Gap Analysis of Maternal and Newborn Healthcare Services at Level 2 and Level 3 Delivery Points at District Alirajpur, MP

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Background

- Pregnancy and motherhood are natural processes in the lives of women of reproductive age. It is observed that the highest proportion of maternal and newborn deaths takes place during and immediately after childbirth which can be preventable through appropriate care of mothers during and after labour and appropriate care of the newborns immediately after birth.
- This points out to the need for improving the quality of practices in the labour room.
- This study is an attempt to identify the gaps in service delivery at L2 and L3 delivery points of Alirajpur district so that suggestions can be made according to the operational guidelines of MCH and quality of care can be improved.

MCH centre's by level of care:

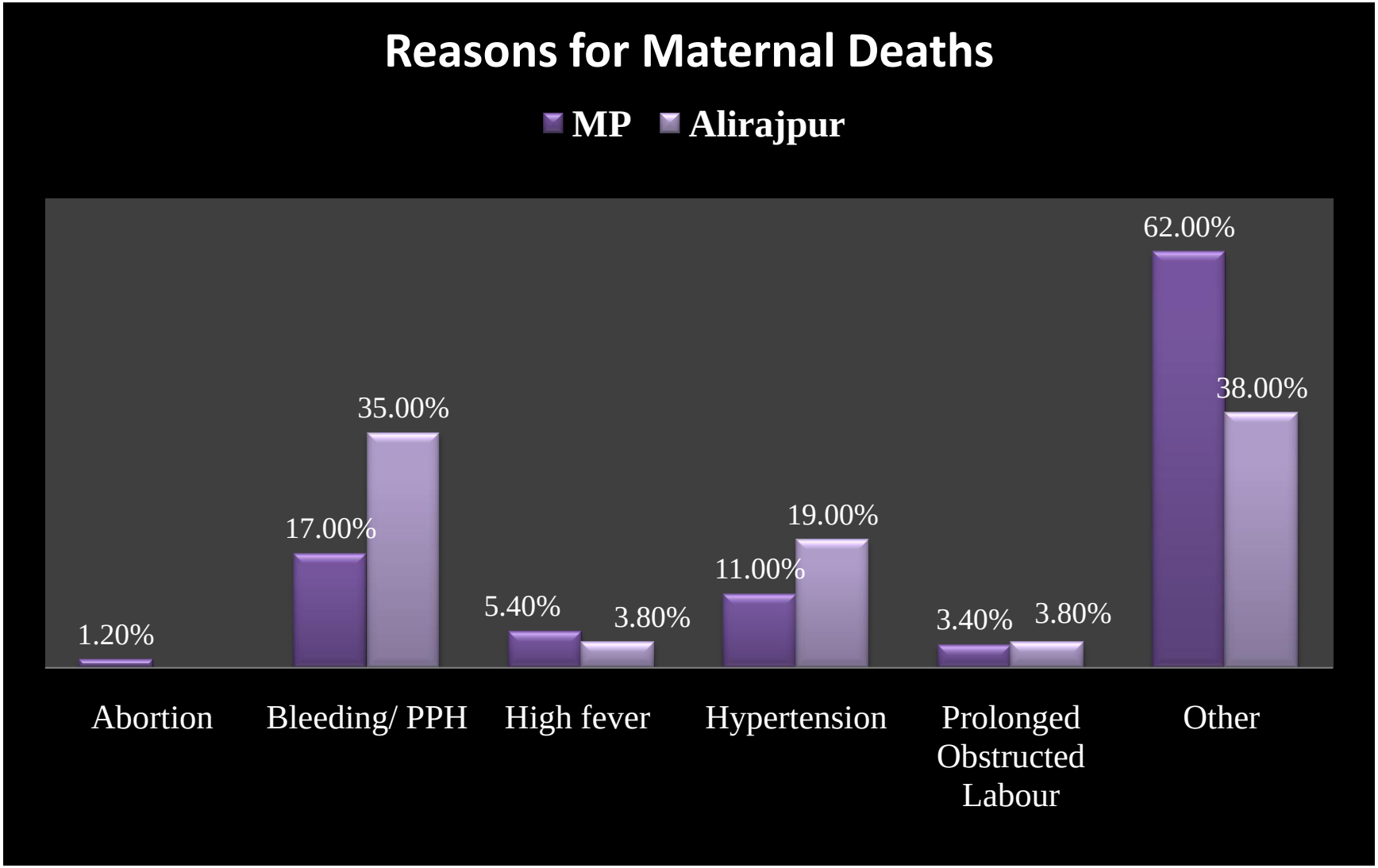
- Level 3 – (Comprehensive Level-FRU): All FRU-CHC/SDH/DH/area hospitals/referral hospitals/tertiary hospitals where complications are managed including C-section and blood transfusion. Such an FRU would be equipped also with a Newborn Stabilization Unit (NBSU) at CHC/SDH/others or Special Newborn Care Unit (SNCU) at DH and above. A District Hospital irrespective of caseload has to be a Level 3 institution.
- Level 2 – (Basic Level): All 24 x 7 facilities (PHC/Non-FRU CHC/others) which are providing BEmOC services; conducting deliveries and management of medical complications not requiring surgery or blood transfusion and have either a NBCC or NBSU.
- Level 1 – All sub-centre's and some PHCs which have not yet reached the next level of 24 x 7 PHC, deliveries are conducted by a skilled-birth attendant (SBA). An NBCC must be established in all such facilities.

Literature Review

- A program based on managing third stage of labour reported that most deaths occur in developing countries where women may receive inappropriate care during labour, delivery or during the postpartum period. [1]
- According to the special survey of deaths conducted by the Registrar General of India (RGI), the major cause of maternal deaths in India in 2001–03 was haemorrhage (38%), which was followed by other conditions (33%). Other causes of maternal deaths were sepsis (11%), abortion (8%), hypertensive disorders (5%) and obstructed labour (5%). [2]

Rationale

- The public institution deliveries have increased from 18.4 % (NFHS 3) to 69.5% (NFHS 4) in ten years, but the reduction in MMR is only 114 points from 2004 to 2013 in Madhya Pradesh according to SRS data.
- It is observed that the highest proportion of maternal and newborn deaths takes place during and immediately after childbirth. This points out to the need for improving the quality of practices in the labour room.
- To improve the quality of care it is necessary to analyse the gaps in functioning of the delivery points for strengthening their services, to provide comprehensive maternal health services.



*Source: WHO- The Global Burden of Disease:2004 (Update 2008)

Objectives

- To assess the availability of required Infrastructure and basic facilities for effective functioning of the labour room.
- To assess the Human Resource (HR) available against the sanctioned strength of the institution and their training status.
- To assess the availability of essential medicines, functional equipments and instruments in the labour room for qualitative service delivery.
- To assess the adherence to infection prevention practices in the labour room.

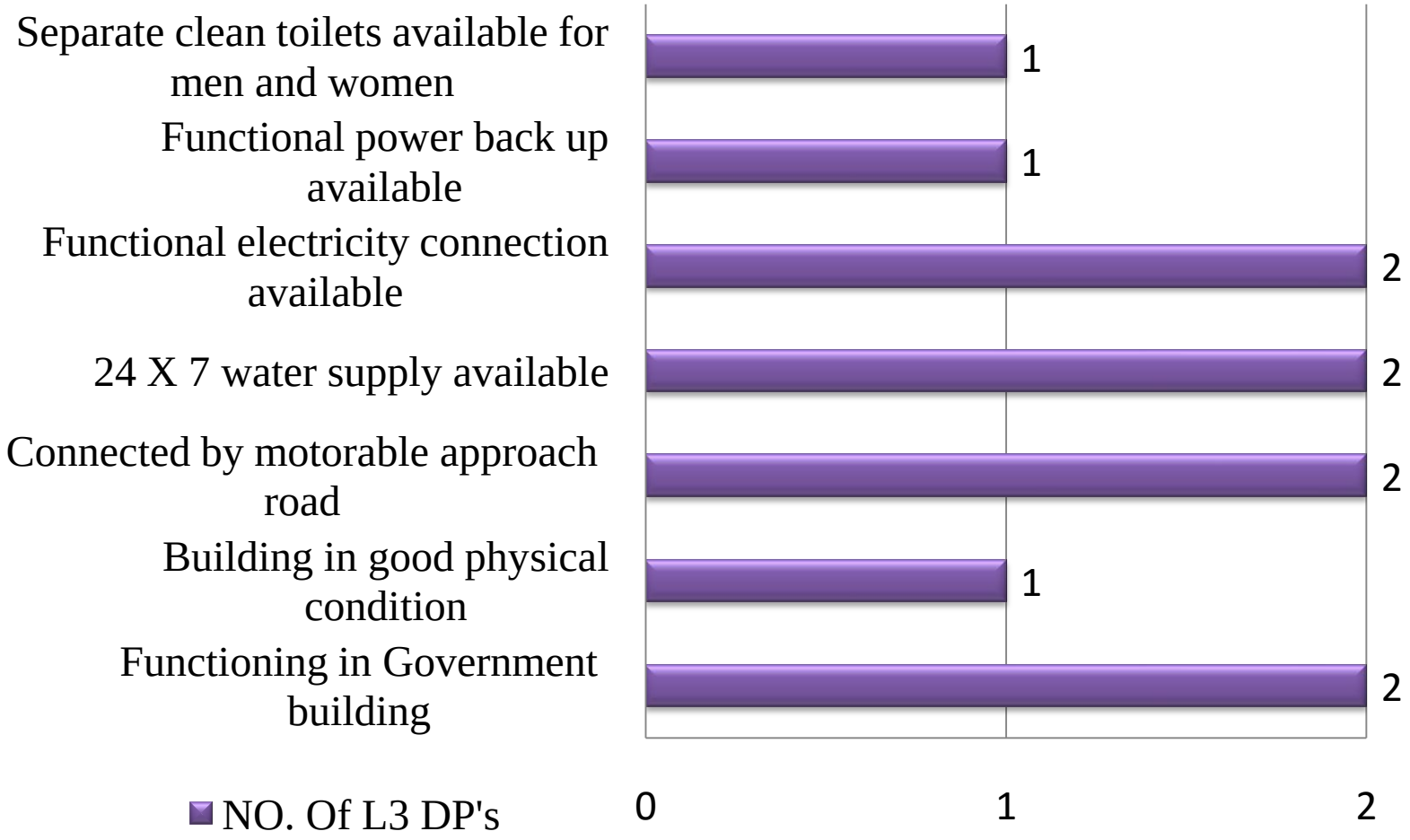
Methodology

- **Study Design**: - Descriptive Cross-sectional study.
- **Study Area**: - District Alirajpur, Madhya Pradesh.
- **Study Duration**: - Three months (8th February 2016 to 8th May 2016).
- **Sample Size**: –Two level 3 and fifteen level 2 delivery points.
- **Data collection method**: - Primary data was collected through observation of the identified facilities and interview of all the respondents. Secondary data was collected from registers and hospital records.
- **Data collection tools**: - The data was collected with the help of preformed standardized checklists.
- **Data analysis:** Data analysis was done by using MS Excel software. MS 2007 was used for graphical representation and further analysis.

