Summer Training at
Govt Sub District Hospital, Kamptee City, Nagpur, Maharashtra

Causes of High Risk Pregnancy and Interventions to Prevent Them

By
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Under the guidance of
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MBA Hospital & Health Management
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The IIHMR University, Jaipur
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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Dr. Dipika Mondal** has undergone summer training at Government Sub district Hospital, Kamptee from 02nd April to 01st June'2018.

The candidate herself completed the project assigned to her during summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health management.

I wish her success in all her future endeavors.

25.6.18.

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महाराष्ट्र शासन उपजिल्हा रुग्णालय कामठी जिल्हा नागपूर	बेटी बचाओ save the girl child NHM
दुरध्वनी क्रमांक : ०७१०९-२८२६६० ई - मेल : mssdhkamptee@rediffmail.com	जा. क्र.उपजिरुका/आस्था/809-10/२०१८ दिनांक : 2-6-18

CERTIFICATE

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Ms. Dipika Mondal, student of HHMR University, jaipur, has completed her summer training at govt. Sub-District Hospital Kamptee from April 2 to June 1, 2018.

She has successfully completed the project assigned to her during the training period and her approach has been sincere and scientific. I hope this was a good learning experience for her.

Wish her all the success for future endeavors.

Mentor

Medical Superintendent
Sub-District Hospital
Kamptee, Dist. Nagpur.

Dr. L.V.Deshmukh
Medical Superintendent
Sub district hospital kamptee
District Nagpur

A. Acknowledgements:

The summer training at Sub District Hospital, Kamptee, Nagpur, helped in providing me with both, a learning experience as well as a glimpse into the daily health management related issues in the hospital and in the field. In the attainment of this assignment successfully many people have bestowed upon me their blessings and heart pledged support, I was fortunate enough to interact with esteemed authorities, ANM, ASHA, Anganwadi workers, who have encouraged and guided me with their support and patience so this time I am utilizing to acknowledge all the people who have been concerned with the project.

Firstly, I would like to thank Dr. L.V. Deshmukh (Medical Superintendent) for providing me an opportunity to carry out my summer training at Sub District Hospital, Kamptee.

I want to express my gratitude and sincere thanks to my mentors Dr. L.V. Deshmukh (Medical Superintendent), Dr. Navita Chauhan (Medical officer, ART Centre), Dr. Shabnam Waseem Khanooni (Assistant Medical officer, NUHM).

Finally, I acknowledge my indebtedness to my respected guide of IIHMR University Brig. Swadesh Kumar Puri, Advisor (Academic and Student Affairs) for providing his constant support and guidance throughout my training period. I would also like to thank all those who have directly or indirectly supported me towards the completion of this internship.

Sincerely,

Dipika Mondal

B. Abstract:

Every year hundreds of thousands of women die from complications during pregnancy or childbirth or inability to care during pregnancy. This pregnancy care is mainly divided into in to two parts that is prenatal care and postpartum care. It involves treatment and training to ensure healthy pregnancy which would give a healthy outcome to a mother. Prenatal care helps in reducing the chances of any kind of life threatening complications and regular prenatal visits can help any doctor to monitor these complications before they become serious. While most attention or care focuses on the nine months of pregnancy; postpartum care is also equally plays an important too, this postpartum care is the care of 6-8 weeks after the baby is born. In the postpartum care, mother usually go through some physiological as well as Psychological changes and to monitor these changes is also important from mother health's perspective.

Maternal mortality ratio (MMR) in India has declined from 301 in 2001-03 to 167 as per the SRS data and Maharashtra state with MMR 68 is the second lowest among major states after Kerala with 61 MMR. To ensure the healthy pregnancy, SDG set the target to reduce the global maternal mortality ratio to less than 70 per 100000 live births by 2030.

The present status of Nagpur Circle under state wise RCH Report states;

Proportion of severe anaemic ANCs treated with Iron Sucrose:

District	DHO			CS			Total		
	Target	Ach.	%	Target	Ach.	%	Target	Ach.	%
Nagpur	197	181	92	580	261	45	**777**	**442**	**57**
Wardha	303	52	17	152	150	99	**455**	**202**	**44**
Bhandara	268	55	21	13	8	62	**281**	**63**	**22**
Gondia	129	14	11	256	257	100	**385**	**271**	**70**
Chandrapur	1056	744	70	1073	210	20	**2129**	**954**	**45**
Gadchiroli	339	185	55	261	189	72	**600**	**374**	**62**

This project focuses on to find out the causes of High Risk Pregnancy in and around Kamptee City (Nagpur, Maharashtra) and intervention of prevent them.

