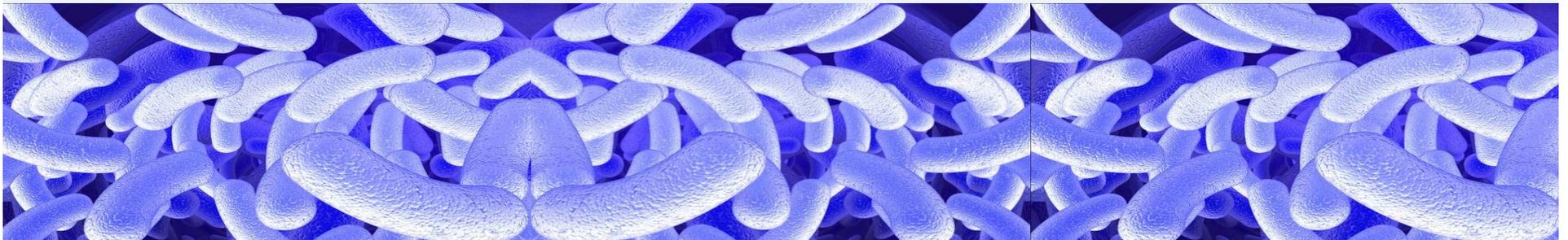




Infection prevention and control standards in Reproductive Health:

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Aim

- To deliver a healthy mum and a healthy baby.
- Best practice for C-section must be = 0 infection rate.
- Working towards meeting the millennium goals

Objectives

- Midwives need to know what infections are important if a pregnant woman is exposed to them
- Midwives need to also be aware that all infections can affect a pregnant woman, in this section TB; Malaria etc. are all threats in addition to Healthcare associated infections (HCAI)

Implementation of IPC standards in Reproductive Health

- Infection prevention and control measures are embedded in the reproductive health service delivery at all stages; women and child health services, family planning, antenatal phase, perinatal and post natal phase.
- Use of Screening & Infection risk assessments to aid planning & treatment.
- Follow-up and implement remedial actions when things go wrong.

Important issues in Reproductive Health

- The detection and adequate treatment of
 - Reproductive transmitted infections and
 - Sexually transmitted diseases
- Reduction and appropriate treatment of HIV infection
- Screening and treatment for Hepatitis B including family contacts
- If mum is Strep B positive = antimicrobial prophylaxis to mum during labour and to baby after birth

Some key Mother and Child Health Indicators: follow-up the causes

- Maternal mortality rates
- Infant mortality rates, Under five mortality rates, Neonatal mortality rate
- Perinatal mortality rates, Still birth rates
- Deliveries by skilled birth attendants
- Percentage received ANC at least 1-3 visits
- Percentage received Tetanus toxoid 2-or more doses

Disparity of maternal death between developed and developing countries

- Issues to receive timely and good quality care
- Issues of availability and accessibility of services
- Geographical issues and transportation to access MCH services
- Cultural issues
- Time and economic issues
- Lack of health personnel at grass roots

Concept of Reproductive Health

- It implies that:

- Couples have the ability to produce and regulate their fertility
- Women are able to go in through pregnancy and child birth safely
- Outcome of pregnancy is successful in terms of maternal and infant survival and well –being and
- Couples are able to have sexual relations free of fear of pregnancy and of contracting any disease

The overall MCH improvement strategy

- Safe motherhood services
 - Essential care for all, early identification of complications, Emergency services for those in need
- Improve family welfare through
 - Child survival services – health visiting
- Prevention and management of Reproductive tract infections and sexually transmitted infections
- Improve adolescent health care/family life education

Infection Prevention & Control standards in Reproductive Health:

- Promote partnership and collaborative approach to infection prevention, control and reduction challenges.
- Infectious disease surveillance including Healthcare associated infections to inform decision making and drive changes.
- Raise awareness and implement local and national infection prevention and control policies.
- Raise understanding of the importance of hand decontamination and its role in the prevention of infections.
- Raise awareness and ensure medical equipment management, contracts for repair and procedures, and decontamination.

Infection Prevention & Control standards in Reproductive Health:

- Raise awareness of sharps management, reporting, working practices, knowledge of post exposure prophylaxis and access.
- Provision of design and built for infection prevention (Infection control in the built environment)
- Maintenance of safe clean environment.
- Completion of root cause analysis for outbreaks and all serious infection incidents and follow-up.
- Ensuring timely and prudent anti-microbial prescribing.
- Resources for implementing the programme i.e. infection control specialists etc.

Promote partnership and collaborative approach to infection prevention.

- With whom?
 - all healthcare workers, senior management recognition, board recognition, Department of Health recognition, National recognition! ICAN is promoting this in a great way
- How assured are you about the infection prevention, control (IPC) and reduction measures being implemented through the annual infection control programme
- What performance indicators are in that IPC programme i.e. What agreed infection reduction rate would you be satisfied with, how about a 50% reduction rate;

Promote partnership and collaborative approach to infection prevention.

