

Improving the quality of sexual and reproductive health and rights (SRHR)
through pre-service training, research, and evidence-based clinical care
delivery in Sub-Saharan Africa



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Risk Identification, Retention and Response (IRR), Quality Improvement implementation at Lira Regional Referral Hospital.

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Introduction; Women are still dying because of failure to identify risk, retain risk and response to risk (IRR). Many pregnant women and babies have interfaced with the health system but their risk factors are not identified or are identified but not followed up only to present as emergencies at a later date ending up with bad outcomes. High impact interventions are required to reduce maternal and perinatal morbidity and mortality. **Objective;** To reduce maternal and perinatal morbidity and mortality through improved risk identification, retention and risk response in Lira Regional Referral Hospital from May 2023 to December 2024.

Methodology; A root cause analysis identified the following; Knowledge gap, no screening tools, few screening equipment, no designated space for proteinuria and HB testing, Gap in documentation. Inappropriate management of risk mothers, no communication pathways, no established high-risk clinic and high-risk ward. Doctors were not consistently reviewing mothers.

Changes tested; orientation of staff on IRR, Aailed screening tool, Weekly review of the register to track complete documentation and share achievements and gaps with staff during WIT, aailed screening equipment e.g. BP machines, established a one stop centre for proteinuria and HB testing in ANC clinic, Establishment of the high-risk clinic (every Tuesday) and high-risk ward, assigned a doctor and a midwife to run the clinic and manage prenatal ward. Supplied longitudinal registers for tracking appointments -use of cohort system. posting information of referral on WhatsApp platform, Availability of emergency preparedness kit e.g. PPH, PET, Neonatal resuscitation corner with its equipment and active MPDSR committee.

Results; ANC that had complete risk assessment were ;0% in May 2023 to 79% in April 2024, then 97% Dec 2024. High-risk clinic Enrolment 0%, May 2023 to 75% April 2024, 99% Dec 2024. Assessment in maternity and postpartum, 50%, May 2023 to 96% April 2024, 100% Dec 2024. Maternal death reduced from 16 in 2022, 18 in 2023 to 11 in 2024. Maternal death reduced from 16 in 2022, 18 in 2023 to 11 in 2024.

Conclusion; IRR saves lives of mothers and babies. All required resources should be in place to reduce maternal and perinatal morbidity and mortality. Strengthen screening in lower health facilities.

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