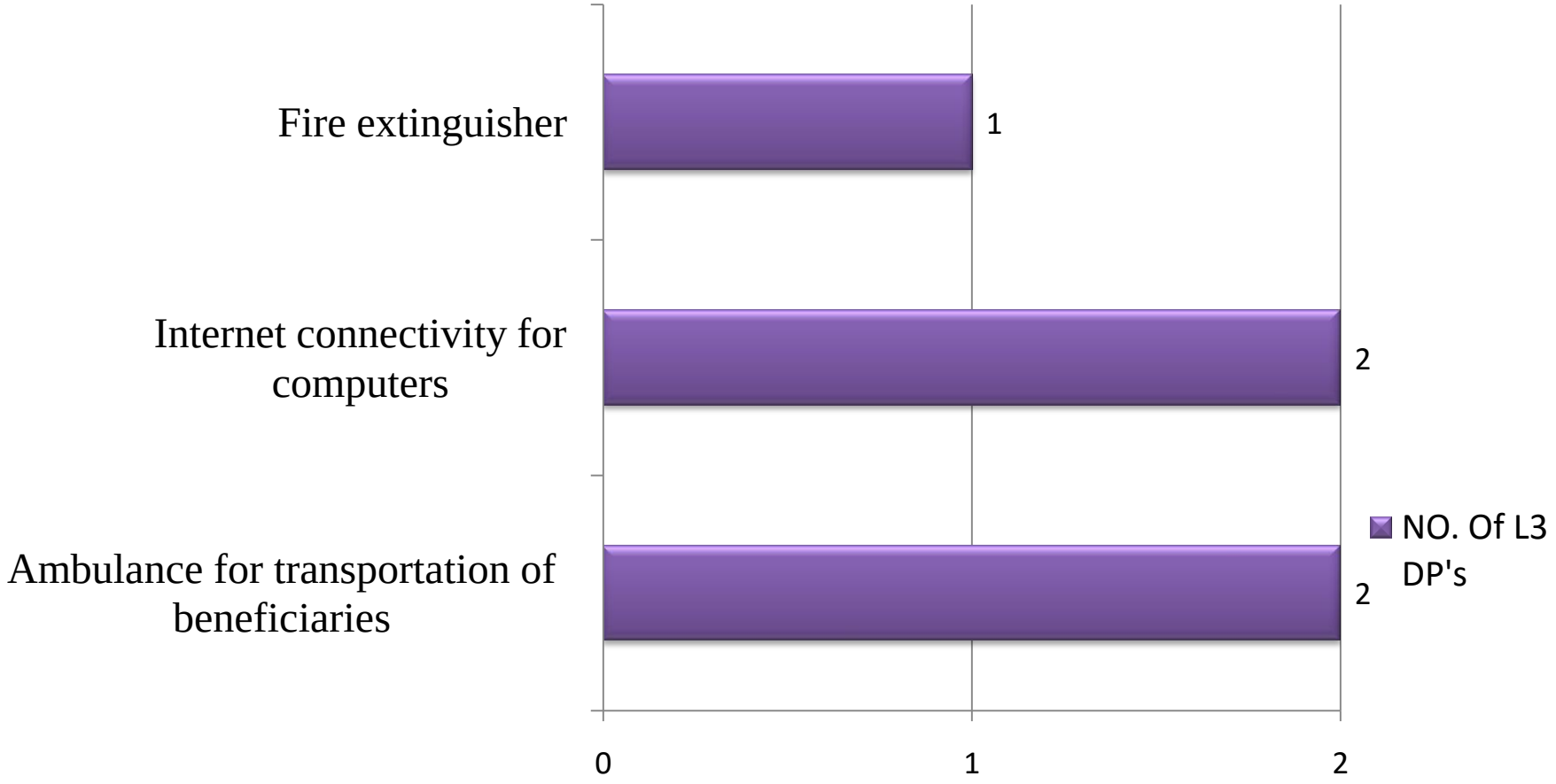
Observation and Results

- Infrastructure and Basic Facilities available at L3 and L2 delivery points.
- Human Resource
- Essential medicines, functional equipments and instruments in the labour room.
- Infection prevention practices in the labour room