- The infection control committee can, review, examine and follow-up.
- How assured is the board?
- IPC specialists to work collaboratively with midwives to achieve for example a memorable birth with out compromising IPC standards
- This remains a challenge when it comes to water pool births.
- Work to achieve a wider system improvement for patient care quality standards

Surveillance to inform decision making and drive changes.

- Who gets the data feed back and when
- What do they do with it
- Is it brought to the infection control committee on a quarterly basis and scrutinised
- Are actions arising followed up at the next infection control committee
- Does surveillance data drive higher level policy decisions

Raise awareness and implement local and national infection prevention and control policies.

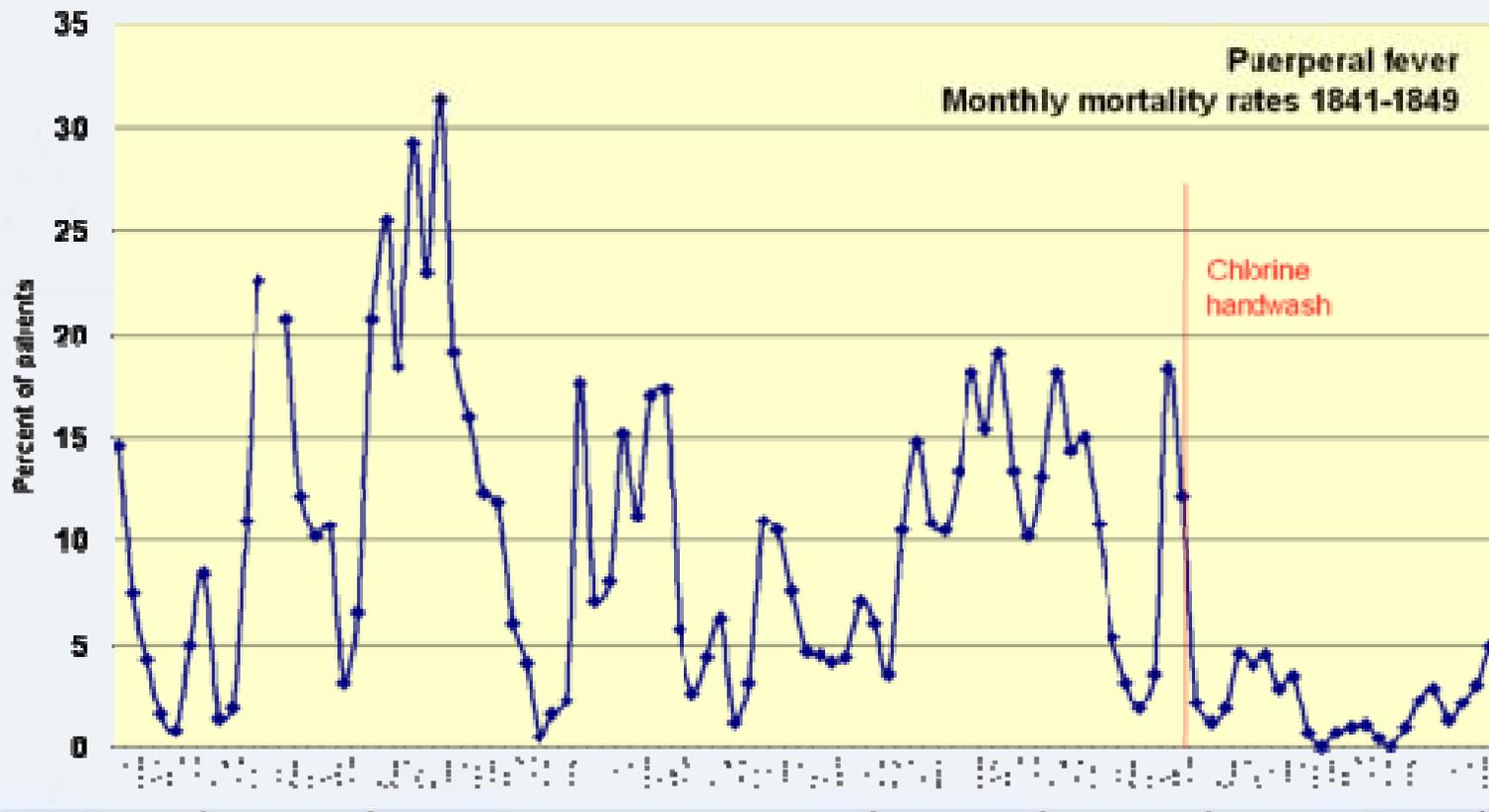
- It is said that it can take up to 10years to implement a policy
- Staff policy education and policy implementation effectiveness are two dynamics that are constantly affected by staff adherence and other variables like staff movement etc.
- So raising awareness campaigns have to be on-going, changing with times and persistent.

Raise understanding of the importance of hand decontamination and its role in the prevention of infections.

