LAQSHYA
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LABOUR ROOM QUALITY IMPROVEMENT INITIATIVE

AN OBSERVATIONAL STUDY TO MEASURE THE COMPLIANCE OF LABOR ROOMS TO THE LAQSHAY GUIDELINES IN 6 DISTRICT HOSPITALS OF PUNJAB

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INTRODUCTION

- Maternal Health is “a good indicator that health system works”
- After the launch of National Health Mission, there has been substantial increase in the number of institutional deliveries, but it has still not resulted in reduction of maternal mortality ratio in the country.
- This points out to the need for improving the quality of services and care provided in the labour rooms.

INTRODUCTION

- A change in the procedures related to the care provided during delivery, which includes both intra-partum and post-partum care, is essential for improving the maternal new-born health indicators.
- Such an approach will not only require availability of adequate infrastructure functional & calibrated equipment, drugs & supplies & HR, but also meticulous adherence to clinical protocols by the service providers at the health facilities.

BACKGROUND OF THE PROJECT

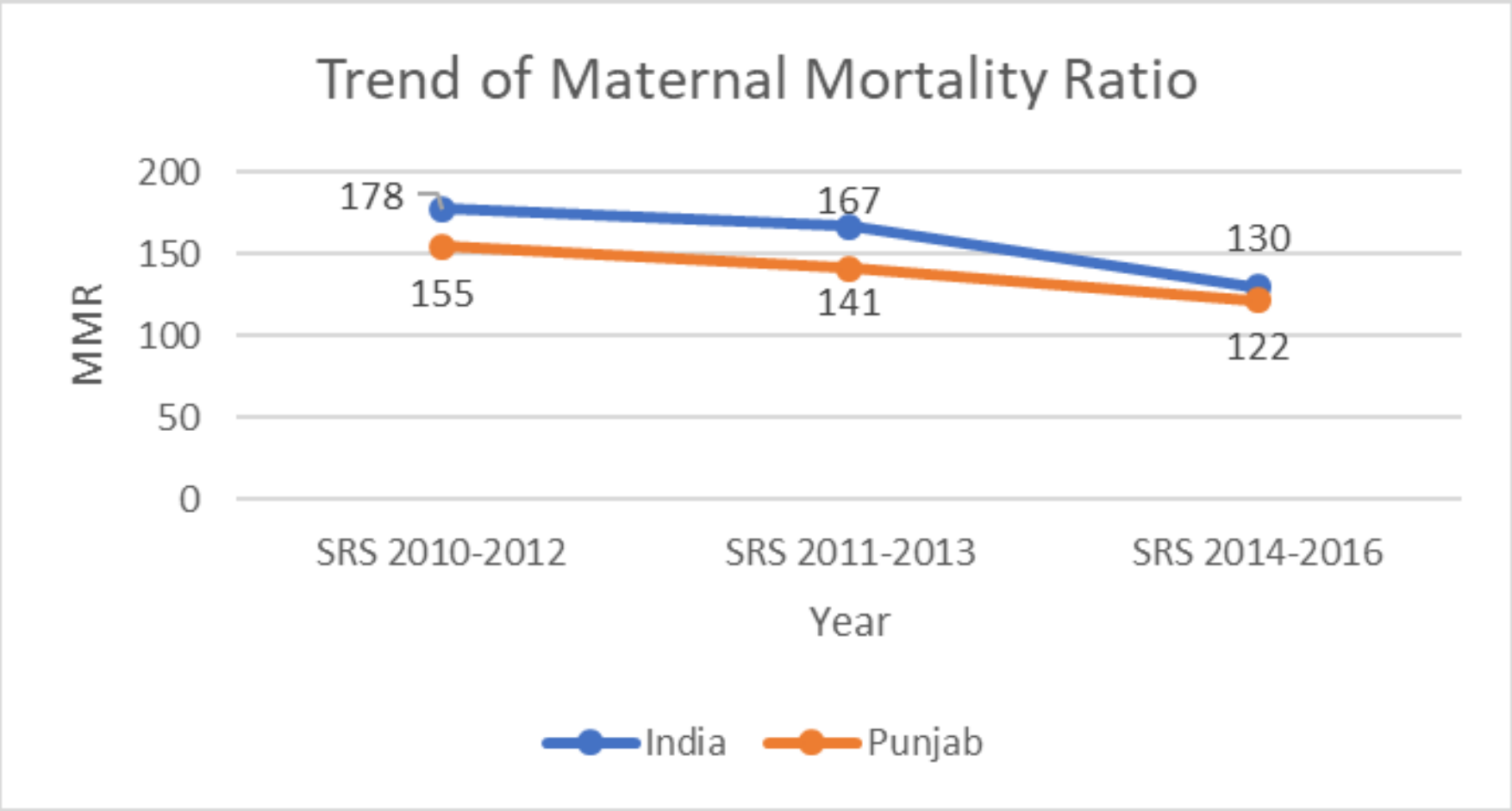
- In the month of March 2018, Government of India **launched LaQshay- Labour Room Quality Improvement Initiative** to implement safe and respectful childbirth practices nation-wide with the objective of **reducing maternal and newborn mortality and morbidity and enhancing the satisfaction of women availing of healthcare**(2).
- **GOAL:** Reduce preventable maternal and newborn mortality, morbidity and stillbirths associated with the care around delivery in Labour room and Maternity OT and ensure respectful maternity care.

BACKGROUND OF THE PROJECT

OBJECTIVES:

- To reduce maternal and newborn mortality & morbidity due to APH, PPH, retained placenta, preterm, preeclampsia & eclampsia, obstructed labour, puerperal sepsis, newborn asphyxia, and sepsis, etc.
- To improve Quality of care during the delivery and immediate post-partum care, stabilization of complications and ensure timely referrals, and enable an effective two-way follow-up system.
- To enhance satisfaction of beneficiaries visiting the health facilities and provide Respectful Maternity Care (RMC) to all pregnant women attending the public health facility(1).

RATIONALE OF THE STUDY



Source: MMR Bulletin

RATIONALE OF THE STUDY

- On comparing the MMR of Punjab (122/100,000 live births) with MMR of India (130/100,000 live births), there is a very minute difference.
- According to NFHS 4, in Punjab 89% of deliveries take place in the health facilities. Despite of such high percentage, Punjab faces the issue of high Maternal Mortality Ratio.
- Evidence shows that the highest number of maternal and newborn deaths occur during delivery and immediately after that.
- It is estimated that approximately 46% maternal deaths, over 40% stillbirths and 40% newborn deaths take place on the day of the delivery
- This study aims to ensure that the district hospitals in Punjab follow the guidelines and strengthen the labour rooms to reduce the overall maternal mortality ratio and infant mortality rate.

REVIEW OF LITERATURE

AUTHOR	STUDY TITLE	STUDY AREA	YEAR	SAMPLE SIZE	KEY FINDING
Jyoti Sharma, Sutapa B. Neogi, Preeti Negandhi, Monika Chauhan, Siddharth Reddy, Ghanshyam Sethy	Rollout of Quality Assurance Interventions in Labor Room in Two Districts of Bihar, India	Gaya, Purnea districts of Bihar	2014-2016	24 Health Facilities	During post assessment it was found that there was definite improvement in the scores of quality assurance in most of the facilities. There was a rise of 20 points in the infection control scores of the facilities in Gaya district whereas the scores for infection control in Purnea district increased by 10 points. Major improvement was seen in the scores of quality management (from 6.2 to 58.2)(3).

REVIEW OF LITERATURE

Emmanuel K. Srofenyoh Nicholas J. Kassebaum David M. Goodman Adeyemi J. Olufolabi Medge D. Owen	Measuring the impact of a quality improvement collaboration to decrease maternal mortality in a Ghanaian regional hospital	Ridge Regional Hospital, Accra, Ghana,	2007-2011	1 Facility	The intervention helped in preventing 43 maternal deaths and even greater number of deaths was averted. Mortality reduction was correlated with 26 continuous quality improvement activities(6).

