PREGNANT WOMEN PERCEPTION WITH LABOUR ROOM AND MATERNITY OPERATION THEATRE SERVICES AT DISTRICT HOSPITAL, JHUNJHUNU, RAJASTHAN

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

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Under the Supervision and Guidance of

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2024

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No. F 2 (153) NHM/SPM/2024/852 Dated: 5/7/24

CERTIFICATE

This is to certify that **Ms. Aditi Sharma**, student of MBA, Indian Institute of Health Management Research (IIHMR University, Jaipur) has successfully completed her Dissertation & Internship at National Health Mission, Rajasthan from 18/03/2024 to 18/06/2024. She has worked on the project-

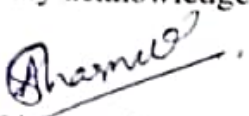
PREGNANT WOMEN PERCEPTION WITH LABOUR ROOM AND MATERNITY OPERATION THEATRE SERVICES AT DISTRICT HOSPITAL, JHUNJHUNU, RAJASTHAN

Her performance was found satisfactory. We extend her good wishes for a bright and successful career ahead.

(Dr Jitendra Kumar Soni)
Mission Director, NHM
Special Secretary
Medical Health & Family Welfare

DECLARATION BY STUDENT

I hereby declare that this dissertation titled Pregnant women perception with Labour room and Maternity Operation Theatre services at District Hospital, Jhunjhunu, Rajasthan is the bonafide record of my original researchwork. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished workof others has been duly acknowledged in the text.



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Aditi Sharma

18-6-2024

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CERTIFICATE

This is to certify that dissertation titled "Pregnant Women Perception with Labor Room and Maternity OT services at District Hospital, Jhunjhunu, Rajasthan "is a record of the research work undertaken by **Aditi Sharma** in partial fulfillment of the requirements for the awardof the degree of MBA (Hospital & Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

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ABSTRACT

LaQshya is a powerful model for evaluating quality of care, surpassing other global assessment tools.

Quality of care in labor rooms and maternity operation theatres is essential to ensure that every pregnant woman receives appropriate care with dignity and respect, as it is her fundamental right.

This study aims at strengthening and/ or sustaining the quality of health care system

Background: Maternal health is a critical aspect of public health, directly impacting the well-being of mothers and newborns. Despite a declining trend in maternal mortality, Rajasthan's maternal mortality rate remains high at 113 per 100,000 live births. The LaQshya program, launched by the Ministry of Health and Family Welfare (MoHFW), aims to enhance the quality of intrapartum and immediate postpartum care, promoting Respectful Maternity Care (RMC).

Methods: The study utilized simple random sampling to select pregnant women who delivered in the labor room and maternity OT at the District Hospital, Jhunjhunu. Interviews were conducted post-delivery via Google Forms, ensuring informed consent was obtained. The study covered three months from April to June 2024, with a sample size of 71women from labor room deliveries and 35 from OT deliveries.

Results: The DH Jhunjhunu study assessed pregnant women's perceptions regarding labor room and maternity OT services. In the labor room, 62% of respondents were aged 19-24, with most having primary or secondary education. Predominantly from urban areas (69%), 98% confirmed informed consent completion. High usage rates were reported for wheelchairs, labor tables, drinking water, and toilets. Most women found signage helpful, privacy adequate, and staff respectful. Additionally, they were encouraged to choose a birth companion and rated cleanliness and comfort positively. In the maternity OT, 52% were aged 19-24, and 33% had primary education. Most were urban residents (74%). High satisfaction rates were noted for facility use, with most women finding signage helpful, privacy adequate, and staff respectful. Cleanliness and comfort were rated positively, and breastfeeding initiation was discussed with 77% of women. 61% and 63% of respondents highly recommended the labor room and maternity OT, respectively.

Conclusion: The findings indicate that the LaQshya-certified District Hospital in Jhunjhunu largely meets the standards of care and respect expected under the program, with high levels of satisfaction reported by the women. However, continuous monitoring and improvements are necessary to maintain and enhance the quality of maternal care, ensuring every woman receives compassionate and competent care during childbirth. The study underscores the importance of adhering to LaQshya guidelines to improve maternal and neonatal health outcomes in Rajasthan

Keywords: Labor room, Pregnant women Perception, Operation theatre, LaQshya guidelines

ACKNOWLEDGEMENTS

I would like to acknowledge my sincere thanks to our institute, Institute of Health Management and Research, Jaipur for designing the curriculum in such a way where we could gain enough knowledge related to the health scenario and then apply the concepts accordingly by providing us with three months dissertation opportunity.

