ASSESSING THE QUALITY OF INTRA-PARTUM CARE PROVIDED IN THE LABOUR ROOM OF DISTRICT HOSPITAL, SHAHDOL

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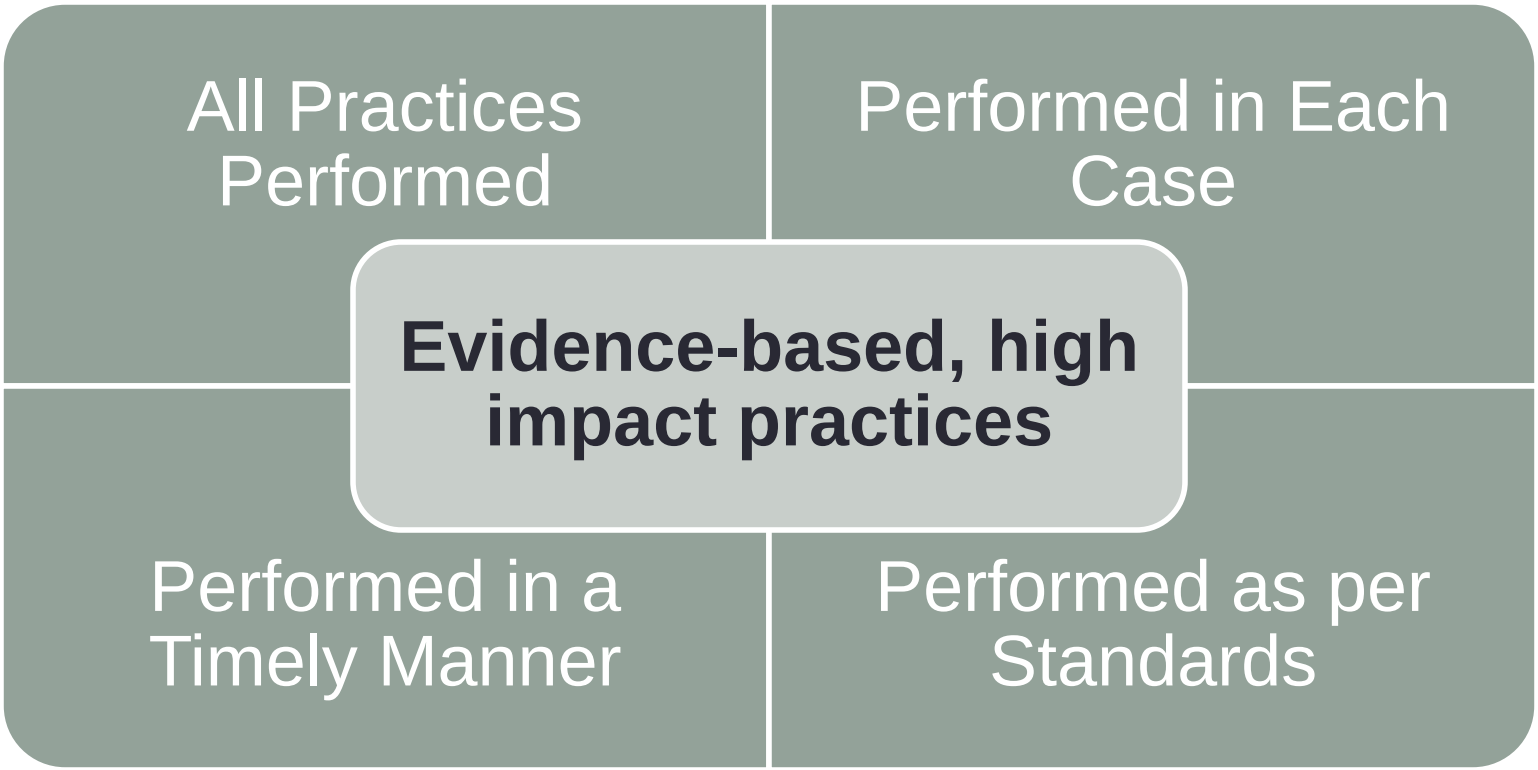
Roll Number: 237

Introduction

- Intra-partum care is the care given during the intra-partum period. Intra-partum period is defined as the period from the onset of labour to the end of the third stage of labour. It consists of assessing the condition of the woman and providing prompt care.

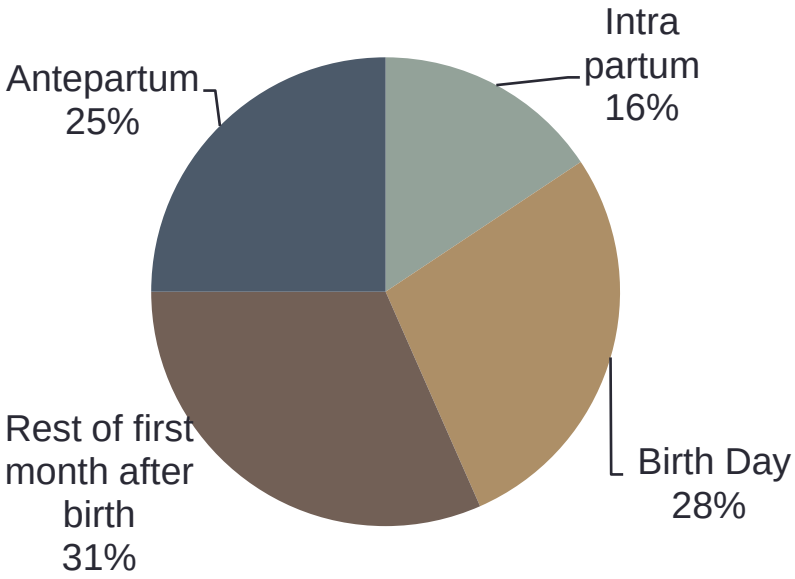
- Essential new-born care is the care given to the new born in the labour room itself. It focuses on providing interventions through which most of the new born deaths can be averted.

What does quality of care mean?