REVIEW OF LITERATURE

Arunabh Ray	Assessment of Labour Rooms in Public Health Facilities of Bihar, India.	Bihar	2013	Public Health facilities of Bihar	It was found that more than half of the labour rooms in the public health facilities did ot have adequate infrastructure to ensure safe delivery, sanitation and hygiene maintenance. 77% of the labour rooms did not have invertors installed in the facilities. The assessment shows that roughly 72 % of deliveries in Bihar are conducted without the use of Partograph. The study showed that the public health facilities in the state of Bihar lacked in Infection control measures. Many gaps were found in the availability of essential drugs, consumables, equipment and instruments(9).

RESEARCH QUESTION

- What is the compliance of labour rooms to the LaQshay guidelines, in the 6 district hospitals of Punjab?

OBJECTIVES

- **General Objective:** To assess whether the labour rooms of 6 district hospitals in Punjab are following the guidelines under the LaQshay Program.
- **Specific Objectives**

1. To assess the infrastructure of the labor rooms of district hospitals of Punjab.
2. To assess the human resource of the labor rooms of district hospitals of Punjab.
3. To assess the availability of essential equipment and drugs supply in the labor rooms of district hospitals of Punjab.
4. To assess whether the facility has established quality assurance programmes wherever it is critical to the quality of care being provided.

RESEARCH METHODOLOGY

- **Research Design: Descriptive Cross-sectional Study**
- **Study Area**: Labor rooms of district hospitals of Punjab
- **Duration of the study**: 3 months (4th February 2019-3rd May 2019)
- **Type of Data collection**: **Primary data collection**: - primary data was collected through checklist
- **Sampling:** Purposive Sampling
- **Sample size**:6 out of 22 District Hospitals
  - Limitation: due to time constraint of internship project of 3 months; the complete enumeration of 22 district hospitals, as planned, could not be completed and only **6 district hospitals** could be included. The internship report contains a descriptive analysis of labour rooms of 6 district hospitals of Punjab.

RESEARCH METHODOLOGY

- **Target Population:** Labor room health personnel (DOCTORS, STAFF-NURSES)
- **Method of data collection**: Data was collected by observing and interviewing the available health personnel (Doctor, Staff Nurses) in labour rooms of district hospitals through pre- designed checklist.
- **Data Analysis Procedure:** The data was compiled and analyzed in Microsoft excel.

ANALYSIS

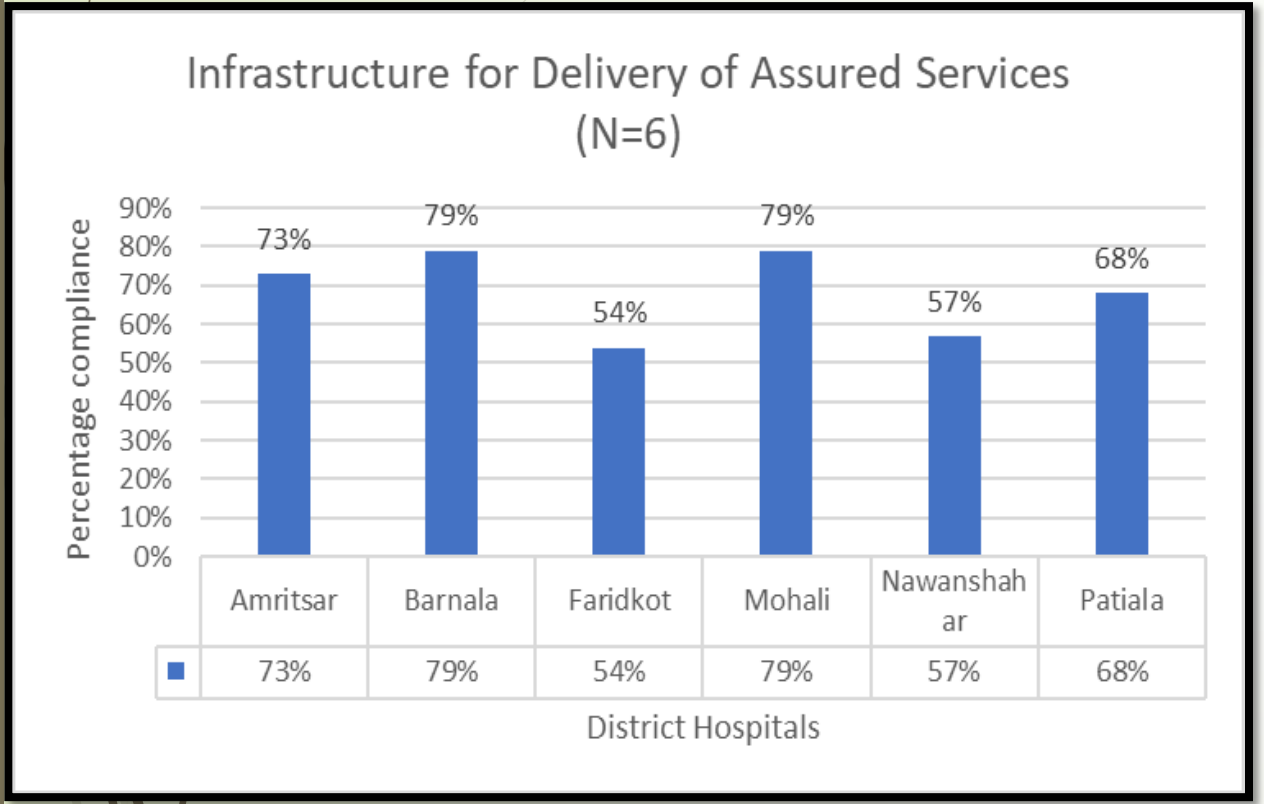


Figure 1: Compliance of Labour Rooms to the infrastructure as per LaQshay Guidelines

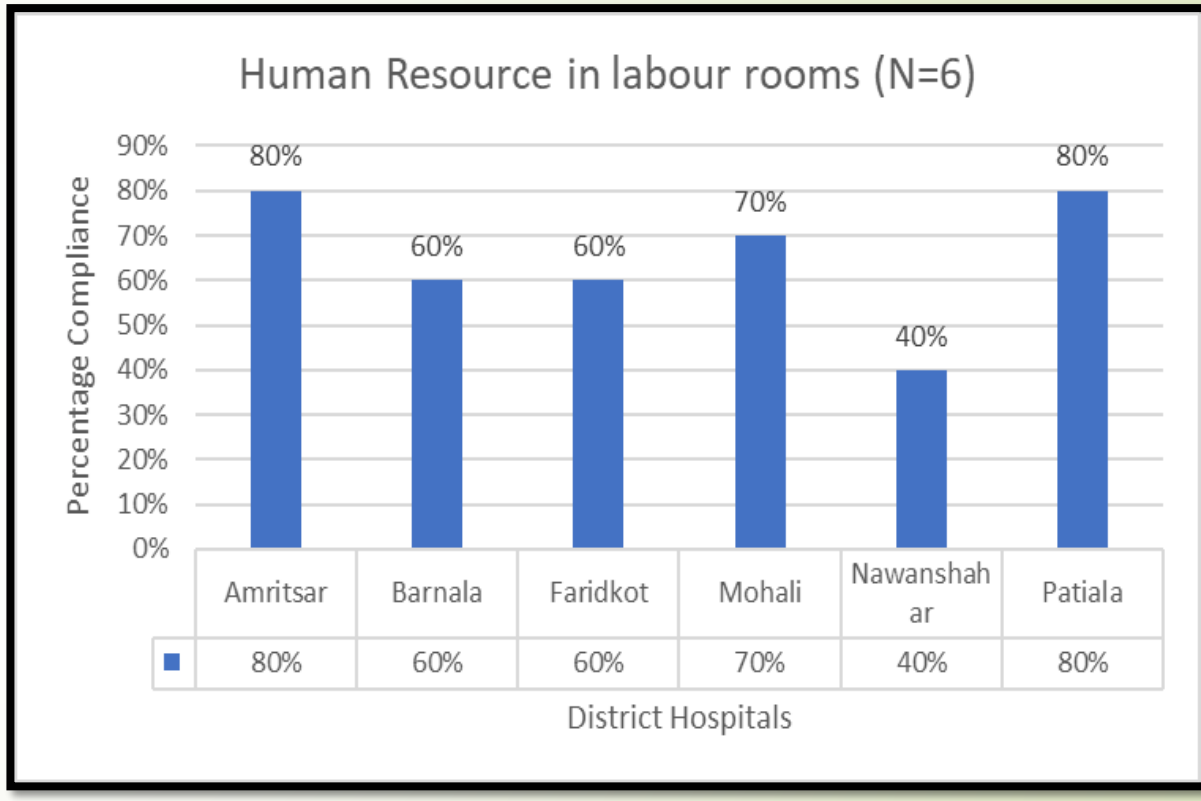


Figure 2: Compliance of Labour Rooms to the Human Resource requirement as per LaQshay Guidelines.