I extend my sincere thanks to Dr. JITENDRA KUMAR SONI, IAS, Mission Director, NHM Rajasthan for giving me the opportunity to do a project in LaQshya Programme of National Health Mission Rajasthan.

I would like to express my deepest gratitude to Dr. LOKESH CHATURVEDI, State Program Manager, NHM Rajasthan for providing me support and for making me acquainted with the knowledge from department of LaQshya Programme .

I express my deepest gratitude and regards to Dr. TARUN CHAUDHARY, PROJECT DIRECTOR, Maternal health, NHM Rajasthan for making me understand Pregnant Women Perception with Labour Room and Maternity Operation Theatre Services at District Hospital, Jhunjhunu, Rajasthan

My Sincere thanks to my Respected Dr. NUTAN JAIN Professors and researchers, IIHMR University for providing me guidance and keeping me on the right path which helped me in completing the project work.

Sincerely,

Dr. ADITI SHARMA

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ABBREVIATIONS

CHC	Community health centres
DH	District Hospital
IMR	Infant Mortality Ratio
JSY	Janani Suraksha yojana
LaQshya	Labour Room Quality Improvement Initiative
LR	Labor Room
MC	Medical college
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
MoHFW	Ministry of Health and Family Welfare
MOT	Maternity Operation Theatre
NFHS	National family health survey
NQAS	National Quality Assurance Program
PHC	Public health centres
PPH	Postpartum Hemorrhage
SC	Sub centres
SDG	Sustainable developmental goals
SRS	Sample registration survey

Chapter 1:

Introduction

Pregnancy is a transformative and often challenging period in a woman's life, marked by both anticipation and anxiety about the birthing process. The environment in which a woman gives birth plays a crucial role in her overall experience, influencing not only her perception of care but also the outcomes of her delivery.

However, it's believed that many women worldwide pass away every day from pregnancy- and childbirth-related preventable causes.

Since maternal health has a direct impact on the wellbeing of pregnant women and babies, it is an essential aspect of public health.

Despite this declining trend, there is still a substantial burden of maternal and neonatal death. Maternal mortality (MMR) is currently 97 per 100,000 live births, newborn mortality (NMR) is 23 per 1000 live births, and the state of Rajasthan has an MMR of 113 per lakh live births, according to SRS 2018.(1)

Improving maternal health is indeed one of The Sustainable Development Goals (SDGs), adopted by the United Nations in 2015, include a specific goal focused on improving maternal health as part of SDG 3, which aims to ensure healthy lives and promote well-being for all at all ages. The target for maternal mortality ratio (MMR) under SDG 3 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.(2)

An important aspect in boosting the usage of healthcare services and reducing maternal mortality and morbidity from antepartum hemorrhage (APH) and postpartum hemorrhage (PPH) is the quality of treatment given during childbirth.

To ensure Quality of Care during intrapartum & immediate post-partum period in healthcare facility, MoHFW has launched Labour room Quality Improvement initiative named as LaQshya aims to reduce Maternal and Newborn Mortality and Morbidity , ensure Respectful Maternity Care(3)

Goals of LaQshya Programme

- Reduce maternal and newborn morbidity and mortality
- Improve quality of care during delivery and immediate post-partum period
- Enhance satisfaction of beneficiaries, positive birthing experience and provide Respectful Maternity Care (RMC) to all pregnant women attending public health facilities.(4)

In 2016, the Ministry of Health and Family Welfare (MoHFW) launched Guidelines for Standardisation of Labour Rooms at Delivery Points. The guideline objective was to upgrade the labour rooms for standardisation, i.e. constructing new labour rooms or reorganising the existing labour rooms. This guideline was an extension of the MNH Toolkit that focuses explicitly on the space, layout of labour rooms, human resource requirements, equipment and supplies, consumables and protocols specifically for the labour room.(5)

Pregnant women in India have access to a range of maternal health services, from community health centres to top-tier hospitals, across both public and private sectors.

