Analysis of Maternal Death in Surendranagar District, Government of Gujarat

By

Jagdish Chhimpa

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2014-2016

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TO WHOMSOEVER MAY CONCERN

This is to certify that Mr. Jagdish Chhimpa student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at NRHM Gujarat from Feb 5, 2016 to May 5, 2016.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

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The certificate is awarded to

JAGDISH CHHIMPA

In recognition of having successfully completed her internship in the department of Monitoring and Evaluation

He has successfully completed his Project on

Analysis of Maternal Death in Surendranagar District, Gujarat

From 05-2-2016 to 05-05-2016

National Rural Health Mission Gujarat

He comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish him/her all the best for future endeavors

Dr. S.M .DEV
Chief District Health Officer
Surendranagar,Gujarat

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled A Study on maternal death analysis in surendranagar district Gujarat and submitted by Jagdish Chhimpa Enrollment No. 0151 under the supervision of Pro Dhirendra kumar IIHMR University for award of MBA Health and Hospital Management of the University carried out during the period from 5th Feb 2016. to 5th May 2016 . embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Jagdish chhimpa
MBA HM 19

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Executive Summary

BACKGROUND OF THE STUDY

The high level of maternal mortality in the developing world is an issue of public health concern. India accounts for over 20% of the world's maternal deaths. Maternal mortality is ascribed usually to complications that generally occur during or around labour and cannot be accurately predicted. The major causes of maternal mortality are haemorrhage, sepsis, hypertensive disorders, obstructed labour, and abortions. All of these causes are mostly preventable through proper understanding, diagnosis, and management of labour complications. Maternal mortality ratio is dependent upon the general socioeconomic status, nutrition level of maternal healthcare in community.

Approximately 529,000 women die from pregnancy-related causes annually and almost all (99%) of these maternal deaths occur in developing nations. One of the United Nations' Millennium Development Goals is to reduce the maternal mortality rate by 75% by 2015. Causes of maternal mortality include postpartum haemorrhage, eclampsia, obstructed labour, and sepsis. Many developing nations lack adequate health care and family planning, and pregnant women have minimal access to skilled labour and emergency care. Basic emergency obstetric interventions, such as antibiotics, oxytocics, anticonvulsants, manual removal of placenta, and instrumented vaginal delivery, are vital to improve the chance of survival.

Research Question

What are the major risk factors contributing to Maternal death of Rural Area in Surendranagar District during the year 2015-16.

Objective

- To Identify the major cause and delay in maternal death in Rural area in Surendrnagar District During The year 2015-16 by Analysis of verbal autopsy form.
- To suggest measure to Reduce MMR in Surendranagar District.

Methodology

A retrospective cross sectional study is conducted. Study is based on secondary data. The data were collected by block health officer in structural verbal autopsy form. Total 25 verbal autopsy forms were filled BHO in 10 taluka of Surendranagar district.

Study Design:-A retrospective cross sectional study is conducted.

Study area: - 10 block in Surendrnagar district.

Sample size: - Twenty five maternal deaths recorded in the year 2015-16.

Data collection:-

-Primary data- Structured questionnaire (verbal Autopsy form for maternal death). Verbal autopsy was filled up (for 3 maternal death) with BHO from february 2016 to april 2016.

Secondary data- Secondary data was collected using 22 verbal Autopsy form already proposed between april 2015 to jan 2016.

-Analysis verbal Autopsy reports of Maternal death Reported in 2015-16 in surendranagar district.

Process- MS Excel is used to analyse the data

ACKNOWLEDGEMENT

The success of any task would be incomplete without the expression of gratitude to the people who made it possible. I express sincere gratitude towards everyone who helped directly or indirectly incompletion of Internship from NRHM,GUJARAT.

At the onset of my report, I would like to acknowledge my sincere thanks to our University, Institute of Health Management and Research, Jaipur for providing us platform to gain enough knowledge and skills in different aspects of health management.