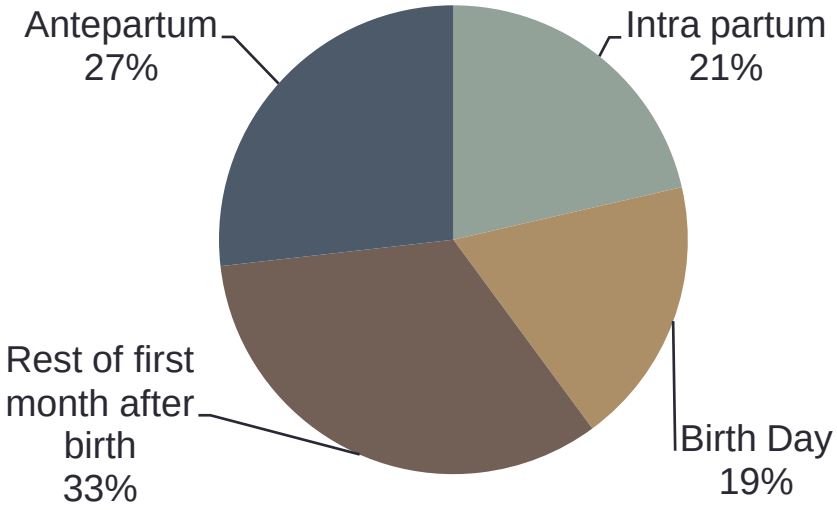


Timing of deaths

Maternal mortality



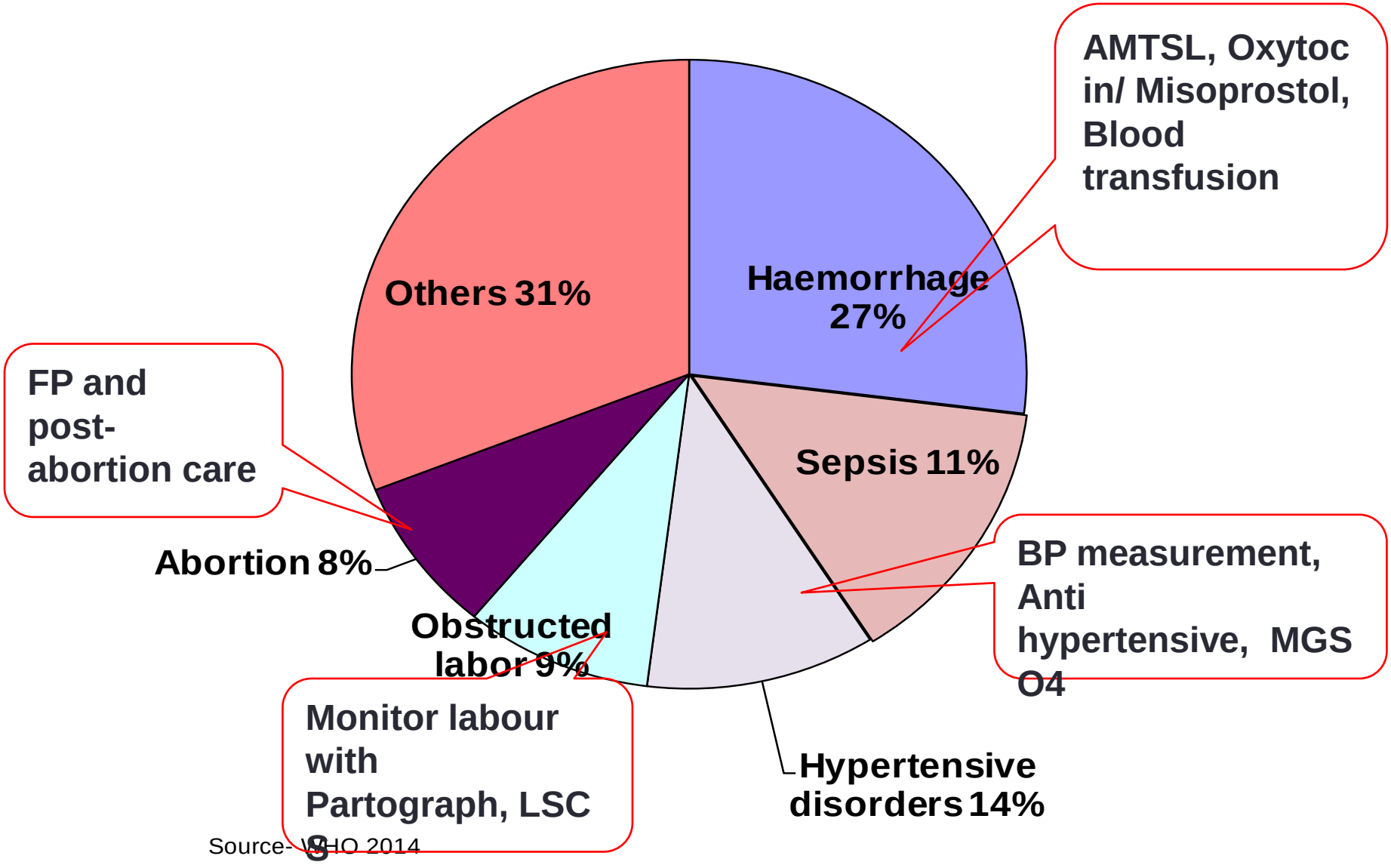
Neonatal mortality and stillbirths



Source: Ronsmans C, Graham WJ. Maternal mortality: who, when, where, and why. The Lancet. 30 September;368(9542):1189–200.

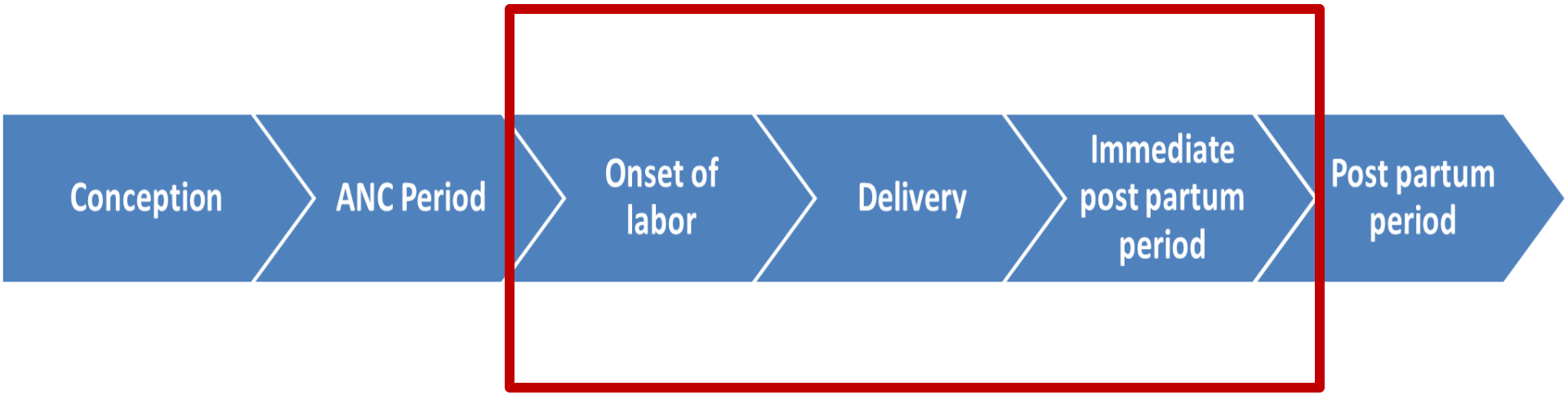
Source:: JE Lawn et al.; Every newborn, progress, priorities and potential beyond survival; The Lancet (DOI:10.1016/S0140-6736(14)60496-7).

