IIHMR UNIVERSITY

Assessment of Quality Care in Obstetrics & Gynecology In S.S.Hospital, Petlad

Under the Guidance of

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Introduction

Obstetrics and Gynecology services are considered as one of the essential services in a district hospital. Present study for the Assessment of Quality Care in Obstetrics & Gynecology Department was conducted according to Indian Public Health Standards (IPHS) Guidelines at District Hospital (Inputs), Study the Service Delivery Framework i.e. Antenatal care, Intra natal care, Post natal care services (Process), Assessment of the outcome, and Identification of problems and bottlenecks thus suggesting recommendations for improvement.

- **Aim:** To assess the existing service delivery system of the hospital and identify the areas and fulfilling the gaps and make improvement to enhance the compliance of standards for quality care in Obstetrics and Gynecology in the hospital
- **Objectives:**
  - To check the standards related to the service delivery framework (Antenatal care, Intranasal care and Post Natal Care) in a hospital (process)
  - To find out the number of Normal Deliveries, Mortality, Complications and Referrals due to lacking services (outcome)

Methodology

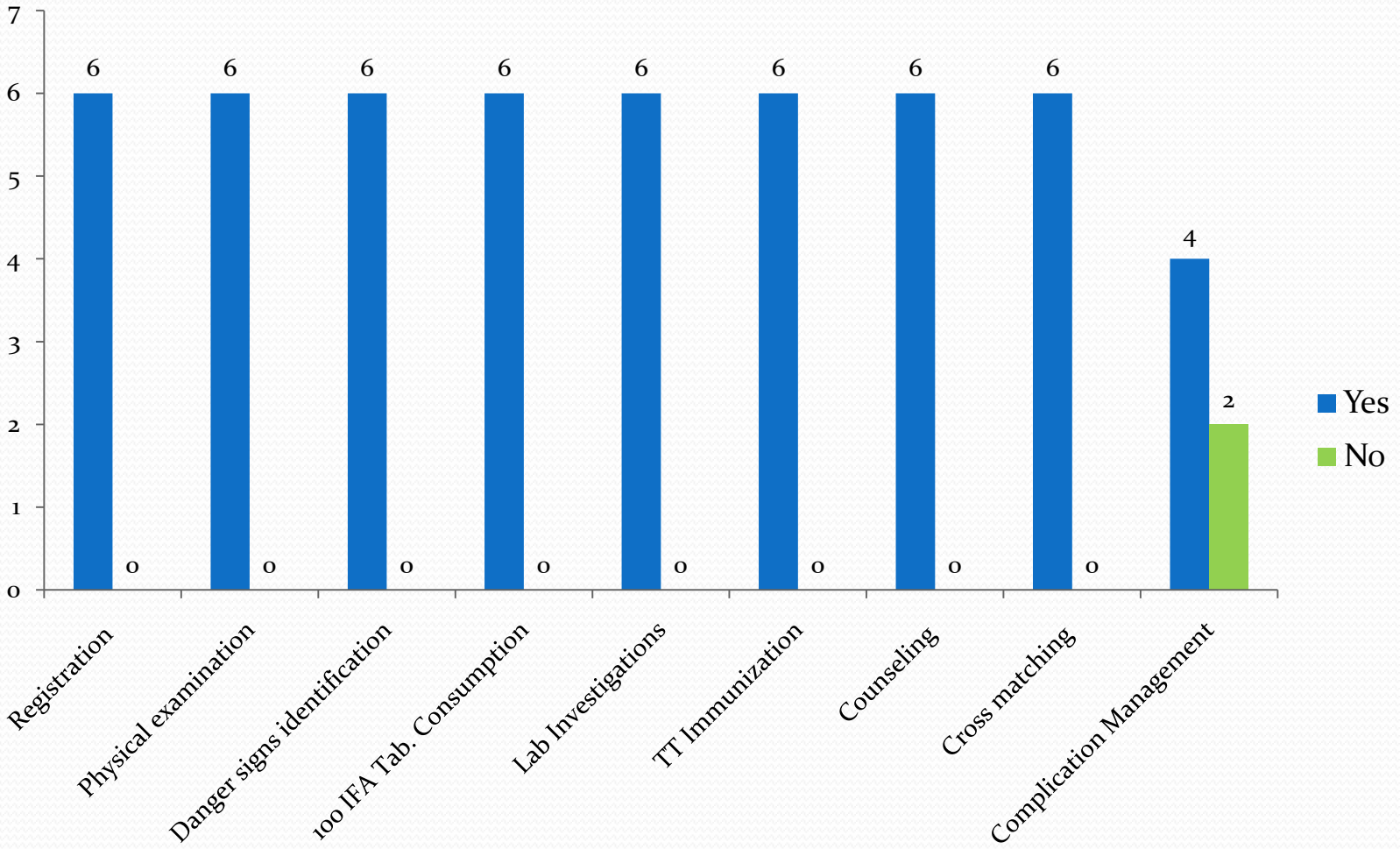
Study Method:

- The study will be both qualitative as well as quantitative in nature. Qualitative method will be used to get in depth understanding and also to acquire subjective and behavioral insight into topic.
- To measure level of action and trends for definite and objective behavior, quantitative method will be used as per the need of the study.

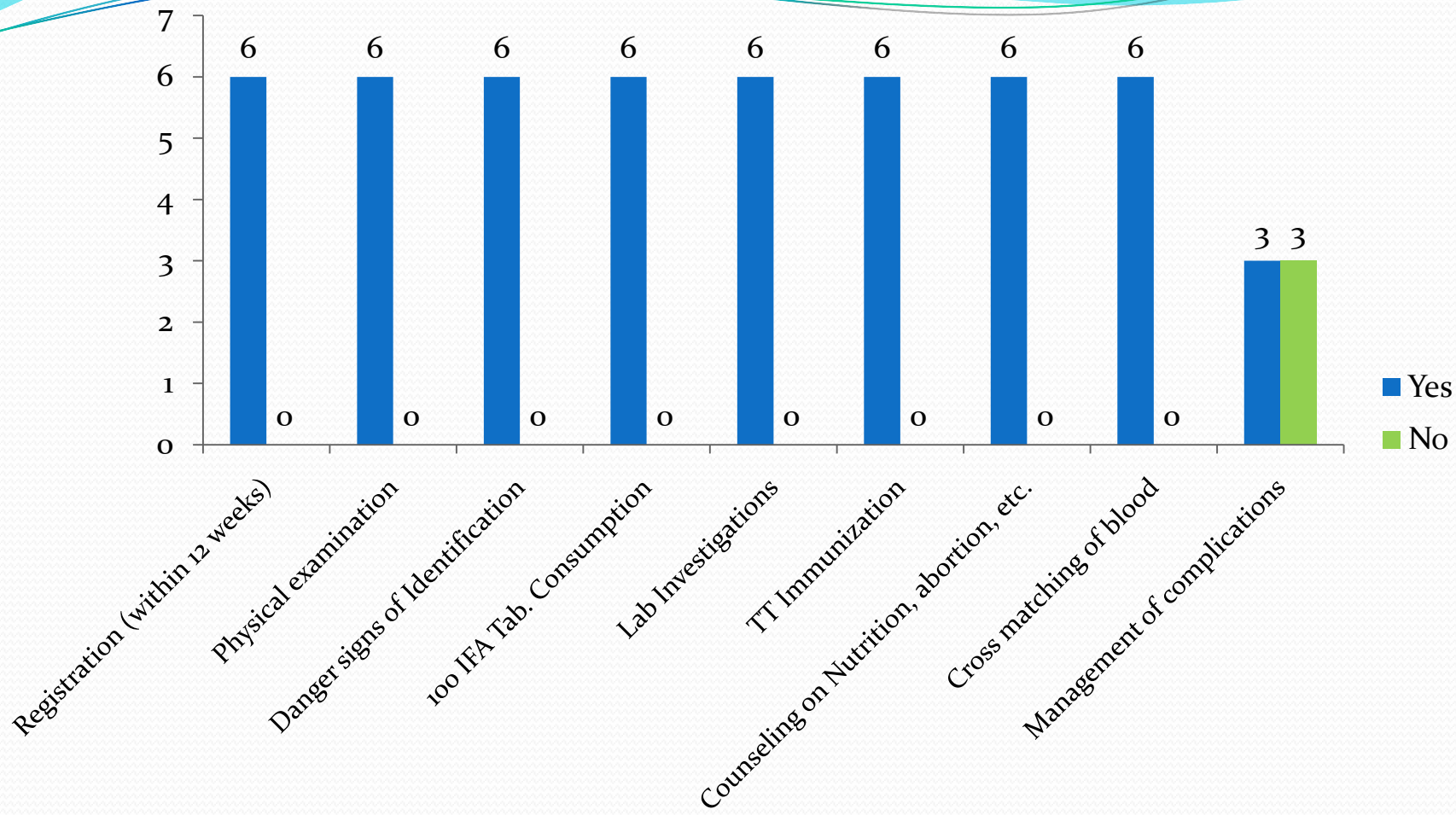
- **Study Design:** Descriptive study
- **Study Area:** Female General Ward, Post Partum Unit in District Hospital , Petlad.
- **Sample Population:** Doctors, Nurses and Paramedical staff
- **Sampling Approach:** Convenient sampling
- **Data Collection Tools:**
  - Secondary data collection includes hospital records, IPHS guidelines, articles, internet.
  - Primary data will be collected by direct observation,
  - Formal interview and departmental visits.