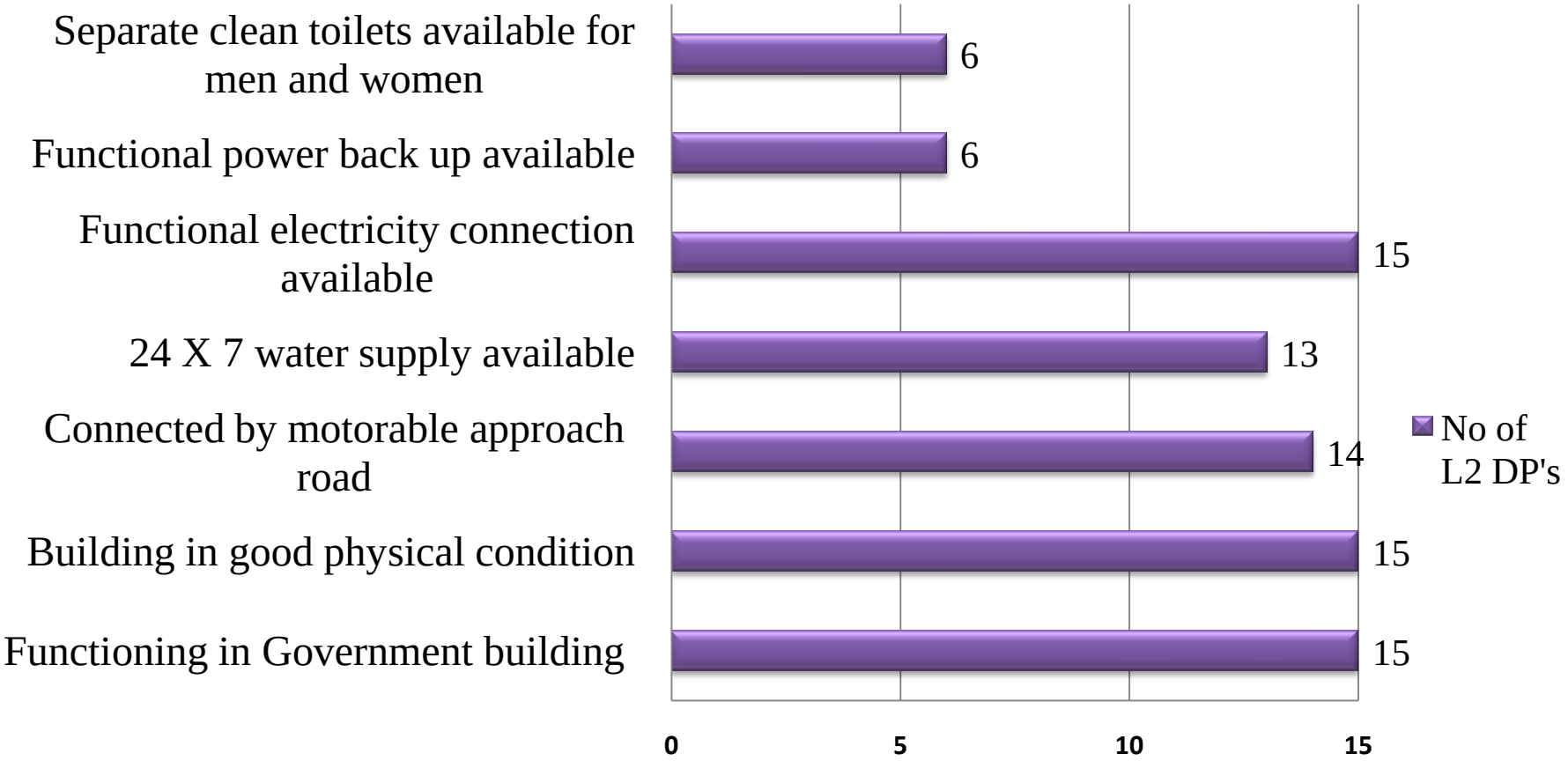
Infrastructure of L3 Health Facility



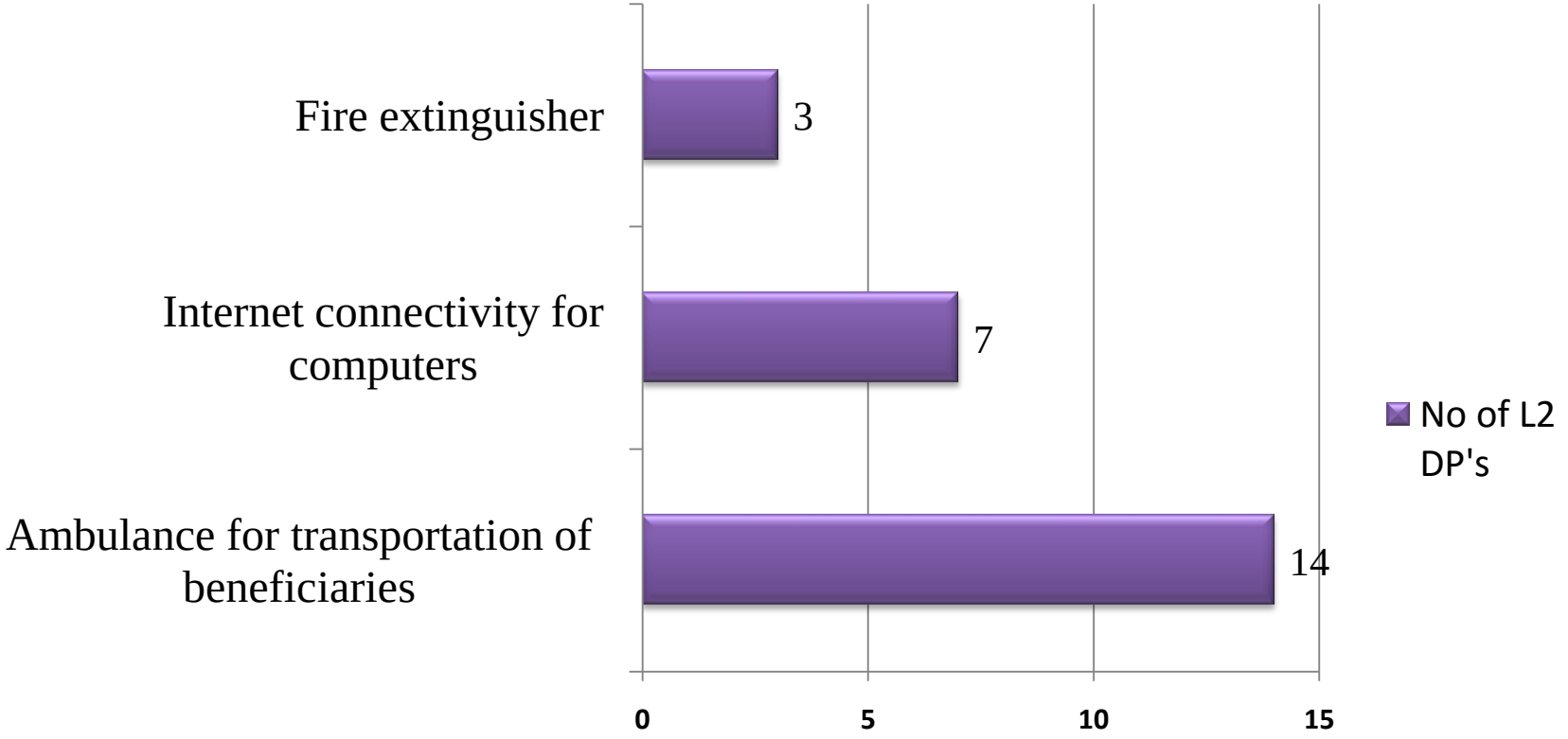
Other Facilities Available at L3 DP



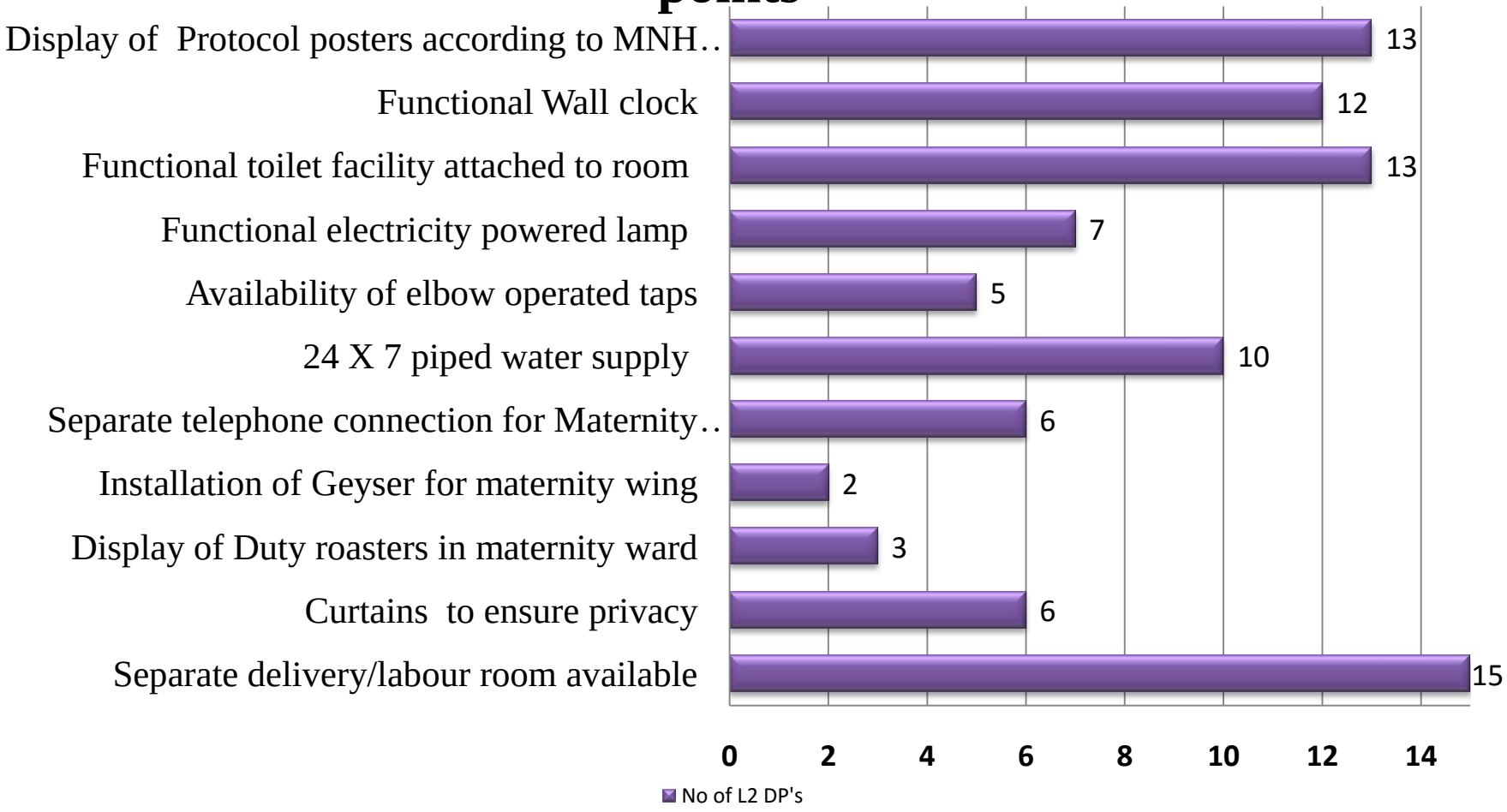
Infrastructure of L2 Health Facility



Other Facilities Available



Labour room facilities available at L2 delivery points



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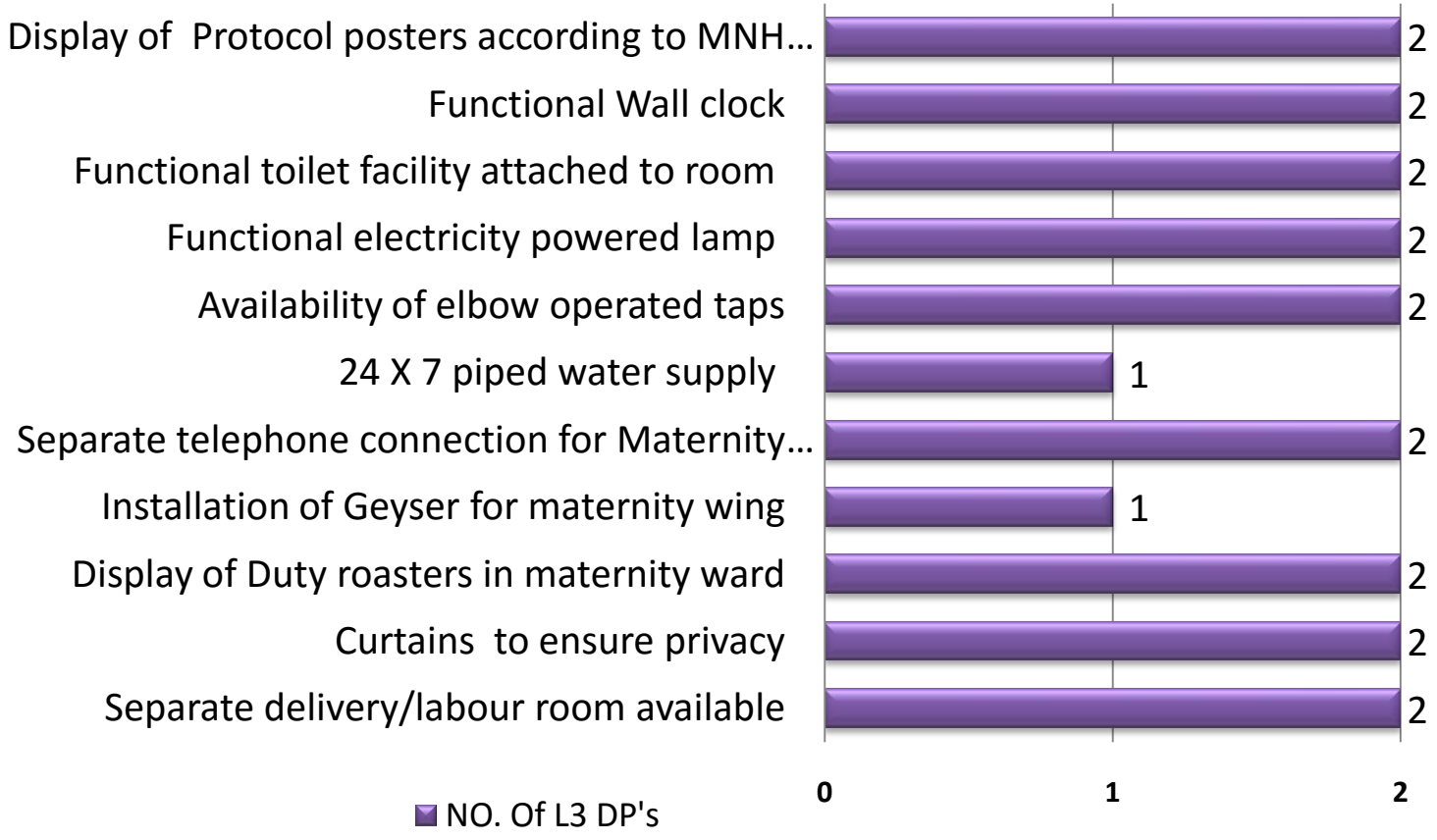
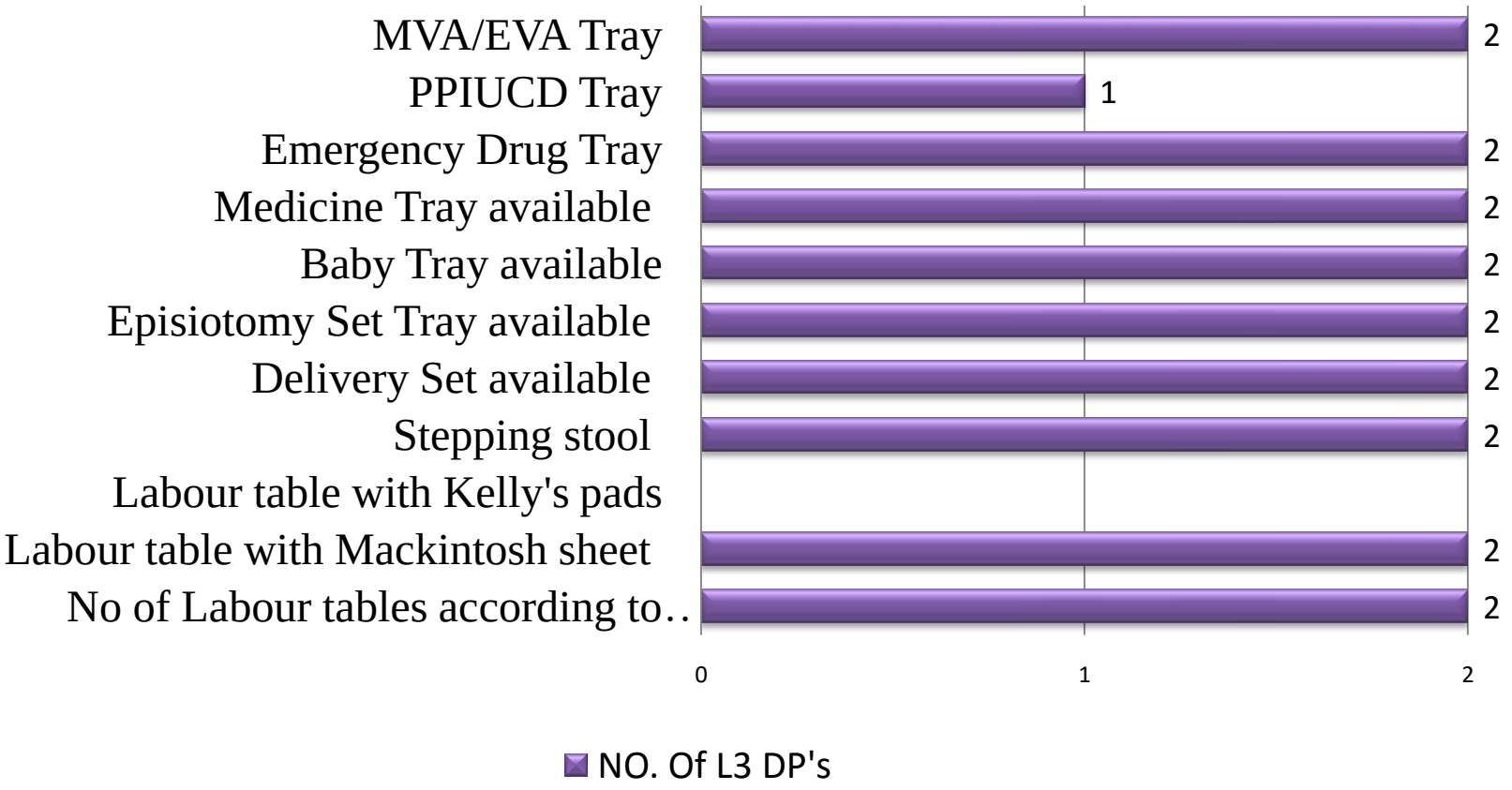