- Creedon S.A. (2005) recommends a multifaceted approach to effectiveness which includes:
 - Use of Alcohol hand rubs and availability, refilling,
 - urgent attention to Health Care Workers (HCW) issues of skin irritation either with installed liquid soaps or alcohol hand rubs
 - appropriate hand washing facilities
 - Ensure all HCWs understand the WHO five moments of hand hygiene to answer the Question; when should we wash our hands?

How effective is hand hygiene practice at reducing infections.

Monthly_mortality_rates_1841-1849, Ignaz_Semmelweis



Importance of IPC standards

- In spite of all medical, scientific and technological advances; infectious diseases remain an important cause of illness and death. (Department of Health, 2002: Getting Ahead of the Curve - A strategy for Infectious Diseases)
- Predictions made in the 1960s that infectious diseases would be eliminated have proven incorrect.
- Infection prevention is an essential requirement of care in any setting.
- Without proper regard to infection control issues, the effectiveness of all other care activities can be impaired.

Hand hygiene is the most important infection control measure at breaking the chain of infection (Pitert, 1999)

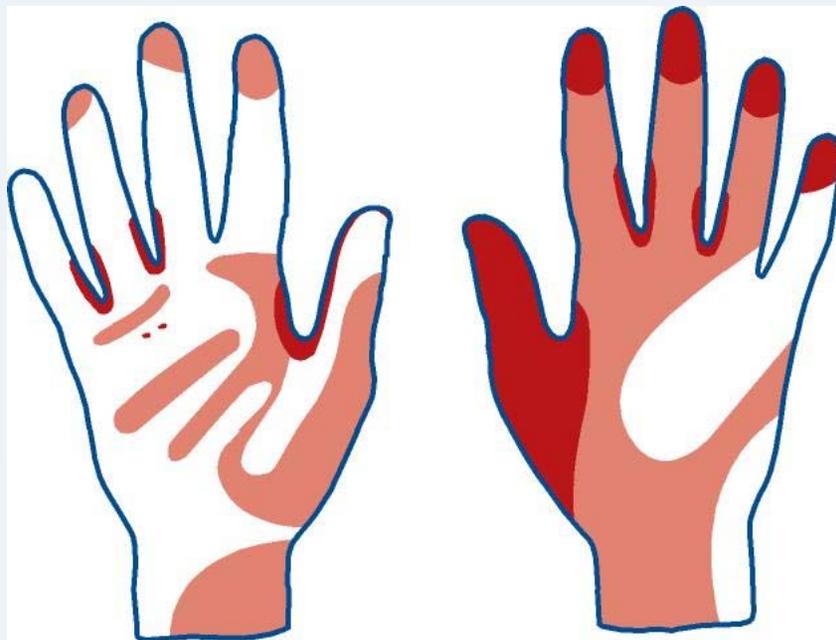


Areas of Hands Missed

Hand washing is the single most important measure in preventing infection

Front

Back



-  Least frequently missed
-  Less frequently missed
-  Most frequently missed

Glove/barrier use

Due to exposure to blood and body fluids

- Midwife/healthcare worker glove use and hand washing is important
- Waste disposal and reduction of equipment contamination is-important
- Hand washing before and after removal of gloves is also important

Provision of design and built for infection prevention (Infection control in the built environment)

- Infection prevention specialist must be involved with every healthcare facility built/refurbishment project from the planning/design stage throughout to commissioning.
- To ensure that the design and built facilitates the challenges of designing bugs out and cleaning and maintenance of the care environment.

Raise awareness and ensure medical equipment management, contracts for repair and procedures, and decontamination.

- Do the policies reflect practical procedures, frequency, schedules for equipment cleaning and training?
- What is being used to decontaminate equipment? How, where, by whom and what is the training they have received, etc

Raise awareness of sharps management, reporting, working practices, knowledge of post exposure and prophylaxis access.

- Wash it, Bleed it, report it and attend Occupational health for medical attention and advice, does this happen timely?
- Are all healthcare workers aware and what is the adherence rate, including safe disposal of sharps.
- Are responsible producers of sharps waste aware of their duty of care for where the sharps waste disposal company disposes it?

Maintenance of safe clean environment determined by many factors among which are:

- Determined by many factors among which are:
 - The expertise of the worker,
 - method of cleaning,
 - type of cleaning agent,
 - contact time of the cleaning agent to the surface that is being cleaned,
 - the procedure for cleaning,
 - cleaning materials including;
 - the material that is being cleaned.
 - etc.

Completion of root cause analysis for all serious infections/incidents/deaths and follow-up in MCH.

- What challenges does the infection control specialist face in co-ordinating the root cause analysis (RCA), do they do RCAs by themselves?
- Infection control is everybody's business, therefore;
- The RCA should equally involve and be done by those involved in that mum and child's care in a collaborative effort and feedback shared formally with arising actions being followed.

Evaluating IPC standard adherence in Reproductive Health

- Review of overall maternity services, incidents of infections/other, maternal/child deaths
- Make recommendations that are actually implemented to ensure same issues do not happen again.
- review Laboratory capacity to support maternal health testing policy for specimens and reporting.
- report improvements and address variances promptly.