MINISTRY OF LABOUR, HEALTH AND SOCIAL AFFAIRS OF GEORGIA

NCDC

GEORGIA Brief

Maternal And Newborn Health

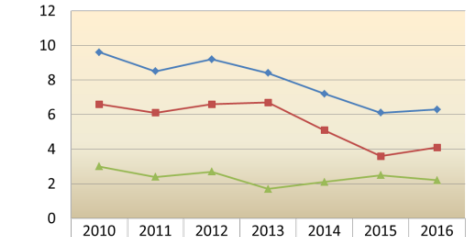
MNH Status in Georgia

Georgia has achieved remarkable progress in reducing under–five and neonatal mortality rates to 10.2 and 6.1 per 1000 live births respectively by 2015 thus accomplishing the Millennium Development Goal #4 (MDG) set at the 2000 Millennium Summit: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

Millenium Development Goal 4 met!

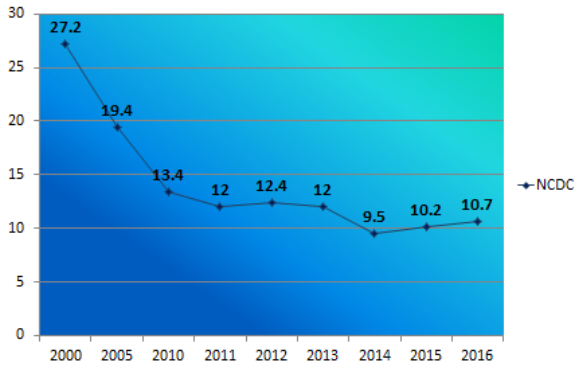
4 REDUCE CHILD MORTALITY

Neonatal mortality rate, Georgia



	2010	2011	2012	2013	2014	2015	2016
Neonatal morality rate per 1000live births	9.6	8.5	9.2	8.4	7.2	6.1	6.3
Early neonatal mortality rate per 1000 live births	6.6	6.1	6.6	6.7	5.1	3.6	4.1
late neonatal mortality rate per 1000 live births	3	2.4	2.7	1.7	2.1	2.5	2.2

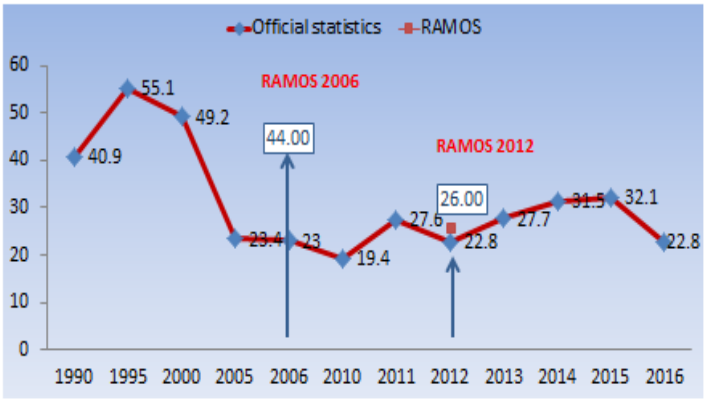
Under 5 mortality rate per 1000 live births, Georgia



Challenge

While significant progress has been made in reducing child/infant mortality rates, more efforts are needed to improve maternal mortality figures. Maternal Mortality Rate in Georgia has fluctuated widely over the past decades. In 2015 it was 32.1 per 100 000 live birth, which is higher than average rate both for European region and the CIS. The rate decreased to 22.9 per 100 000 livebirth in 2016.