Labour table and Tray corner at L3 DP



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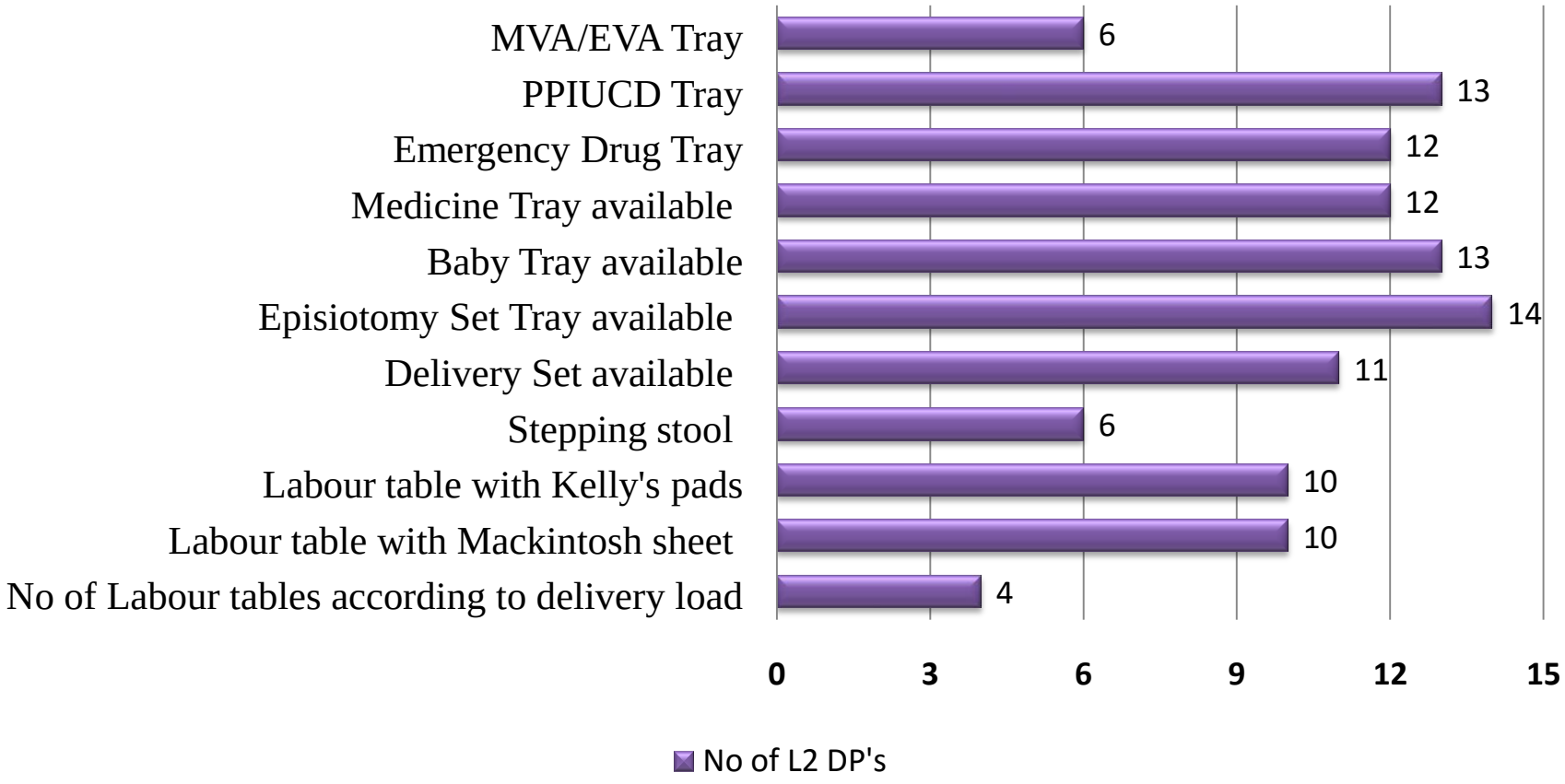
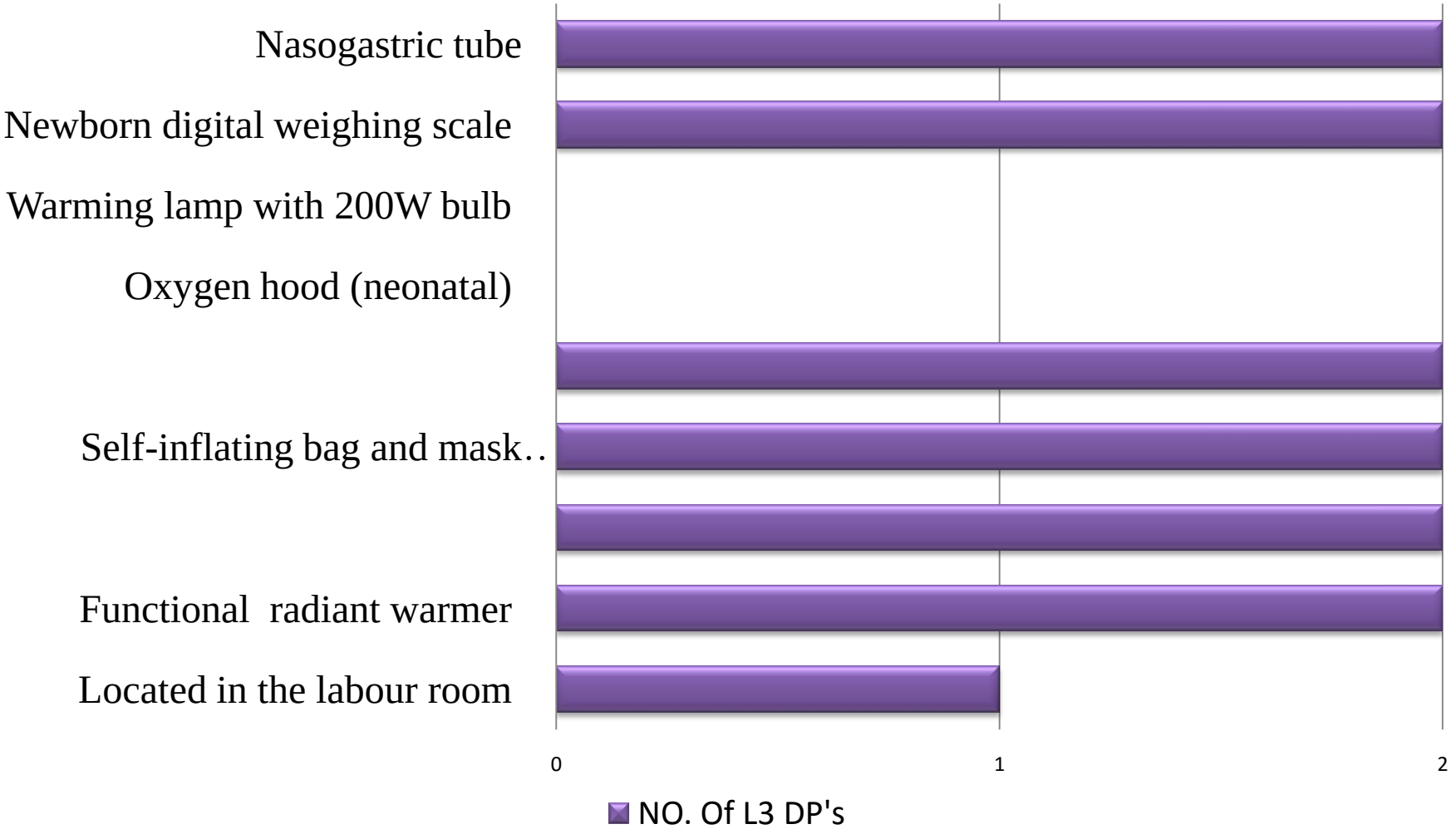