Structured Interview Questions

- **Questions on Ante-natal care:**
  - Registration done (within 12 weeks)
  - Physical examination done
  - Danger signs Identification performed
  - 100 IFA Tab. Consumption
  - Lab Investigations done
  - TT Immunization done
  - Counseling on Nutrition, abortion, miscarriage, etc.
  - Cross matching of blood done
  - Proper Management of complications



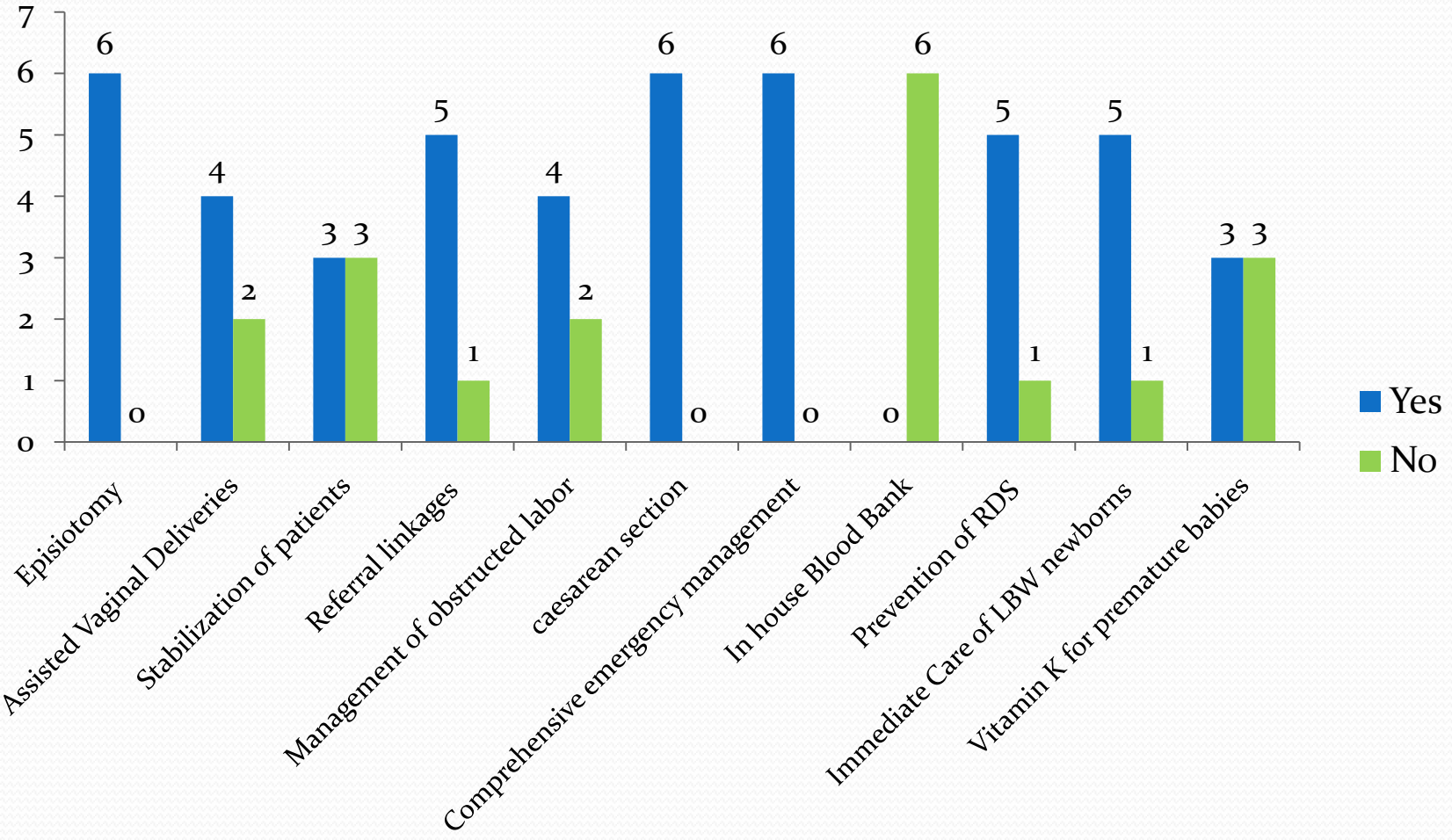
Pre-natal care questions - Doctors



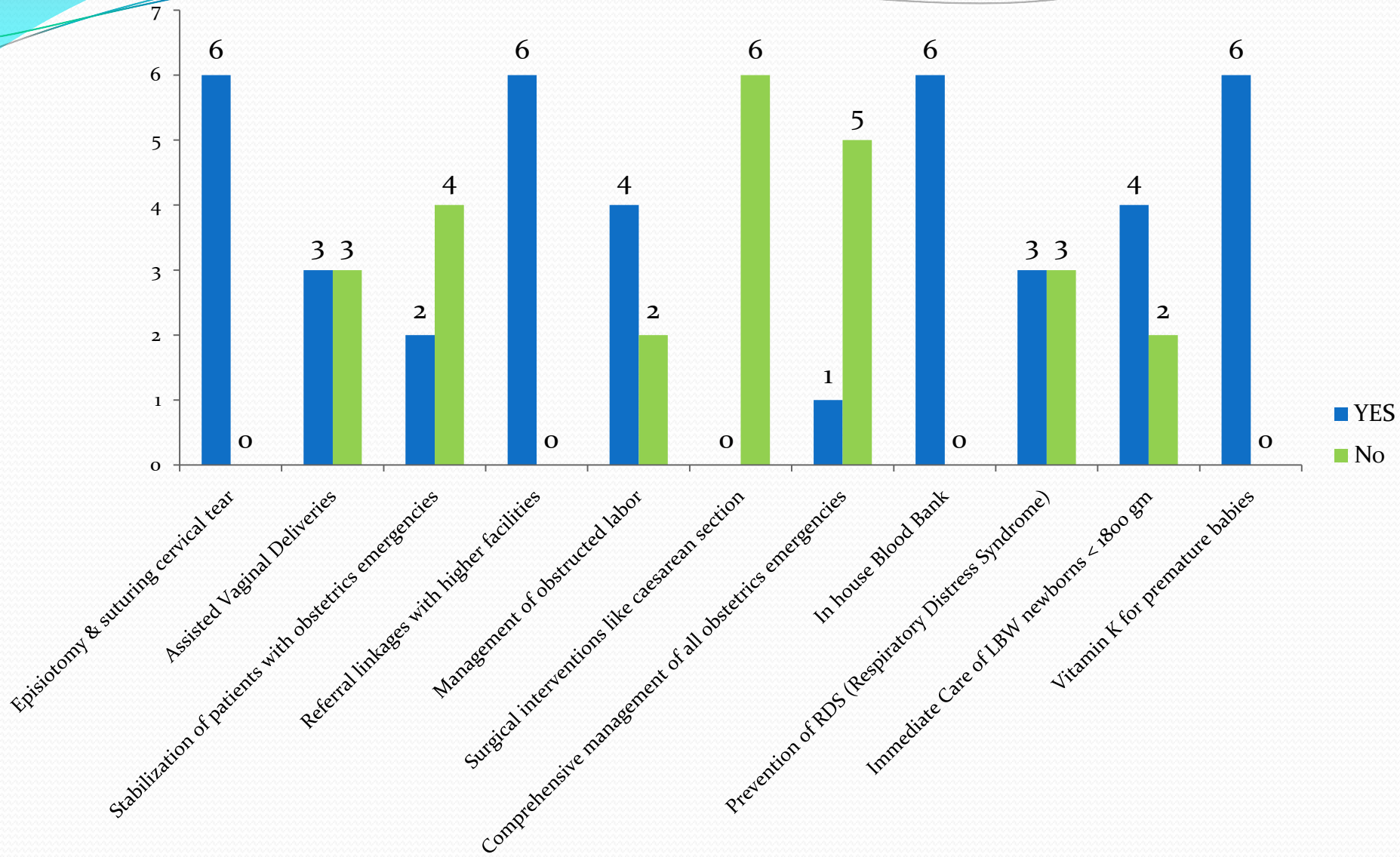
Pre-natal care questions – Staff Nurses

Structured Interview Questions

- **Questions on Intra-natal care**
  - Episiotomy & suturing cervical tear
  - Assisted Vaginal Deliveries
  - Stabilization of patients with obstetrics emergencies
  - Referral linkages with higher facilities
  - Management of obstructed labor
  - Surgical interventions like caesarean section
  - Comprehensive management of all obstetrics emergencies
  - In house Blood Bank
- **Should essential newborn care include the following?**
  - Prevention of RDS (Respiratory Distress Syndrome)
  - Immediate Care of LBW newborns < 1800 gm
  - Vitamin K for premature babies