Major Causes of Maternal Mortality



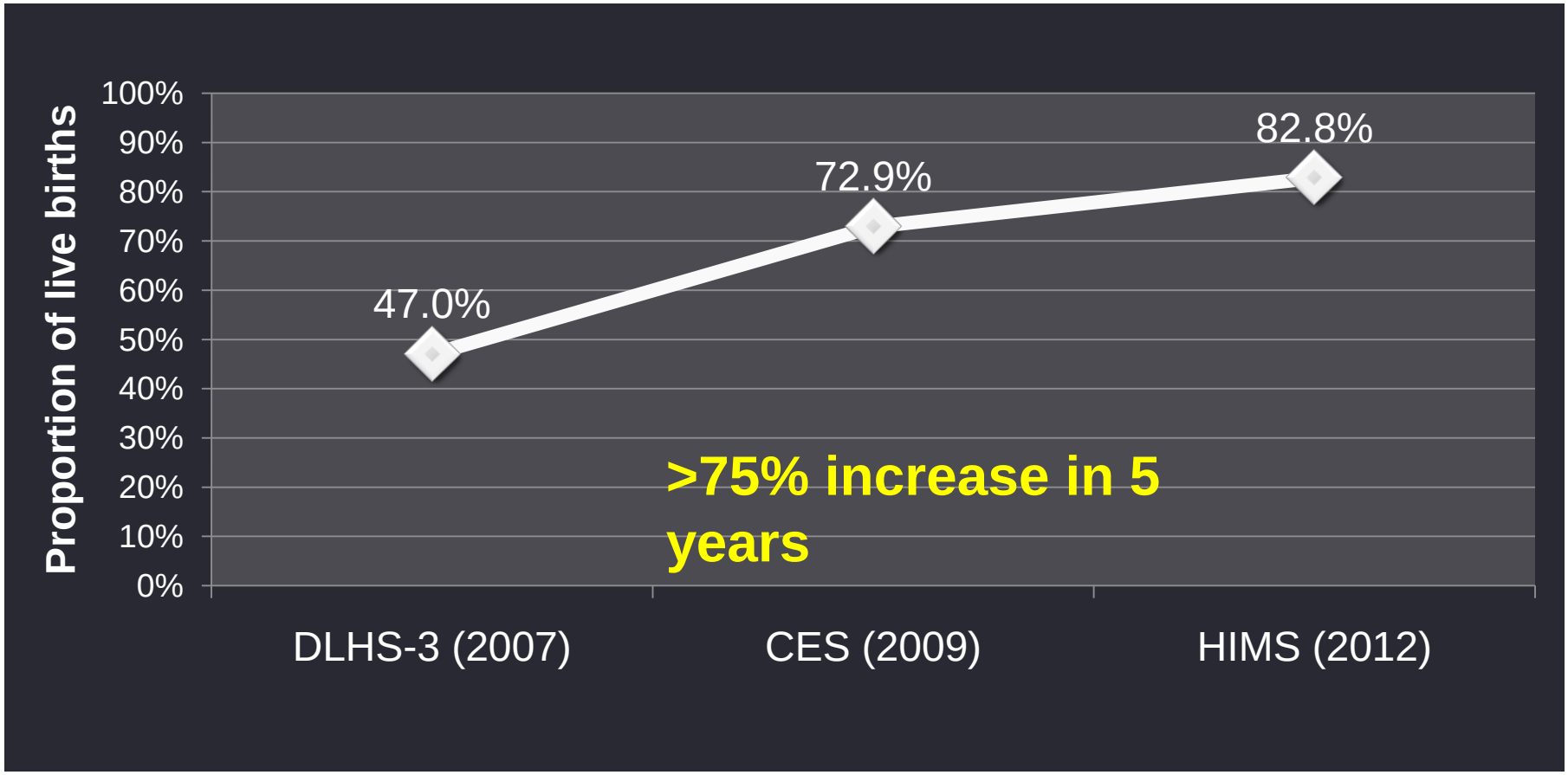
Source- WHO 2014

Women at the time of highest risk

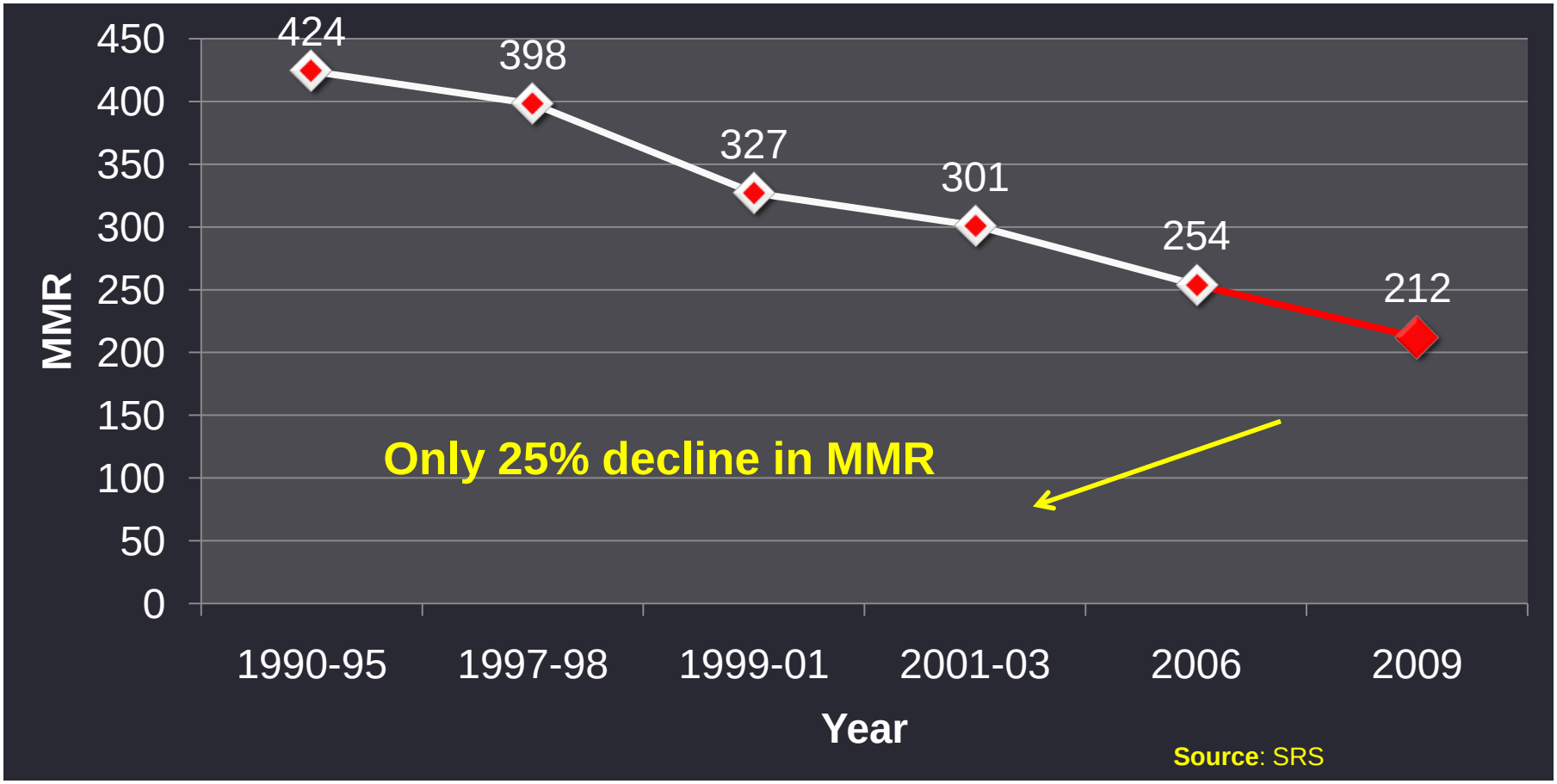


Period of maximum risk for mother (and baby): Needs more focus

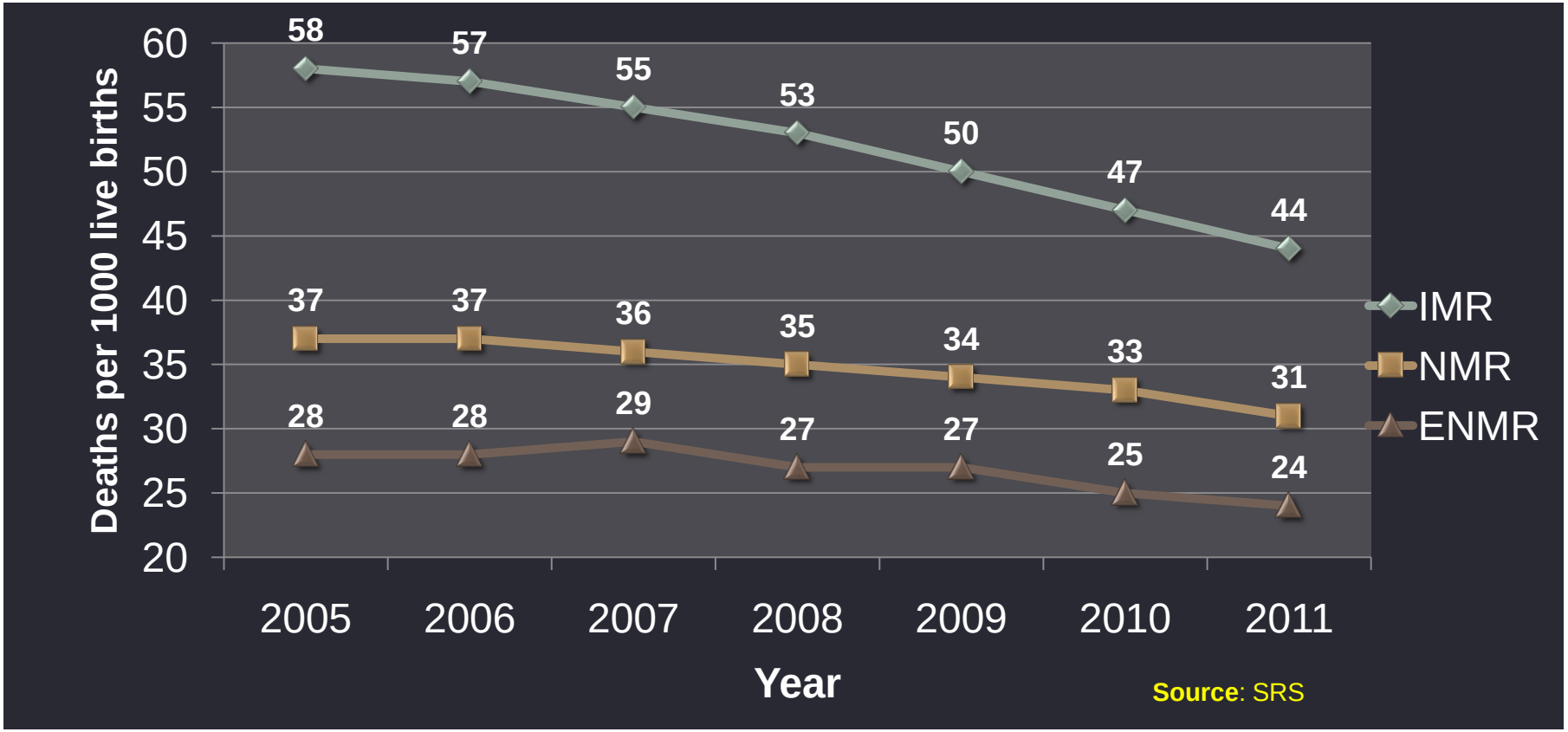
Our rates of institutional birth increased after JSY



