២ ខែមេសា ឆ្នាំ២០២៥

ទីស្តីការក្រសួងសុខាតិបាល ដីឡូតិ៍លេខ៨០ ថ្វីសម្តេច ប៉ែន នុត(២៨៩) សង្កាត់បឹងកក់ទី២ ខណ្ឌទួលគោក រាជធានីភ្នំពេញ

Strengthening midwifery service delivery

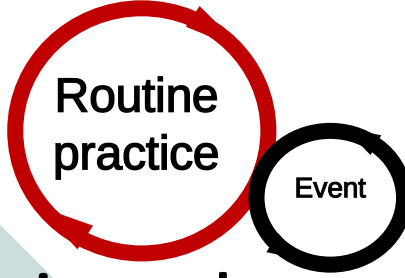
1.	2.	3.	4.	5.	6.	7.	8.
							
Women & communities	Service Delivery	Interprof. Collaboration	Leadership & Research	Regulatory Environment	Education & CPD	Health Workforce	Health Systems

Based on identified gaps and national priorities, strategic directions for quality improvement can be developed

Strategic Priority 2

Strengthen M&E to enhance quality of maternal and newborn care

2. Strengthen monitoring and evaluation to enhance quality of maternal newborn care



2.1 Improve data-driven routine monitoring mechanism

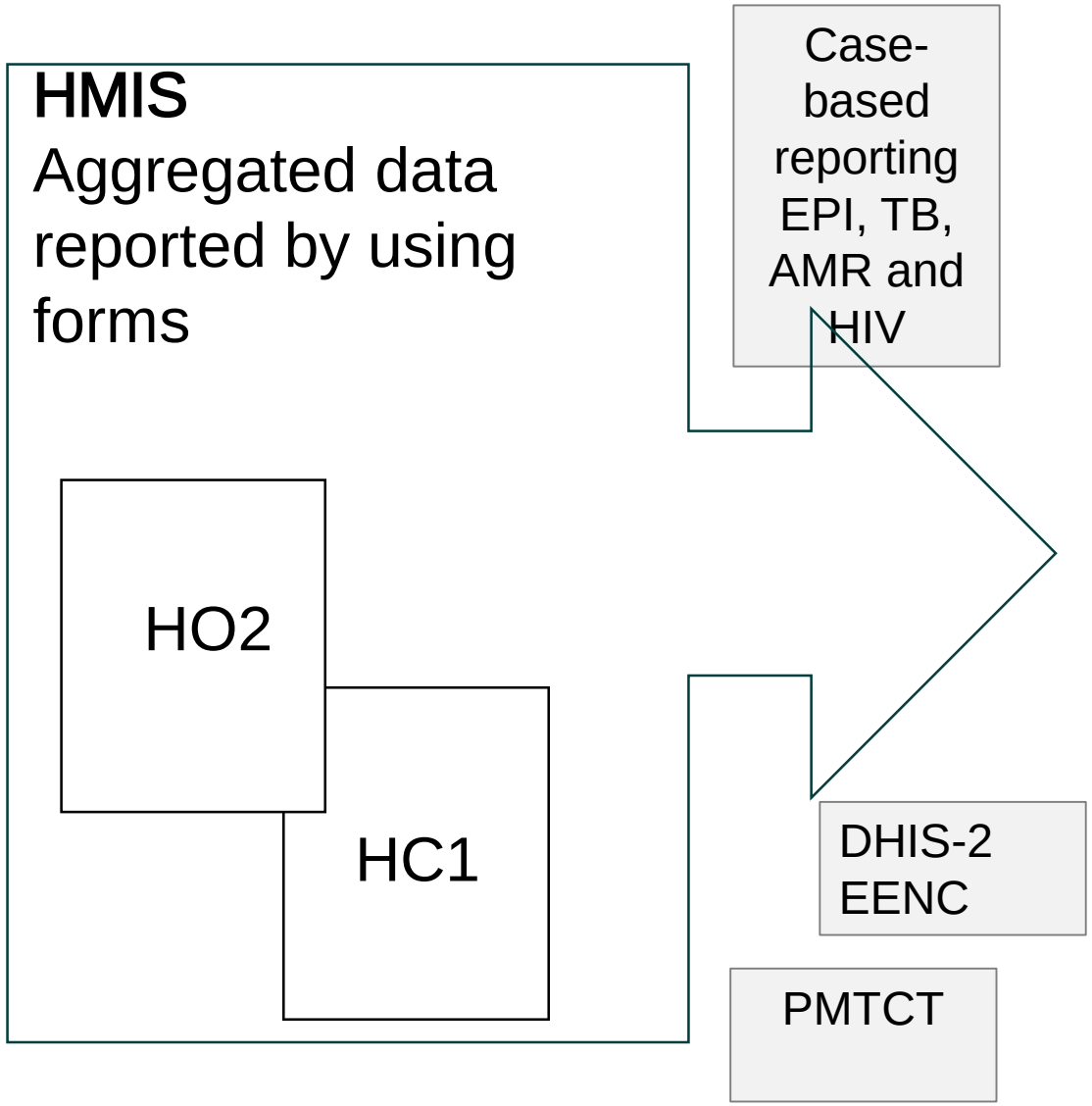
10. Ensure inclusion of core MNH indicators into routine health information system
- ✓ Review and finalize list data and core indicators on MNH
- ✓ Transition to case-based recording of MNH data element into DHIS-2 starting with ANC indicators.