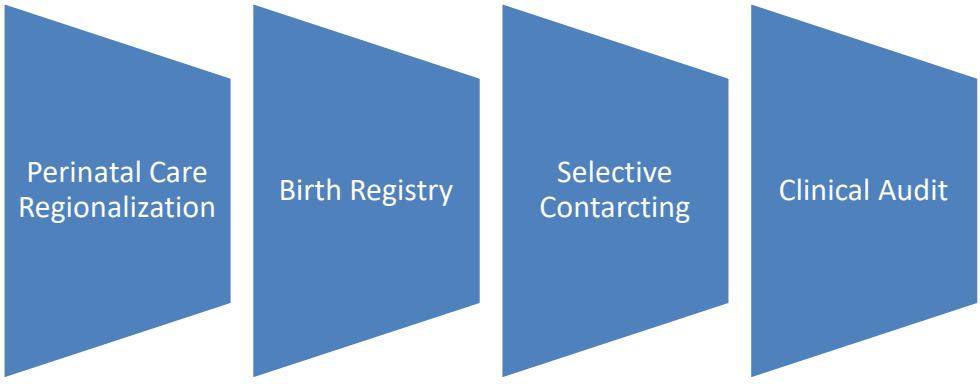
Maternal Mortality Ratio



Strategies to improve MNH in Georgia:

National MNH Strategy 2017-2030 with related short term Action Plan (2017-2020) is developed and approved by the government with aim to provide long-term guidance and robust plan of action for the improvement of maternal and newborn health in Georgia.

Key constituents of the strategy:

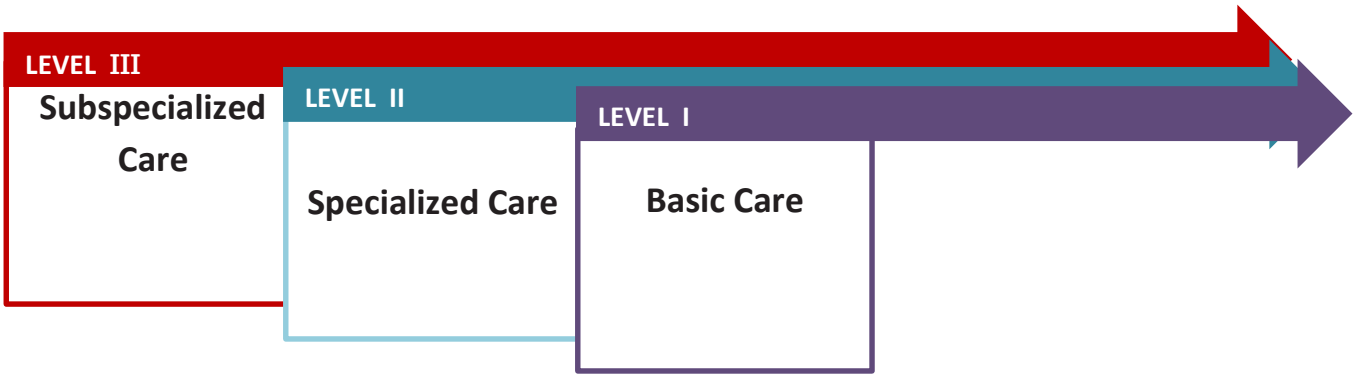


Perinatal Care Regionalization - "gold" model of perinatal service organization

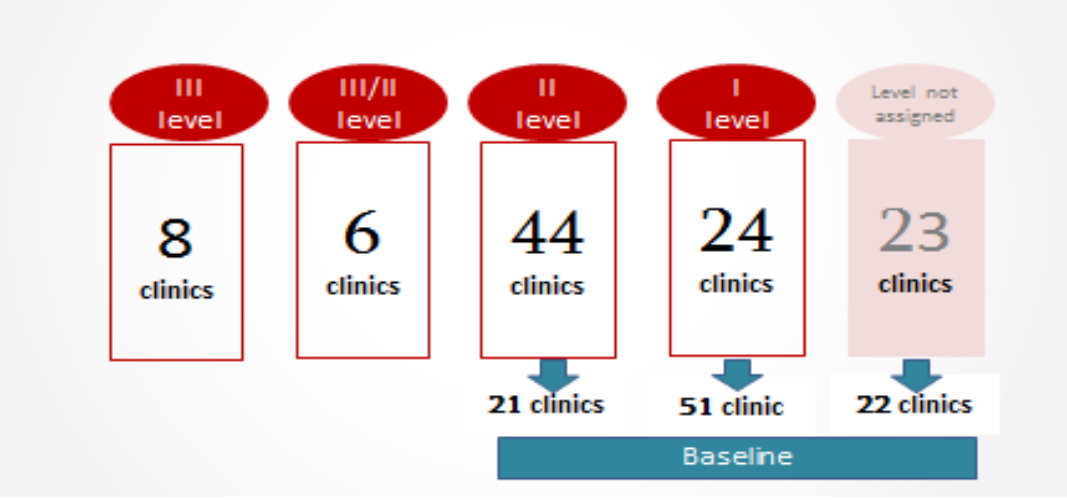
Aim: to improve the health outcomes and decrease maternal and infant morbidity and mortality through provision of risk-appropriate care.

Principle: each mother and newborn is delivered and cared for in a facility appropriate for his or her healthcare needs

Process: all facilities providing the perinatal care services in Georgia are divided by levels of perinatal care according to their capacity.



105 facilities assessed, 82 facilities have designated level of care. All 82 facilities strengthened their capacity both in terms of infrastructure/equipment and competencies of service providers according to the level requirements.



Birth Registry

In 2016, MoLHSA in alliance with NCDC launched the nationwide electronic registry "Mother's and neonate's health surveillance system", so called "Georgian Birth Registry" (GBR). The system tracks information on all cases of pregnancy, delivery, postpartum, neonatal care and abortion.

The GBR provides an opportunity:

- to get comprehensive knowledge on a wide array of indicators, related to the maternal and newborn health, morbidity and mortality along with the quality of antenatal, obstetric and neonatal care
- to make evidence-based policy decisions.

The GBR also allows monitoring the regionalization of perinatal care services through providing data on selected maternal and neonatal health indicators.

The coverage of pregnancy and childbirth by GBR increased from 47% in 2016 to 96 % in 2017.

Selective Contracting

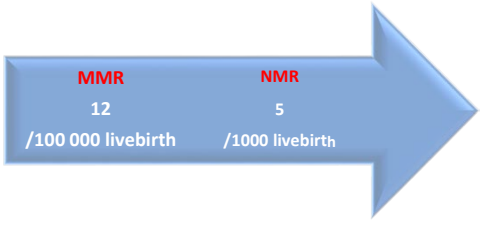
In March, 2017 MoLHSA initiated an innovative Selective Contracting principle for facilities providing perinatal care services, which aims to improve the quality of MNH services with consecutive improvement of maternal and newborn health outcomes.
According to the Selective Contracting principle, Social Service Agency contracts only facilities which demonstrate required compliance with pre-defined quality criteria. Currently 30 facilities, providing perinatal care services from three largest cities of Georgia (Tbilisi, Kutaisi and Batumi) are involved in selective contracting process. The existed contract includes 10 quality indicators, covering the critical issues related to obstetric and neonatal care in Georgia.

Clinical Audit

The routine clinical audit of cases of stillbirth and maternal and neonatal mortality was established by the MoLSHA since 2017 with aim to advance practice of obstetrics and neonatal care and improve the quality of provided services through detailed clinical analysis of selected mortality cases by national expert-clinicians. The comprehensive audit process allows identification of gaps and deficiencies in existing practices, system holes and planning the corrective measures accordingly at the local and national level.

Elimination of mother-to-child transmission of HIV and syphilis in Georgia

Georgia maintains a strong commitment to prevent mother-to-child transmission of HIV and syphilis (EMTCT) and integrated EMTCT into the National MNH Strategy. EMTCT interventions are part of the national maternal and child health care programs and are offered to the population free-of-charge.



2030 TARGET

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