In the public system, secondary facilities like sub-divisional hospitals (100 beds) and district hospitals (50-500 beds) handle normal and complex deliveries, including Caesarean sections.

The most severe maternity and newborn cases are managed by government medical colleges and tertiary facilities. District Hospitals are well-equipped with medical officers, skilled nurses, and a higher number of specialists in pediatrics, obstetrics and gynecology, and anesthesiology to provide comprehensive maternity care

In Rajasthan, 68 labor rooms and 35 operation theaters have achieved LaQshya certification. Tertiary facilities with this certification receive incentives: ₹2 lakh per department for sub-district hospitals, ₹3 lakh per department for district hospitals, and ₹6 lakh per department for medical colleges.

These incentives encourage health professionals to enhance their competence and deliver high-quality care. Given this context, we selected the LaQshya-certified District Hospital in Jhunjhunu to assess whether LaQshya standards are being upheld and if pregnant women are receiving optimal labor room and maternity OT services

Such studies are crucial for informing quality assurance practices that prioritize the well-being of both mothers and their newborns, ensuring that every woman receives the compassionate and competent care she deserves during one of the most significant moments of their lives. By examining their views, Quality assurance team can better understand the strengths and weaknesses of the current quality of maternity care system.

1.1 Research Questions:

How Pregnant women perceive with Labour Room Services at District Hospital, Jhunjhunu, Rajasthan ?

How Pregnant women Perceive with Maternity Operation theatre Services District Hospital, Jhunjhunu, Rajasthan?

1.3 Aim:

This study aims at strengthening and/ or sustaining the quality of health care system

1.2 Objectives:

- To review the LaQshya program, the guidelines and tools.
- To study the Pregnant Women Perception with Labour Room Services at District Hospital, Jhunjhunu, Rajasthan
- To study the Pregnant Women Perception with Maternity OT Service District Hospital, Jhunjhunu, Rajasthan
- To suggest the ways to improve and/or sustain the quality of labor rooms and the operation theater

Operational Definitions:

- LaQshya Programme - is a quality improvement initiative which aims to ensure Quality of Care during intrapartum and immediate post-partum period in Labor Room and Maternity OT. It targets all Government Medical College Hospitals, District Hospitals & equivalent health facilities, designated FRUs as well as high case load CHCs.
- Labor Room - refers to a specialized area within a healthcare facility designated for the management and monitoring of women during childbirth.
- Maternity OT - is a surgical facility specifically designed for performing obstetric surgeries, such as Caesarean sections (C-sections) and other procedures related to childbirth

CHAPTER :2

REVIEW OF LITERATURE

S.No.	Year of study	Title	Author(s) and Reference or link	Key Objectives	Key methodologies	Key Results
1.	04 April 2024	Appraising the Potential of LaQshya in Assessing Quality of Care for Mothers and Newborns: A Detailed Review of India's Labor Room Quality Improvement Initiative (6)	Shalini Singh Zabir Hasan, Deepika Sharma Amarpreet Kaur 10.1186/s12884-024-06450-x	This study aims to fill the existing knowledge gap by evaluating LaQshya's effectiveness in assessing the quality of care for mothers and newborns. The results will provide insights for making improvements to enhance LaQshya's overall effectiveness.	A "Descriptive Case Design" is employed to analyze the structure of LaQshya and compare its measurement parameters with the 352 quality measures specified in the WHO Standards for Maternal and Newborn Care. This comparison provides valuable insights into the alignment of LaQshya's criteria with global standards	LaQshya covers 76% of the 352 quality measures outlined by the WHO for maternal and newborn care, but it falls short in thoroughly evaluating some critical components.