ANALYSIS

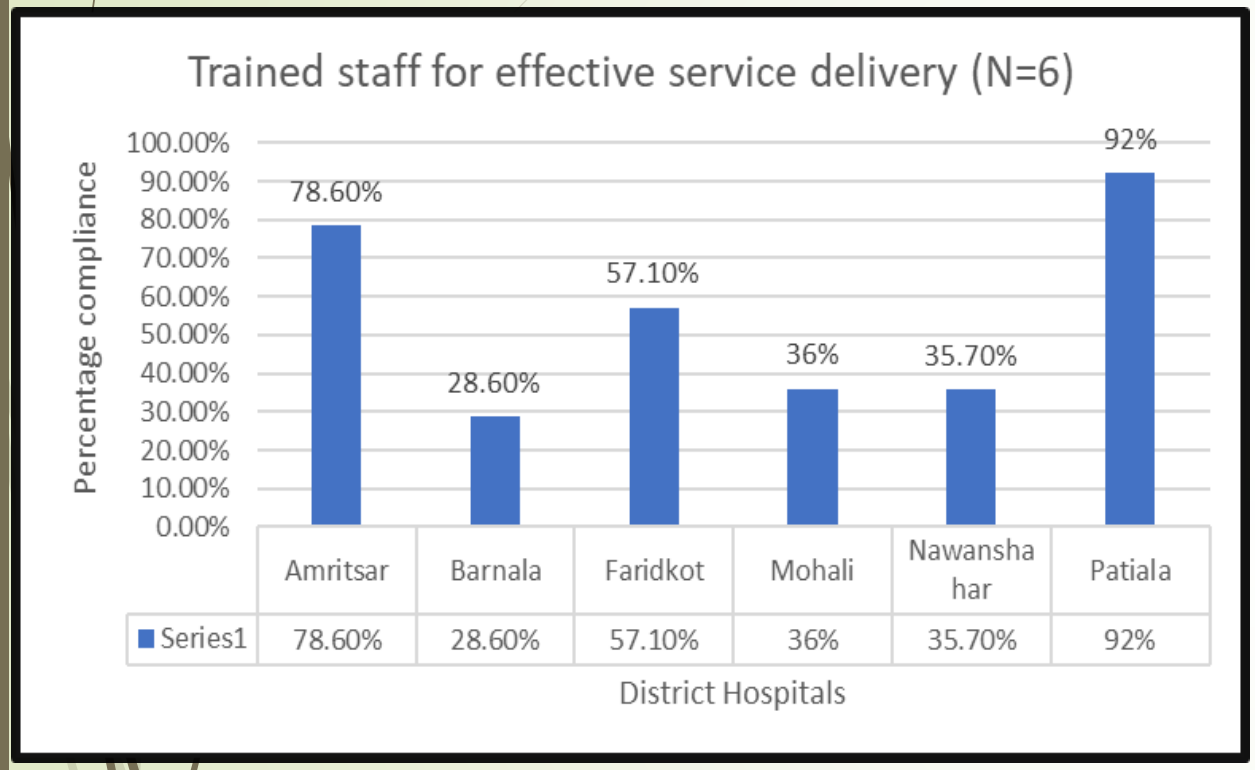


Figure 3: Compliance of Labour Room staff to the Trainings required as per LaQshay Guidelines

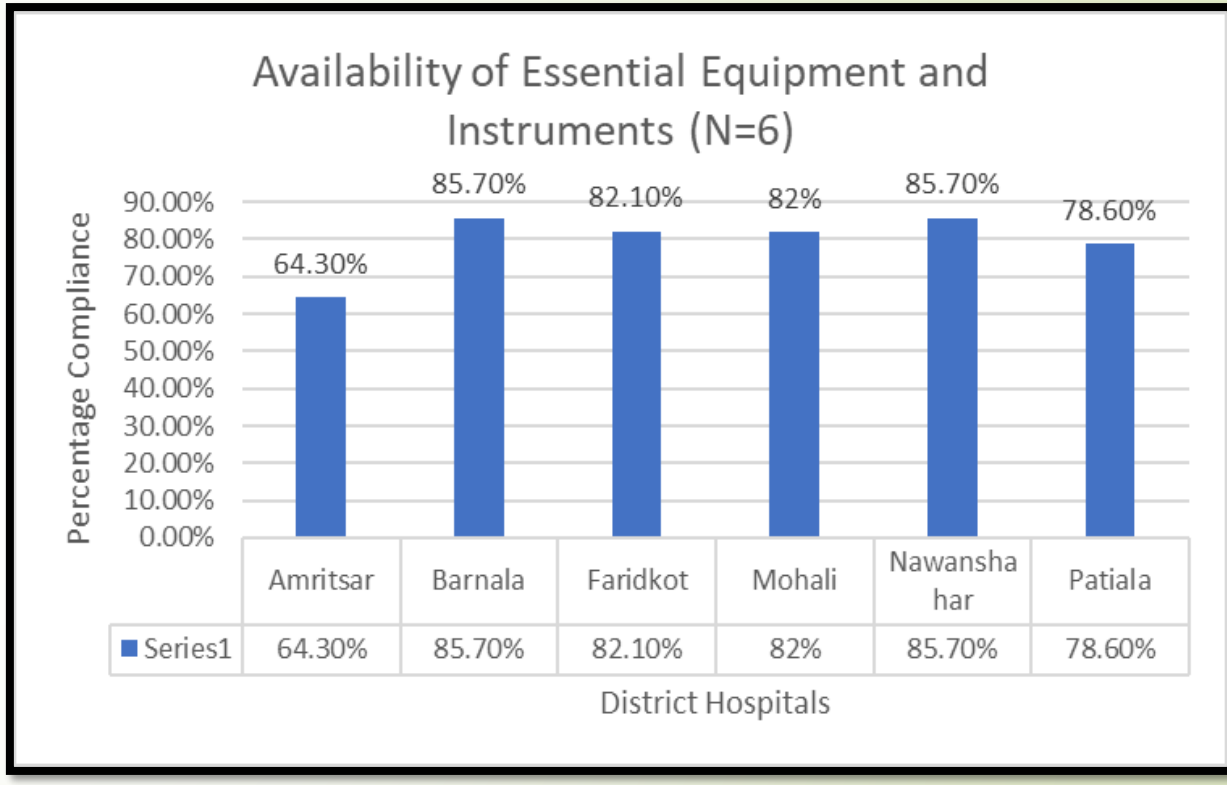


Figure 4:Compliance of Labour rooms to the availability of essential equipments and instruments as per LaQshay Guidelines.