Amenities available in the new born corner at L3 DP's



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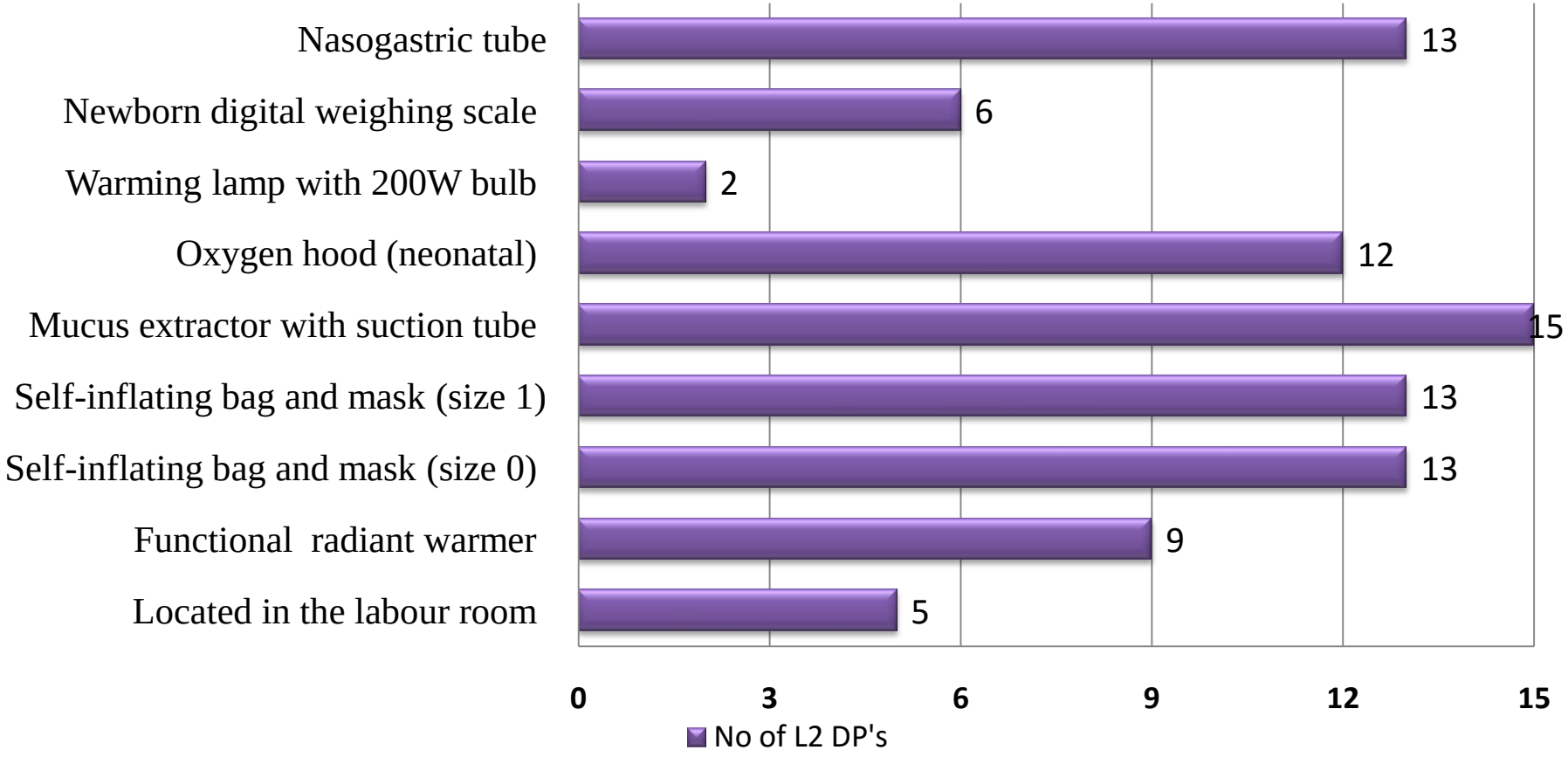
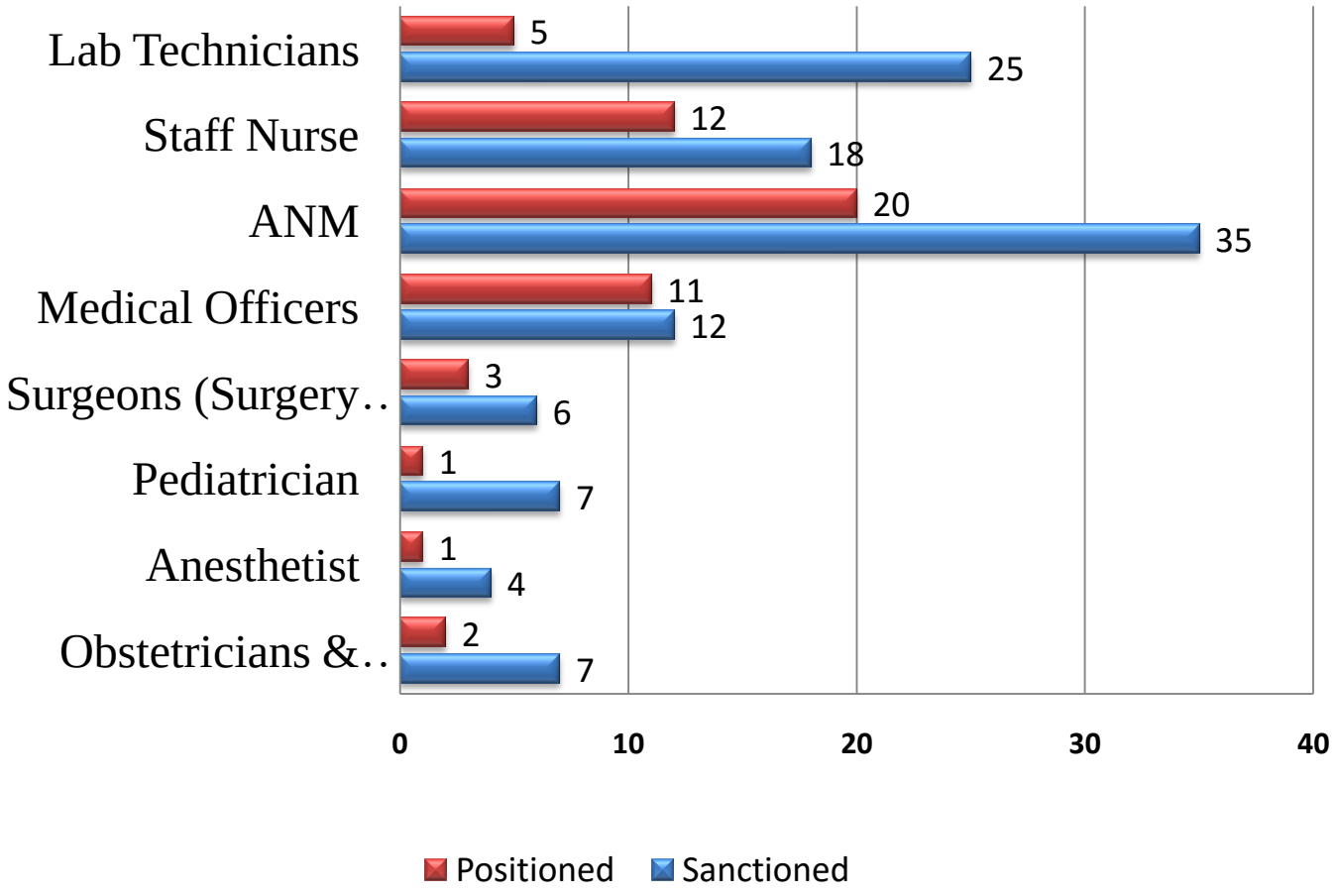
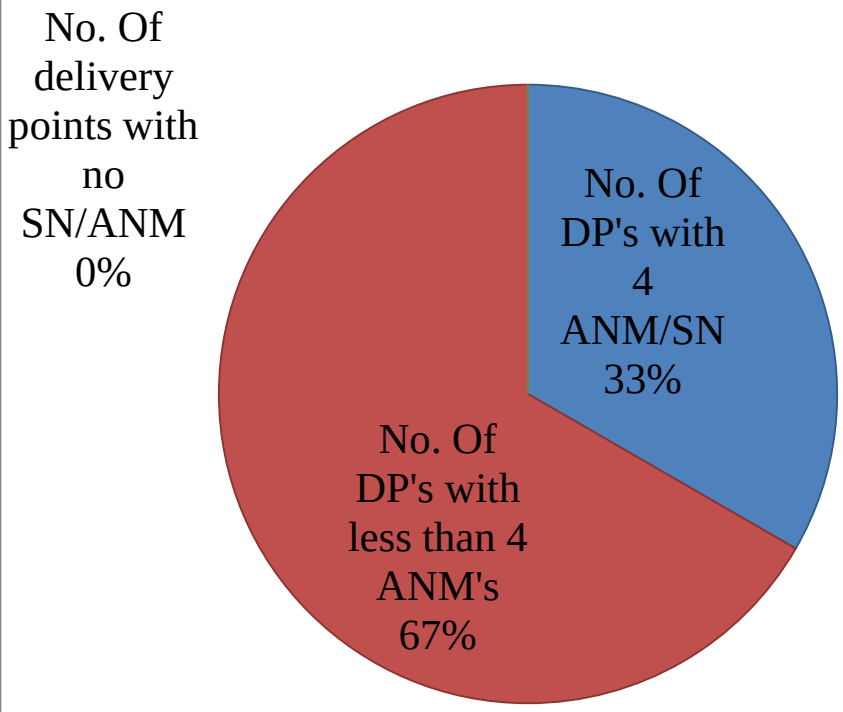


