



leDA Maternity



500+
primary health centers covered

3500
trained healthcare workers used the application during consultations

1.5 mio
Consultations for women and newborns

Context

In 2020, around 287,000 women died during or after pregnancy or childbirth. Nearly 95% of these maternal deaths occurred in low- and middle-income countries. Sub-Saharan Africa and South Asia account for around 70% and 16% of these, respectively.

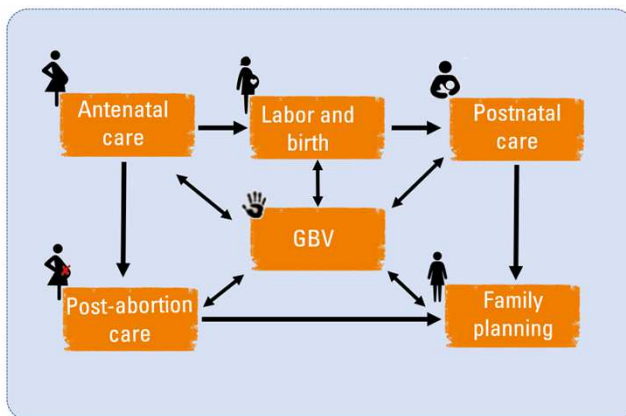
Sub-Saharan Africa had the highest neonatal mortality rate at 27 deaths per 1,000 live births, followed by Central and South Asia in 2019.

Most of these deaths could have been avoided if care had been provided by qualified health personnel before, during and after childbirth.

General overview

In low and middle-income countries, poor quality of care is responsible for 61% of neonatal deaths and half of maternal deaths. leDA-maternity has been designed on the basis of current reproductive health protocols. Its aim is to improve the quality of care provided during pregnancy, childbirth and after birth.

The tool provides an individual digital file in which data on women and newborns are collected throughout the continuum of care. leDA-maternity, a guiding tool for consultation, includes six healthcare forms: antenatal care, childbirth, postnatal care, family planning, post-abortion care and medical care for survivors of gender-based violence.



The application provides advice to health workers during consultations, guiding them in the clinical management and providing messages to be delivered to each woman according to her situation. It helps health workers to prepare for childbirth, to react in the event of complications at birth, and to assess the baby during its first weeks of life.

Field data – leDA maternity, a growing coverage

Burkina Faso

- December 2019: pilot phase in 2 health districts (87 primary health centers)
- March to June 2020: rollout extended to 12 health districts (480 new health centers)
- April 2023: effective deployment of leDA maternity in 336 other primary health centers in 11 health districts, bringing the number of districts covered to 25 and the country's primary health center coverage rate to 38%.

Guinea

Since June 2022, 15 health centers in 3 health districts have been using leDA maternity.

Results

Improving the quality of care

In 2021, an external evaluation of the impact of leDA maternity with the focus on antenatal care in primary health care centers in Burkina Faso showed:

- In the area where leDA maternity was used, there were fewer qualified healthcare personnel than in the comparison area. Yet the quality of healthcare was comparable.
- In the area where leDA maternity was used, women were generally better informed and more satisfied with health services.

Improving data quality and decision-making

- The data collected is individual, and therefore complementary to the aggregated data of the health information system.
- Data can be available in real time.
- The availability of collected individual data enables analyses that will lead to better health policies and better use of health care financing.

In addition

The production of dashboards enables real-time visualization of performance indicators and monitoring of the quality of maternal and neonatal care.

Positive feedback from using leDA maternity: in the Boucle du Mouhoun region of Burkina Faso, leDA maternity with 5 healthcare forms was deployed in the Toma health district from November 2020. At the end of a year of use, here are a few shares:

"In 2021, we were the district in the region with the lowest number of maternal deaths. Fewer newborns died" – said the district's chief medical officer-

"Now they take all their time to ask us questions. We feel that the health workers are now interested in us" –said a service user-



Perspectives

- Using data from the newborn baby form to facilitate civil registration of births
- Using data from the delivery form to document clinical audits of maternal and neonatal deaths
- Work in progress to digitize the WHO Guide on Labour Management
- Scaling up in Burkina Faso and Guinea and adaptation in Mali

Advocacy

Scaling up leDA maternity is of particular interest, and is based on :

- Deployment approach integrated into the healthcare system
- The commitment of those working in the field to improve the quality of care and decision-makers convinced of the benefits of digital in healthcare

Main partners

- Burkina Faso Ministry of Health
- Guinean Ministry of Health
- Bill & Melinda Gates Foundation
- European Union
- Maternity Foundation
- WHO
- USAID
- Children of the world
- Jhpiego
- ENABEL
- Dimagi

Contact

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