ANALYSIS

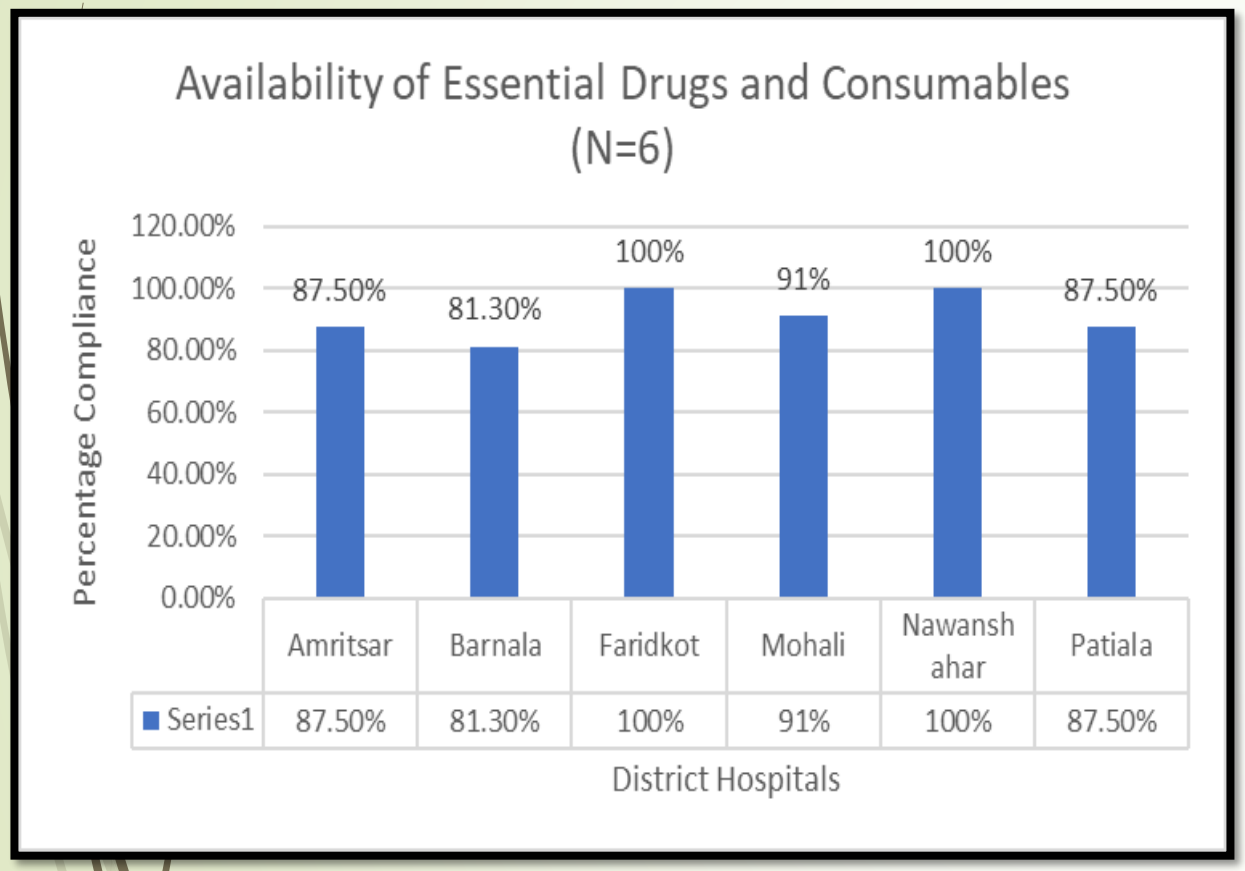


Figure 5: Compliance of Labour Rooms to the availability of essential drugs and consumables as per LaQshay Guidelines