C. Table of Content:

D. List of Abbreviations:

Abb.	Full Form
BP	Blood Pressure
UTI	Urinary Tract Infection
PCOD	Polycystic Ovarian Disease
HIV	Human Immunodeficiency Virus
COPD	Chronic Obstructive Pulmonary Disease
CBC	Complete Blood Count
T. T	Tetanus Toxoid
1st Trimester	Week 1 to Week 12
2nd Trimester	Week 13 to Week 28
3rd Trimester	Week 29 to Week 40
GPAL	Gravida, Para, Abortus, Living
LSCS	Lower Segment Caesarean Section
ANM	Auxiliary Nurse Midwifery
ANC	Anti-natal care
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
MCH	Maternal and Child Health
UHND	Urban Health Nutrition Day
PMSMA	Pradhan Mantri Surakshit Matritva Abhiyan
ART	Antiretroviral Therapy
IPD	Indoor Patient Department
OPD	Out Door Patient Department
SDG	Sustainable Development Goals
MEMS	Maharashtra Emergency Medical Services
JSSK	Janani Shishu Suraksha Karyakaram
Sr	Senior
Jr	Junior
Vs	Verses

1. Sub-district Hospital, Kamptee:

1.1. History:

Hospital established on 24th May 1934 as a Municipal corporation hospital, later in 1985 it was Government undertaken and converted into Rural Hospital in 1987. Further in 2004 it is declared as 50 bedded Sub District Hospital. Along with curative service, hospital is running several health programmes as a preventive service like Rashtriya Bal Karyakram (RBSK), National Malaria Control Programme, T.B control programme, ARSH, Leprosy Eradication Programme, National Family welfare programme-NSV, Tubectomy. Slum population as percentage of urban population of Kamptee is about 28% with female population 42987 and for this hospital was also catering MCH services and for assisting this programme contractual staff was appointed under NRHM. This unit was later named as NUHM. But government shifted their establishment in Jan 2015.They are mainly supposed to cater health services to urban poor slum population. The staff is mainly providing field services to urban slum population. They have OPD level services and provides MCH services. So, at present in any case when patient need any kind of emergency services like emergency LSCS, Delivery, IPD, USG, they referred to Sub-district Hospital.

1.2. Basic Information:

Location	**Sub-District**	Kamptee
	District	Nagpur
Distance	**From Sub-District Place**	0 km
	From District Place	15 km
Contact	**Phone No.**	282 660
	Fax No.	282 141
Blood Bank		Active
Map	**Google Map**	Click here
	Total Area	9,666 sq. ft.
	Build up Area	3,878 sq. ft.
PHC Details		Gumthi Gumthala
Population	**Kamptee City**	1,15,848
	Military Area	27,667

1.3. Capacities & Facilities:

- Bedded Hospital with the grant of 50 bedded extension
- Ambulance Service/ 108 Service

- X-Ray Facility
- Laboratory (Blood, Urine, Stool examination)
- Minor Surgery
- OT with Air Conditioning
- OPD Facility
- IPD Facility
- Labour Room
- ANC Check up
- Immunization
- Ophthalmic Dept. (Eye check-up and surgery camp on every 2nd and 4th Tuesday)
- Drug Distribution Department
- Epidemic Department
- Post mortem Centre
- A.R.T Centre.
- Oral Surgery and Treatment
- 24 hours Casualty Service
- Blood Bank and Blood Transfusion Service

1.4. Staff Strength:

Post	Sanction	Fill-up
Medical Superintendent	1	1
Medical Officer	7	4
Asst. Superintendent	1	1
Sr. Clerk	1	1
Jr. Clerk	2	2
Pharmacist	3	3
X-Ray Technician	1	1
Laboratory Technician	1	1
Laboratory Assistant	1	1
Asst. Matron	1	1
Sister-in-Charge	2	1
Staff Nurse	12	11
Ward Boy	5	3
OPD Attendant	1	1
OT Attendant	1	0
Dresser	1	1
Sweeper	2	2
Peon	2	2
Total	**45**	**37**

1.5. Additional Information (2017-18):

- ✓ Regularly Water tank clean
- ✓ Security Services
- ✓ Para medical staff
- ✓ Lab Update
- ✓ Auto Analyzer
- ✓ Bio Medical system
- ✓ Contact to multispecialty hospital
- ✓ Solar Water System (2 plants total capacity 30 kv)
- ✓ Services of New Born Baby Set to Delivery Patients
- ✓ Generator to light/fan facility 24 hrs

2. National Urban Health Mission (NUHM), Kamptee:

2.1. Purpose:

National Urban Health Mission, Kamptee envisages to the meet the unmet needs of the urban poor population by providing them essential primary health care services and reducing their out of pocket expenses for treatment. They not only provide curative services but also provide preventive services to people living in a slum area and cover various schemes relating to wider determinants of health like drinking water, school education, Supplementary food, sanitation etc.

2.2. Staffing of NUHM:

In order to provide health Service to 23592 population, there are below staffs available.

I. Assistant Medical Officer – 1
II. ANM Workers – 9
III. ASHA Workers – 12

Apart from that *Mahila Arogya Samiti (MAS)*, a local NGO is working with NUHM.

