Implementation and Evaluation of Evidence-Based Practices in Maternity Services

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J K Lon Hospital, Kota

INTRODUCTION

J.K. Lon Hospital, is one of the largest and most reputed government tertiary care hospitals in Rajasthan, dedicated exclusively to maternal and child health. Functioning under the Government Medical College, Kota, the hospital serves as a vital referral center, catering to patients from Kota and surrounding districts. With specialized departments in pediatrics, neonatology, gynecology, obstetrics, and pediatric surgery, J.K. Lon Hospital plays a crucial role in delivering comprehensive and quality healthcare services to mothers and children.

VISION AND MISSION

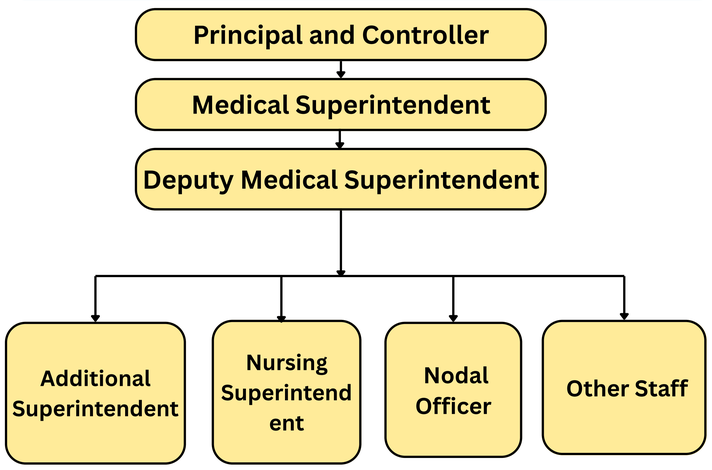
- To be a center of excellence in maternal and child healthcare, education, and research, ensuring accessible, affordable, and equitable services for all sections of society.
- To promote safe childbirth, reduce maternal and infant mortality, and support child development.
- To ensure inclusive healthcare by reaching underserved and vulnerable populations.

THEORETICAL V/S PRACTICAL EXPOSURE

- Concepts of maternal health indicators and quality assurance
- Guidelines under LaQshya for labor room and maternity HDU
- Understanding of public health schemes
- Importance of hospital planning and departmental coordination

- Observed maternal care services in labor room, postnatal ward, and NICU
- Monitored LaQshya implementation.
- Saw real-time infection control practices, PPE use, and BMW segregation
- Saw varied levels of actual use of EBP across different shifts and staff teams

ORGANIZATION STRUCTURE



PROJECT

AIM AND OBJECTIVE

- To assess the implementation and effectiveness of evidence-based practices under LaQshya guidelines in the maternity services and to identify existing gaps for quality improvement.
- To evaluate the current adherence to LaQshya-based protocols in the labor room, maternity HDU, and postnatal wards.
- To propose practical, evidence-backed recommendations for improving maternal and neonatal outcomes.

RESEARCH METHODOLGY

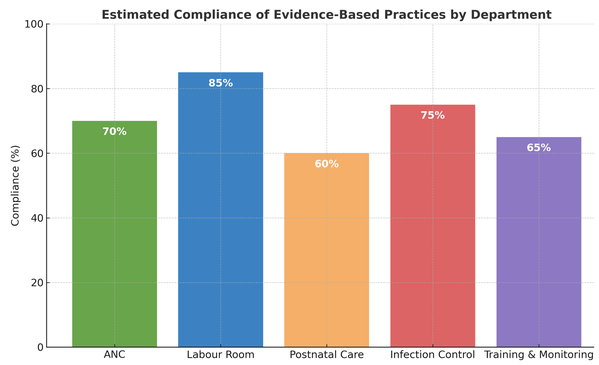
- Study Design: Observational, cross-sectional hospital-based project.
- Duration- May-July
- Data Collection Methods:
  - Direct observation of practices in labor room, NICU, maternity HDU, and postnatal wards.
  - Informal interactions and discussions with healthcare providers.
  - Review of patient records, checklists, and documentation formats used under LaQshya.

