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A Report on

'A study to determine the experience of reproductive age women towards birthing and their perception & knowledge towards nurse-midwives in Delhi, India.'

By

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MBA HEALTH AND HOSPITAL MANAGEMENT

2020-22

DECLARATION

I hereby state that this dissertation titled A study to determine the experience of reproductive age women towards birthing and their perception & knowledge towards nurse-midwives in Delhi, India.is the bonafide record of my original research work. 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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Keshav Nautiyal

30th June 2022

CERTIFICATE

This is to certify that the dissertation title A study to determine the experience of reproductive age women towards birthing and their perception & knowledge towards nurse-midwives in Delhi, India is a record of the research work undertaken by Mr. Keshav Nautiyal in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management)/MBA (Pharmaceutical Management)/MBA (Rural 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.

Faculty Guide IIHMR University, Jaipur	School Dean IIHMR University, Jaipur
Date	Date

ACKNOWLEDGEMENT

With an immense sense of delight and genuine commitment, I take this opportunity to show deep gratitude to Dr Jagajeet Prasad Singh, mentor at IIHMR University, for giving me good guidance for my summer training report copious discussions. I appreciate those who have undeviatingly guided me toward writing this summer training report. I further take this note to express profound gratitude to our university President Dr P.R Sodani, for his cordial support, valuable information, and guidance, which helped me accomplish this task through various stages.

I acknowledge the help of my organization's reporting manager Dr Kamlesh Lalchandani, HR Amita Gambhir, and technical and support staff in the IIHMR University Jaipur. For their support during the making of this summer training report.
Finally, I praise my parents and friends for their consistent encouragement. Without their assistance, this summer training report would not be possible.

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ABSTRACT

BACKGROUND: Over two million nurse-midwives work in India, with nearly 900,000 Auxiliary Nurse Midwives (ANMs). In recognition of its outstanding leadership in midwifery, the Indian government has pledged to hire an additional 85 000 midwives by 2023, in addition to the present workforce. Women may rely on midwives to be at their sides during pregnancy, delivery, and the postpartum period. They are crucial in helping women have healthy pregnancies and enjoy being

pregnant. Midwifery treatment that is safe and effective can prevent 83 percent of all maternal deaths, stillbirths, and infant deaths. Every year, 35 000 women die in India during pregnancy, childbirth, and the postoperative period; 272 000 stillbirths occur, and 562000 babies die in their first month of life. The importance of midwifery care cannot be overstated. Women's health is critical to a country's overall well-being. From before independence to the present day, India's midwifery has progressed. Maternal and newborn care was provided by indigenous stand prior to independence, who not only assisted during labor but also served as consultants for any maternal ailment linked to childbirth.

Method: It is a descriptive cross sectional-study the research method used here is a quantitative research method, the place of study is New, Delhi. A total of 50 women of reproductive age groups were selected through an online survey. A purposive sampling approach is adopted to select women who gave birth to their previous children in the health facility in the last twelve months prior to data collection. A pre-designed self-administered questionnaire (SAQ) was designed, the Primary data here is collected through a self-administered questionnaire (SAQ) by the online survey method. All the data is analysed using percentage, and average methods. Qualitative variables are analysed using frequency or percentage. Cross tabulation is done using Pivot Tables to see the association between qualitative variables. All the data, including survey responses, is imported from the google form, and then entered into an MS (Microsoft Excel).

Result: The majority of women who have participated in this study have delivered their child at a public healthcare facility, and 34 % of women have given birth to their child at a private healthcare facility. 66 % of women have consulted obstetric/gynaecologists during their period of pregnancy. 34% of women say they receive the kind of maternity care they expected during childbirth. 76% of women were not satisfied with their birthing experience, whereas 22% of women stated that they were happy with it. 66 % of women in our study had gone through a caesarean section for their child's delivery, whereas only 34 % of women had normal childbirth. Only 20 % of women are aware of nurse-midwives, and 80 % of respondents don't know about the nurse-midwives. 80% of women do not understand that the nurse-midwives also take care of women post deliveries. 66 % of women assume that nurse-midwives are similar to the village dais.

Conclusion: Women in this study were found to give birth to their children more in a public healthcare facility (66%) rather than in a private facility (34%). Despite being well educated and earning some wages, still, women in Delhi prefer to visit a public healthcare facility more, which also indicates that the public healthcare infrastructure & healthcare services are good in the Union territory but again study indicates that the rate of normal deliveries is very less (34%). Women of a young age were diagnosed with postpartum complications leading to excessive bleedings, infections, and postpartum anaemia. Most complication cases were found in women who have given birth to their children in private healthcare facilities. The study clearly shows that women residing in Delhi have feeble knowledge or information about nurse-midwives. Only 44 % of women agree that the involvement of nurse-midwives will be able to reduce the burden on obstetricians and gynecologists in public/ private health facilities.