11. Maximize use of data at the subnational and facility level

2.2 Establish regular monitoring and continuous QI mechanisms complemented by MPDSR

12. Reorganize the existing EENC-Hospital Core Team (HCT) into a QoC HCT for maternal and newborn care
13. Adopt facility-based mechanisms for regular monitoring and continuous quality improvement of intrapartum and early postpartum care
14. Implement MPDSR at the facility level

Golden opportunity for institutionalization and ensuring sustainability



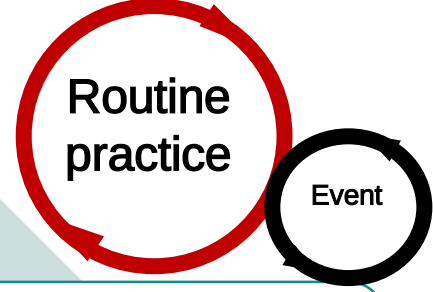
UPCOMING DHIS 2

- ✓ Review the list of all MNH data and core indicators
- ✓ Inclusion of core Quality of Maternal and Newborn care indicators
- ✓ Assure the changes are reflected in HO2 and HC1

Strategic Priority 3

To ensure quality of EmONC and timely and appropriate referral mechanisms

3. Ensure quality of EmONC and improve timely and appropriate referral mechanisms



3.1 Strengthen management and referral mechanisms (identification, communication, transportation) for EmONC complications

15. Develop supportive materials for **health facilities** to ensure **standardized first management and referral pathways** of obstetric and neonatal complications
    - Job aids (pocket guide, flowcharts) on leading causes of maternal (PPH, PE/Eclampsia, sepsis) and newborn mortality (resuscitation)
    - Digital orientation materials and disseminate through online platforms
16. Facilitate **joint competency-based trainings** across different levels on managing medical complications
17. Implement Midwife Coordination Alliance Team (MCAT meeting)

3.2 Strengthening quality of intrapartum care and EmONC

18. Convene on the job coaching for intrapartum care including major emergency obstetric, and neonatal complications.
19. Optimize functioning of existing EmONC facilities (LAT assessment)
20. Conduct analysis of the drivers of rates of caesarean section
21. Explore additional opportunities to expand international partnerships in support of quality maternal and newborn care initiatives