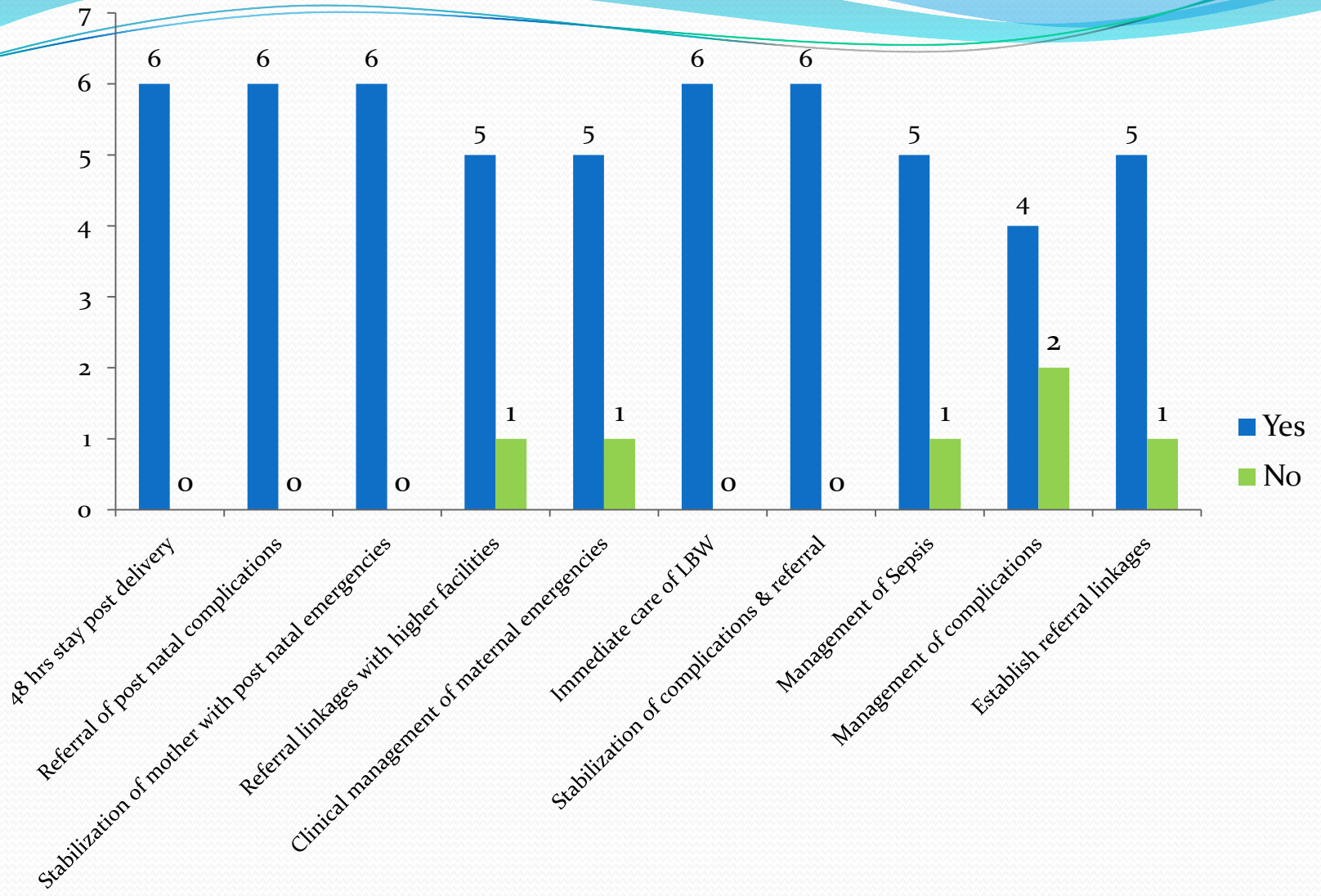
Intra-natal care questions - Doctors



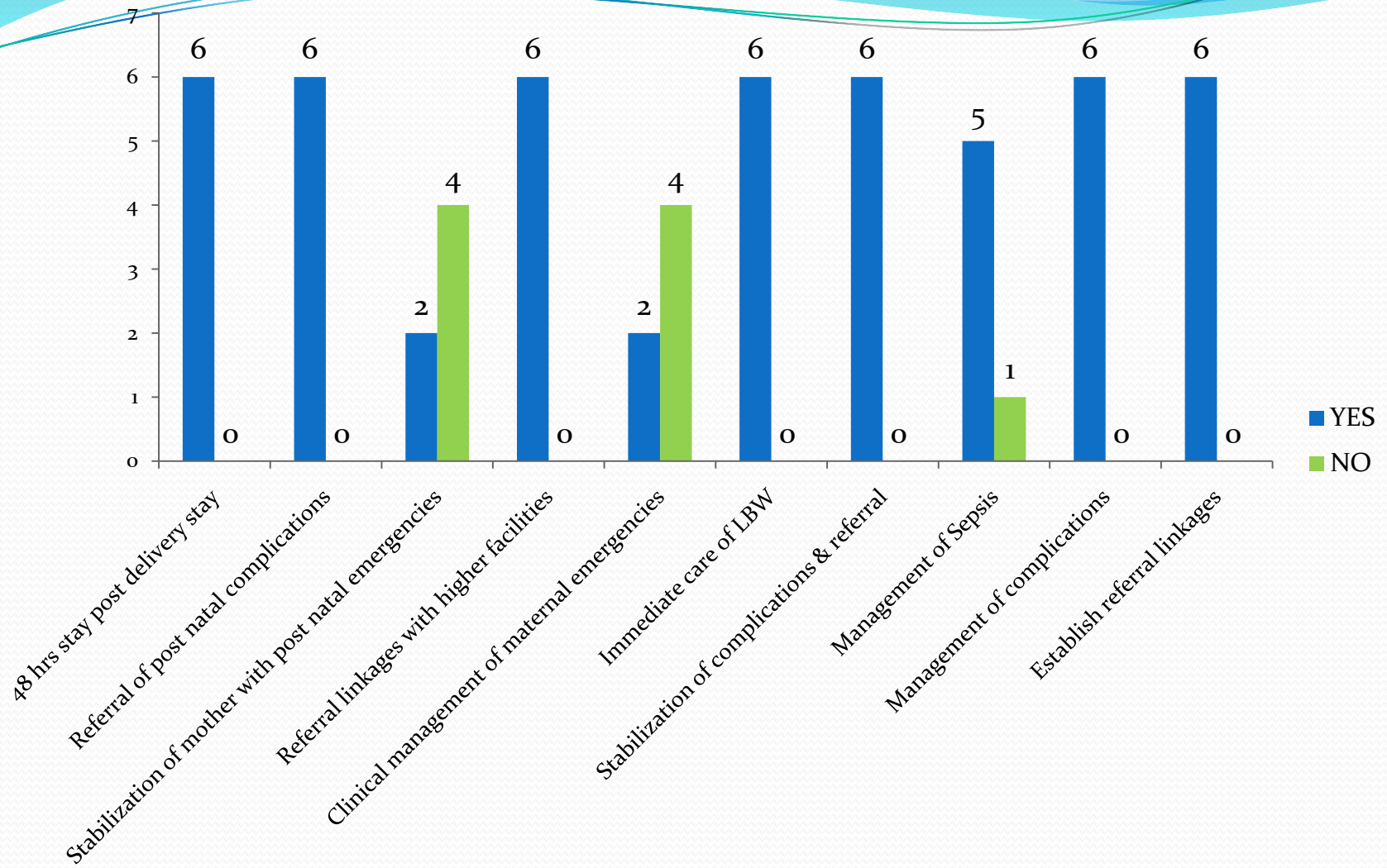
Intra-natal care questions – Staff Nurses

Structured Interview Questions

- **Questions on Postnatal care**
  - 48 hrs stay post delivery
  - Referral of post natal complications
  - Stabilization of mother with post natal emergencies
  - Referral linkages with higher facilities
  - Clinical management of maternal emergencies
- **Should essential newborn care include the following?**
  - Immediate care of LBW
  - Stabilization of complications & referral
  - Management of Sepsis
  - Management of complications
  - Establish referral linkages



Post-natal care questions - Doctors



Post-natal care questions – Staff Nurses

Gaps Identified

- Stabilization of patient was not completely done.