S.No.	Year of study	Title	Author(s) and Reference or link	Key Objectives	Key methodologies	Key Results
					for evaluating the quality of maternity and newborn care.	
2.	10 Jan 2024	Knowledge, attitudes, and practices related to work standards in a peripheral institute are assessed using ISQUA (International Society for Quality in Healthcare) accredited NQAS (National Quality Assurance Standards) guidelines.(7)	Ermeen Khurshied Wani,, Suhail Mansoor Malik Roohi Iqbal and Majid Jehangir http://dx.doi.org/10.21474/IJAR01/18160	To examine the changes in knowledge, attitudes, and practices of healthcare employees following the implementation of quality standards over the course of one year.	A cross-sectional study was conducted The sample size consisted of 70 participants, including 20 doctors and 50 paramedics. Data were collected from all sections using NQAS indicators and questionnaires, namely the Patient Satisfaction Survey (PSS) and the Employee Satisfaction Survey (ESS).	The results indicated a significant improvement in the knowledge, attitudes, and practices of healthcare employees following the implementation of the NQAS standards in a peripheral care hospital.
3	09-Feb-2023	Perceptions of Beneficiaries on the Quality of Care and	Chandra Gopal Dogne Jitendra Dudi, Nalini Dogne Sana Afrin , Abhay Singh	Study aimed to evaluate the satisfaction of	A scoring method was employed,	There was a notable difference

S.No.	Year of study	Title	Author(s) and Reference or link	Key Objectives	Key methodologies	Key Results
		Respectful Maternity Care Provided in the Delivery Room Using LaQshya Guidelines(8)	https://www.researchgate.net/publication /368376702	beneficiaries from both rural and urban areas who visit public health facilities, focusing on the quality of care and Respectful Maternal Care (RMC).	utilizing a scale from 1 to 5, where ratings ranged from poor to excellent based on beneficiary perceptions across various parameters.	between rural and urban areas in several aspects of postnatal care for beneficiaries, including the explanation of treatment procedures, maintenance of privacy, efforts to prevent feelings of loneliness, and treatment with dignity and respect.
4.	2022 Jul 21	Evaluation of Respectful Maternity Care among women using delivery services at a tertiary care center in Central India: A study conducted through cross-sectional analysis.(9)	Sarita K Sharma,Pragati G Rathod, Kanchan B Tembhurne https://www.ncbi.nlm. nih.gov/pmc/articles/PMC9391614/	To evaluate mistreatment and the standard of care during childbirth, as well as to advocate for respectful maternity care. .	Data was collected via a pretested questionnaire covering seven main categories.	every single one of the 150 women, or 100%, encountered some type of disrespectful treatment during labor, childbirth, or the postnatal period at the hospital.

S.No.	Year of study	Title	Author(s) and Reference or link	Key Objectives	Key methodologies	Key Results
5.	October 2021	Are the labor rooms in primary healthcare facilities adequately provide basic delivery and newborn care? A cross-sectional study(10)	**https://www.researchgate.net/ publication/356399189**	Assessing the availability of human resources, and determining the presence of essential equipment and supplies in the labor rooms.	A cross-sectional analytical study was carried out in 52 health facilities.	There was a significant shortage of healthcare providers, with only 20% of positions filled in CHCs, 43% in PHCs, and 50% in subcenters, while district hospitals had 79% of vacancies filled.
6.	08 Oct 2018	Do women's perceptions of the quality of childbirth care align with those of healthcare providers? A qualitative study in Uttar Pradesh, India(11)	Sanghita Bhattacharyya Aradhana Srivastava Malvika Saxena https://doi.org /10.1080/16549716.2018.1527971	To compare these expectations with healthcare providers' perceptions and the barriers they face in delivering such care.	A qualitative descriptive analysis was performed using data from two studies: focus group discussions held nd in-depth interviews with care providers.	Many women expressed disillusionment and low expectations of care at facilities, highlighting systemic issues.

CHAPTER 3:
METHODOLOGY

Settings – The Study was conducted at District Hospital, Jhunjhunu, Rajasthan

Study Population - Pregnant women who enrolled in the Labor room and Maternity OT for delivery at District Hospital, Jhunjhunu, Rajasthan during study period of 3 months (March-June 2024). The district hospital is already LaQshya certified.