I express my gratitude and regards to my guide Prof. Dr. Dhirendra kumar for his able guidance and useful suggestions which helped me in completing the project work.

Special thanks to my internship coordinator Mr. Chandramani Prasad (RCHO) for the faith shown upon me and guidance given without which the assignment would not have been possible.

I would also like to thank my faculty members without whom this project would have been a distant reality. My seniors and colleagues also hold a special mention here for believing in me and supporting me throughout internship.

I would like to thank all DPMU staff.

Mr. Jagdish Chhimpa

The IIHMR University

1.0 Introduction

The high level of maternal mortality in the developing world is an issue of public health concern. India accounts for over 20% of the world's maternal deaths. Maternal mortality is ascribed usually to complications that generally occur during or around labor and cannot be accurately predicted. The major causes of maternal mortality are hemorrhage, sepsis, hypertensive disorders, obstructed labor, and abortions. All of these causes are mostly preventable through proper understanding, diagnosis, and management of labor complications. Maternal mortality ratio is dependent upon the general socioeconomic status, nutrition level of maternal healthcare in community.

1.1 Rationale:-

Approximately 529,000 women die from pregnancy-related causes annually and almost all (99%) of these maternal deaths occur in developing nations. One of the United Nations' Millennium Development Goals is to reduce the maternal mortality rate by 75% by 2015. Causes of maternal mortality include postpartum hemorrhage, eclampsia, obstructed labor, and sepsis. Many developing nations lack adequate health care and family planning, and pregnant women have minimal access to skilled labor and emergency care. Basic emergency obstetric interventions, such as antibiotics, oxytocics, anticonvulsants, manual removal of placenta, and instrumented vaginal delivery, are vital to improve the chance of survival.

2.0 Literature Review:-

Various studies related directly or indirectly with the objectives of the present study were reviewed.

-UNICEF EASTERN AND SOUTHERN AFRICA REGIONAL OFFICE June 2003- Nairobi in its report 'Maternal mortality reduction strategy" states UNICEF has been working with WHO, development partners and professional Association to advocate for mandatory maternal death notification by countries. Maternal death notification is a concrete way to

advocate and realize women's rights. For similar reason to birth registration UNICEF should advocate and support maternal death notification. Making maternal death reportable is a system to address the issue of high maternal mortality . It helps to brings the issue in govt agenda priorities maternal mortality and regular goerment allocation improve management throw complication identification of complication factors in the health facilities and communities.(1)

-Samuel mills (HDNHE, world bank) march 2011 in his report "Maternal death audits as a tool reducing maternal mortality" defines maternal death audits as in depth systematic review of maternal deaths to decline their underlying health social and other contributory factors and the lessons learned from such an audit are used in making recommendation to prevent similar future deaths.

The center for Reproductive Rights in its Maternal mortality in India:-The Government of India has a legal obligation to ensure that women do not die or suffer complications as a result of preventable pregnancy-related causes. The staggering scale and continuing occurrence of maternal deaths and morbidity in India reveals the Government's failure to protect women's rights and comply with international law.

As the nation leading the world with respect to the number of maternal deaths, the Indian government has an immediate obligation to take meaningful steps to dramatically reduce maternal mortality by fully implementing national policies on maternal health and holding those responsible for the failure of its policies accountable.

This report is intended to serve as a resource for those interested in using international and constitutional legal norms and mechanisms to establish government accountability for maternal deaths and pregnancy-related morbidity through public interest litigation and human rights advocacy.

3.0 Research Question

What are the major risk factors contributing to maternal death of Rural Area in Surendranagar District during the year 2015-16.

4.0 Objective

- 4.1 To Identify the major cause and delay in maternal death in Rural area in surendrnagar District During The year 2015-16 by Analysis of verbal autopsy form.
- 4.2 To suggest measure to Reduce MMR in surendranagar District.