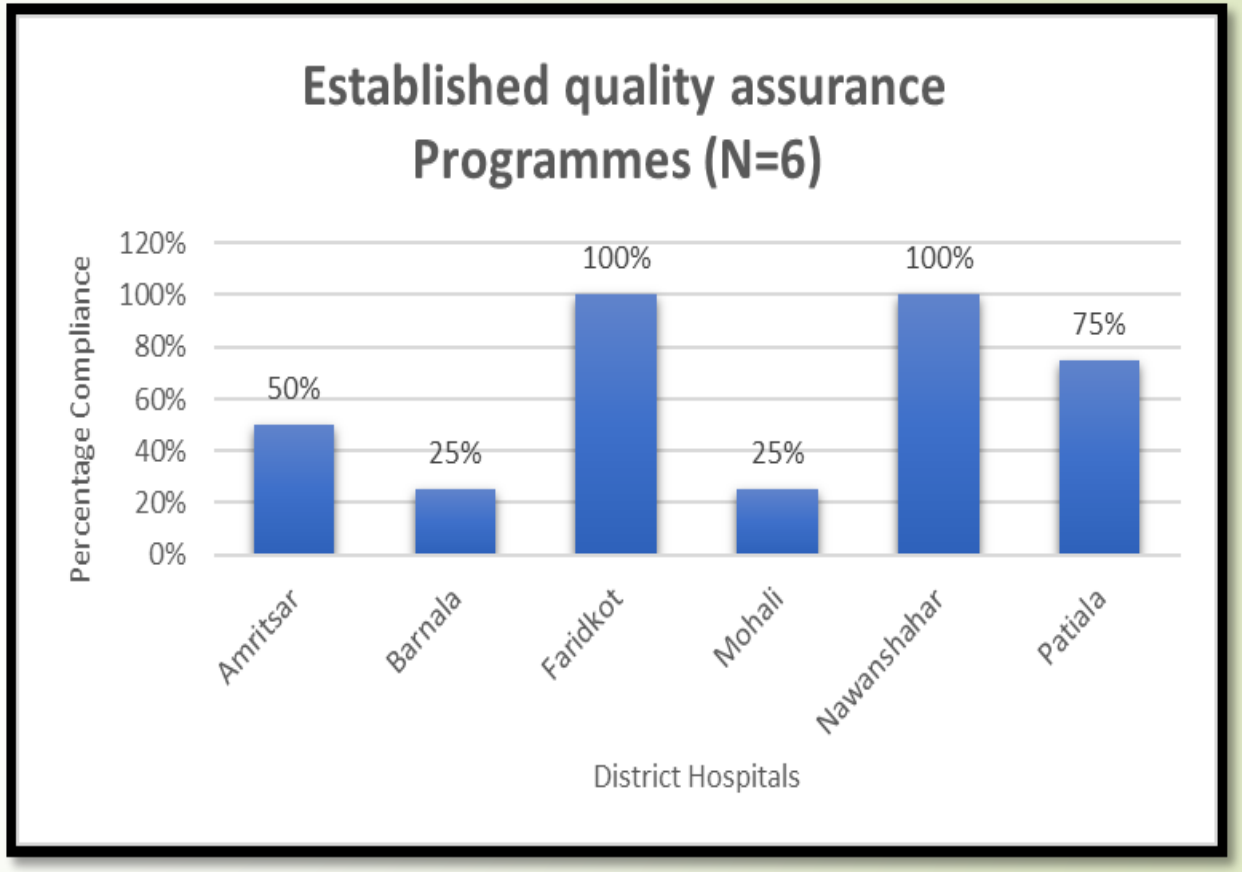
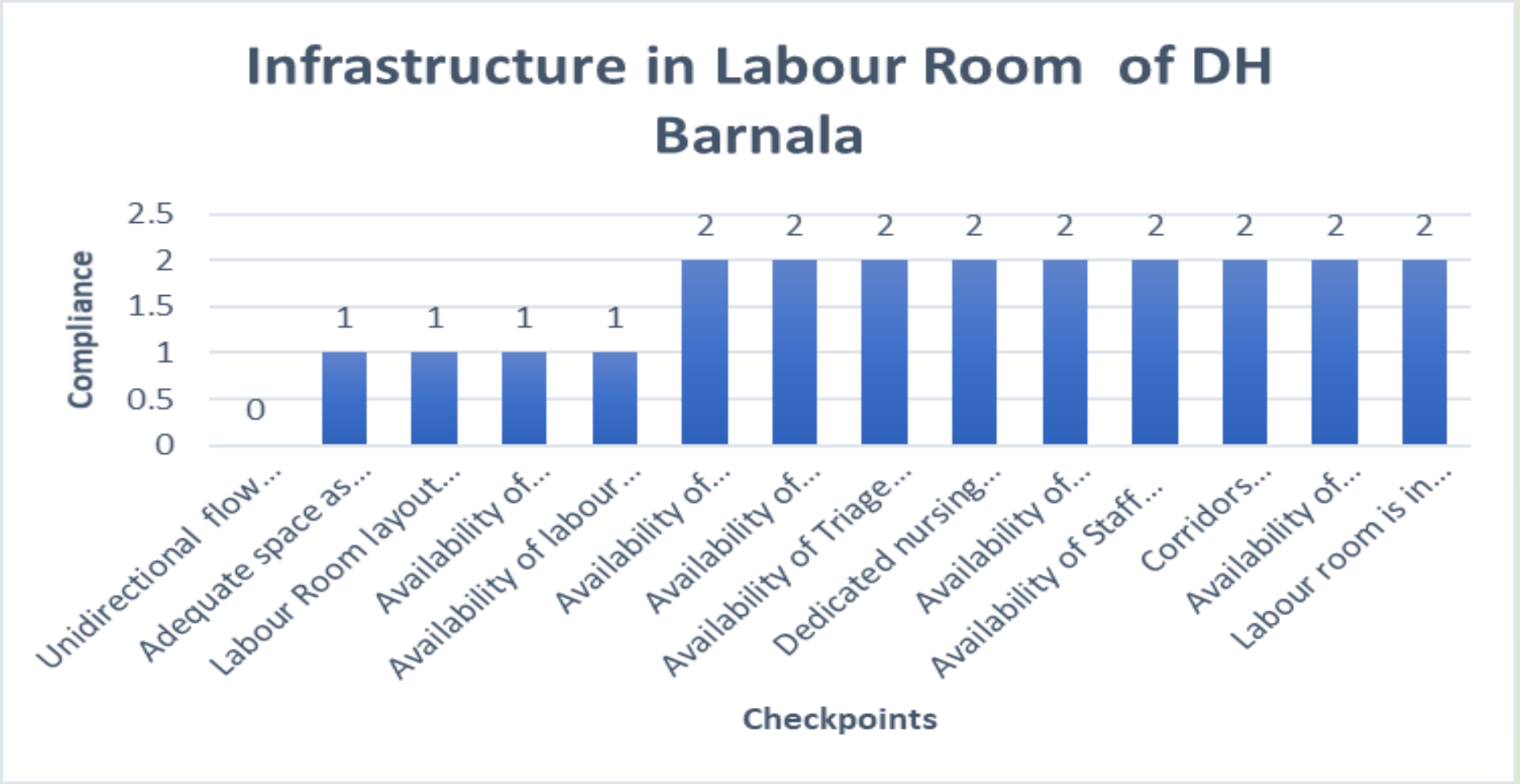
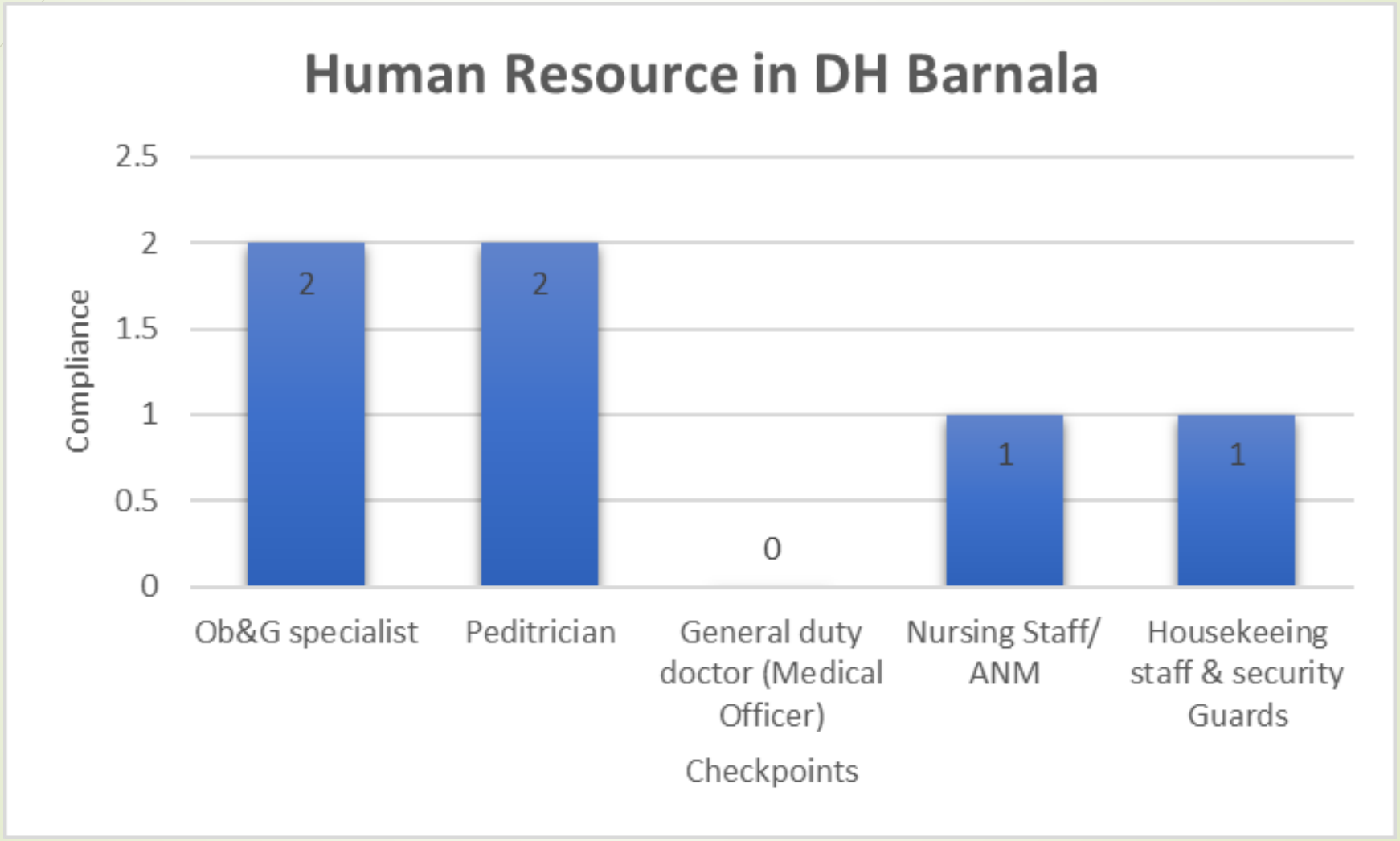


Figure 6: Compliance of Labour Rooms to the Established Quality Assurance Programmes as per LaQshay Guidelines