Sample Size -

On an average 400 deliveries took place in Labor room and 60 deliveries took place in Maternity OT against a Month at District Hospital, Jhunjhunu, Rajasthan.

$$n = Z^2.p.(1-p) / E^2$$

Confidence value: 95% (Z = 1.96), MOE : 10% = (E= O.10) , Population Proportion(p) not specified so we use 0.5 for max variably

Sample Size calculation

Labor Room Deliveries

$$n = Z^2.p.(1-p) / E^2$$

Population size = 400 , p = 0.5

$n = (1.96). 0.5. (1- 0.5) / (0.10)^2 = 96 .04$

Now we need to adjust this using the finite population correction

nadj = n/ 1+(n-1/N) = 96.04 / 1+ (96.04 – 1) / 400)

LRD = 78

Maternity OT Deliveries

$$n = Z^2.p.(1-p) / E^2$$

Population size = 60 , p = 0.5

$n = (1.96). 0.5. (1- 0.5) / (0.10)^2 = 96 .04$

Applying adj. formula

nadj = n/ 1+(n-1/N) = 96.04 / 1+ (96.04 – 1) / 60-1)

MOT Deliveries = 38

So Based on a 95% confidence interval and a 10% margin of error,

As per the sample size, only sample of 71 was collected from the labour room deliveries, and a sample of 35 was collected from the OT deliveries.

The questionnaire created on Google Form administered only to women who have given birth and provided informed consent.

Sampling Techniques – Simple Random Sampling Method employed

In this method, every third pregnant woman is being selected into a sample.

Data Collection methods

- Interview with pregnant women
- In depth interview with nursing staff
- Review of LaQshya program, guidelines, and tools
- Observation of Labor rooms and Maternity OT functioning as per the LaQshya Standards

Data Collection Tools –

- Review checklist
- Observation checklist (LaQshya checklist)
- Interview schedule for pregnant women using google form

Duration Of study– The study conducted for 3 Month (April 2024 – June 2024)

Data Analysis –

Profiling of Pregnant Women: Age, Education, Place of Residence

Five-pointer rating scale was used to rate the items based on the perceptions of the respondents.

Data Cleaning:

Data were reviewed for accuracy, and any identifiable information will be anonymized to maintain confidentiality

Interpretation and Synthesis:

Data from interviews were triangulated with observations to validate findings and provide a comprehensive picture.

Narrative Construction:

A narrative were constructed to describe the perception of pregnant women from the data

3.1 Ethical Considerations:

Before participating in the study, all pregnant women received comprehensive details about the study's objectives, procedures, and potential advantages. Each participant was asked for her informed consent, acknowledging their right to withdraw from the study at any point without repercussions.

Confidentiality of pregnant women strictly maintained through various measures. Collected data was anonymized and securely stored, accessible only to authorized research personnel.

CHAPTER 4: RESULTS

About the LaQshya program, the guidelines and tools

The LaQshya program, initiated by the Ministry of Health and Family Welfare in India, aims to improve the quality of labor rooms, maternity operation theaters, and maternal and newborn care services in public health facilities. It provides guidelines and tools to enhance infrastructure, ensure adherence to protocols for maternal and newborn care, and promote respectful maternity care. The program emphasizes the importance of continuous monitoring, to sustain quality improvements in maternal healthcare services

The checklist consists of eight areas of concerns for labor room as well as operation theater: service provision, patients rights, inputs, support services, clinical services, infection control, quality and outcome. It is mandatory to have minimum scores of 50% for each of the components.

The results are presented in two parts: (a) pregnant women of labor room; and (b) pregnant women of maternity OT