5.0 Methodology

A retrospective cross sectional study is conducted. Study is based on secondary data. The data were collected by block health officer in structural verbal autopsy form. Total 25 verbal autopsy forms were filled BHO in 10 taluka of Surendranagar district.

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Secondary data- Secondary data was collected using 22 verbal Autopsy form already proposed between April 2015 to January 2016.

-Analysis verbal Autopsy reports of Maternal death Reported in 2015-16 in Surendranagar district .

Process- MS Excel is used to analyse the data

Inclusion Criteria:- All maternal Death verbal autopsy form of Surendranagar district are filled by BHO During year 2015-16.

Statistical treatment:-

Data was collected and cross checked for any incomplete or partial filling. Using SPSS version 20 collected data was then edited, coded, tabulated and organized into various frequency distributions.

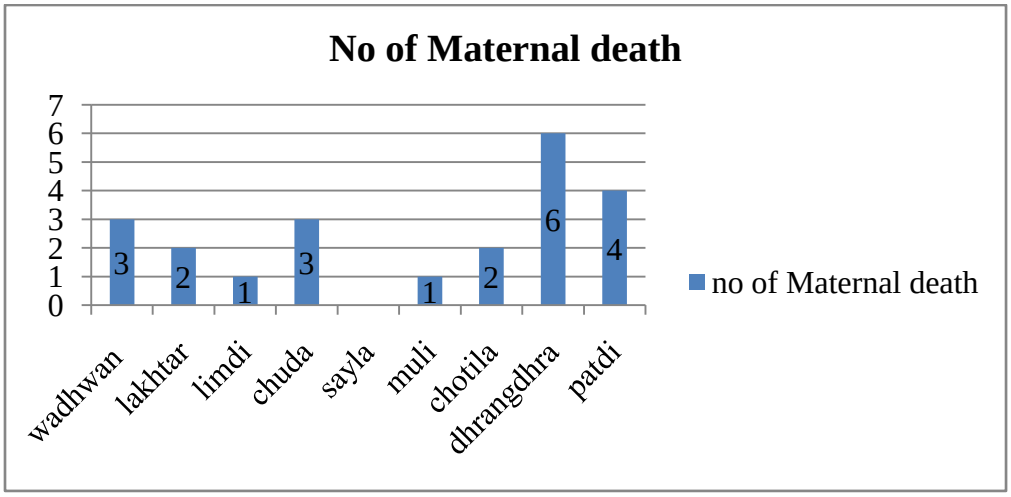
Ethical considerations

Informed consent was taken before starting the interview. If anyone disagreed to become part of the data collection process they were not forced by any means. Confidentiality was ensured to all participants.

Findings And Results :-

A) Distribution of Maternal death:-

25 maternal deaths were reported during 2015-2016 in surendranagar.



Block Dhrangdhra reported a maximum of 6 i.e. 25% of total maternal deaths reported in district followed by 4 maternal death in patdi and 3 death in Wadhwan and Chuda block.