Keywords: Birthing, Nurse-Midwives, Knowledge, perception, birthing experience.

INTRODUCTION

A woman's birthing experience puts life-long impressions on their life, Women's fundamental human rights are infringed when they are mistreated or poor-quality healthcare services are provided to them during childbirth. Maternal death is an effective indicator in measuring the quality of healthcare services

provided to women in India. The studies have revealed that, the majority of deliveries are executed at home in absence of any skilled practitioner or healthcare provider. The WHO (world health organization) & the international confederation of Midwives (ICM) define midwives as “skilled, knowledgeable and compassionate care for childbearing women, newborn infants, and families across the continuum from prepregnancy, pregnancy, birth, postpartum and the early weeks of life”.

The midwifery-based model of care can help in reducing the maternal mortality rate to some great extent, also the model of care can help in decreasing the burden of over-hospitalization & can provide a huge relief to the gynaecologists & obstetrics in both public & private healthcare facilities.

Over two million nurse-midwives work in India, with nearly 900,000 Auxiliary Nurse Midwives (ANMs). In recognition of its outstanding leadership in midwifery, the Indian government has pledged to hire an additional 85 000 midwives by 2023, in addition to the present workforce. Midwives are women's trusted companions throughout their pregnancy, delivery, and the postpartum period. They play a critical role in assisting women in having safe pregnancies and having a happy pregnant experience. Midwifery treatment that is safe and effective can prevent 83 percent of all maternal deaths, stillbirths, and infant deaths. Every year, 35 000 women die in India during pregnancy, childbirth, and the postoperative period; 272 000 stillbirths occur, and 562000 babies die in their first month of life. The importance of midwifery care cannot be overstated.

Women's health is critical to a country's overall well-being. From before independence to the present day, India's midwifery has progressed. Maternal and newborn care was provided by indigenous stand prior to independence, who not only assisted during labor but also served as consultants for any maternal ailment linked to childbirth.

LITERATURE REVIEW:

(Ved and Dua, 2005) Despite a long history of initiatives to promote maternal health, India has a high MMR, partly as a result of inconsistent policies and a lack of attention to evidence-based interventions.

D. Mavalankar et al. / Midwifery 27 (2011) A "lying-in-hospital" for maternity was constructed in Madras city as early as 1797. (now called Chennai). The British government authorized the opening of the first official midwifery school in this establishment in 1854. These midwifery colleges had taught native midwives who had received training from European midwives as well as British midwives. These midwives were qualified professionals who could work on their own and give care during childbirth.

(Gourlay, 2003) In contrast to being seen as independent clinical professions, nursing and midwifery have historically been seen as low-value occupations that support doctors. In India, women make up the majority of midwives, nurses, and doctors while men make up the majority of doctors. While the majority of nursing and midwifery students come from rural areas and lower castes, medical students tend to come from urban areas and upper castes. Because they view the nursing and midwifery professions as menial, upper middle-class Indian women have historically and to some extent still today refrained from entering these fields of work.

Table 1
Percentage distribution of assistance provided in childbirth in the three national family health surveys in India.
Source: International Institute of Population Sciences I – (1992–93), International Institute of Population Sciences II – (1998–99), International Institute of Population Sciences III – (2005–06).

	International Institute of Population Sciences I	International Institute of Population Sciences II	International Institute of Population Sciences III
Doctor	21.6	30.3	35.2
ANM/nurse/ midwife/LHV	12.6	11.4	10.3
Dai (TBA)	35.2	35.0	36.5
Relatives	29.5	22.4	16.3
Missing	0.6	0.3	0.1

From Table 1, (Maine, 1993) It is evident that despite measures by the local and national governments to improve institutional births in India, about 40% of deliveries take place at home with TBAs involved. The TBAs are unable to stop maternal deaths from happening as a result of haemorrhaging, infection, hypertension, and obstructed labour because they are illiterate, unskilled, and neglected by the health system.