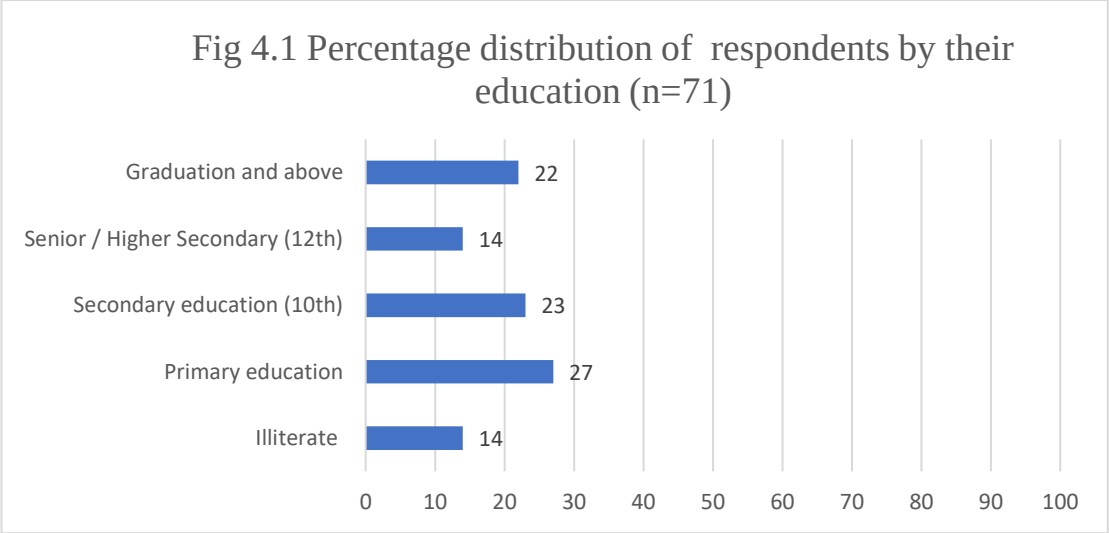
Pregnant women of Labor room

Age: – According to the results, 62% of women up to the age of 18 years are aged between 18 and 24 years, while 28 % fall within the 25 to 30-year age range (Table 4.1).

Table 4.1 Percentage distribution of pregnant women of labor room by their age (n=71)

AGE GROUPS	PERCENTAGE OF AGE (n=71)
Up to age of 18	4
19-24Yrs age group	62
25-30Yrs age group	28
31-35Yrs age group	4
41 & above	2

Education: The results revealed that about 27% of the women, have completed up their primary education. Both those with graduation and above and those with secondary education make up 22% each approximately (Fig 4.1).



Place of Residence: According to the results, the most of the respondents (69%) reside in urban areas while 30 % resides in rural areas. A few live in slum areas.

The results show that almost all of the respondents (98%) confirmed that the informed consent process was completed before delivery. Similarly, about 92 percent women reported that they used wheelchairs and trolleys available in the labor rooms at DH Jhunjhunu.

About 93 % women reported that they used labor table available in the labor rooms at DH Jhunjhunu. The result shows that 99% of pregnant women used the drinking water facilities available in the labor rooms at DH Jhunjhunu Similarly 100% women utilise toilet available in labor room at the district hospital, Jhunjhunu.

Table 4.2 Percentage distribution of pregnant women of labor room (n=71)

Items	Yes
Completed informed consent process before delivery	98
Used wheelchairs and trolleys	93
Used Labor table	93
Drinking Water in labour room	99
Used toilet	100

As mentioned in the methodology that five-point rating scale was used to rate the items based on the perceptions of the respondents. However, the table presents the results in percentages and a majority of the responses were limited to the two levels (affirmative) of rating scale.

According to the result, 55% Pregnant women found signages / direction in labor room very helpful, while 45% rated them as helpful.

The result indicates that 59% of respondents felt the medical staff gave them very adequate privacy during their stay in the labor room, while 41% considered the privacy adequate.

Similarly, 56% of respondents found the behaviour of labor room staff to be very respectful, while 44% considered it respectful

The result shows that 66% of respondents felt strongly encouraged or counseled to choose a birth companion of their preference, while 34% felt encouraged or counseled.

Among those who used the wheelchair and trolley facilities, 63% were fully satisfied and 37 %were satisfied

Among those who used the labor table facilities, 63% were fully satisfied and 35% were satisfied,

Among those who used Toilet facilities, 61% were fully satisfied and 37% were satisfied.

Nearly 63% rated the cleanliness as Very good, while 35% rated it as good.

Similarly, the comfort level of the facilities in the labor room at DH Jhunjhunu was rated positively by the respondents. Specifically, 58% of the respondents rated the comfort level as very comfortable, while 42% rated it as comfortable.

The result reveals that among the respondents, 61% stated they would highly recommend the labor room at DH Jhunjhunu to other expecting mothers, while 39% indicated they would recommend it

Table 4.3 Percentage distribution of pregnant women of labor Room (n=71)

Item	Rating				
	Very helpful	Helpful			
Helpful signage / direction in Labor room	55	45			
	Very Adequate	Adequate			
Medical staff given adequate privacy	59	41			
	Very respectful	Respectful			
Respectful Behaviour of Labor room	56	44			
	Strongly encouraged/counselled	Encouraged / counselled			
Encouragement and counselled in LR	66	34			
	Very good	Good			
Cleanliness at the labour room	63	35	Neutral 2%		
	Very comfortable	Comfortable			
Comfortable labour room	58	42			
Satisfaction with	Fully Satisfied	Satisfied			
Wheelchairs and trolleys	63	37			
Labour Table	63	35	No Response 2%		
Toilet in labour room	61	37	No Response 2%		
	Highly Recommend	Recommend			
Will recommend the DH for delivery	61	39			

The results for the labour room quality as per the LaQshya parameters were found satisfactory in general, and this is the hospital's responsibility to sustain it for future.