MMR declined but not proportionately

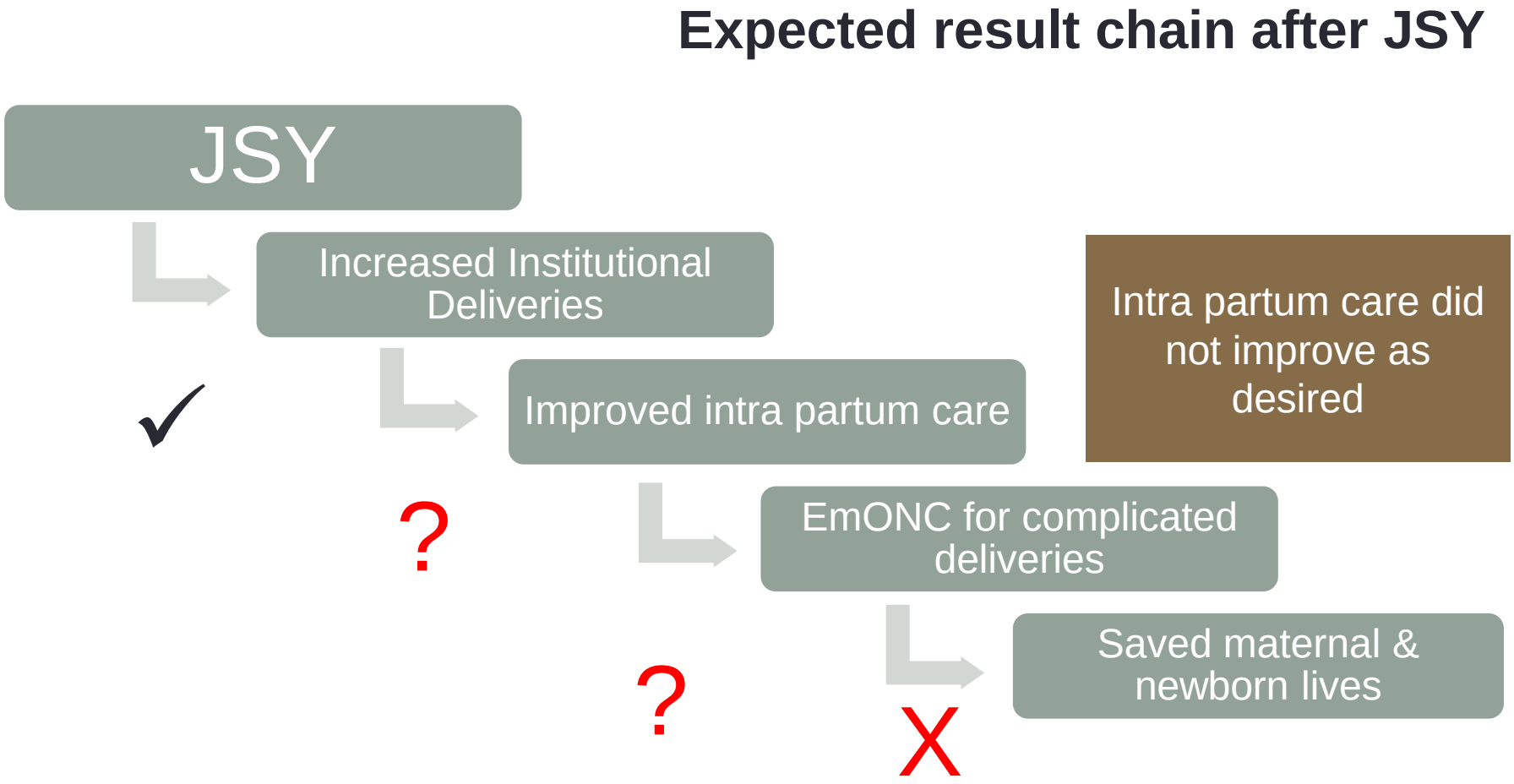


Decline in NMR is even slower



4 points decline in ENMR in comparison to 6 points decline in NMR and 14 points decline in IMR during corresponding period. This almost stagnant rate of ENMR indicates that more focus for care is needed on perinatal period.

What went wrong?



Source: AS/MD presentation at QoC workshop, Delhi 2013

Aim and objectives

Aim:

- To assess the quality of intra-partum care provided at the District Hospital, Shahdol

Objectives:

- To assess the quality of intra-partum care
- To assess the quality of essential new-born care(ENBC)

Rationale of the study

- The District Hospital in Shahdol is at the apex of the referral system in Shahdol district. It is the only functional L3 delivery point in the district which gets referrals from 33 other public delivery points spread across the district. The average normal deliveries that are conducted in the hospital is 400.
- Compromising on the quality of care provided at the labour room can result in compromised health of the mother and the new-born. This could result in their mortality and morbidity that could have been prevented.
- As no studies have been done in Shahdol to assess the quality of intra-partum and essential new-born care provided, the results of this study will provide information on the gaps in providing care and the reasons for the same. It will help in planning strategies to provide improved care in the labour room.

Review of literature

- According to NFHS 4, even when the institutional deliveries in Shahdol are almost 72%, only 7% of the women got full ante-natal care.
- A study conducted by S. Bhattacharyya et al suggest that even though the institutional deliveries have increased to a large extent, the hospitals are not equipped to handle the patient load, which then affects the quality of care given. A lot of deaths of new-borns due to hypothermia, asphyxia and infection can be prevented by providing essential new born care to all new-borns immediately after birth. The ten point ENBC(essential new-born care) ensures early initiation of breastfeeding, healthy breathing, prevention of hypothermia, infection and neonatal anaemia

Methodology

- Study design: Cross-sectional observational descriptive study
- Study area: Madhya Pradesh
- Study period: April 2016
- Study setting: District Hospital, Shahdol
- Study population: Women delivering at District Hospital, Shahdol

- Sampling: 60 deliveries were observed from the admission of the woman to the labour room till discharge. The average number of deliveries in a month at the district hospital is 400 per month. 30% of the deliveries were observed during the period in consideration (2 weeks).