D. Mavalankar et al. / Midwifery 27 (2011) Over the past ten years, the WHO and other international organizations have rediscover the value of midwifery, skilled birth attendance, and EmOC. Under the internationally-funded Reproductive and Child Health Programme and the nationally-funded National Rural Health Mission (NRHM) initiative, the Government of India has developed a policy of promoting "institutional childbirth" by offering financial incentives to mothers rather than improving midwifery education, cadre, and services. The name of this initiative is "Janani Suraksha Yojana" (safe motherhood scheme). Instead of supporting midwifery under NRHM, the Indian government is funding ASHA, a massive development of village-level volunteers. For ANMs/MPW-F and staff nurses, they have also created a brief (two to three week) training course to help them become full-time trained birth attendants. As evidenced by this, the government

Mavalankar, Dileep, Kranti Vora, and M. Prakasamma (2008) India accounts for 27 million births worldwide each year. 1 Due to the high maternal death incidence of 300 to 500 per 100,000 live births in India, there are between 75 000 and 150 000 maternal fatalities each year. Because it bears almost 20% of the global burden, India's progress in reducing maternal deaths is crucial to the world's achievement of Millennium Development Goal 5. (MDG 5).

RATIONALE: This study will help determine reproductive-age women's perception & knowledge of Nurse-midwives in Delhi, India. & will be able to examine the birthing experience among the reproductive-age women & what interventions can be made to improve the birthing experience among the reproductive-age women. This study will also be able to highlight the importance of safe and effective midwifery care in India, which can help in providing the inputs

for promoting the midwifery-related program in India. To enhance the standard of maternity services, the current study may be of significant relevance to administrators, leaders, policymakers, and healthcare providers.

Research Question: What is the Birthing experience of women and their Knowledge & perception, towards Nurse-Midwives in Delhi India?

AIM: A study to determine the experience of reproductive age women towards birthing and their Knowledge, perception & attitude towards nurse-midwives in Delhi, India.

OBJECTIVES:

1. To assess the birthing experience of women among the reproductive age group.
2. To ascertain the Knowledge & perception of women of reproductive age group towards the Nurse-midwives in India.

METHODOLOGY:

Type of study: Descriptive Cross sectional-study

Research Method: Quantitative research method

Place of study: New, Delhi

Sample Size: A total of 50 women of reproductive age groups were selected through an online survey. A purposive sampling approach is adopted to select women who gave birth to their previous children in the health facility in the last twelve months prior to data collection.

Study Tool: A pre-designed self-administered questionnaire (SAQ)

Data Collection: The Primary data is collected through a self-administered questionnaire (SAQ) by the online survey method.

Data Analysis:

All Data is analyzed using percentage, and average methods. Qualitative variables are analyzed using frequency or percentage. Cross tabulation is done using Pivot Tables to see the association

between qualitative variables. All the data, including survey responses, are imported from the google form, and then entered into an MS (Microsoft Excel).

ETHICAL CONSIDERATION: All the people will voluntarily participate in a pre-designed self-administered questionnaire. The privacy of each research participant will be protected, and the anonymity of all the participants in this research survey is assured.

FINDINGS:

Table 1.1 Demographic Data of Research Group

(Sample size, N= 50)	
Age Group (Years)	(Percentage) %
20-25	62%
25-30	20%
30-35	8%
35-40	6%
40 & Above	4%
Highest academic degree or level of education	(Percentage)%
No schooling	34%
Matriculate	16%
Intermediate	22%
Bachelors	16%
Masters	12%

Employment	(Percentage)%
Yes	24%
No	76%
Typology of family	(Percentage)%
Nuclear Family	32%
Extended/Joint-family	68%

Table 1.1 Determines that the maximum participation in the survey was made by age group 20-25 (62%), followed by age group 25-30, which stands for 20%, whereas 8 % of the participants were of age group 30-35. 6% of participants were 35-40 years old, and only 4% of participants were 40 & above years. All the women who participated in the survey were married. Upon accessing their educational background, 34% of women had never been to school, whereas 22 % of women had attended school till intermediate, out of all 12% of respondents share the highest level of education. The majority of women in this study were unemployed, also 68% of women belong to the Extended/ Joint-family where 32% of women belong to the nuclear family, also 24% of women were found to be employed and earning some wages.