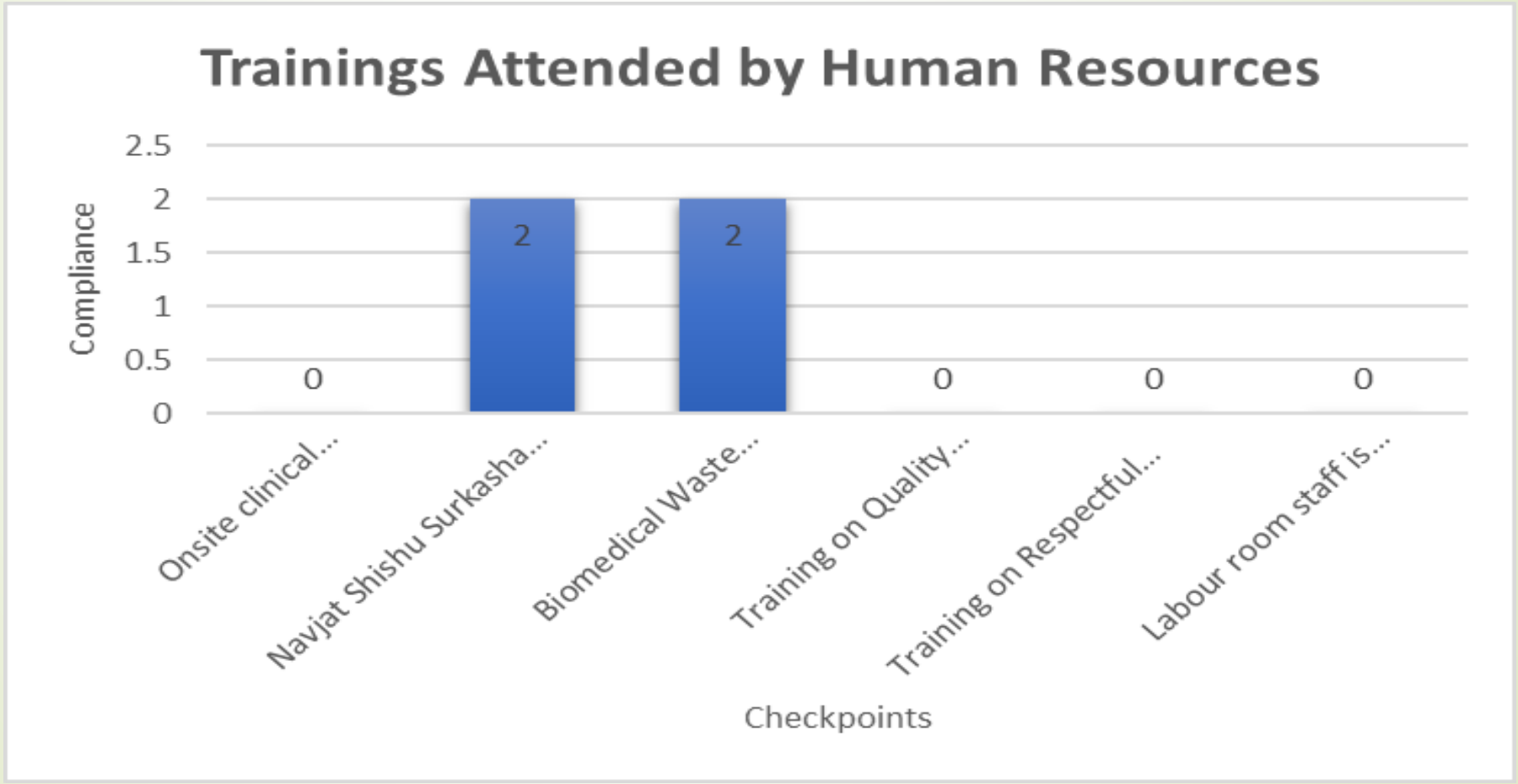
INFRASTRUCTURE IN LABOUR ROOM OF DH BARNALA (Sample Case Study)



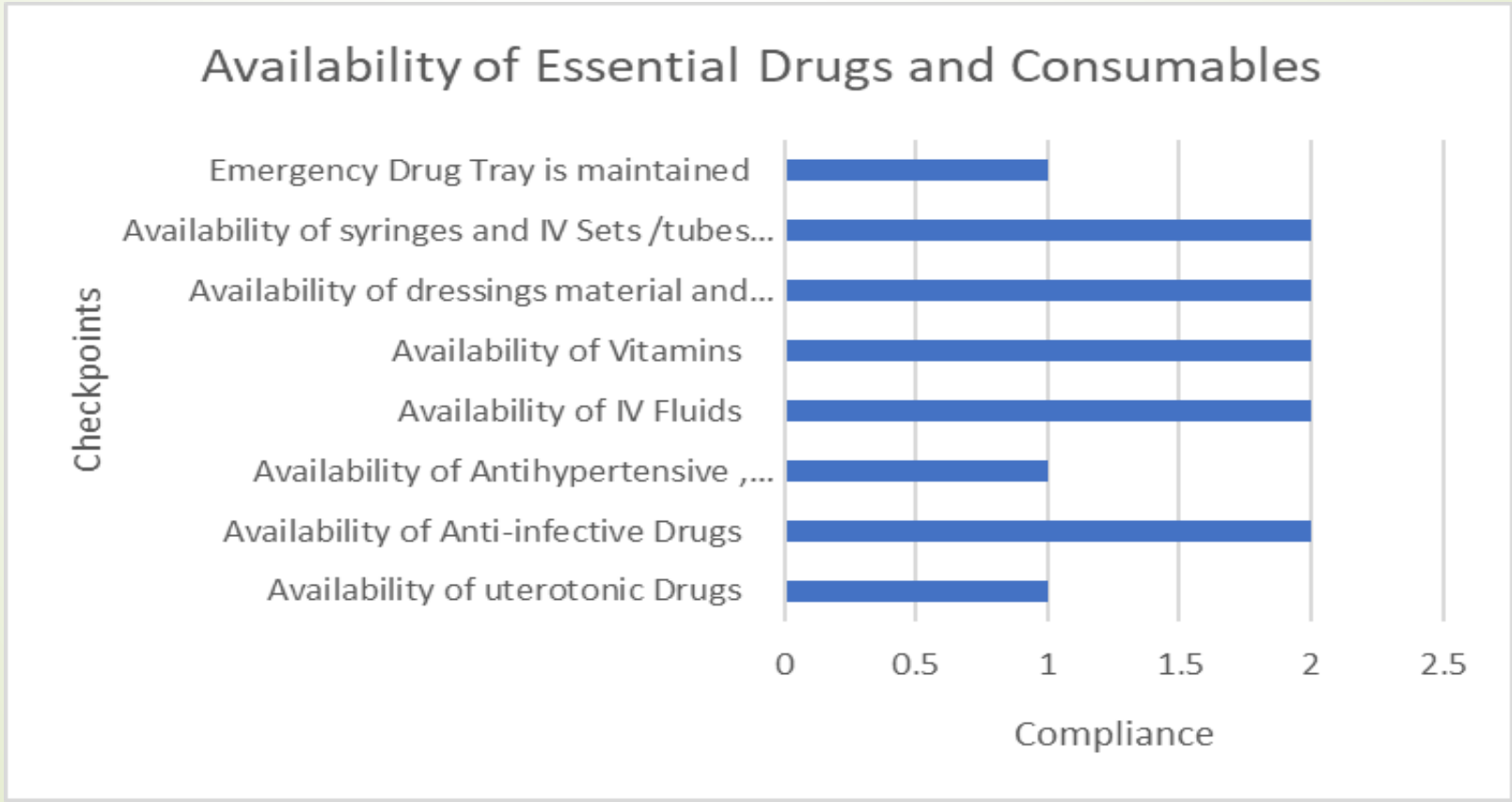
HUMAN RESOURCE IN DH BARNALA (Sample Case Study)