Inclusion criteria: Deliveries of all the women who come to the labour room in the active phase of labour were observed

Exclusion criteria:

- Simultaneous deliveries being conducted at the same time
- Delivery of babies who died intra uterine

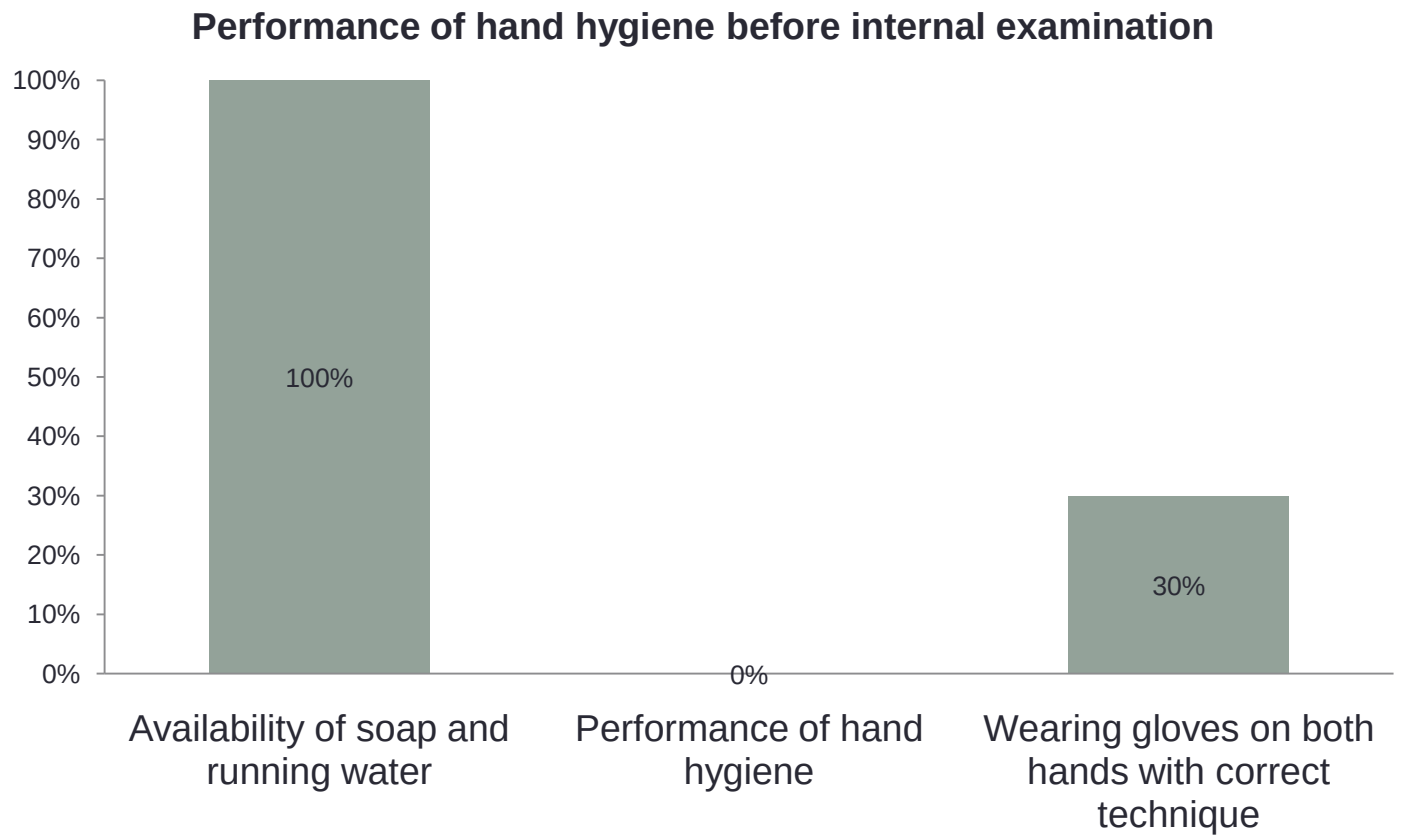
- Data:
  - Quantitative – Occurrence of different parameters during labour
  - Qualitative – Key informant interviews with the staff nurses of the labour room

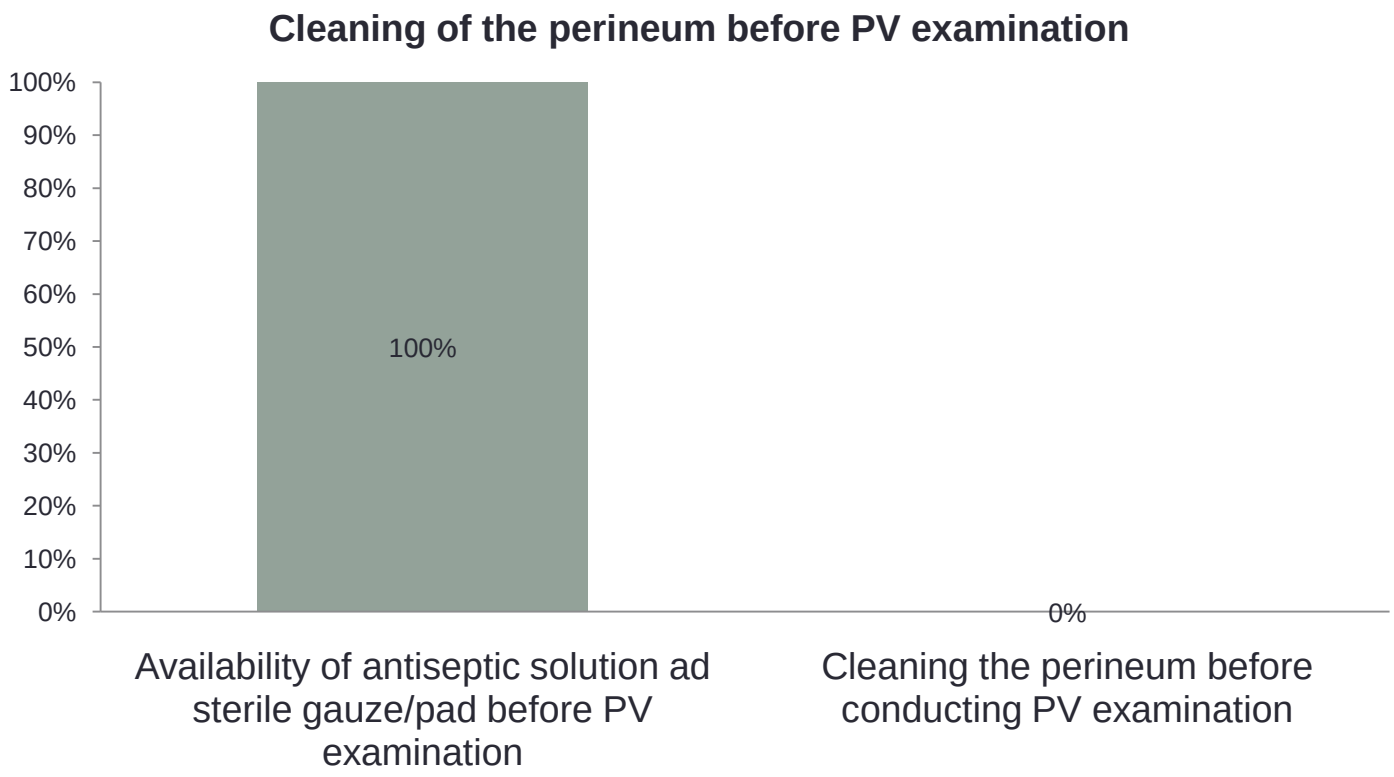
The deliveries were assessed on the following parameters:

1. Provider conducting internal examination appropriately
2. Provider monitoring progress of labour on a partograph and adjusting care accordingly
3. Provider ensuring respectful and supportive care for the woman coming for delivery
4. Preparation of the provider for safe care during delivery
5. Assistance the provider gives the woman to have a safe and clean birth
6. Provider's rapid assessment and performance of immediate new-born care(if baby cried immediately)
7. Performance of AMTSL
8. Breastfeeding counselling