Table 1.2 Accessing Birthing experience of women

Sample Size, N=50	
Childbirth Facility	(Percentage)%
Public Healthcare facility	66%

Private Healthcare facility	34%
Health professionals consulted during pregnancy	(Percentage)%
Family physician	32%
Obstetrics/ Gynecologist	66%
Nurse-Midwives	0%
Uncertified Practitioner	2%
Receive respectful maternity care during childbirth	(Percentage)%
Yes	34%
No	66%
Satisfied with the birthing experience?	(Percentage)%
Satisfied	22 %
Highly satisfied	2 %
Not satisfied	76%
Mode of your child's delivery	(Percentage)%
Natural childbirth	34%
Caesarean Section	66 %
Postpartum Complications	(Percentage)%
Yes	46%
No	54%
Complications	
excessive bleeding after delivery	22%
breast and breastfeeding problems	18%

postpartum depression	6%
Infections	28%
postpartum anaemia	26%
Husband/ partner accompany during labor	(Percentage)%
Yes	68%
No	32%
Mistreatment during your childbirth	
Yes	42%
No	58%
Experience of care and satisfaction are highly important for women	(Percentage)%
Agree	52%
Highly agree	44%
Disagree	4%

Table 1.2 Determines that the majority of women have delivered their child at a public healthcare facility, and 34 % of women have given birth to their child at a private healthcare facility. On asking which health professional they had consulted when they were pregnant, the response was a mix of either Family physician, Obstetrics/Gynecologist, and Uncertified Practitioner; none of them was found to be consulted by nurse-midwives. 66 % of women have consulted obstetric/gynecologists during their period of pregnancy. While evaluating the fundamental question of this study, asking women about receiving respectful maternity care during childbirth, 66% of women stated that they did not experience respectful maternity care. In comparison, 34% of women say they receive the kind of maternity care they expected during childbirth. Also, a tiny proportion of women, 4%, were not sure of this. Adding to the same question, when we try to assess their overall birthing experience, 76% of women were not satisfied with their birthing experience, whereas 22% of women stated that they were happy with it. 66 % of women in our study had gone through a caesarian section for their child's delivery, whereas only 34 % of women had normal childbirth. On access, 46 % of women had postpartum complications, 22 % of women had infection-related problems, 13 % of women had excessive

bleeding after the delivery, 30 % of women showed up with postpartum anemia, 31 % of women encountered breastfeeding concerns, a small proportion of 4 % women has also gone through the postpartum depression. 68 % of women were actively accompanied by their husband/ partner during their labor, whereas 32 % of women felt the absence of either their husband/ partner during the delivery. It is found that 42 % of women have experienced mistreatment during childbirth, while 58 % of women state that they did not go through any injustice. Adding to the above questions, while asking whether they agree that experience of care and satisfaction is significant for women, most women state that they agree with this. A small portion of 4 % of women did not agree with it.

Table 1.3 To access knowledge towards Nurse-Midwives

Sample Size, N=50	
know about Nurse-Midwives	(Percentage)%
Yes	20%
No	80%
Nurse-Midwives do not only attend births but also provide maternal & newborn healthcare	(Percentage)%
Yes	20%
No	80 %
A nurse-midwives can prescribe medications and order tests	(Percentage)%
Yes	18%
No	82%
Nurse-midwives require formal pieces of training	(Percentage)%
Yes	36%
No	40%
Maybe	24%

Table 1.3 Only 20 % of women are aware of nurse-midwives, and 80 % of respondents don't know about the nurse-midwives. On accessing their knowledge, we asked whether they know nurse-Midwives do not only attend births but also provide maternal & newborn healthcare; 80% of women do not understand that the nurse-midwives also take care of women post deliveries and Annual gynecologic exams, including pap smears, testing for sexually transmitted diseases, and gynecological disorders, can be performed by certified nurse-midwives for women during their childbearing years and after menopause. nurse-midwives are different from doctors in that they spend more time with their patients during labor and delivery, providing postpartum assistance in areas like breastfeeding and baby care, and act as their advocates during labor. When asked whether they know that nurse-midwives are allowed to prescribe medicines and can refer for tests, most women were unaware of that. Many women feel that nurse-midwives do not require formal training to conduct their practices, nurse-midwives, on the other hand, can administer medication, request tests, and refer patients to other specialists after completing the required coursework in nursing and midwifery.

Table 1.4 To access perception towards Nurse-Midwives

Sample Size, N=50	
Nurse-midwives are similar to a village dais	(Percentage)%
Yes	66%
No	34%
The involvement of nurse-midwives will be able to reduce the burden on obstetricians and gynecologists in public/ private health facilities	(Percentage)%
Yes	44%
No	56%
Nurse-midwives are not educated enough?	(Percentage)%
Yes	54%
No	46%

Table 1.4 Determines that on accessing the women's perception towards nurse-midwives, 66 % of women assume that nurse-midwives are similar to the village dais, these Dais are traditionally called (TBAS) traditional birth attendants who all are generally widowed and old ladies with traditional knowledge of child deliveries usually perform their practices in rural parts of India. Only 44 % of women agree that the involvement of nurse-midwives will be able to reduce the burden on obstetricians and gynecologists in public/ private health facilities. The majority of women believe that the nurse-midwives cadre is not educated enough to perform their practices, and the majority of women have the same perception of it, Women in labor will be empowered by supportive relationships and high-quality care from nurse-midwives, which can help them cope with their labor discomfort.