(b) Cause of maternal death:-

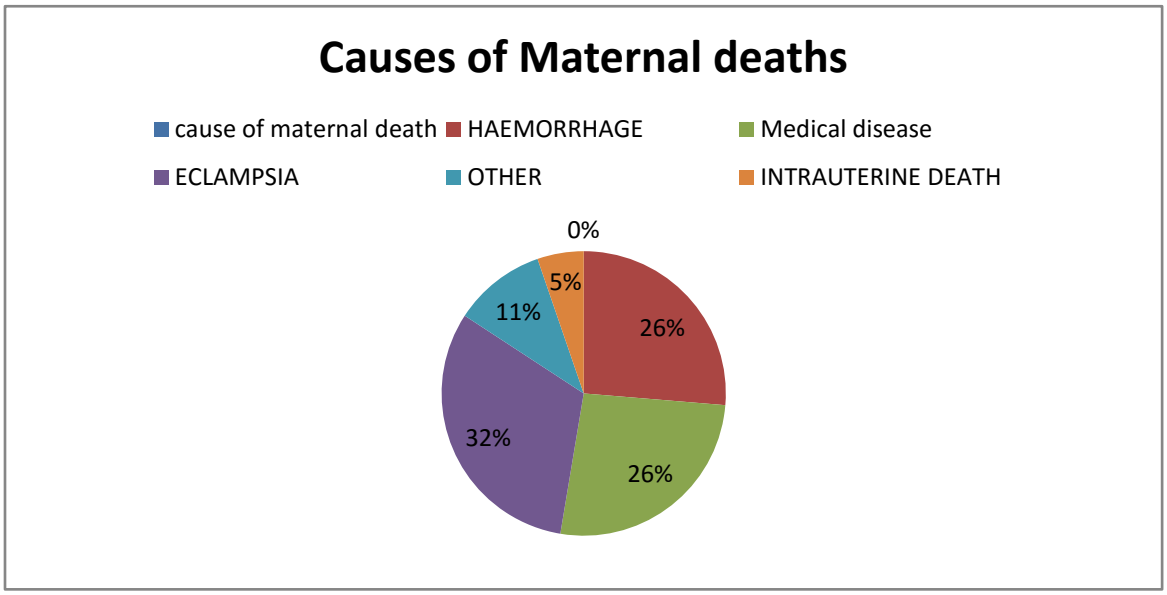
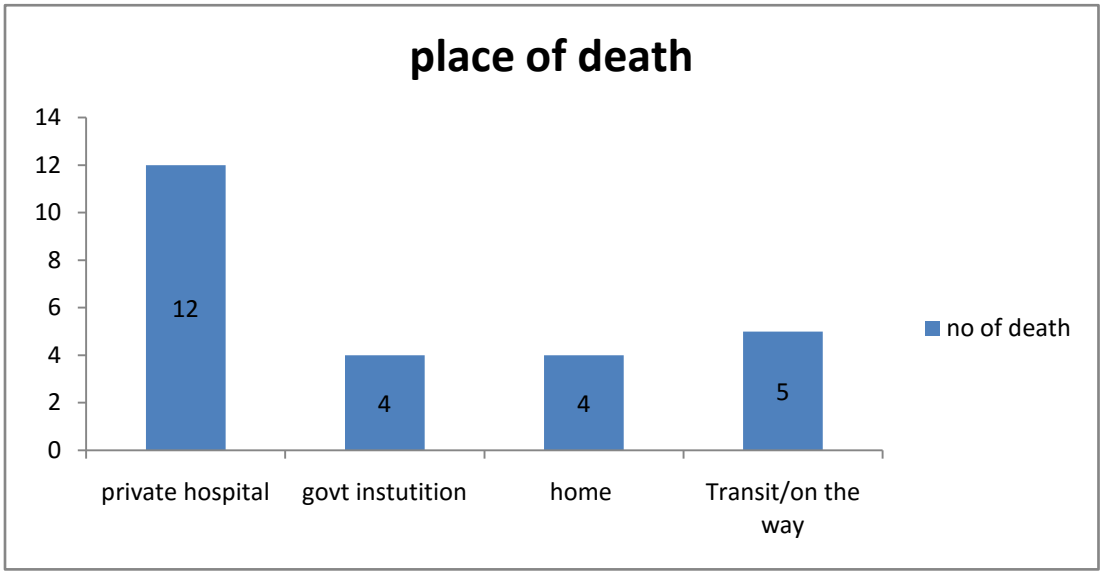


Fig-2

Direct leading cause of maternal deaths due to hemorrhage is 26 percent followed by other causes like eclampsia ,medical disease, intrauterine death and indirect causes.

c) Place of Death:-

Fig- 3 No of Death Place Wise



Home delivery accounted to 4 deaths i.e 16 percent of total maternal deaths and 4 deaths in government institution and 12 deaths recorded in private hospitals.