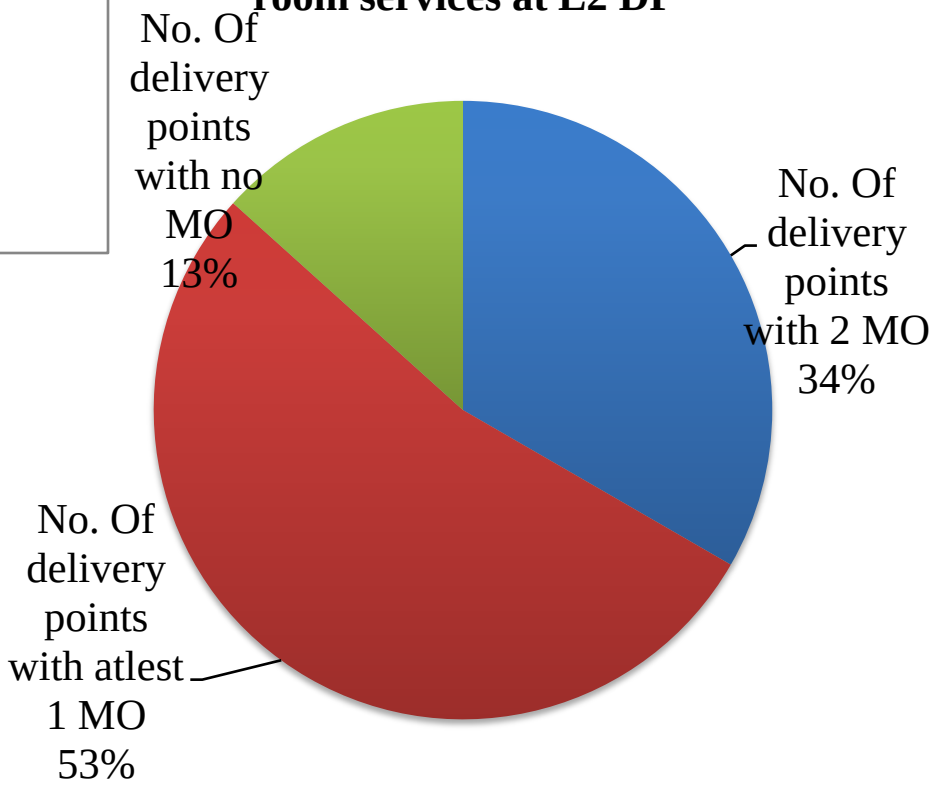
Human Resource at L3 DP



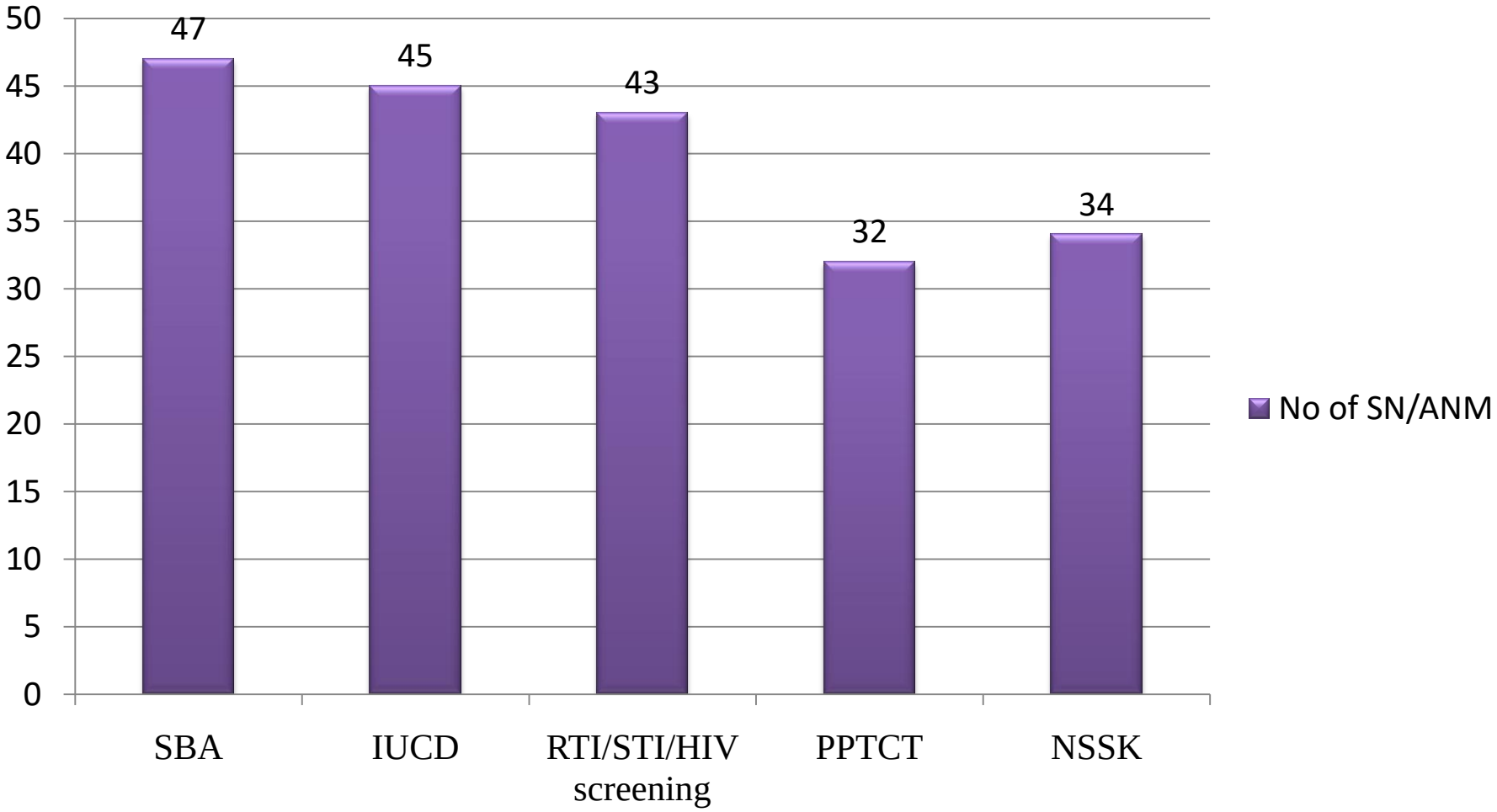
Human Resource (ANM/SN) involved in labour room services at L2 DP



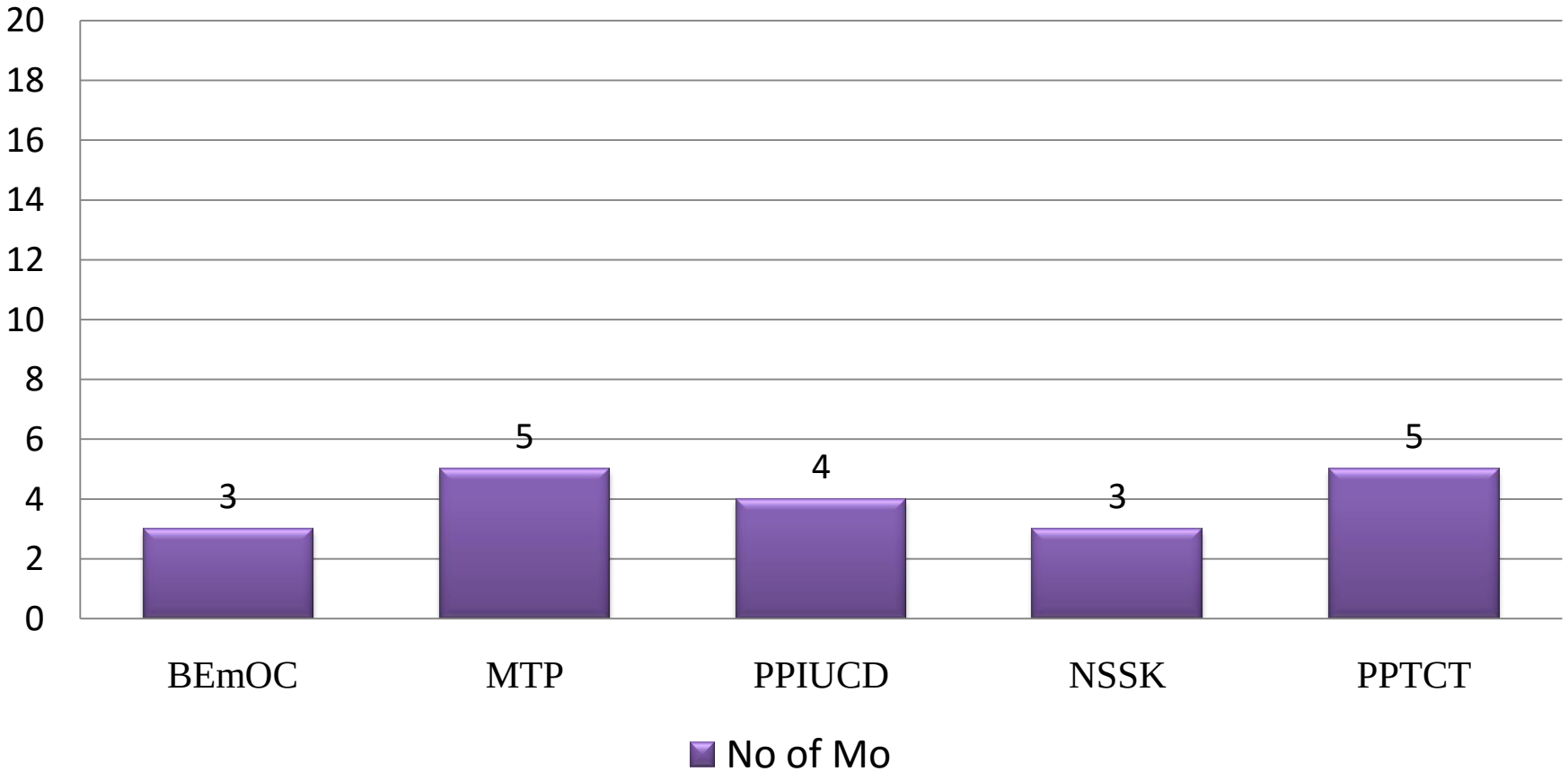
Human Resource (MO) involved in labour room services at L2 DP



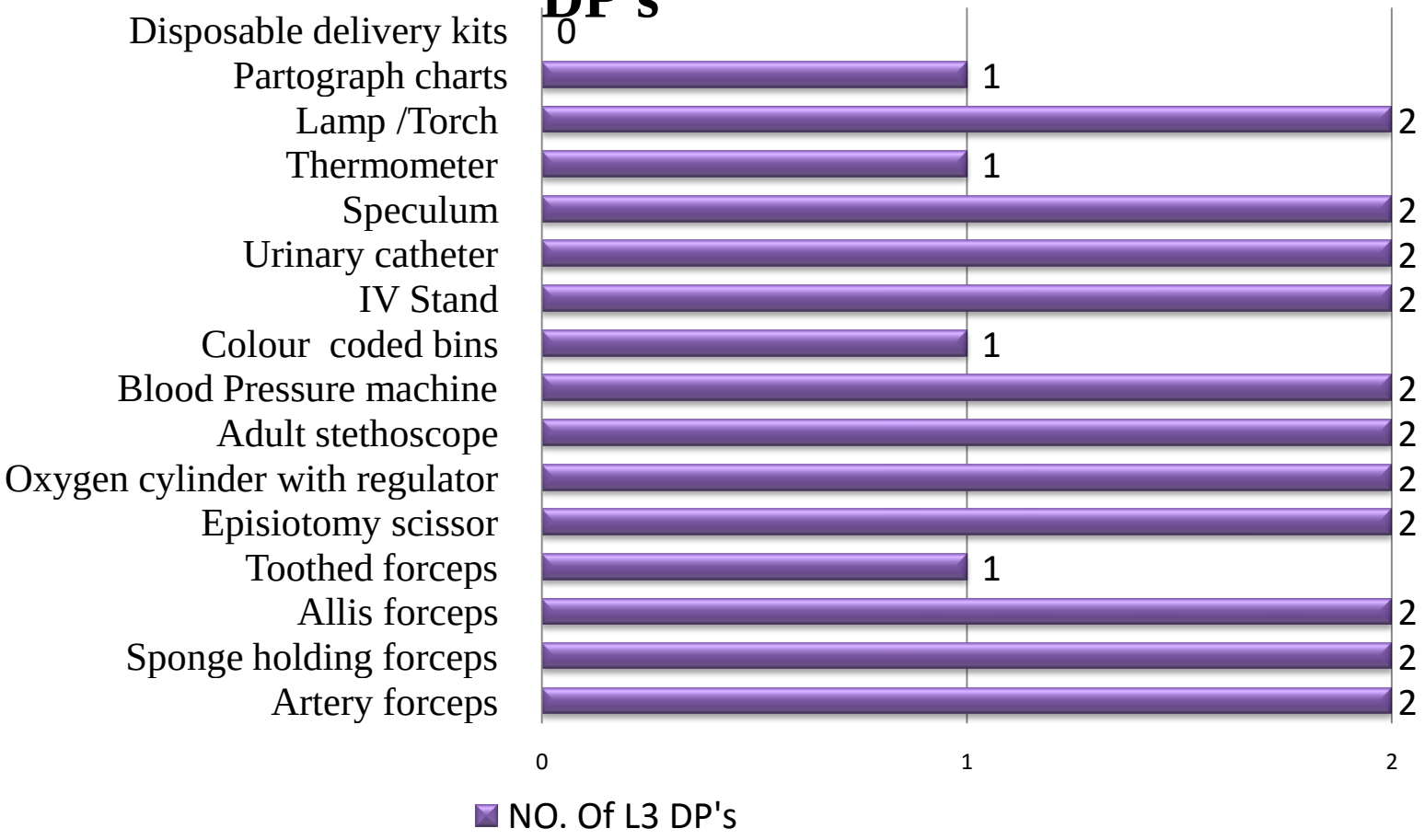
Training status of ANM/SN at L2 DP (n=50)