Maternity Operation Theatre (Pregnant women's Perceptions)

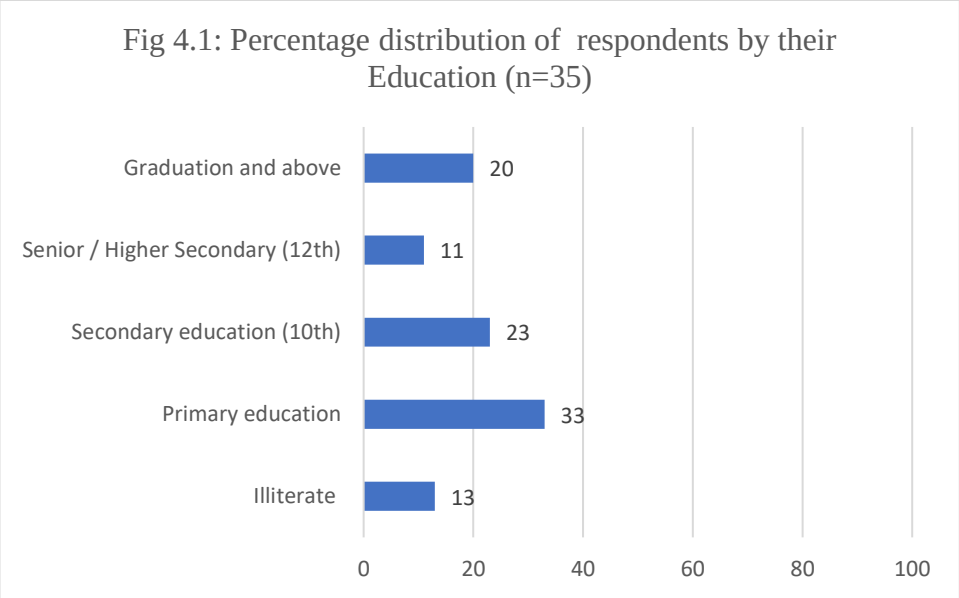
The pregnant women who have vailed the operation theater services were asked for their perceptions using the LaQsya guidelines. A total of 35 such women were covered.

Age: – According to the results, 3% of women up to the age of 18 years 52% are aged between 19 and 24 years, while 34 % fall within the 25 to 30-year age range (Table 4.4).

Table 4.4 Percentage distribution of pregnant women of Maternity OT by their age (n=35)

AGE GROUPS	PERCENTAGE OF AGE (n=35)
Up to age of 18	3
19-24Yrs age group	52
25-30Yrs age group	34
31-35Yrs age group	9
41 & above	2

Education: The results revealed that about 33% of the women, have completed up their primary education while 23% of women completed their secondary education



Place of Residence: According to the results, most of the respondents (74%) reside in urban areas while 26 % resides in rural areas.

The results show that 92 % women reported that they used wheelchairs and trolleys available in the labor rooms at DH Jhunjhunu.

About 92 % women reported that they used labor table available in the Maternity OT at DH Jhunjhunu. The result shows that almost all pregnant women used the drinking water and toilet facilities available in the Maternity OT at DH Jhunjhunu.

Table 4.5 Percentage distribution of pregnant women of Maternity OT (n=35)

Items	**Yes**
Used wheelchairs and trolleys	92
Used Labor table	92
Drinking Water in labor room	100
Used toilet	100

According to the result, 65% Pregnant women found signages / direction in Maternity OT very helpful, while 33% rated them as helpful.

The result indicates that 71% of respondents felt the medical staff gave them very adequate privacy during their stay in the Maternity OT , while 29% considered the privacy adequate.

