

Assessment of Delivery Points at Public health facilities of Khagaria District of Bihar

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Introduction

- ❖ **As stated by WHO** Maternal health refers to the health of a women during pregnancy, childbirth and post-partum period. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill health and even death. Mortality and Morbidity which is related to pregnancy impact a huge number of lives of Indian women.
- ❖ Causes of maternal deaths may be direct or indirect. The indirect causes that also include the socioeconomic determinants of health may be referred to as the three known delays:
 - 1) delay in making a decision on the need for medical care;
 - 2) delay in reaching the appropriate facility in time; and
 - 3) delay in initiating the correct treatment at the health facility.

- ❖ Among the facilities designated as L1, L2 and L3 there are some facilities which are conducting deliveries above a minimum benchmark. These are designated as Delivery Points . According to Government of India, these functional facilities should be the first to be strengthened for providing comprehensive reproductive maternal new-born and child health (RMNCH) services.
- ❖ With the help of small interventions like availability and functionality of essential equipment's , availability of drugs, skilled human resource and proper infrastructure around 70 percent of maternal deaths can be prevented (WHO 2014)
- ❖ . According to NFHS 4 data MMR of India is 130 per 100 000 live births and whereas the situation is more serious for state of Bihar with MMR 165 per 100 000 live births. according to census 2012-13 MMR of Munger region in which Khagaria is one of the six districts is 226 per 100000 live births.

RESEARCH QUESTION-

- ❖ To know what is the gap in availability and functionality of essential equipment's and availability of drugs at delivery points of public health facility in Khagaria District of Bihar.

OBJECTIVES

- ❖ 1-To find out the current status of in availability, functionality and utilization of required inputs including essential instruments, drugs, at delivery points .
- ❖ 2-To monitor quality of care and to ensure attention to adequate availability of the essential supplies & equipments, and to increase adherence to evidence based clinical guidelines.

Methodology

► Study area

- ❖ The study area for the current study was all the seven blocks in Khagaria district.

► Study design

- ❖ The descriptive cross-sectional study design was used for this assessment.
- ❖ This assessment was done by using NRHM supportive supervision checklist, this helps to monitor quality of care and pay attention to availability of essential equipments and drugs that are mandatory to be present at all delivery points at all level of settings according to MNH toolkit.

Sampling frame:

- ▶ It consists of all public health facilities which were having delivery points in the district and it includes one district hospital, one FRU, one chc and four phc.

▶ Interview method:

- ❖ Data was collected by using Pre designed NRHM supportive supervision checklist which was having all close ended questions, face to face interview was conducted respondent were medical officer incharge of all facilities.

► **Sample size**

- ❖ A sample of all 7 public health facilities with delivery points were selected for the study.

► **Inclusion criteria**

- ❖ All public health facilities with delivery points.

► **Exclusion criteria**

- ❖ Public health facilities without delivery points like additional PHC.
- ❖ All private health facilities.

Data collection and analysis

- ❖ Primary data was collected using NRHM supportive supervision checklist.
- ❖ Secondary data was collected from labour room register.
- ❖ Data was inserted into spss software and mean of delivery load and available drugs and equipments at all 7 health facility was calculated.

RESULTS

- ▶ Average load of deliveries in one month (march 2019) in khagaria district was 369 .
- ▶ Drugs like oxytocin, magnesium sulphate ,vit k1 is essential and life saving.
- ▶ After every delivery 2 ampules of oxytocin is used.
- ▶ 1 ampule of vitk1 is needed at every new born.
- ▶ Drug like mag sulphate is needed for treatment of eclamsia.

Availability of oxytocin

INJ.OXYTOCIN

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	4	57.1	57.1	57.1
	YES	3	42.9	42.9	100.0
	Total	7	100.0	100.0	

oxytocin is present in 3 out of 7 health service centre and not present in 4.

Availability of magnesium sulphate

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	1	14.3	14.3	14.3
	YES	6	85.7	85.7	100.0
	Total	7	100.0	100.0	

Magnesium sulphate is resented in 6 public health centres and absent in 1 out of total of 7.

IV FLUIDS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	1	14.3	14.3	14.3
	YES	6	85.7	85.7	100.0
	Total	7	100.0	100.0	

6 health facilities were having IV fluids.

INJ VIT K1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	4	57.1	57.1	57.1
	YES	3	42.9	42.9	100.0
	Total	7	100.0	100.0	

Out of 7 health facilities 4 facilities were not having vit k injection.

Availability of equipments

- ❖ For quality of care every delivery point need essential equipments as mentioned In the MNH toolkit.
- ❖ Every four delivery table should have one NBCC.
- ❖ Essential equipments like autoclave, fetal doppler, ambu bag mask, mucus extractor is essential.

DESIGNATED NEW BORN CARE CORNER

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	1	14.3	14.3	14.3
	YES	6	85.7	85.7	100.0
	Total	7	100.0	100.0	

6 facilities were having designated NBCC.

FUNCTIONAL RADIANT WARMER

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	2	28.6	28.6	28.6
	YES	5	71.4	71.4	100.0
	Total	7	100.0	100.0	

5 facilities were having functional radiant warmer.

MUCUS EXTRACTOR

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid NO	1	14.3	14.3	14.3
YES	6	85.7	85.7	100.0
Total	7	100.0	100.0	

out of 7 health facilities 6 were having mucus extractor.

BAG AND MASK Size 0 and 1

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	7	100.0	100.0	100.0

All 7 health facilities were having bag and mask.

OXYGEN CYLINDER FUNCTIONAL

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	3	42.9	42.9	42.9
	YES	4	57.1	57.1	100.0
	Total	7	100.0	100.0	

Functional oxygen cylinder was present in 4 facilities.

STERILE CORD CUTTING EQUIPMENT

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	4	57.1	57.1	57.1
	YES	3	42.9	42.9	100.0

AUTOCLAVE/BOILER

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	3	42.9	42.9	42.9
	YES	4	57.1	57.1	100.0
	Total	7	100.0	100.0	

Only 4 facilities were having autoclave of boiler.

FETOSCOPE /DOPPLER

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	1	14.3	14.3	14.3
	YES	6	85.7	85.7	100.0
	Total	7	100.0	100.0	

6 facilities were having fetoscope

Conclusion

- ▶ After observing data it has been concluded that average delivery load in Khagaria district was 369.
- ▶ availability of drugs and equipment was not available in all the facilities but where it was available it was being utilised properly, as the proper drugs and equipment were not present quality of care is being compromised at those facilities.
- ▶ Out of 7 facility no facility was having proper essential drugs and equipments.

Suggestions

- ▶ Proper indenting of drugs as per delivery load has to be done to make availability of drugs.
- ▶ Hand over take over register should be use to record the utilization of drug as per case.
- ▶ maintenance of equipments (eg: radiant warmer)should be checked timely.so as repair or purchase can be done.
- ▶ capacity building of health providers should be done regarding proper utilization of drugs and equipments.