2.3. MCH Program & NUHM:

a) Role of NUHM for MCH programme:

Under MCH programme, NUHM conduct weekly two days ANC check-up in which they provide free antenatal check-up along with free medicine distribution of iron, calcium, folic acid and home visit of ASHA, ANM during antenatal and postnatal care.

b) Role of ASHA in MCH Programme:

- To identify Pregnant ladies from their area
- To register them to nearby health center and provide them RCH number
- To give them dietary awareness
- Take them to nearby health center for full ANC check-up
- Provide them antenatal, post-natal as well as neonatal information
- To attend children for immunization in the hospital

c) Role of ANM in MCH Programme:

- To take daily field reports from ASHA workers

- Responsible for maternal and neonatal care
- Keep record on maternal mortality and first trimester registration
- Immunization related activities
- Responsible to improve maternal and child health
- Tracking the high-risk pregnancy

2.4. List of Activities:

- Clinical Activities
  - ANC OPD
  - Immunization
  - NCD Clinics
  - UHND
  - PMSMA (9^{th} of every month)
  - Blood test (Hb and Sickling)
- National Programs
  - Leprosy Eradication program
  - Pulse Polio
  - Control on communicable diseases
  - Family planning program
  - National TB Control programs
- Recent Special Activity
  - Pradhan Mantri - Rashtriya Swasthya Suraksha Mission

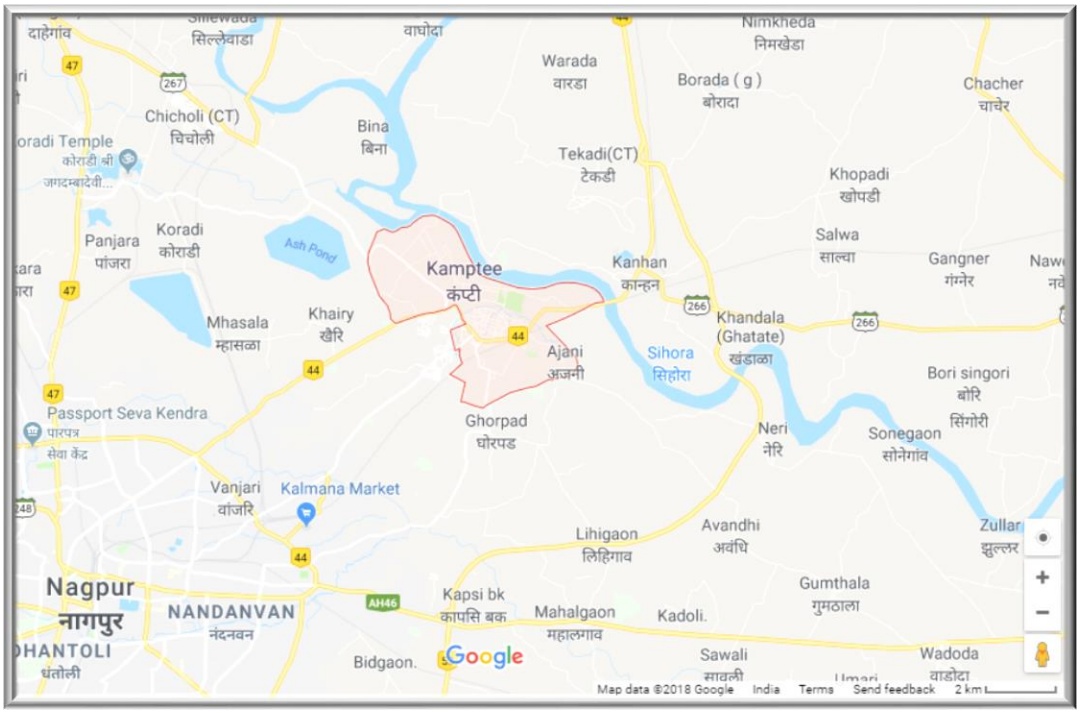
2.5. Day-wise Activity Plans:

Monday	General OPD TB Check-up
Tuesday	ANC Check-up Diabetes Check-up
Wednesday	High Risk Pregnancy Check-up BP Check-up
Thursday	Adolescent Health Check-up High Risk Pregnancy Check-up BP Check-up
Friday	ANC Check-up Cervical Cancer Check-up
Saturday	General OPD Check-up COPD Check-up

3. Kamptee City:

3.1. Geographical Location:

Kamptee is a municipal council city situated in the Kamptee taluka of Nagpur district. It is below the confluence of the Kanhan River with the rivers Pench and Kolar.



3.2. Demographic Information:

Total Population	1,00,199
Urban Area	86,793 sq. m
Cantonment Area	13,742 sq. m
Male Population	43,470
Female Population	42,987
Number of Wards	31
Prabhag	16
Slum Population	23,592
No. of Households	4,717
% Slum Pop. (% of Urban)	28%
Notified Slums	7
Govt. Health Facilities	Sub-district Hospital NUHM UPHC

3.3. Religion-wise Population Distribution (2011 census):

Religion	Total	Male	Female
Muslim	43.18%	49.99%	50%
Hindu	34.18%	50.30%	49.69%
Buddhist	21.78%	49.58%	50.41%

4. Observational Study:

4.1. Sub-District Hospital:

4.1.1. Available Facilities:

Sub District Hospital, Kamptee is the first referral unit with 50 bedded IPD service. It has all types of curative services like allopathy, dental and AYUSH and is also equally responsible for preventive services like MCH, ARSH, Various National health & control programs.