GAPS IDENTIFIED

- Inconsistent postnatal care and follow-up practices.
- Lack of regular staff training and refresher sessions.
- Incomplete counseling during antenatal and discharge periods.
- Interdepartmental communication and coordination issues.

PROCESS ANALYSIS

Stage	Current Process	Observations
Antenatal Care (ANC)	Registration via ASHA & OPD, basic check-up, PCTS entry, investigations advised.	Manual + digital records duplication; limited counseling and follow-up tracking.
Admission	Patient admitted to labour room via emergency or referral; initial documentation	Initial vitals & history are noted; partograph not always initiated early.
Labour Management	Monitoring via partograph, DCC, skin-to-skin contact, early breastfeeding.	Protocols largely followed; occasional staff shortage affects quality.
Postnatal Care	Observation of vitals, discharge instructions, breastfeeding & contraception advice.	Inconsistent documentation and incomplete patient education at discharge.
Infection Control	Hand hygiene, PPE use, cleaning protocols, BMW segregation, checklist follow-up.	Compliance generally good, but checklists not uniformly used.
Training & Monitoring	Monthly meetings, internal audits, informal mentoring.	Training not held regularly; monitoring varies by department.



PROPOSED SOLUTION

- Enhance Staff Training & CME Sessions
- Implement Feedback and Audit Systems
- Workforce Strengthening & Duty Reallocation
- Upgrade Signage and IEC Materials
- Motivate Staff Through Recognition Programs (Reward good practices).

SWOT ANALYSIS

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- Government-Backed tertiary Care
- LaQshya-Certified Labor Room & HDU
- Caters to a large patient population from Kota and neighboring districts.
- Presence of Trained Staff
- Effective implementation of Public Health Schemes

W
- High Patient Load
- Manual and electronic records are both maintained, leading to duplication and inefficiency.
- Lack of educational posters, helpdesks, or multilingual guidance for patients.

O
- Strengthen monitoring and audits via checklist
- Regular staff training, CME sessions, and LaQshya workshops can improve service quality.
- Improve awareness through IEC in hospital.

T
- Overburdened staff may hinder quality and protocol adherence
- Risk of infection due to overcrowding if not addressed timely
- Reluctance among some staff to adopt new protocols or digital tools may hinder progress.

TOWS ANALYSIS

T O
- Utilize trained staff to conduct regular EBP training under LaQshya.
- Use existing infrastructure and LaQshya certification to strengthen infection control audits.

W S
- Conduct structured CME and workshops to overcome knowledge gaps.

T
- Use established SOPs and protocols to maintain service quality during high patient load.
- Leverage government support and recognition to secure resources and staff reinforcement.

O
- Conduct structured CME and workshops to overcome knowledge gaps.
- Resolve resistance to EBP by demonstrating improved patient outcomes through awareness campaigns.

CHALLENGES

- Difficulty in coordinating efficiently across clinical, administrative, and support departments.
- Limited access to managerial decision-making and strategic planning processes.
- Overburdened staff and high patient load affecting quality of care and supervision.
- Duplication in manual and digital records causing delays and confusion.
- Resistance to adopting new evidence-based practices and protocols among staff.

LEARNINGS

- Gained real-time exposure to maternal and child healthcare services across departments.
- Applied theoretical concepts like LaQshya guidelines, partograph usage, and public health schemes in practical settings.
- Built resilience and patience while navigating operational challenges such as staff shortages, overcrowding, and resource limitations.
- Understood the importance of teamwork, interdepartmental coordination, and respectful patient care in a busy government hospital.
- Strengthened communication and empathy skills while interacting with patients from diverse socio-economic backgrounds, often with limited health literacy.

SUGGESTIONS

- Ensure Regular Staff Training on LaQshya protocols, infection control, and updated maternal care practices.
- Install bilingual signage across all departments lsting available services.
- Regular monitoring of BMW segregation and re-training of housekeeping and nursing staff, with clearly labeled bins and wall charts.
- Introduce a Feedback System for patients to assess satisfaction and identify service gaps.