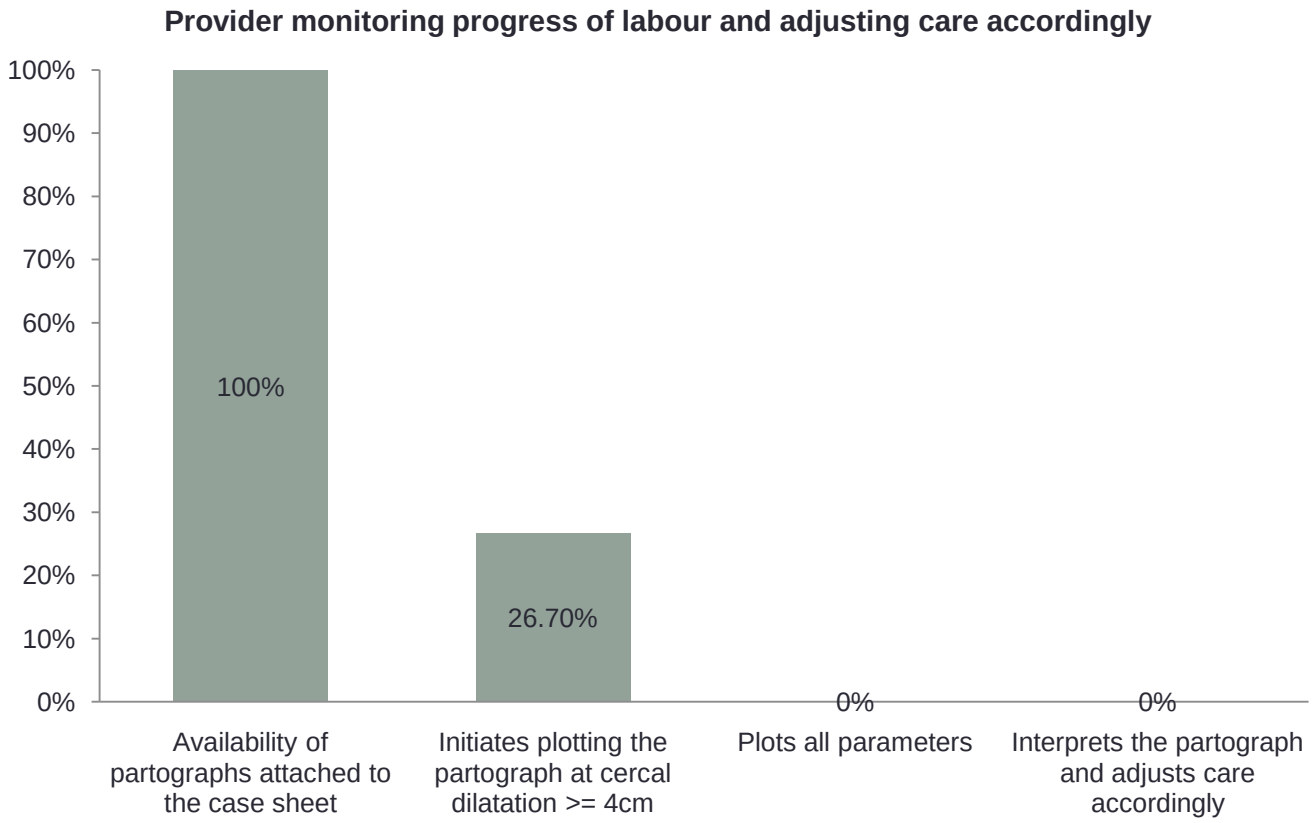
Results

1. Provider conducting internal examination appropriately




Cleaning of the perineum before PV examination
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
100%
0%
Availability of antiseptic solution ad sterile gauze/pad before PV examination
Cleaning the perineum before conducting PV examination

2. Provider monitoring progress of labour on a partograph and adjusting care accordingly



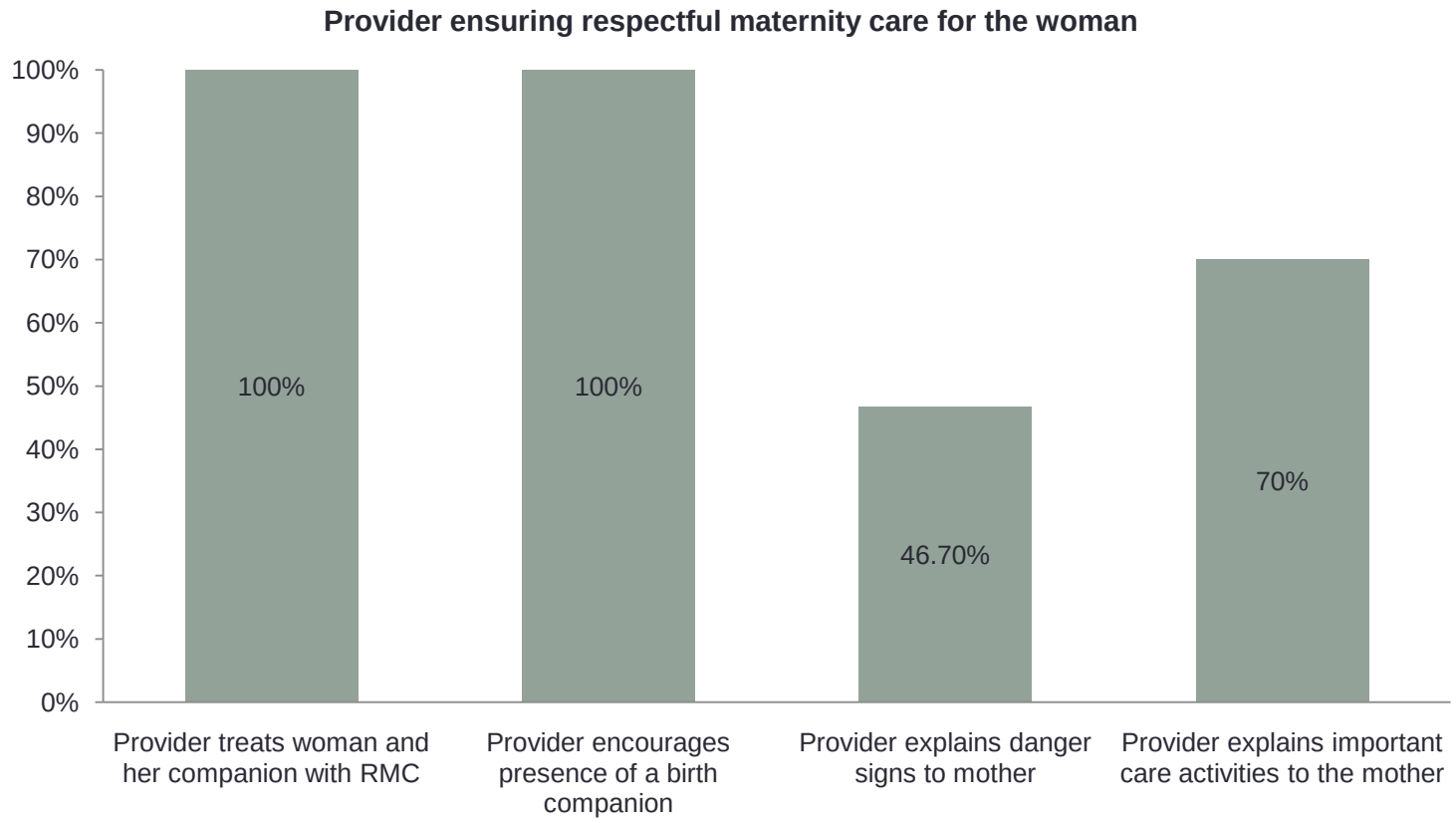
KII – Reasons for not plotting the partograph appropriately

1. Lack of resources
    - Beds – Difficult to conduct timely examination as per protocol, difficult to track patients
    - Staff – Difficult to conduct repeated examinations
2. Use of labour room for blood transfusions, iron sucrose administrations
3. Patient load