Hospital also provides 24 hours Ambulance facility like,

- **108 (MEMS):**

  A project of Government of Maharashtra under National Rural Health Mission. By (dialling) this facility citizens of Maharashtra can avail free ambulance, lifesaving drugs and equipment's along with one Doctor in case of emergency

  You can avail this facility at the time of,

  - Accident
  - Earthquake
  - Flood
  - Heart patient
  - Snake bite
  - In case of Labour pain

- **102 (JSSK):**

  This facility used mostly by JSSK beneficiaries for,
  - From home to health facility and vice versa in case of emergency
  - From one healthcare facility to other healthcare facility

- **104 (HACC):**

  104 is a number used in India for Blood Requirements, Mental Health problems. The Blood delivery service get delivered within 4 hours in a radius of 40 kms.

4.1.2. Awareness Programs:

Hospital Conducted various awareness programs like,

- ► 25th April - World Malaria Day
- ► 5th May - World Hand Hygiene Day
- ► 31st May - World No Tobacco Day

4.1.3. Scopes of Improvement:

- ✓ Availability of all needed specialist (Anaesthetic, paediatric, Gynaecologist) for conducing C-section
- ✓ Availability of Ambulance driver for 24 hours in case of emergency need

4.2. NUHM, UPHC Kamptee:

4.2.1. Available Facilities:

NUHM UPHC is the first contact point of local population to health center. It deals with the downtrodden population and provide them basic health facility. It not only deals the patient on OPD basis but also provide health care facility by visiting the home or working in the field.

4.2.2. Responsibility Distribution:

- Role of Assistant Medical Officer:
  - Supervision over organization
  - Supervision over ASHA and ANM
  - To plan and implement the health benefit programs
- Role of ANM workers:
  - Immunization for the control of communicable disease
  - Supervision of ASHA
  - Work for Maternal and Child health along with family planning services
  - Health and Nutrition program
  - Treatment for minor injuries and first aid in emergencies
- Role of ASHA workers:
  - Motivating women for Institutional delivery
  - To keep demographic record
  - Treating basic illness and injuries with first aid
  - Bringing children for immunization
  - Work or provide treatment in case of epidemic

4.2.3. Daily wage-based Practices:

- For finding one **TB patient**, they get Rs. 25. After the verification of sputum positive test, they get Rs. 50 and for complete treatment of patient, they get Rs. 500

- From identification of **ANC patient** to full term delivery plus 45 days of neonatal care, they get around Rs. 650-675
- To work for **Pradhan Mantri - Rashtriya Swasthya Suraksha Mission** and identification of **listed family**, they get Rs. 5 for identifying single family and Rs. 2 for successfully fulfilling the data.

4.2.4. Scopes of Improvement:

- ✓ ANM should visit the field regularly to supervise ASHAs
- ✓ Regular training of ASHA should be done under supervision of MO and ANM
- ✓ Proper monitoring of ASHA, ANM should be implemented
- ✓ Upgradation of knowledge of ASHA, ANM about government health policies for the beneficiaries

4.3. Field Visit:

- o It is observed that there is a lack of awareness in the local population for the facilities available in the hospital.
- o Lack of awareness about the govt. health policies among people.
- o Lack of approach to the hospital regarding any health issues until and unless ASHA workers encourage them.

5. Survey Questionnaire

A study to find out causes of 'High Risk Pregnancy' in and around Kamptee City, Maharashtra and interventions to prevent them

-by Dr. Dipika Mondal, Indian Institute of Health Management Research, Jaipur

5.1. Interview Information:

Name of Respondent:		**Date:**	
Name of Interviewer:		**Signature of Interviewer:**	

5.2. General Information:

Age	☐	15-24 years
	☐	25-34 years
	☐	35-44 years
	☐	>44 years
Marital Status	☐	Single
	☐	Married
	☐	Others
Is it a (consanguineous) close relation marriage	☐	Yes
	☐	No
	☐	Not Applicable
Height		
Weight		
BMI		
History of Blood Transfusion?	Yes	No
- If yes, when?	Now	Before
Education	☐	Illiterate
	☐	Primary (4th Class)
	☐	Middle (8th Class)
	☐	Secondary
	☐	Higher Secondary
	☐	Graduate
	☐	Post Graduate
Occupation	☐	House-wise
	☐	Farmer
	☐	Self-employed
	☐	Others

Occupation of Husband	☐	Farmer
	☐	Service
	☐	Self Employed
	☐	Others
Type of Family	☐	Nuclear
	☐	Joint
	☐	Extended
No. of Children	☐	0
	☐	1
	☐	2
	☐	3
	☐	3+
Annual Family Income		
Religion	☐	Hindu
	☐	Muslim
	☐	Christian
	☐	Buddhist
	☐	Others
Associated Illness	If yes, please explain	
- Onset		
- Duration		
- Severity		
- Medication		
- Progress Status		
Distance of Nearest Healthcare Facility	☐	< 2 km
	☐	> 2 km