Table 2: Cross Tabulation of Demography with Birthing Experience

Sample Size, N=50

Age Group	Postpartum Complications	
	No	**Yes**
20-25	18	13
25-30	4	6
30-35	3	1
35-40	2	1
40 & Above		2
Grand Total	**27**	**23**

Age- Group	husband/ partner accompanying during labor	
	No	**yes**
20-25	10	21
25-30	2	8
30-35	2	2
35-40	1	2
40 & Above	1	1
Grand Total	**16**	**34**
Typology of Family	**No**	**yes**
Extended/Joint-family	7	27
Nuclear Family	9	7
Grand Total	**16**	**34**

	Health professionals consulted during pregnancy			
Age-Group				
	Family physician	**Obstetrics/ Gynecologist**	**Uncertified practitioner**	**Grand Total**
20-25	7	23	1	31
25-30	6	4		10
30-35		4		4
35-40	2	1		3
40 & Above	1	1		2
Grand Total	**16**	**33**	**1**	**50**

Highest academic degree or level of education	Place of Delivery		
	Private Healthcare facility	Public Healthcare facility	Grand Total
Bachelors	7	1	8
Intermediate	7	4	11
Masters	5	1	6
Matriculate	7	1	8
No Schooling	16	1	17
Grand Total	42	8	50

Inference: on analyzing the cross-tabulation it is very evident that the women in the age-group 20-25 were the ones who have been diagnosed more with postpartum complications, whereas the age-group 30-35 & 35-40 were the ones reported to have significantly very fewer cases of postpartum complications. Also, the presence of husbands/ partners has been recorded highest for the women in the age group 20-25, there was a lesser availability of husbands/ partners during the labor period, for women in the age group between 35-40. Most of the women who were accompanied by their husbands/ partners belonged to the extended/joint family. Most of the women in the age group 20-25 were found to be consulted by either an obstetrics/ gynecologist. Women in the age-group 25-30 have also been found to be consulted by a family physician during their period of pregnancy. Women with the highest academic degree or level of education have been found to deliver their children in private healthcare facilities.

Table 2.1: Cross Tabulation of Birthing experience among the different variables of the same table

Sample Size, N=50

Post-Partum Complications	Private Healthcare facility	Public Healthcare facility
breast and breastfeeding problems		3
excessive bleeding after delivery	5	2
Infections	5	
postpartum anemia	4	3
postpartum depression	1	
Grand Total	**15**	**8**

Health professionals consulted during pregnancy	mode of your child's delivery	
	Cesarean section	**Natural childbirth**
Family physician	8	8
Obstetrics/ Gynecologist	25	8
Uncertified practitioner		1
Grand Total	**33**	**17**

Inference: The Pivot Table suggests that women have encountered larger cases of postpartum complications including excessive bleeding, infections & postpartum anemia in private healthcare facilities. Whereas the number of cases of postpartum complications is found lesser for public healthcare facilities. A small number of women have faced breast and breastfeeding problems in public healthcare facilities. Also, an equal number of women have been diagnosed with postpartum anemia in both public & private healthcare facilities. The data suggests that most of the women who have consulted the obstetrics/ gynecologists during their period of pregnancy have later gone through a caesarian section. Data also suggest that one woman who has consulted an uncertified practitioner has given a normal birthchild.

CONCLUSION:

The study shows that the maximum participation in the study was made by women in the age group (20-25) 65%. Most of the women were well educated and belonged to either joint or extended families. Women in this study were found to give birth to their children more in a public healthcare facility (66%) rather than a private facility (34%). Despite being well educated and earning some wages, still, women in Delhi prefer to visit a public healthcare facility more, which also indicates that the public healthcare infrastructure & healthcare services are good in the Union territory but again study indicates that the rate of normal deliveries is very less (34%). Many women in Delhi are constantly visiting &