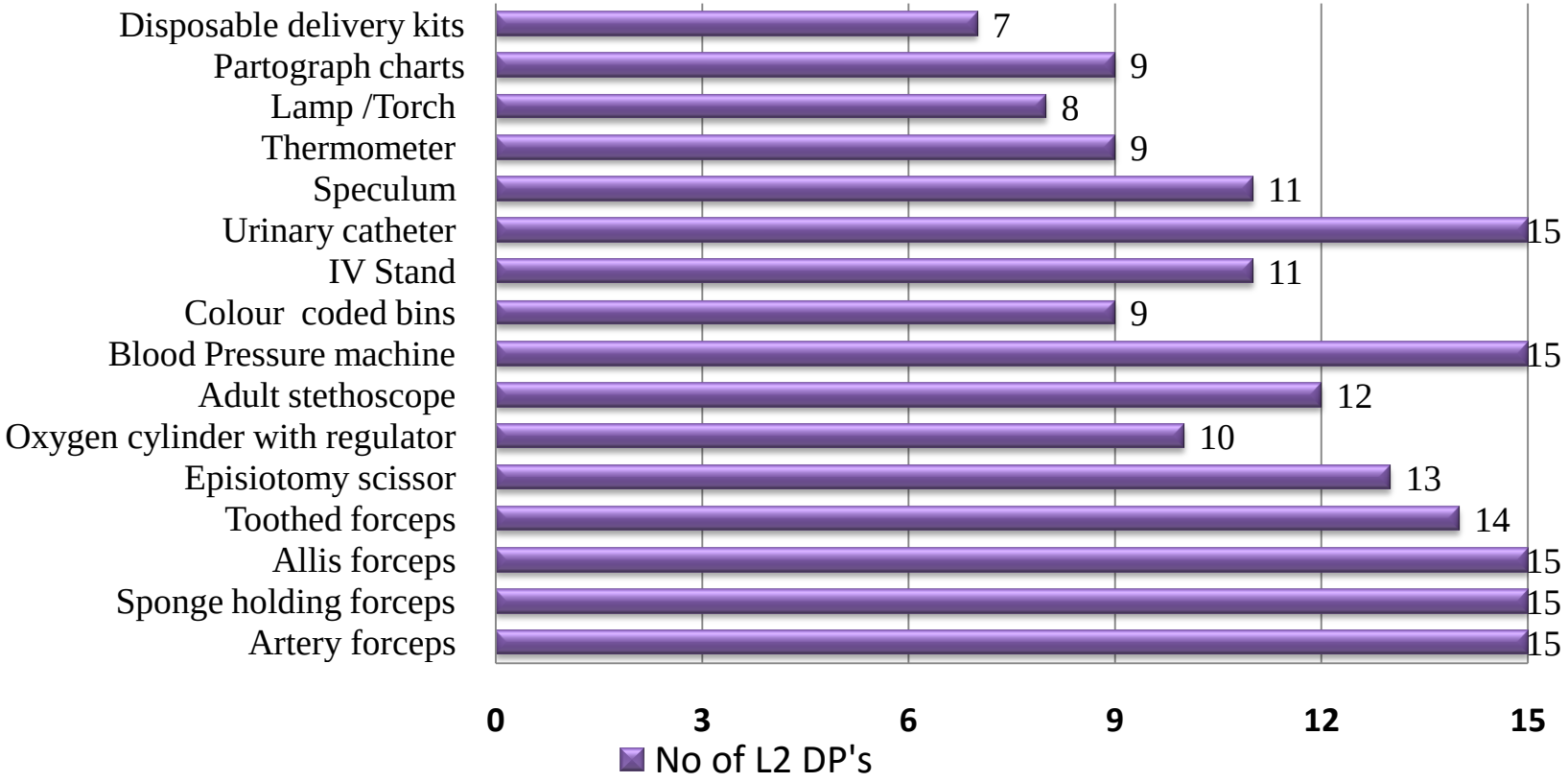
Training Status of MO at L2 DP (n=20)



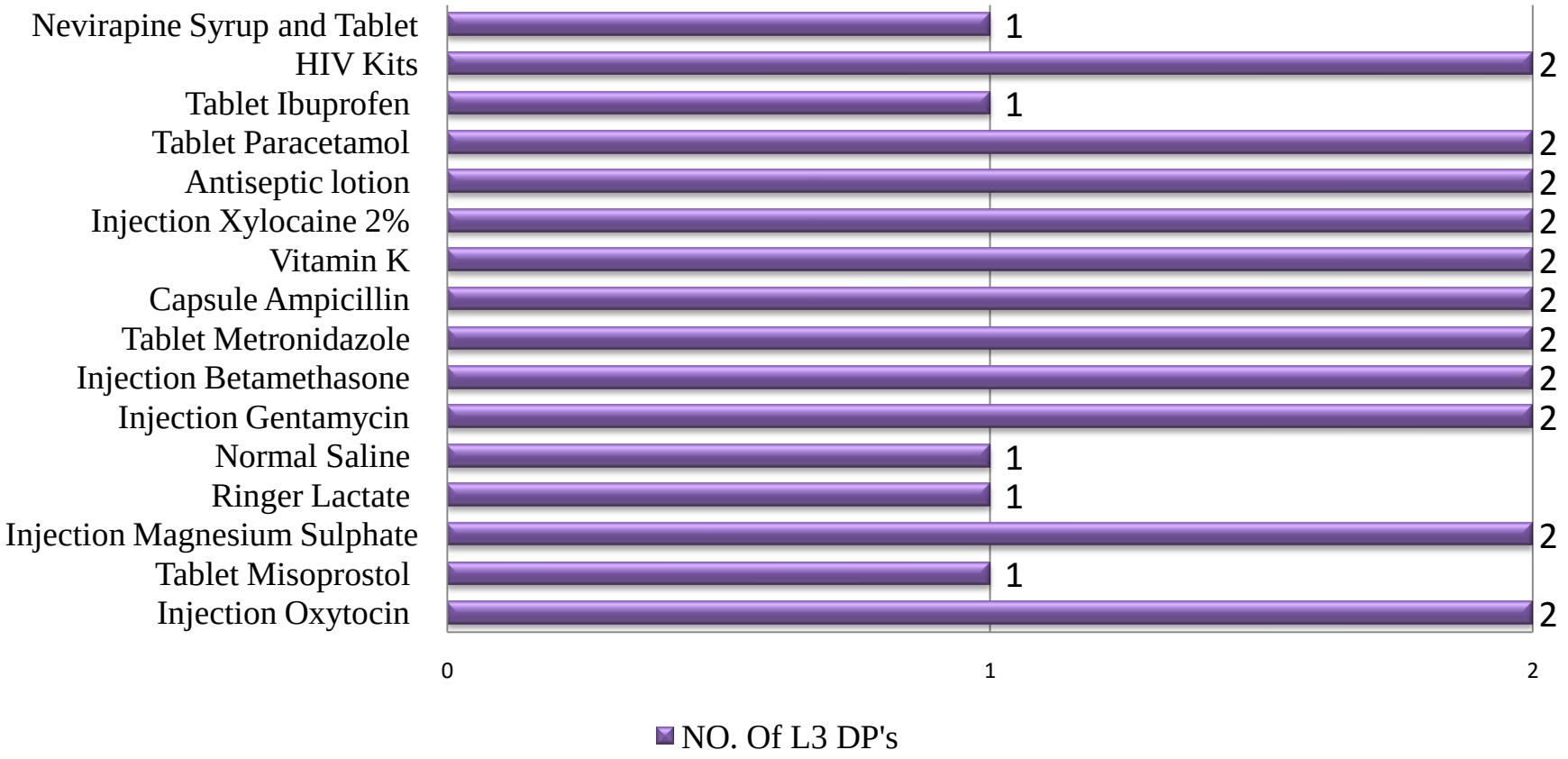
Equipment available in the labour rooms at L3 DP's