5.3. Vital Statistics:

Temperature		Pallor	
Pulse		Icterus	
Respiratory Rate		Pedal Edema	
BP		Others	

5.4. Investigation Reports:

Haemoglobin		**Thyroid Profile**		
Blood Group (with Rh)		**VDRL**		
Husband's Blood Group (with Rh)		**HBsAg**		
Random Blood Sugar		**Sonography**		
Glucose Tolerance Test		- Sonography Done	Y	N
Blood Test for HIV (Pregnant Women)		- If yes, Total No of done in current pregnancy		
Blood Test for HIV (Husband)		- Any Abnormality Detected	Y	N
Sickle Cell		- If yes, please mention		

5.5. Medical History:

Previous Abortion	Y	N	**Hypothyroid/Hyperthyroid**	Y	N
Ante-Partum Haemorrhage	Y	N	**Anaemia**	Y	N
Post-Partum Haemorrhage	Y	N	**Pelvic Inflammatory Disease**	Y	N
Sickle cell	Y	N	**Primary/Secondary Infertility**	Y	N
Thalassemia	Y	N	**Recurrent UTIs**	Y	N
High/Low BP	Y	N	**PCOD**	Y	N
Gestational Diabetes	Y	N	**Mental Disorders**	Y	N
Tuberculosis	Y	N	**HIV**	Y	N
Hepatitis	Y	N	**Any other, please specify**		
Heart Disease	Y	N			

5.6. Present ANC History:

First visit to Healthcare facility after confirmation on Pregnancy		1st Trimester
		2nd Trimester
		3rd Trimester
First Trimester Blood Investigation	Y	N
- CBC		
- Blood Group		
- Rh Factor		
- Hepatitis B		
- HIV		
- Rubella		
- Syphilis		
- Others		
T.T. Injection Received		Yes
		No

How many times CBC was done in the entire Duration of Pregnancy		1 time
		2 times
		2+ times
History of Preterm Births	Y	N
If yes, how many times?		
History of Miscarriage / Loss of Pregnancy	Y	N
If yes, when?		1st Trimester
		2nd Trimester
		3rd Trimester
Severe Headache	Y	N
Number of visits to the hospital during the Current pregnancy?		
Number of home visits of health personnel ANM/ASHA/AW		

5.7. Family History:

Risk Factors	Findings
Multiple Pregnancy	
Bad Obstetrics History	
Sickle cell	
Thalassemia Husband /Wife	
Hypertension	
Diabetes	
Asthma	
Mental Disorder	
Tuberculosis	
Thyroid	
Downs Syndrome	
Birth Defects	
Cancer	
Smoking/Tobacco Chewing	
Alcohol	
Household problem/Financial Constraints	

5.8. Obstetric History:

Duration of Marriage	
Year of first pregnancy after marriage	
Time between last and current pregnancy	
History of contraceptive uses	
Last Normal Menstrual Period (LNMP)	
Expected Date of Delivery	
Other Details	

GPAL

Sl. No.	Year & month	Time Completed	Mode of delivery	Indication For assisted Or LSCS delivery	Outcome Of delivery	Sex	Baby
	(please mention)	*(Total months / Weeks)*	*(Normal, Assisted, LSCS, etc.)*	*(please mention)*	*(Live birth, Still birth, Abortion)*	*(Male, Female)*	*(Weight, Condition at Birth, Duration of Breast Feeding, Immunisation)*
1							
2							
3							
4							
5							

5.9. Additional Information:

Please mention…

5.10. Family Planning:

Are you aware of Family Planning Programme?		Yes
		No
If yes, who made you aware of this first?		Health Workers
		Family Members
		Friends
		Others
Are your nearby health workers ever made you aware of this?		Yes
		No
		May be
Do you know male sterilization has less complications and more compensation?		Yes
		No
		May be
		No idea
Does this facility is available to your nearby hospital?		Yes
		No
		No idea
What are the other methods to prevent pregnancy?		Condoms
		OCPs
		IUDs
		Others