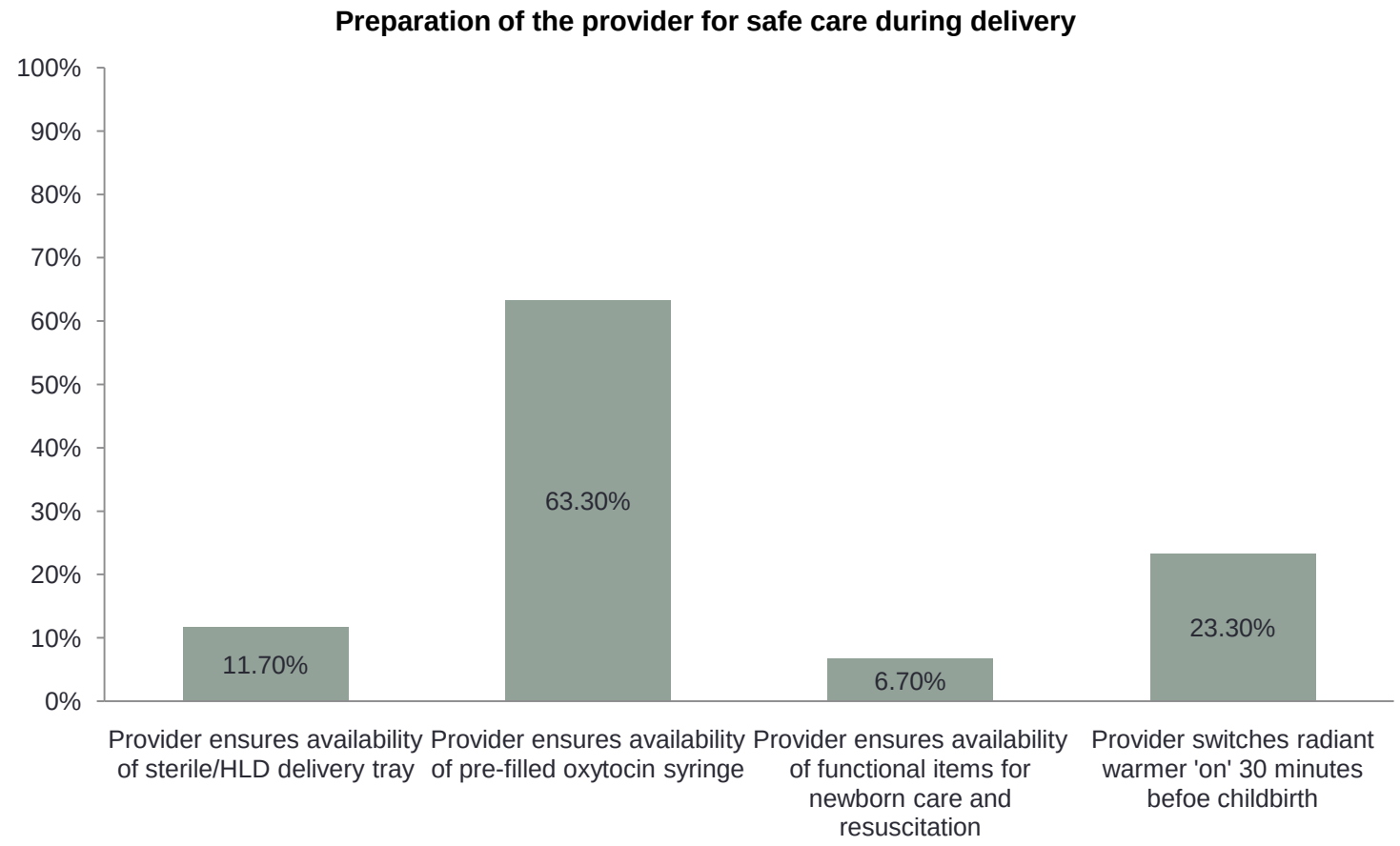
"I can fill in the partograph efficiently if I had to dedicate my time to just one patient throughout her labour. Since I have to look at multiple patients, it practically gets difficult to monitor all the parameters on the partographs mentioned. Hence, most of us fill it for records after the delivery"

- *Respondent number: 6*

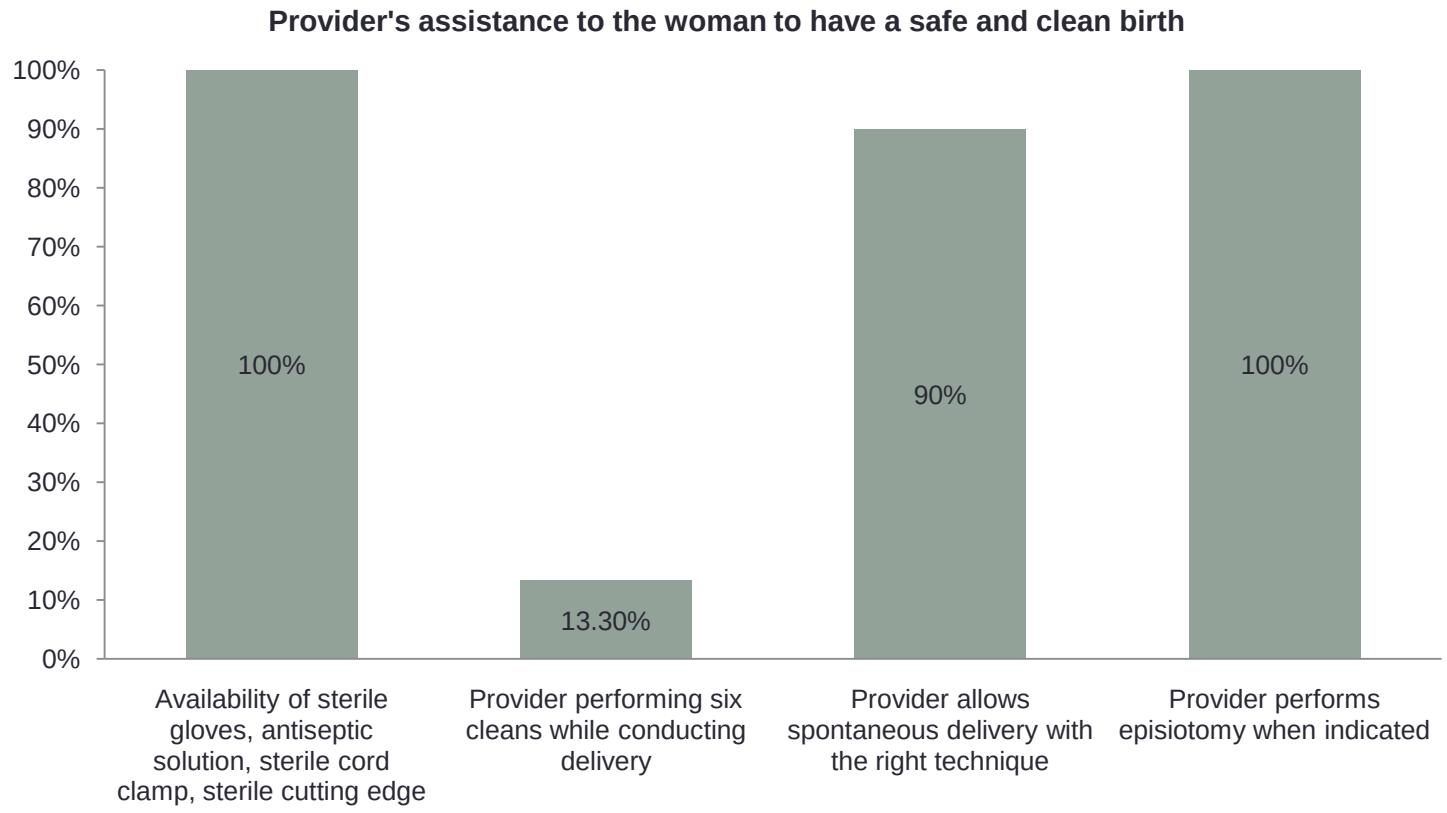
3. Provider ensuring respectful and supportive care for the woman coming for delivery