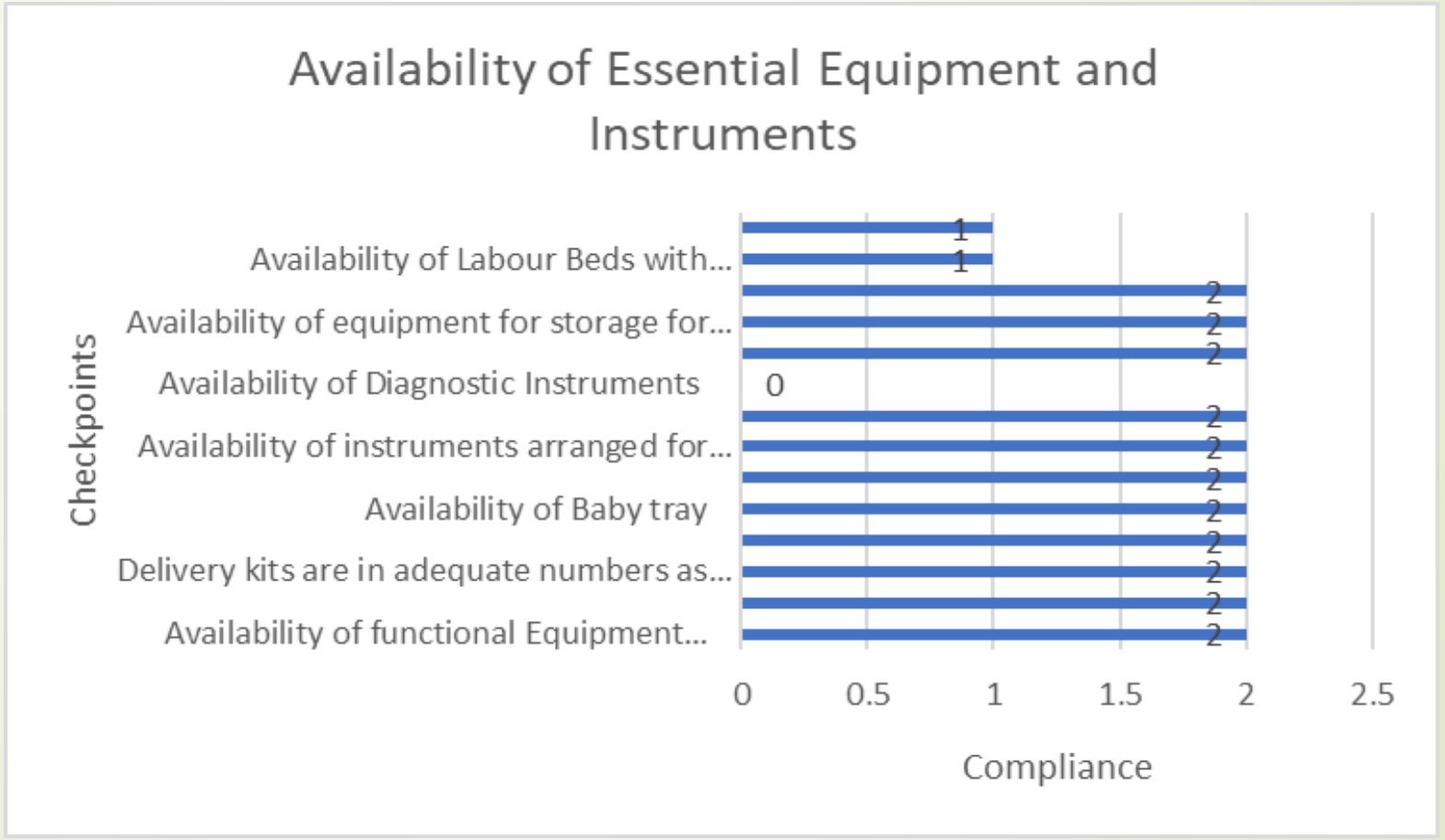
TRAININGS ATTENDED BY THE STAFF DH BARNALA (Sample Case Study)



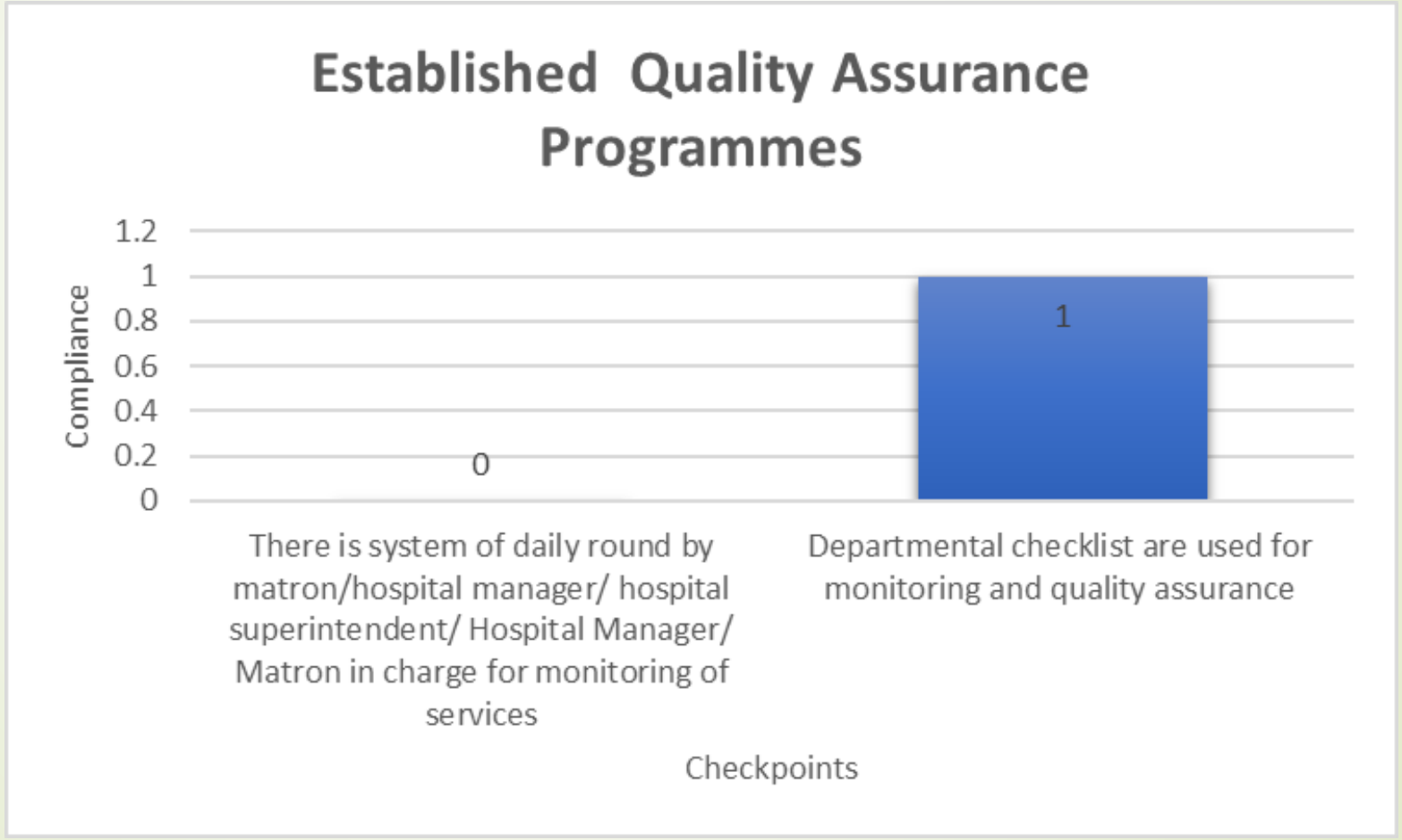
AVAILABILITY OF ESSENTIAL DRUGS AND CONSUMABLES IN DH BARNALA (Sample Case Study)



AVAILABILITY OF ESSENTIAL EQUIPMENT AND INSTRUMENTS AT DH BARNALA (Sample Case Study)



ESTABLISHED QUALITY ASSURANCE PROGRAMME AT DH BARNALA (Sample Case Study)



DISCUSSION

- During the assessment of labour rooms, it was observed that the Labour rooms in district hospitals did not have proper infrastructure. Majority of the district hospitals did not have unidirectional flow of patients in maternal and child healthy wings of the facilities.
- Many facilities did not have a separate registration area, waiting area for labour rooms. The labour rooms were not connected with the doctor's duty rooms, maternity OT and SNCU.
- The facilities did not have enough space in the labour rooms for effective triage and examination of the patients.
- Under the LaQshay Program, labour rooms should have LDR (Labour Delivery Recovery) concept but none of the 6 district hospitals had LDR concept due to space constraints.
- In most of the district hospitals the labour rooms did not have attached washrooms which is mandatory under the LaQshay program.