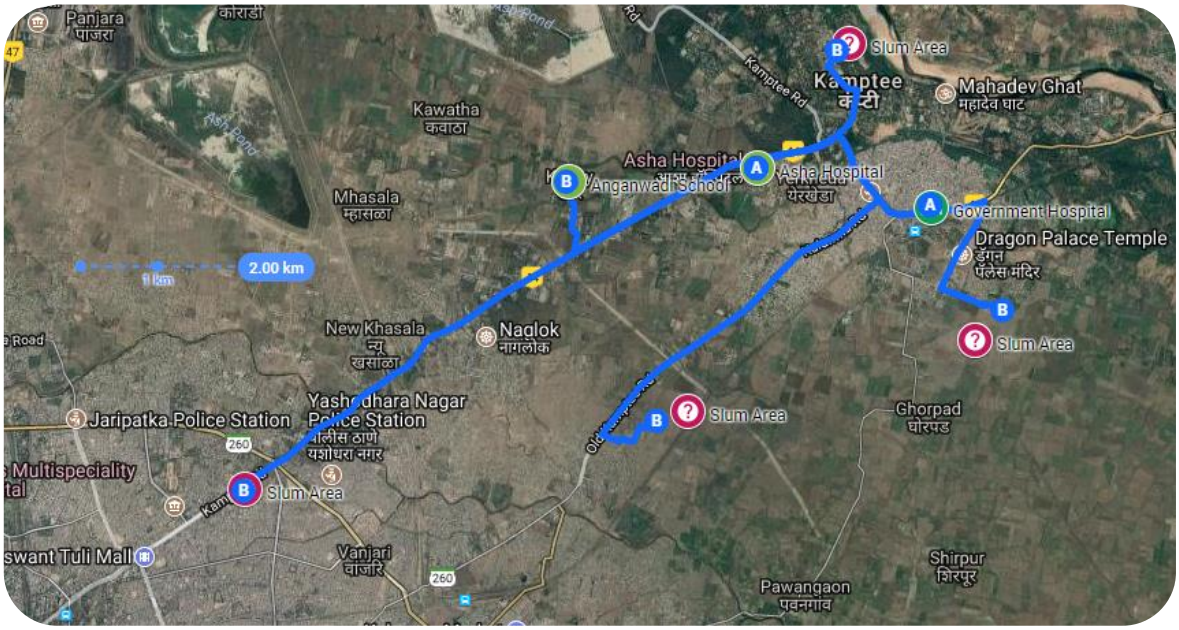
5.11. Govt. Health Policies and Guidelines for Pregnant Women:

Do you have a Bank account?	Yes	No

If Yes, do you know about the health policies and guidelines available for benefits of maternal health?

Govt. Health Policies	**Awareness**
Government health policies	0 1 2 3 4 5 6 7 8 9
Janani Suraksha Yojana **(JSY)**	0 1 2 3 4 5 6 7 8 9
Janani Shishu Suraksha Karyakaram **(JSSK)**	0 1 2 3 4 5 6 7 8 9
Pradhan Mantri Surakshit Matritva Abhiyan **(PMSMA)**	0 1 2 3 4 5 6 7 8 9
Rashtriya BAL Swasthya Karyakram **(RBSK)**	0 1 2 3 4 5 6 7 8 9
Counselling for adolescent reproductive sexual health **(ARSH Clinic)**	0 1 2 3 4 5 6 7 8 9
Savitribai Phule Kanya Kalyan Yojana **(SPKKY)**	0 1 2 3 4 5 6 7 8 9
Sickle Cell and Haemoglobin Testing Camps	0 1 2 3 4 5 6 7 8 9
Integrated Child Development Services scheme **(ICDS)**	0 1 2 3 4 5 6 7 8 9
Mother Absolute Affection	0 1 2 3 4 5 6 7 8 9
Kangaroo mother care	0 1 2 3 4 5 6 7 8 9
Birth Companion: Protection against vaccine preventable diseases	0 1 2 3 4 5 6 7 8 9

6. Survey Locations:



i. **SDH Hospital:** Sub-district Hospital Kamptee is the first referral unit catering preventive and curative services to rural as well as urban population.

ii. **ART Centre:** Antiretroviral Therapy Centre is responsible to treat or provide medication that treat HIV. Also, responsible to give special emphasis to sero-positive women and infected children.

iii. **NUHM:** NUHM is responsible for Maternal and Child health programme which cover almost all slum and poor population. This also includes field visit to provide health services.

iv. **Anganwadi Centre:** ASHA, Anganwadi workers, ANM serves the population of Kamptee city by providing them basic health care facility or make them aware of this facility.

v. **Slum Areas:** Kamptee City has a slum population around 23,592. Visited nearby areas accompanied by ASHA, Anganwadi workers.

7. Data Analysis:

7.1. Demographic Information:

i	Total number of respondent		100
ii	Age Group (years)	15-24	39
		25-34	54
		35-44	7
iii	Religion	Muslim	51
		Hindu	44
		Buddhist	5
iv	Education	Illiterate	3
		Primary	11
		Middle	18
		Secondary	19
		Higher Secondary	30
		Graduate	19
v	Occupation	House-wife	98
		Self-employed	2
vi	Occupation of Husband	Self-employed	85
		Service	14
		Farmer	1
vii	Type of Family	Joint	54
		Nuclear	46