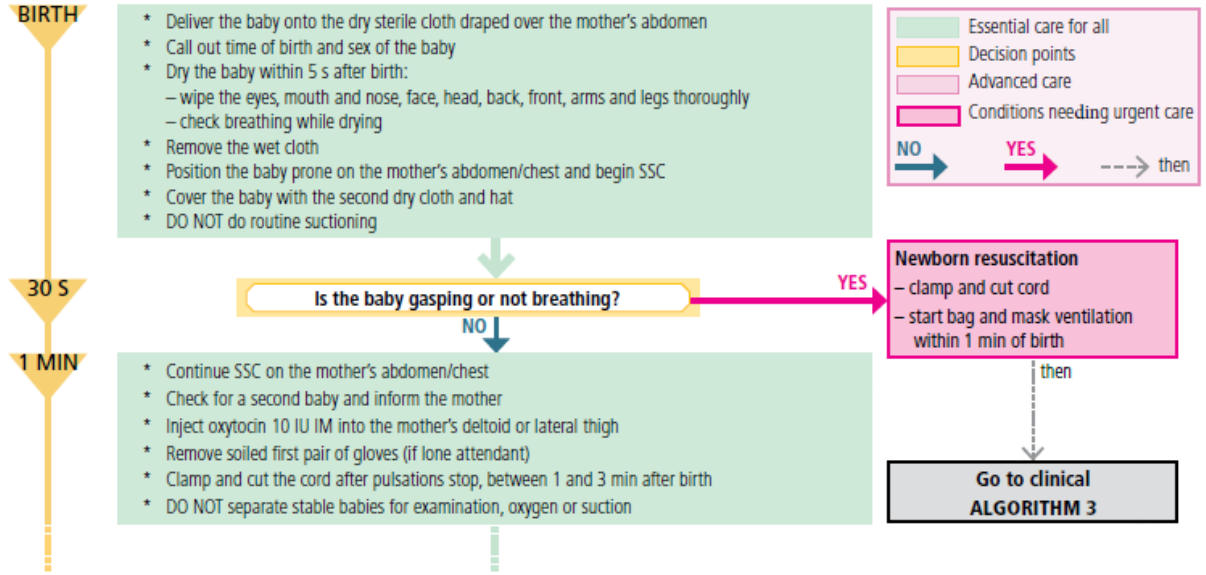
Flowchart for management of obstetric complications

PREPARING FOR A BIRTH

INTERVENTION	ACTION
Manage elevated blood pressure	**IF non-severe pre-eclampsia:** two readings of systolic BP 140–159 mmHg and/or diastolic BP 90–109 mmHg 4 h apart and proteinuria 2+ with no other symptoms or signs: » monitor blood pressure and urine output, » monitor for danger signs of severe pre-eclampsia,[b] and » induce or augment labour.
See NOTES, page 21	
See NOTES, page 21	**IF severe pre-eclampsia:** two readings of systolic BP ≥ 160 mmHg, and/or diastolic BP ≥ 110 mmHg and proteinuria 2+ and/or symptoms and signs.[b]
10	*or*
See NOTES, page 21	**IF eclampsia** (signs and symptoms of severe pre-eclampsia plus convulsions):[b] START an IV infusion. Administer magnesium sulfate (*see* pages 14–16). Monitor vital signs hourly (pulse, BP, respiration and pulse oximetry), reflexes, fetal HR.
See NOTES, page 21	Give antihypertensive drugs if BP remains high.[c] Catheterize the bladder to monitor urine output. Keep a strict fluid balance chart to prevent fluid overload. » If urine output is less than 30 mL / h: withhold magnesium sulfate and infuse IV flui saline or Ringer's lactate) at 1 L in 8 h.

IMMEDIATE CARE: THE FIRST 90 MIN

Algorithm 2.1: **Essential newborn care in vaginal deliveries**



Monitoring and Evaluation

Health impact Indicators	Reference	2025 Baseline	2030 Target
1. Maternal Mortality Ratio (per 100,000 live births)		154 (2022)	70/100,000
2. Neonatal Mortality Rate (per 1000 live births)		8 (2022)	<8

Quality of care indicators	Reference	2025	2026	2027	2028	2029	2030
1. Direct Obstetric Case Fatality Rate (%)							
1.a Obstetric haemorrhage Case Fatality Rate (%)							
1b Pre-eclampsia/Eclampsia Case Fatality Rate (%)							

Implementation indicator	Reference	Status						Progress
		2025 Baseline	2026	2027	2028	2029	2030 Target	
Strategic Priority 1: To enhance quality of antenatal, intrapartum, postnatal and newborn care								
1.1 Guidelines & Protocols								
1. No. of revised guidelines		Number						V / X
2. No. (%) of health facilities oriented on updated guidelines		Number (%)						
3. No. (%) of health facilities where level of newborn care is implemented		Number (%)						

Thanks you!