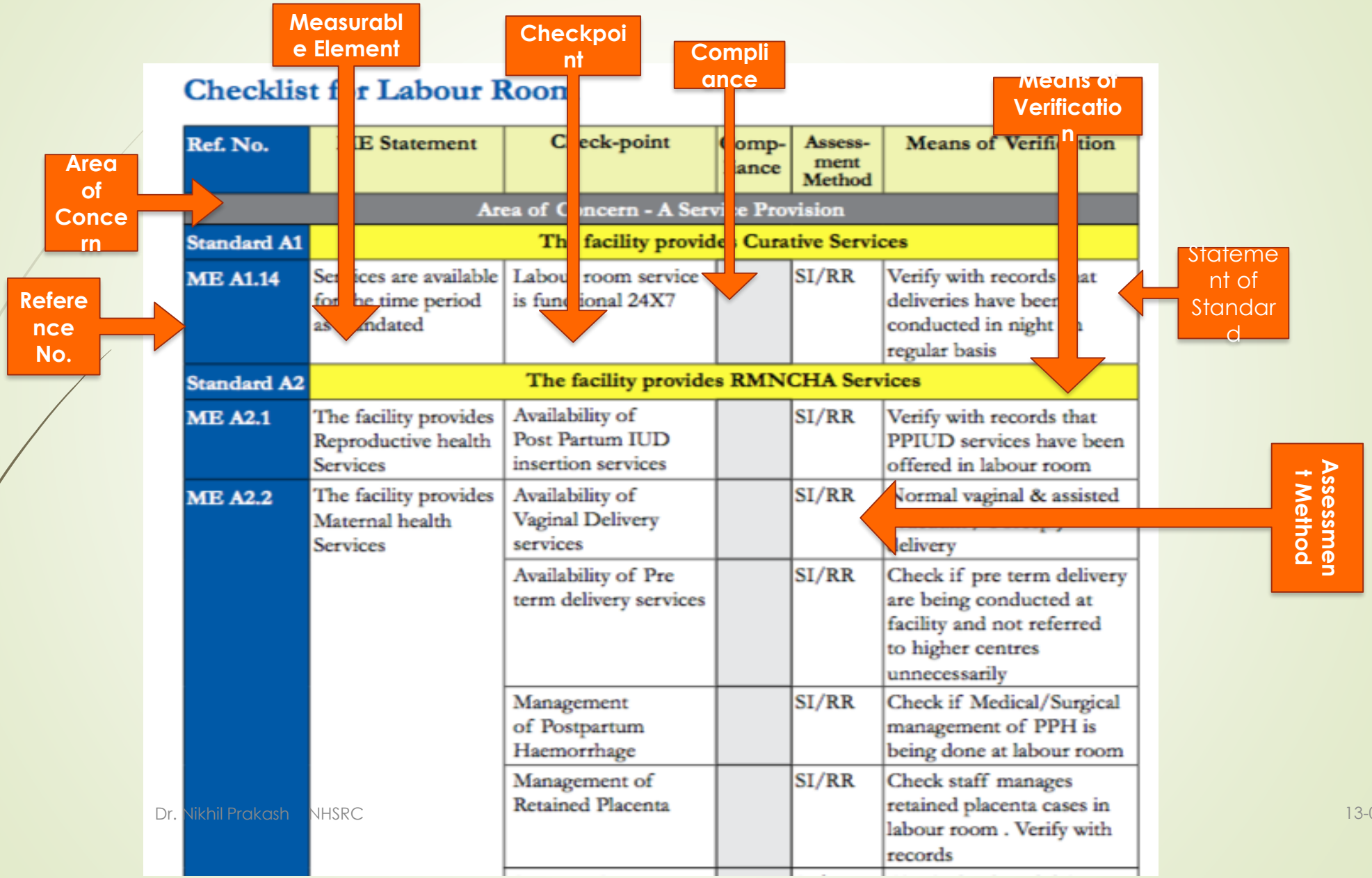
DISCUSSION

- None of the 6 district hospitals had enough human resource required specifically for the labour rooms.
- The staff nurses and doctors posted in the labour rooms did not attend the OSCE training and other necessary skill lab trainings which are mandatory under the LaQshay Program.
- The labour beds in the labour rooms were old and rusted with blood stained mattresses which is strictly not acceptable under LaQshay initiative.
- Very few facilities had set SOPs for the quality assurance programs critical for improving the quality of care provided in the labour rooms.

RECOMMENDATIONS

- Regular reporting and monitoring are necessary for the continuous improvement in the quality of care at all delivery points.
- All essential drugs and consumables should be made available in the labour rooms.
- Standard Operating Procedures for quality assurance should be clearly laid down and disseminated to all the staff of the labour rooms be the health facilities.
- The facilities should conduct regular meetings with the district coaching teams.

Anatomy of Checklist



Checklist for Labour Room

Ref. No.	ME Statement	Check-point	Comp-liance	Assess-ment Method	Means of Verification
Area of Concern - A Service Provision					
Standard A1	The facility provides Curative Services				
ME A1.14	Services are available for the time period as mandated	Labour room service is functional 24X7		SI/RR	Verify with records that deliveries have been conducted in night on regular basis
Standard A2	The facility provides RMNCHA Services				
ME A2.1	The facility provides Reproductive health Services	Availability of Post Partum IUD insertion services		SI/RR	Verify with records that PPIUD services have been offered in labour room
ME A2.2	The facility provides Maternal health Services	Availability of Vaginal Delivery services		SI/RR	Normal vaginal & assisted delivery
		Availability of Pre term delivery services		SI/RR	Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily
		Management of Postpartum Haemorrhage		SI/RR	Check if Medical/Surgical management of PPH is being done at labour room
		Management of Retained Placenta		SI/RR	Check staff manages retained placenta cases in labour room . Verify with records

Conducting Assessment

- Familiarise with Measurable element and Checkpoint
- Understand the Assesment method and Means of verification
- Gather the information & Evidence
- Compare with checkpoint and means of verification
- Arrive at a conclusion for compliance
- Assign Scores

Ref. No.	ME Statement	Check-point	Comp-liance	Assess-ment Method	Means of Verification
Standard B2	**Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there are no barrier on account of physical economic, cultural or social reasons.**				
ME B2.1	Services are provided in manner that are sensitive to gender	Only on duty staff is allowed in the labour room when it is occupied		OB	Pregnant woman, her birth companion, doctor, nurse/ ANM on duty and other support staff only, are allowed in the labour room
ME B2.3	Access to facility is provided without any physical barrier & friendly to people with disabilities	Availability of Wheel chair or stretcher for easy Access to the labour room		OB	
		Availability of ramps and railing & Labour room is located at ground floor		OB	If not located on the ground floor availability of the ramp / lift with person for shifting
ME B2.4	There is no discrimination on basis of social and economic status of the patients	Check care to pregnant women is not denied or differed due to discrimination		OB/PI	Discrimination may happen because of religion, caste, ethnicity, cast, language, paying capacity and educational level.
Standard B3	**The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.**				
ME B3.1	Adequate visual privacy is provided at every point of care	Availability of screen/ partition at delivery tables		OB	Screens/Partition has been provided from three side of the delivery table or Cubicle for ensuring visual privacy
		Curtains / frosted glass have been provided at windows		OB	Check all the windows are fitted with frosted glass or curtains have been provided

OBSERVATION (**OB**)

STAFF INTERVIEW (**SI**)

RECORD REVIEW (**RR**)

PATIENT INTERVIEW (**PI**)

CONCLUSION

- It is clear from the study that most of the labour rooms were not following the LaQshay guidelines as there was lack of trained medical personnel that was required to be in the labour rooms.
- There was lack of proper infrastructure for delivery of assured services in the labour rooms. Majority of the maternal deaths occurring during delivery can be prevented by improving the standard and quality of care provided during delivery in the labour rooms of government facilities, thereby reducing the burden of high maternal mortality ratio and neonatal mortality.
- Implementation of LaQshay in all the district hospitals will lead to overall improvement in the service delivery and quality of care provided in the labour rooms.

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THANK YOU