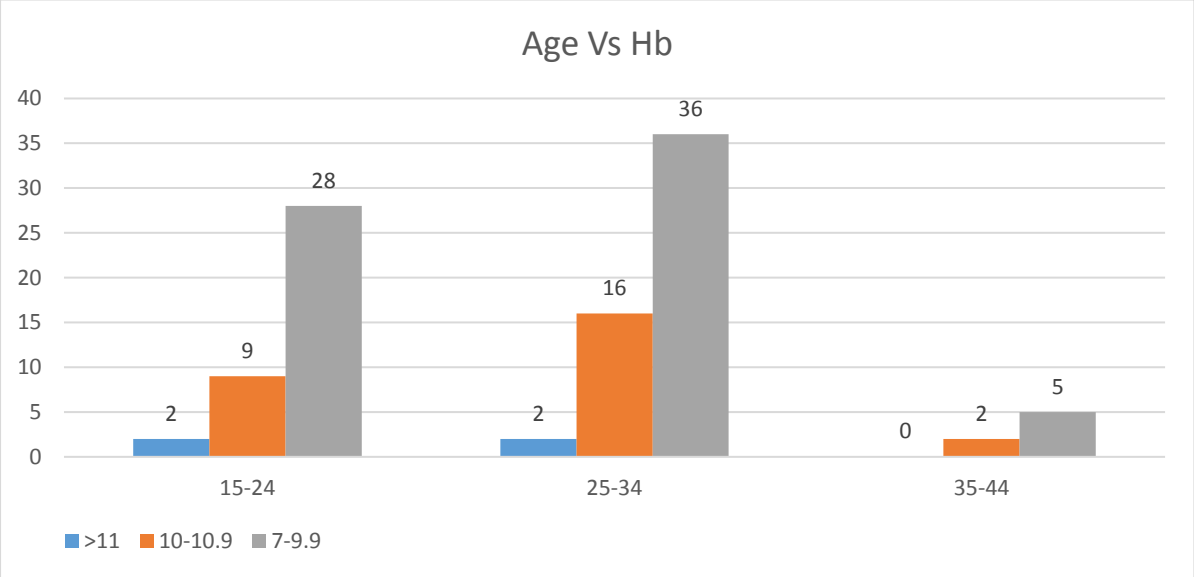
7.2. Basic Health Information:

i	Temperature (F)	Average	39
		Minimum	54
		Maximum	7
ii	Pulse Rate	Average	97.66
		Minimum	97
		Maximum	98.40
iii	Respiratory Rate	Average	14.89
		Minimum	12
		Maximum	20
iv	Blood Pressure (Systolic)	Average	109
		Minimum	90
		Maximum	140
v	Blood Pressure (Diastolic)	Average	70.8
		Minimum	60

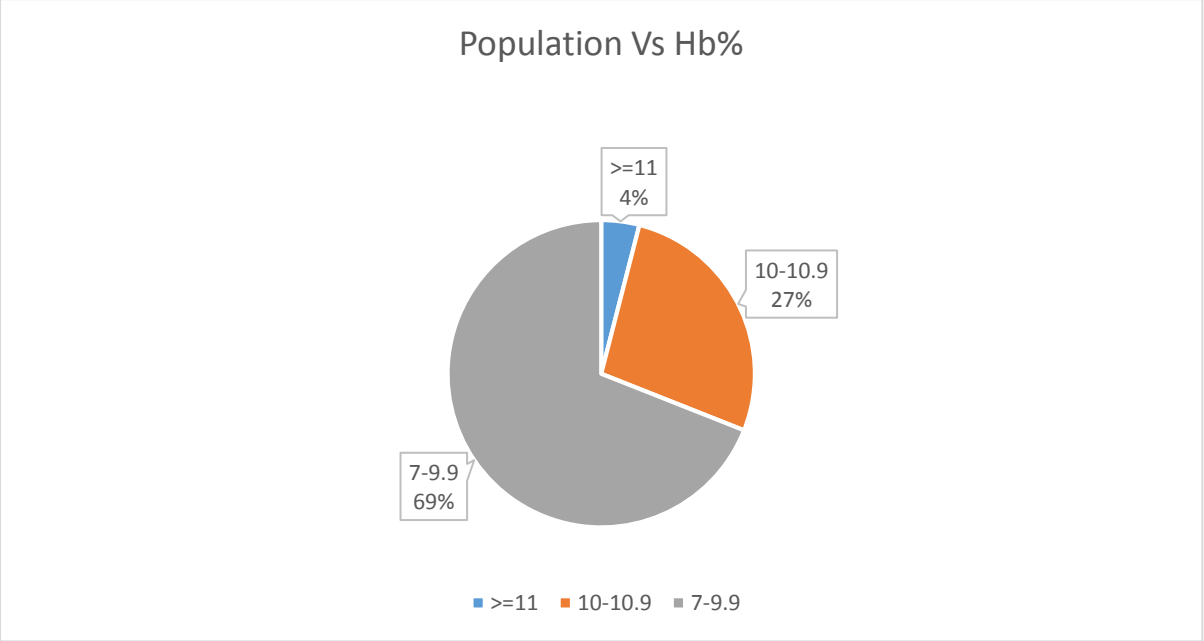
		Maximum	100
vi	Pallor	Moderate	8
		Severe	2
		NIL	90
vii	Pedal Edema	Present	18
		Absent	82
viii	Haemoglobin	No Anaemia	4
		Mild Anaemia	28
		Moderate Anaemia	68
		Severe Anaemia	0
ix	HIV Test	Pregnant Woman	2
		Husband	1
x	Sickle Cell Test		2