Similarly that 62% of respondents found the behaviour of Maternity OT staff to be very respectful, while 38% considered it respectful

Among those who used the wheelchair and trolley facilities, 68% were fully satisfied and 32 % were satisfied

Among those who used the labor table facilities, 74% were fully satisfied and 26% were satisfied, Similarly, among those who used Toilet facilities, 61% were fully satisfied and 37% were satisfied.

About 64% Pregnant women rated the cleanliness as very good, while 34% rated it as good.

Similarly, the comfort level of the facilities in the Maternity OT at DH Jhunjhunu was rated positively by the respondents. Specifically, 62% of the respondents rated the comfort level as very comfortable, while 36% rated it as comfortable.

According to result, 71% JSSK beneficiaries rated them very good , while 27% rated them good and few rated them neutral

About 77 % reported that breastfeeding initiation within one hour was strongly discussed with them during their stay in the Maternity . Additionally, 23% of respondents stated that the topic was discussed

The result reveals that among the respondents, 61% stated they would highly recommend the Maternity OT at DH Jhunjhunu to other expecting mothers, while 39% indicated they would recommend it.

Table 4.6 Percentage distribution of pregnant women of Maternity OT (n=35)

Item	Rating				
	Very helpful	Helpful	Somewhat helpful		
Helpful signage / direction in Maternity OT	65	33	2		
	Very Adequate	Adequate			
Medical staff given adequate privacy	71	29			
	Very respectful	Respectful			
Respectful Behaviour maternity OT staff	62	38			
	Very good	Good	Neutral		
Cleanliness at the maternity OT	64	34	2		
	Very comfortable	Comfortable			
Comfortable Maternity OT	62	36			
Satisfaction with	Fully Satisfied	Satisfied			
Wheelchairs and trolleys	68	32			
Labour Table	74	26			
Toilet Maternity OT	64	36			
	Very good	Good	Neutral		
JSSK benefices availing services	71	27	2		
	Strongly discussed	discussed			

Breast feeding initiation within 1 hour	77	23			
	Highly Recommend	Recommend			
Will recommend the DH for delivery	63	39			

The results show that most of the pregnant women who avail the Maternity OT services are satisfied and that the quality of the maternity OT follows the LaQshya guidelines. Therefore, it is the hospital's responsibility to sustain this quality in the future. However, some women indicated that a few improvements are needed for the maternity services to be highly recommended, especially for expecting mothers.

Chapter 5

DISCUSSION

The study on pregnant women's perceptions of labor room and maternity OT services at District Hospital Jhunjhunu generally aligns with other research, particularly in demonstrating the positive impact of quality improvement initiatives like LaQshya.

The findings align with the comprehensive review conducted by Shalini Singh et al. (2024), which emphasized LaQshya's substantial coverage of WHO standards. However, this aligns with our findings, which identified the successful implementation of LaQshya in terms of infrastructure and essential supplies

Another significant aspect of quality care is the knowledge, attitudes, and practices of healthcare employees. The study by Wani et al. (2024) demonstrated significant improvements in these areas following the implementation of NQAS standards in a peripheral care hospital . This supports our findings that effective quality assurance programs, like LaQshya, can positively impact the attitudes and practices of healthcare workers, thereby enhancing the overall quality of care.

The discussed studies provide valuable insights that collaborate the findings of my study . Together, they emphasize the multifaceted nature of quality maternity care, including the need for standardized guidelines, respectful treatment, adequate resources, and alignment between patient and provider perceptions.

By addressing these areas, district hospital can significantly improve the quality of care for mothers and newborns, ultimately leading to better health outcomes and higher patient satisfaction.

Chapter: 6

CONCLUSION

- The review provided a thorough understanding of the LaQshya program and the tools used for quality improvement in labor rooms and maternity OTs. It has eight areas of concerns for which the health facility should achieve 50% scores at the minimum
- The adherence to LaQshya guidelines has been instrumental in achieving these outcomes, emphasizing the importance of continued commitment to quality improvement in maternal care.
- Comprehensively assessed pregnant women's perceptions of labor room and maternity OT services, highlighting both positive feedback and areas needing attention.
- The study concluded with actionable suggestions to improve and sustain the quality of care in labor rooms and maternity OTs, addressing the key areas identified by the women surveyed.

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