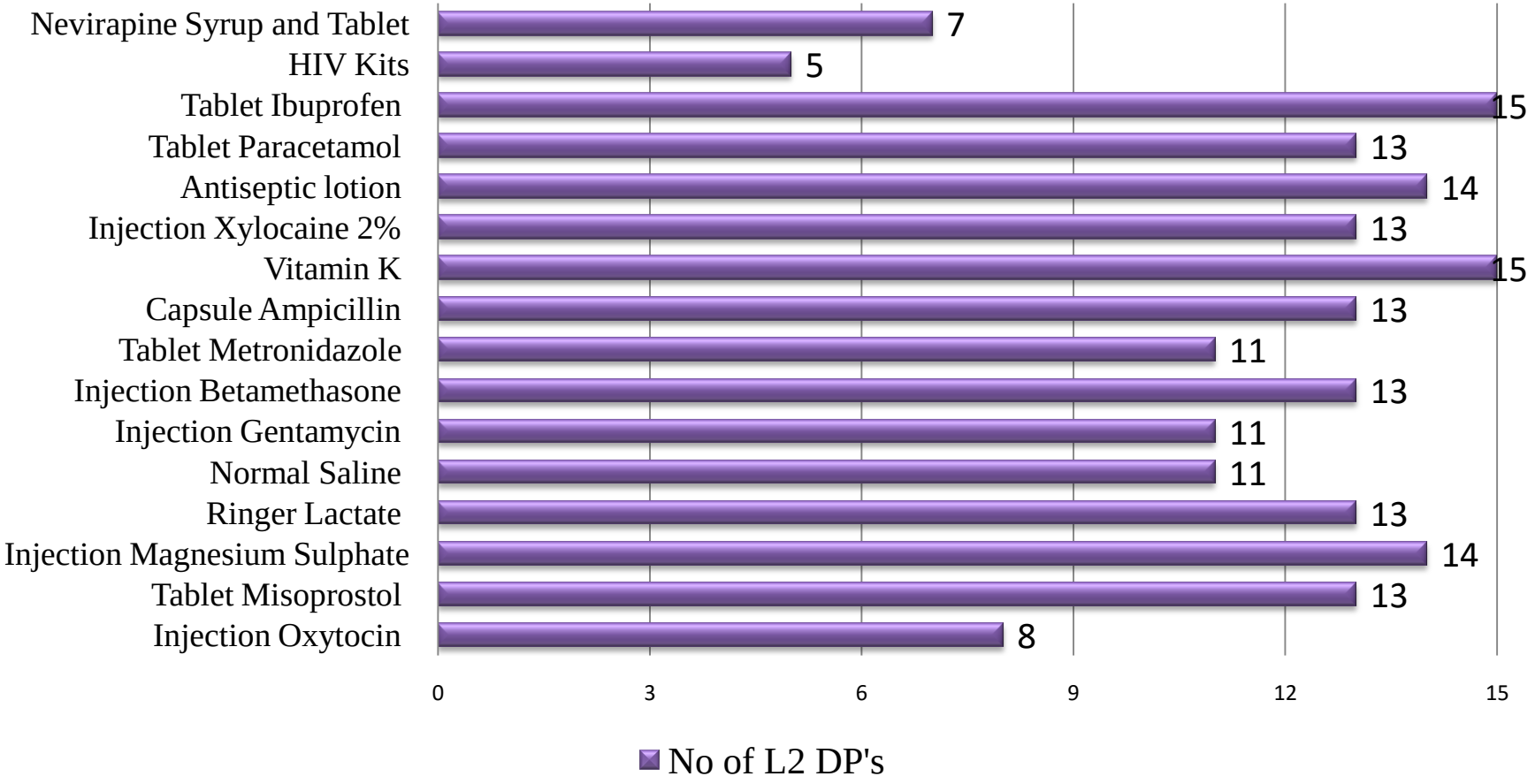
Equipment available in the labour rooms at L2 DP's



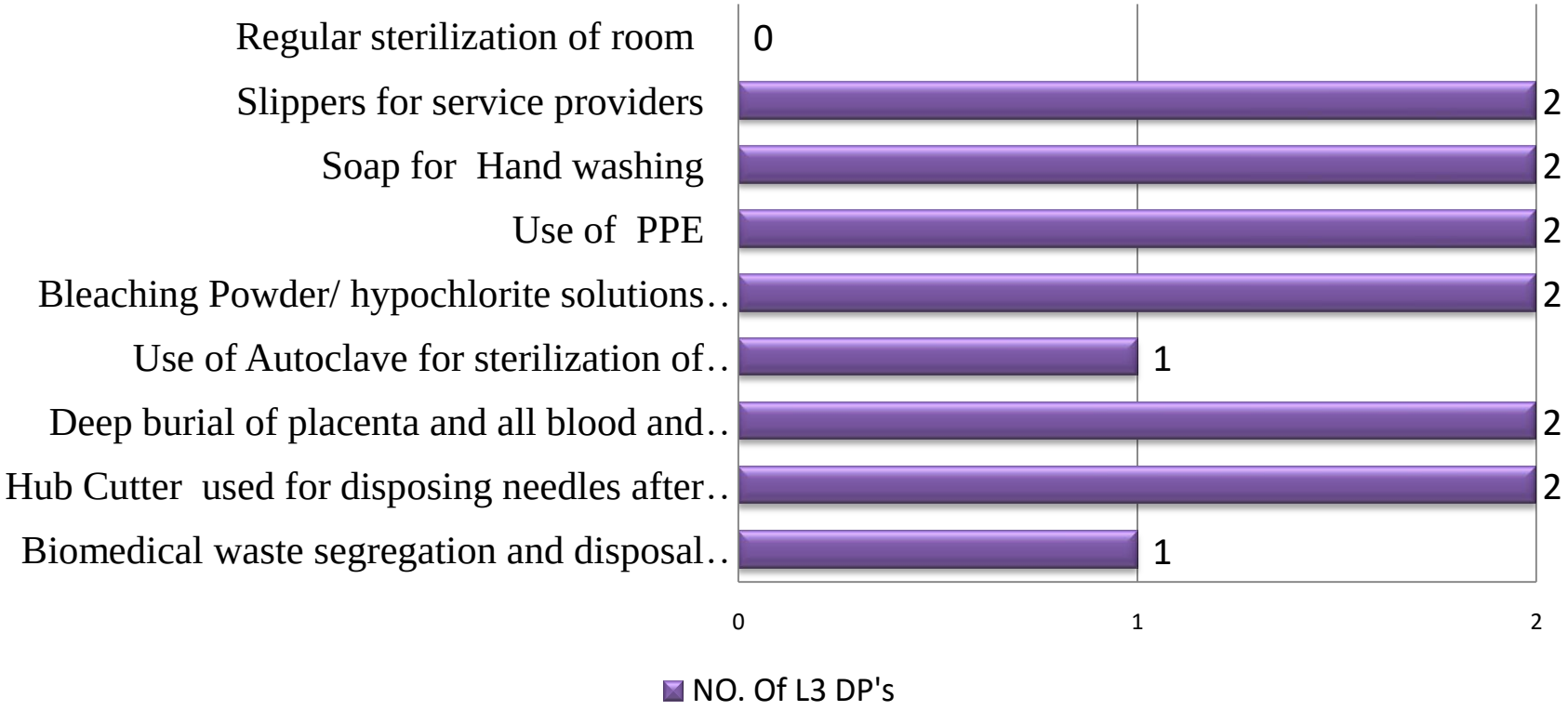
Medicines available in the labour rooms at L3 DP's



Medicines available in the labour rooms at L2 DP's



Infection Prevention and Waste Management at L3 DP's



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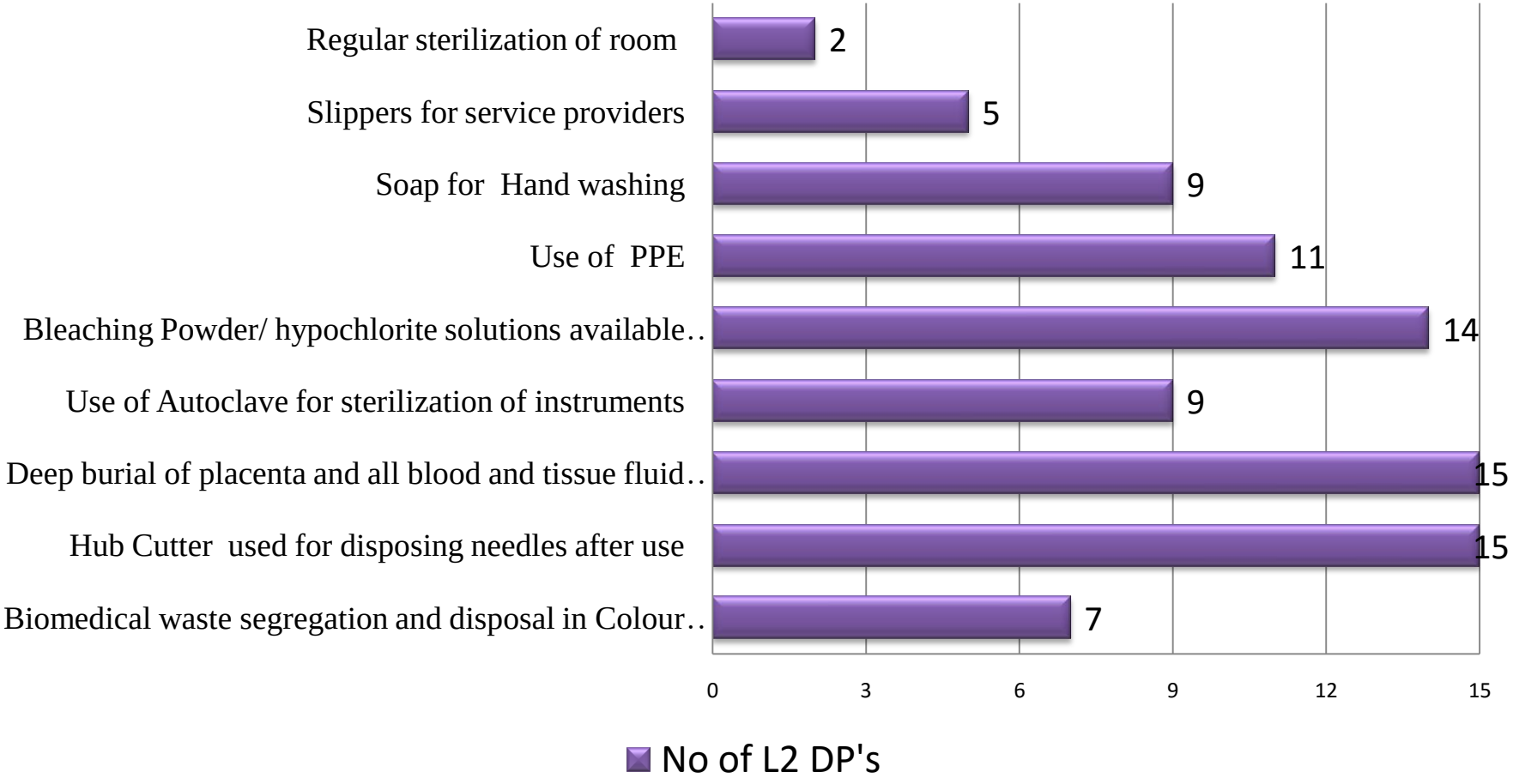

Suggestions

- The suggestions are based on the results and observations from the present study, in order to improve the functioning of the labour rooms in the delivery points.
- Supportive supervision of the staff and regular monitoring of the labour rooms should be done to motivate the staff to maintain hygienic and clean conditions.
- Use of carrot and stick method for the staff responsible for labour room services.
- To maintain proper records of HR training status at each and every delivery point.
- To ensure that the nominated medical and paramedical staff attends the trainings designed for them.
- Monthly meetings of staff in charge of the labour rooms to obtain information regarding non functional equipments and stock out medicines.

Conclusion

- This study was designed to analyse the gaps in functioning of the L3 and L2 delivery points for strengthening their services, to provide comprehensive maternal health services at seventeen delivery points of Alirajpur district .It has been identified that there is a huge gap in availability of human resource and also in adherence to infection prevention practices at the labour rooms of the delivery points. The unavailability of some essential drugs and basic functional equipments and amenities make it difficult for the care providers to ensure quality care in labour rooms. Hence there is need to address the gaps


Thank You