d) Period of Maternal death:-

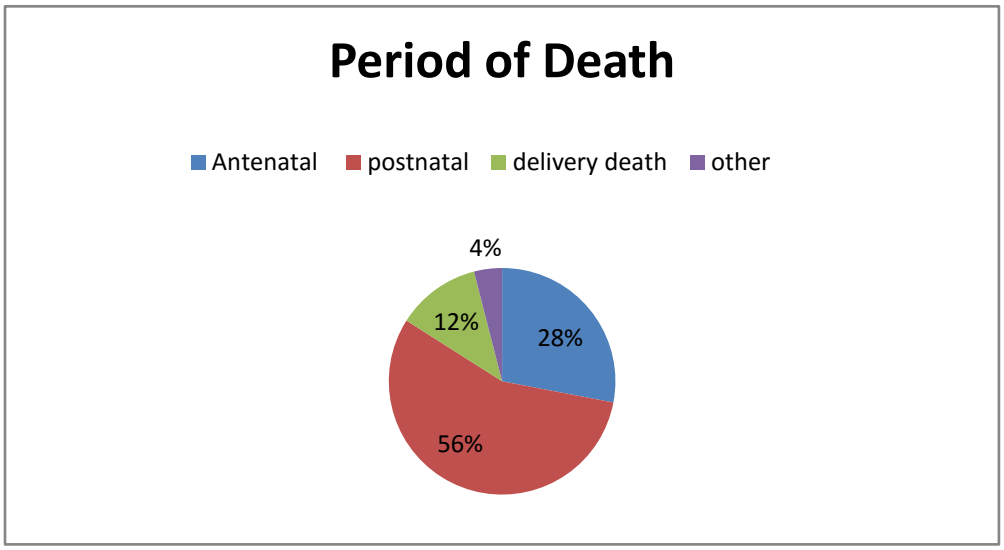


Fig- 56 percent deaths reported occurred in postnatal period, 28 percent deaths happened in antenatal period and 12 percent death reported during delivery time.

5) Education status of deceased women:-

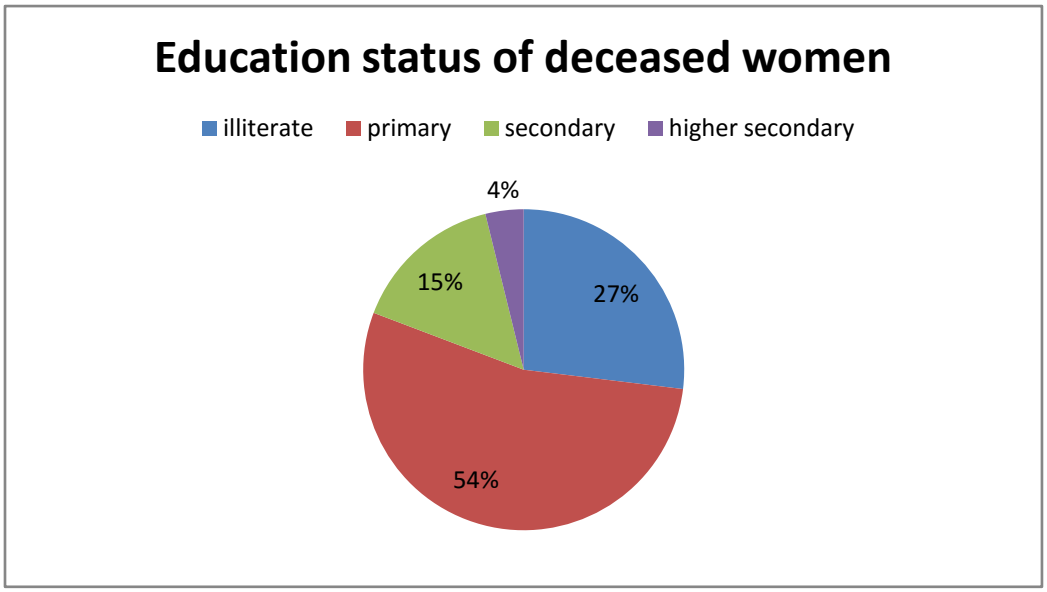


Fig-

27 percent deceased mother were Illiterate ,54 percent deceased mothers were in primary level.