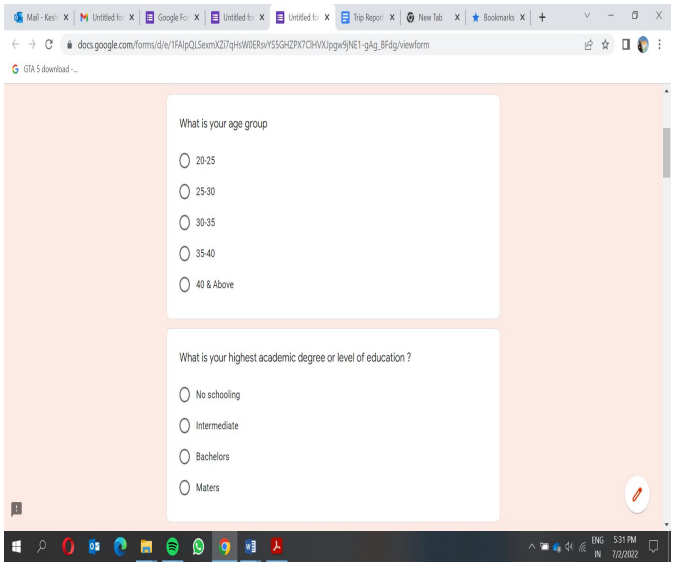
consulting either a gynaecologist or obstetrician (66%). On accessing their overall birthing experience, women were not fully satisfied with their birthing experience, just because most of the women must not have been treated with the dignity, respect & care they expected during childbirth. Most women in this study were found to go through a caesarian section (66%). Although they were being monitored and consulted by the specialist still had some complications during the delivery of the children. Women of a young age group 20-25 were diagnosed with postpartum complications (46%) leading to excessive bleedings, infections, and postpartum anaemia. Most complication cases were found in women who have given birth to their children in private healthcare facilities. The study also indicated that the presence of husbands/ partners had been recorded highest (42%) for the women in the young age group 2-25, where they felt the need for a partner to support them mentally & physically during the labor hours. The study clearly shows that women residing in Delhi have feeble knowledge or information (20%) about nurse-midwives. Most women (66%) who participated in the survey have confused nurse-midwives with village dais.

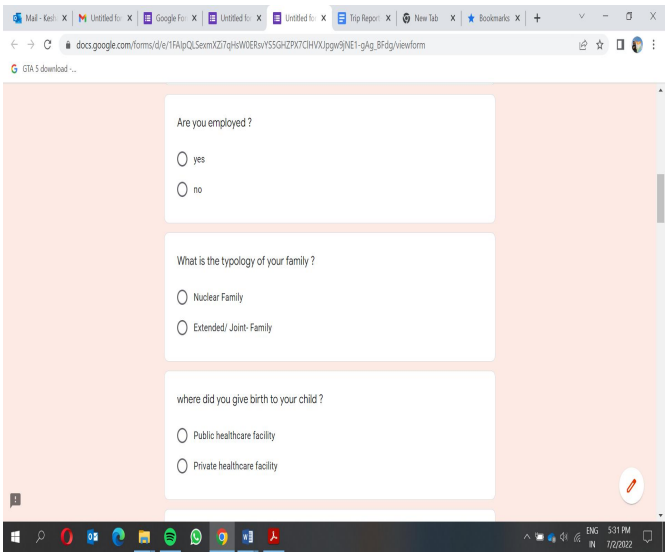
RECOMMENDATIONS:

The healthcare professionals should offer antenatal education to all the women so they can learn more about labour and birth and how to care for themselves during the prenatal, labour, and postpartum periods. They should also provide a secure, inclusive environment where women can access high-quality maternity care to minimize and reduce postpartum complications. The government and other stakeholders should ensure that the communities are well informed and educated about the nurse-midwives and the benefits of their intervention and acceptance in maternal and newborn child health. Also, they should encourage and timely ensure that all the healthcare providers, irrespective of public or private healthcare facilities, are focusing on and providing respectful maternity care to women. The government should prioritize advocating for policies that can support and initiate more birthing options for a woman. One of the maternity services' quality metrics is how satisfied women are with their labour and delivery experiences, and in order to enable all women to obtain the kind of woman-centered care they all deserve, the government should work toward fully implementing the nurse-midwifery care model in the entire country which will be able to reduce the MMR and NMR to some great extent.