4. Preparation of the provider for safe care during delivery



5. Assistance the provider gives the woman to have a safe and clean birth



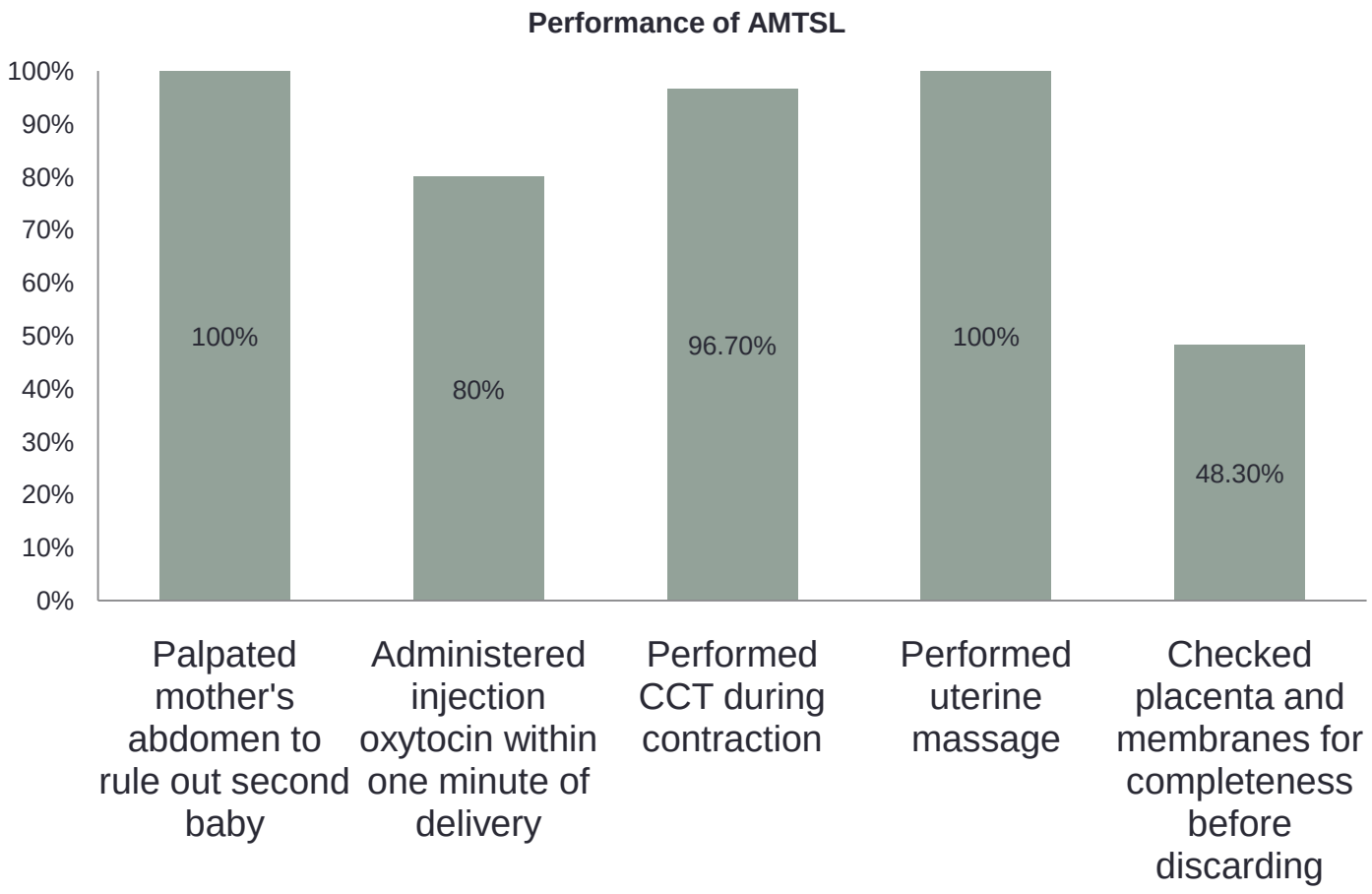
KII - Reason for not performing six cleans

- Lack of resources – HR, cleaning area

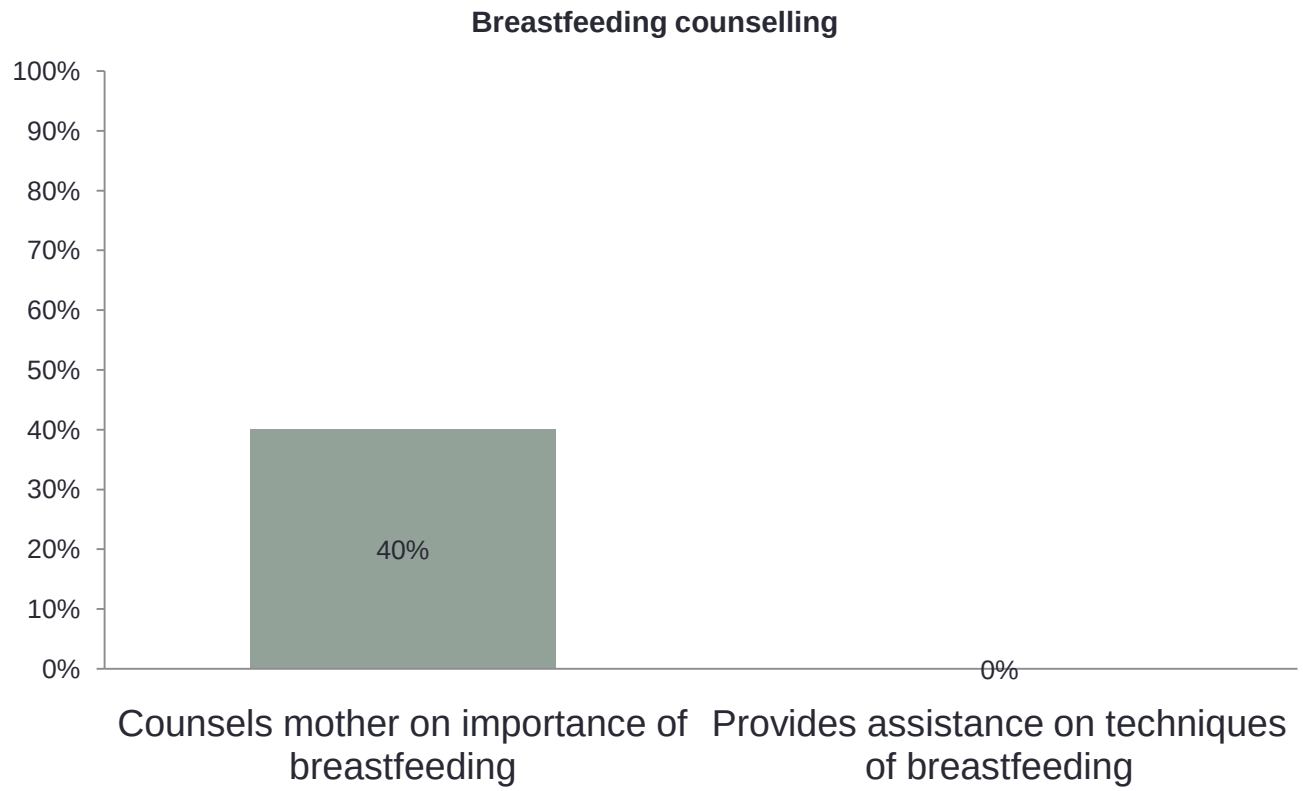
“There is only one cleaning area for the patients and for cleaning the Mackintosh and the Kelly’s pad. The patients usually dirty the area and there is urine and stool all over the area outside the commode inside the washroom. The cleaning staff hesitates to use the same area for washing the Mackintosh and Kelly’s pad. As a result, the Mackintosh sheets once soiled are thrown away and the Kelly’s pads are barely used.”

Respondent number: 7

6. Performance of AMTSL



7. Breastfeeding counselling



KII - Reasons for providing quality breastfeeding counselling

- *"I usually ask the patient to start breastfeeding immediately on the table itself after the delivery, but the patients don't really listen. She is usually tired and the family also doesn't support breastfeeding and providing the mother with good nutrition soon after delivery. The women also don't comprehend much on the labour table as she has just gone through labour and we also don't have time to give detailed breastfeeding counselling at that time since we have to finish recording the same delivery on the register and proceed to the next patient."*

- Respondent number: 8

Discussion

- The quality of care has been majorly compromised on the infection prevention front.
- Quality of care with respect to the preparation to receive the new-born was grossly deficient.
- Reasons for not giving quality care in the labour room can be summed up in three points from the KII:
  1. Lack of human resource
  2. Huge patient load
  3. Not enough time to give each patient

Recommendations

- Posting more staff nurses and housekeeping staff in the labour room
- Strictly enforcing the infection prevention protocols
- Strictly enforcing use of partographs to monitor the progress of labour and not to fill it post delivery to maintain records