(6) level of delay:-

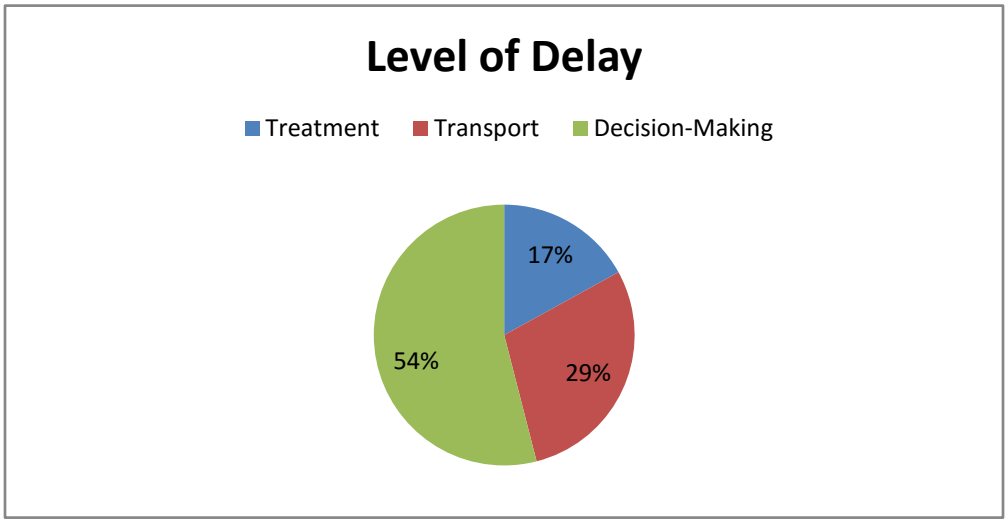


Fig- When WHO Three delay were analyze it was found that 54% delay was delay in Decision-Making ,29% Delay in Transport and 17% Delay in Treatment.

5.0 Recommendation and strategies:-

1) Education of young Girl:-

Finding shows That 27% of women died were illiterates. As education Status of women increase she will get aware of the importance various maternal services like ANC ,Institutional delivery, PNC etc. Even NFHS-3 Study 2005-06 also shows That access to Maternal Health Care increase with increase educational Status.

2) Strengthening of Emergency Obstetric Care services in District:-

As we have seen That mother delivered at govt and private Institution Both individually account 56% of maternal deaths. This indicates that All Govt and pvt Healthcare institution needs to improve maternal health care service delivery standard Emoc service need to be improved by strengthening Emoc services.

3) Strengthen of all PHC and CHC's:-

Esp 24*7 phc's & FRU'S In terms Emoc service delivery & Blood Transfusion Facility.

4) Improving The quality of Health Care services to improve the quality Of ANC care and PNC care.

5) BCC and IEC activity to Improve the awareness for Health care Facility.

Conclusion:-

- Block Dhranghra show less institutional delivery nearby 60% and less delivery point as per annual report of Surendranagar, so more delivery point required. Chief District Officer and taluka health officer done mapping. Post natal period most of the death occurred, so required to do more focus on HBNC care, taluka health officer done concurrent monitoring for the same.IEC for the institutional delivery to be conducted for the awareness of the health related issue in ANC period.

Limitation:-

- Verbal Autopsy forms used for the Study were Not Filled Completely suggesting chance of Information Bias.
- Quality of verbal Autopsy form filled by BHO is very poor so many information were not filled by BHO so it was not possible to fill all information.