# A STUDY OF MATERNAL AND NEW BORN HEALTHCARE SERVICES AT DISTRICT HOSPITAL SITAMARHI ,BIHAR


# INTRODUCTION

- Pregnancy and motherhood are natural processes in the lives of women of reproductive age. These processes are generally considered to be positive and fulfilling experiences. However, it is unfortunate that for various reasons, many women end up dying as a result of these processes
- Recognizing the need to prioritize safe and respectful childbirth practices, the Government of India in March 2018 launched LaQshya- Labour Room Quality Improvement Initiative, to be implemented nation-wide with the objective of reducing maternal and newborn mortality and morbidity, and enhancing the satisfaction of women availing healthcare.

# Aim and Objectives

- The study aims at improving quality of labour room and maternity OT of district hospital Sitamarhi
- Objectives
  - To assess the inputs, processes and outcome of labour room and maternity OT according to LaQshya guidelines
  - To suggest ways to improve quality of labour room and maternity OT if find any bottlenecks

# Methodology

Study area:100-bedded District Hospital Sitamarhi, Bihar

Study respondents: All the nurses and medical officers , available patients

Study Design: Descriptive cross sectional study

- Sampling and sample size: Keeping in view huge number of vacant posts, all the nurses, MOs available and patient was interviewed
    - Interview with Nursing staff =7
    - Interview with doctors =3
    - Interview with clients/ pregnant women and women who have delivered child / attendants =25

Study Duration: Three months (February to April 2019)

# Methods of Data collection

- Primary data was collected by using following methods-
- Observation
- Record review
- Interview with Nursing staff
- Interview with doctors
- Interview with clients/ pregnant women and women who have delivered child

# TOOLS

- Checklist is the main tool for the assessment. Hence understanding with the tool would be vital

## Checklist for Labour Room

| Reference N | Measurable Element | Checkpoint | Comp | Assessment | Means of Verification | Remarks |
|---|---|---|---|---|---|---|
| | 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 | 2 | 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 | 2 | 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 | 2 | SI/RR | Normal vaginal & assisted (Vacuum / Forcep ) delivery | |
| | | Availability of Pre term | 1 | SI/RR | Check if pre term delivery are | |

# Criteria for certification and badges of LaQshya certified

- Platinum Badge: Achieving more than 90% Score.
- Gold Badge: Achieving More than 80% Score.
- Silver Badge: Achieving more than 70% Score.
- These badges should be worn by the care providers as well as prominently displayed at relevant places in the hospitals
- the assessment have been done by using standardized checklist of LaQshya in district hospital and the departmental score which is an average of component specific score are as follows :

# Data Analysis

The checklist for both labour room and maternity OT contains eight area of concern, each area of concern is followed by further standards and sub standards in term of measurable elements

Area of concerns of laQshya checklist

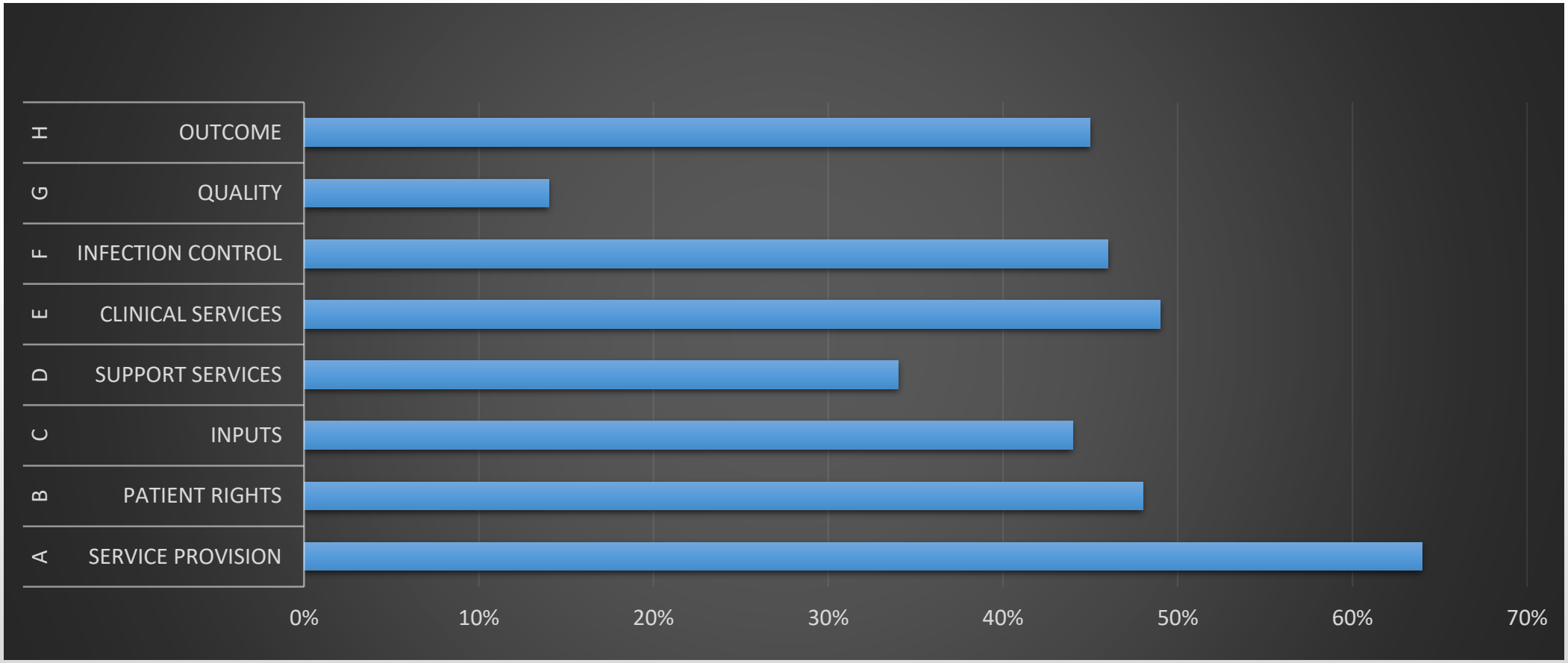
1. Service provision
2. Patient rights
3. Inputs
4. Support services
5. Clinical services
6. Infection control
7. Quality management
8. outcome