- Referral linkages was little weak.
- Management of obstructed labor was not properly organized.
- In house Blood bank was not established.
- Prevention of RDS was not managed efficiently.
- Immediate care of LBW newborns were not given to all patients.
- Vitamin – k for premature babies were not available in sufficient quantity.

Clinical Outcomes Measured

- **Total number of Normal Deliveries:-**
  - February: 104
  - March: 82
  - April: 111
- **Total number of Mortality:-**
  - February: 0
  - March: 0
  - April: 0
- **Total number of Complications:-**
  - February: 8
  - March: 4
  - April: 2
- **Total number of Referrals:-**
  - February: 3
  - March: 1
  - April: 1

Problems

- Specialists are not willing to join because of low remuneration given to them as compared to private sector.
- Shortage of Nursing staffs in delivery unit, more staffs need to be appointed.
- Lack of training and motivation among staffs.

Research Question?

- What can be done to improve and strengthen the facilities like manpower, equipments, etc in District Hospitals as per IPHS Guidelines?

Recommendations

- Referral Linkages need to be strong.
- Patient should be stabilized in the ward/casualty before moving to OT.
- In house Blood bank should be established as C-Section surgery takes place.
- RDS cases being seen in infant so management of RDS should be provided with the help of modern technology.
- More emphasis should be on management of obstructed labor and immediate care of LBW newborns.
- Availability of Vitamin – k should be provided in hospital in sufficient quantity.

Thank You