Discussion: In this study the women residing in Delhi have feeble (20%) knowledge or information about nurse-midwives, Women in this study were found to give birth to their children more in a public healthcare facility (66%) rather than a private facility (34%) in Delhi, India. The figures may vary with the sample size and study population as well. The above study participants were women of the reproductive age group belonging to both rural and urban areas of Delhi, India. The statistics of this study show that there’s a negative birthing experience among women. Women in Delhi choose to use public healthcare facilities more frequently, indicating that the Union territory's public healthcare infrastructure and services are good. However, the study shows that the rate of normal deliveries is still very low (34 percent %). Despite the findings that the specialists were monitoring them and consulting with them, there were still some difficulties with the delivery of the babies. Various postpartum complications can be seen among the young age-group women.

ANNEXURE:


docs.google.com/forms/d/e/1FAIpQLSexmXZi7qHsW0ERsvYS5GHZPX7ClHVXJpgw9jNE1-gAg_BFdg/viewform
What is your age group
20-25
25-30
30-35
35-40
40 & Above
What is your highest academic degree or level of education ?
No schooling
Intermediate
Bachelors
Maters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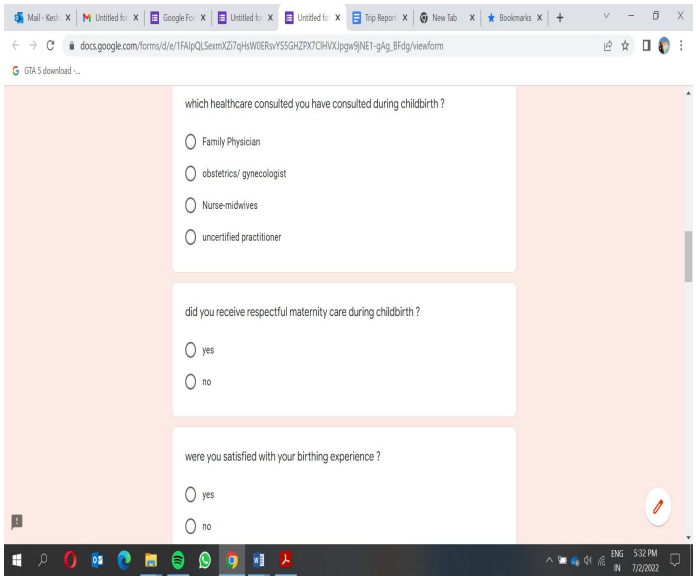
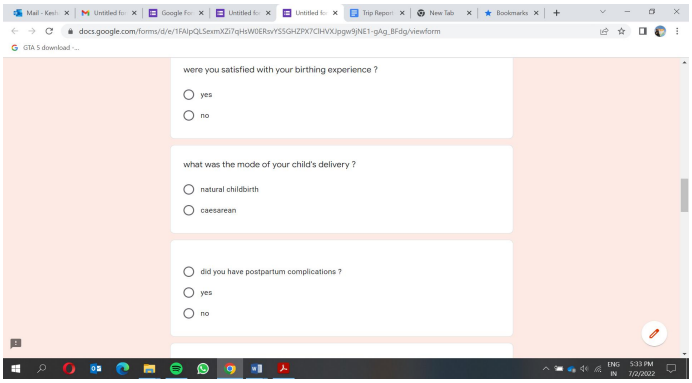
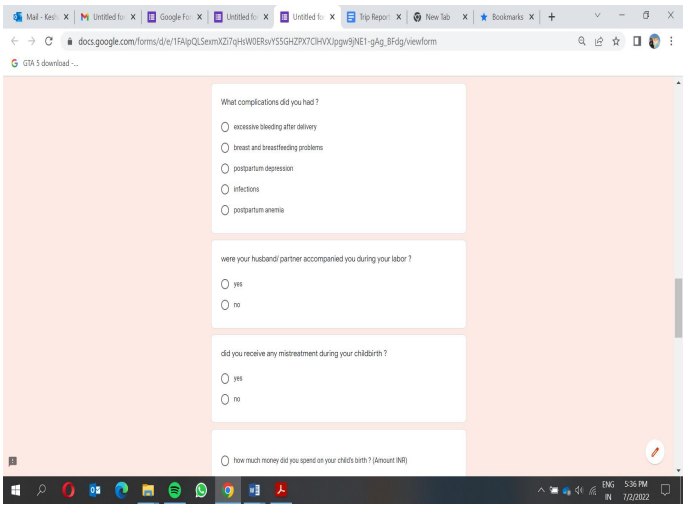
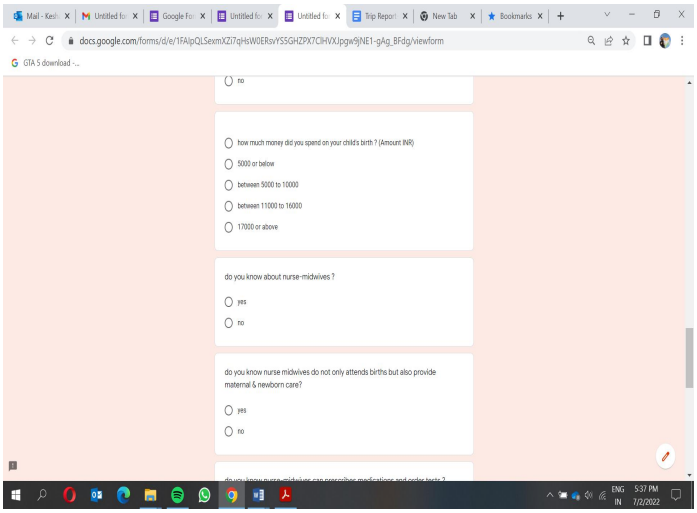
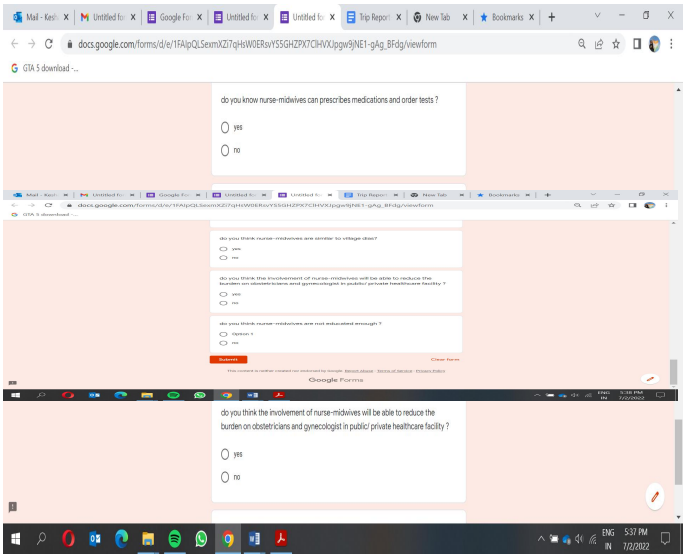
Are you employed ?
yes
no
What is the typology of your family ?
Nuclear Family
Extended/ Joint- Family
where did you give birth to your child ?
Public healthcare facility
Private healthcare facility