# Contd....

- Every department covers 8 core themes each having essential components with detailed means of verification for each. If any of the components are not available, then the field are marked as zero and not left blank so as to avoid any discrepancy in scoring.
- Quantifiable component - These are the key elements which should be checked by an assessor in the respective department.
- Compliance and scoring system – Departmental scorecard are generated in percentages automatically after scoring all the departmental checklists. All the fields are mandatory to be filled to get overall Quality Scorecard. All the checkpoints have equal weightage to keep scoring simple. Once the scores have been assigned to each checkpoint, department wise score was calculated for the department and also for themes by adding the individual scores for the checkpoints.

# Results

## Labour room score card (42%)



# Results

## Operation theatre score card

| Operation Theatre Score Card | | | |
|---|---|---|---|
| Area of Concern wise Score | | | Operation Theatre Score |
| A | Service | 22% | 54% |
| B | Patient Rights | 64% | |
| C | Inputs | 37% | |
| D | Support Services | 43% | |
| E | Clinical Services | 64% | |
| F | Infection | 67% | |
| G | Quality | 59% | |
| H | Outcome | 42% | |

# Labour room

| Area of concern | Obtained score | Minimum required score for certification | Difference |
|---|---|---|---|
| Service provision | 64% | 70% | -6% |
| Patient rights | 48% | 70% | -22% |
| Inputs | 44% | 70% | -26% |
| Support services | 34% | 70% | -36% |
| Clinical services | 49% | 70% | -21% |
| Infection control | 46% | 70% | -24% |
| Quality | 14% | 70% | -56% |
| outcome | 45% | 70% | -25% |

# Operation theatre

| Area of concern | Obtained score | Minimum required score for certification | Difefrence |
|---|---|---|---|
| Service provision | 22% | 70% | 48% |
| Patient rights | 64% | 70% | 6% |
| Inputs | 37% | 70% | 33% |
| Support services | 43% | 70% | 27% |
| Clinical services | 64% | 70% | 6% |
| Infection control | 67% | 70% | 3% |
| Quality | 59% | 70% | 11% |
| outcome | 42% | 70% | 28% |

# Discussion

| Labour room and operation theatre | strength | weakness |
|---|---|---|
| Input | **Capital resources**<br>Building<br>Equipment<br>Vehicle | **Health workforce**<br>Physicians<br>Nurses<br>Laboratory technician<br>Operation theatre technician<br>**Training of the staff** |
| Process | Timely action<br>Providers behaviour<br>Availability of essential seven trays<br>Referral to other hospital | Infection Prevention – Supplies and Practices within the labour room<br>Use of PPE<br>Delayed diagnosis decision |
| outcome | Protocol posters<br>Initiation of breast feeding within first hour of birth and making a note of the time in delivery registers<br>Use of radiant warmer | Prolonged length of stay<br>Facility not ensuring all delivery tables are equipped with foot stool, mattresses, Macintosh, sheets, pillow and light source (lamps |

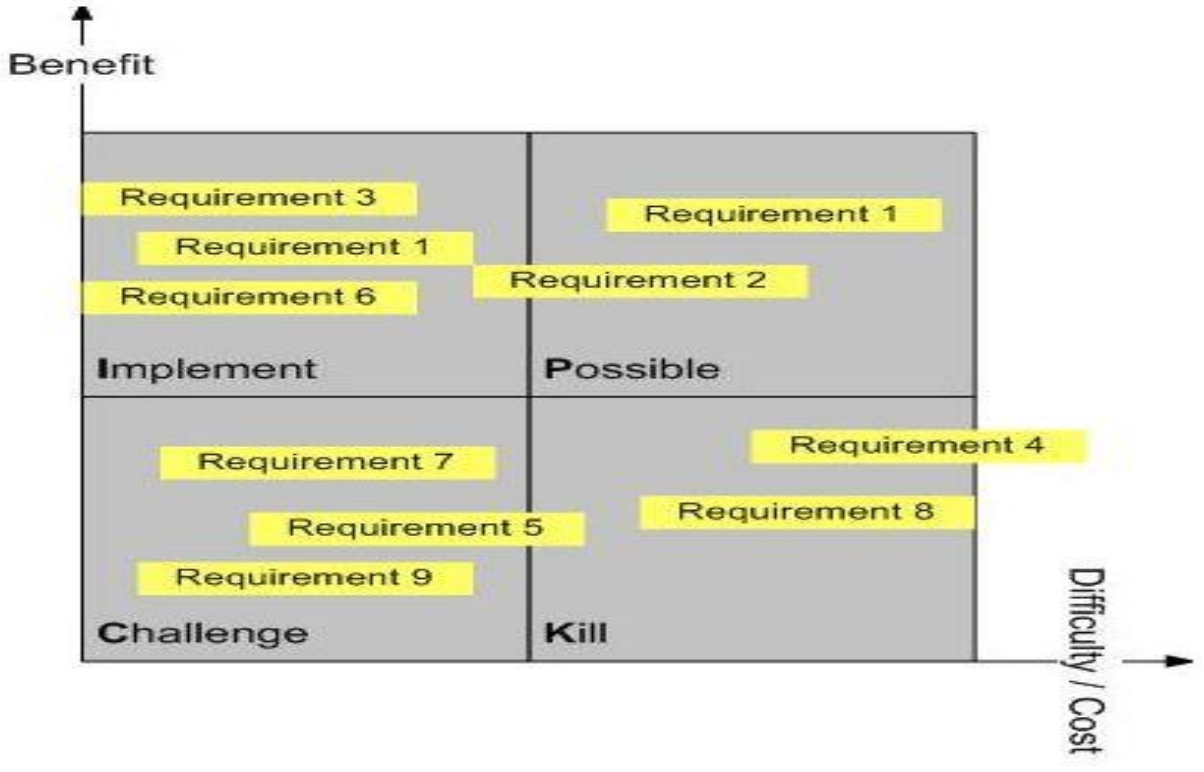
# Conclusion

- By assessing the facility with LaQshya guideline it was found that in its current state , the infrastructure for both labour room and operation theatre is inadequate to achieve the nation’s population health objective , there is a huge gap in sanctioned and posted medical staff (no.of doctor sanctioned :53 and no .of doctor posted :6), The facility doesn’t have established, documented implemented and maintained Standard Operating Procedures for all key processes and support services. The organisational framework for quality improvement is not up to the mark .
- Through the study process a number of conclusion about the integration of labour room and maternal OT and formulated some recommendations whose implementation could advance integration to improve population health .

# Recommendation

- The assessment was done in district hospital Sitamarhi Bihar, Facility assessment has discovered areas for improvement that may require further delineation and investigation in order to formulate an adequate strategy.
- However, to maximize the effectiveness of government funded national schemes for mother and their children, there is a need to paid special attention to reduce healthcare provider and staff turnover and improvement in the infrastructure to support MNH services, therefore a change in policy is required to ensure the distribution of healthcare personnel and logistic support should be proportionate to population of district. despite the low quality of MNH services, the patient's satisfaction level remained always high, attention on awareness –raising activities to educate the patients about the quality of care need to be emphasized during implementation of the programme. extended follow up is required in order to assess the quality of MNH services at the government owned healthcare facilities especially in rural areas

- Quality tool pick chart can be use by facility management to identify the low hanging fruits and can improve them by making an action plan for them , it will help the hospital to improve the score in any assessment and the hospital will come closer to certificate achievable score



# Referrances


- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6231574/
- https://apps.who.int/iris/bitstream/handle/10665/260178/9789241550215-eng.pdf;jsessionid=1B023AD1CDD9A471F5D8FEFFBE6CCA96?sequence=1
- https://doi.org/10.1038/jp.2016.183
- https://doi.org/10.1186/s12913-015-1077-8
- http://www.commonhealth.in/resourses/eglish_resources/Fact_Finding_Report_Final.pdf


THANK YOU