docs.google.com/forms/d/e/1FAIpQLSexmXZi7qHsW0ERsvYS5GHZPX7ClHVXJpgw9jNE1-gAg_BFdg/viewform
which healthcare consulted you have consulted during childbirth ?
Family Physician
obstetrics/ gynecologist
Nurse-midwives
uncertified practitioner
did you receive respectful maternity care during childbirth ?
yes
no
were you satisfied with your birthing experience ?
yes
no


docs.google.com/forms/d/e/1FAIpQLSexmXZi7qHsW0ERsvYS5GHZPX7ClHVXJpgw9jNE1-gAg_BFdg/viewform
were you satisfied with your birthing experience ?
yes
no
what was the mode of your child's delivery ?
natural childbirth
caesarean
did you have postpartum complications ?
yes
no


docs.google.com/forms/d/e/1FAIpQLSexmXZi7qHsW0ERsvYS5GHZPX7ClHVXJpgw9jNE1-gAg_BFdg/viewform
What complications did you had ?
excessive bleeding after delivery
breast and breastfeeding problems
postpartum depression
infections
postpartum anemia
were your husband/ partner accompanied you during your labor ?
yes
no
did you receive any mistreatment during your childbirth ?
yes
no
how much money did you spend on your child's birth ? (Amount INR)


docs.google.com/forms/d/e/1FAIpQLSexmXZi7qHsW0ERsvYS5GHZPX7ClHVXJpgw9jNE1-gAg_BFdg/viewform
no
how much money did you spend on your child's birth ? (Amount INR)
5000 or below
between 5000 to 10000
between 11000 to 16000
17000 or above
do you know about nurse-midwives ?
yes
no
do you know nurse midwives do not only attends births but also provide maternal & newborn care?
yes
no


docs.google.com/forms/d/e/1FAIpQLSexmXZi7qHsW0ERsvYS5GHZPX7ClHVXJpgw9jNE1-gAg_BFdg/viewform
do you know nurse-midwives can prescribes medications and order tests ?
yes
no
Google Forms
do you think the involvement of nurse-midwives will be able to reduce the burden on obstetricians and gynecologist in public/ private healthcare facility ?
yes
no

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