7.3. Cross-parameter Analysis:

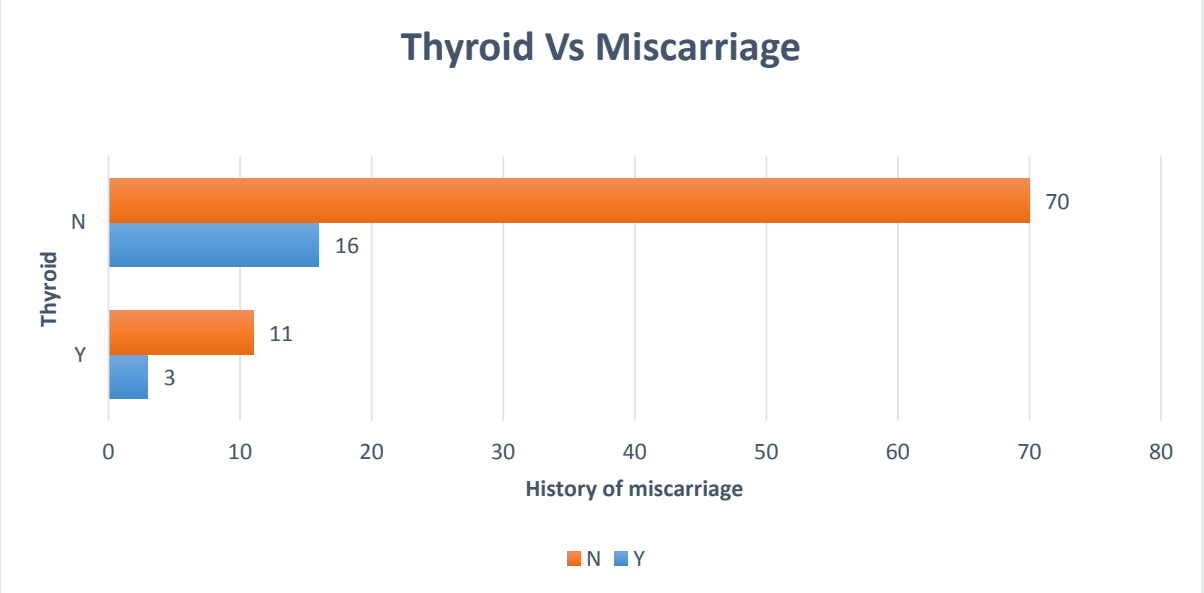
7.3.1. Age-wise Population vs Haemoglobin:



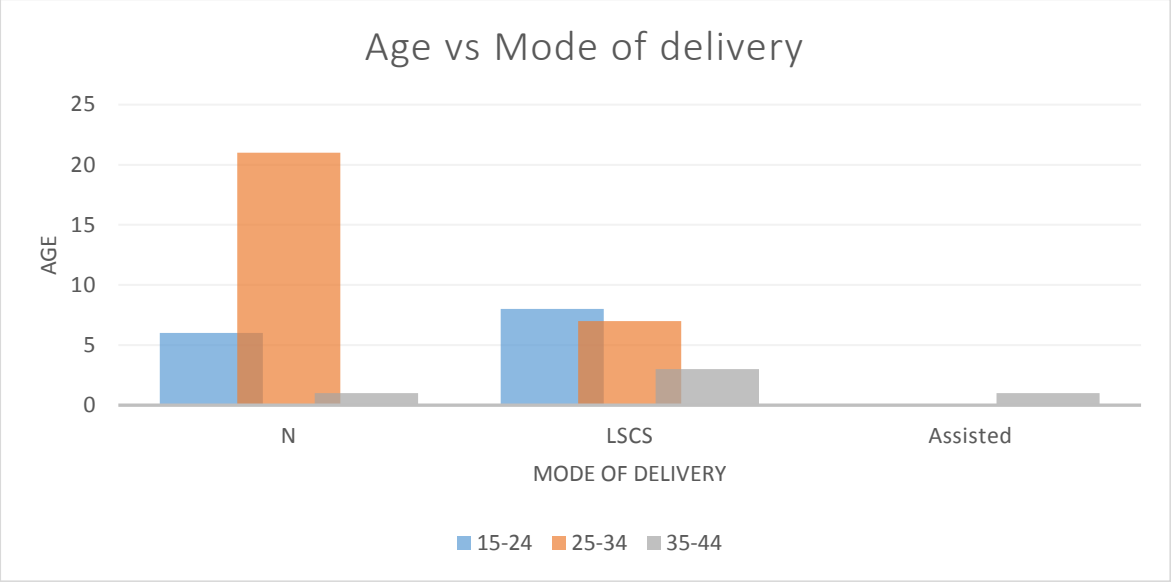
7.3.2. Overall Population vs Haemoglobin:



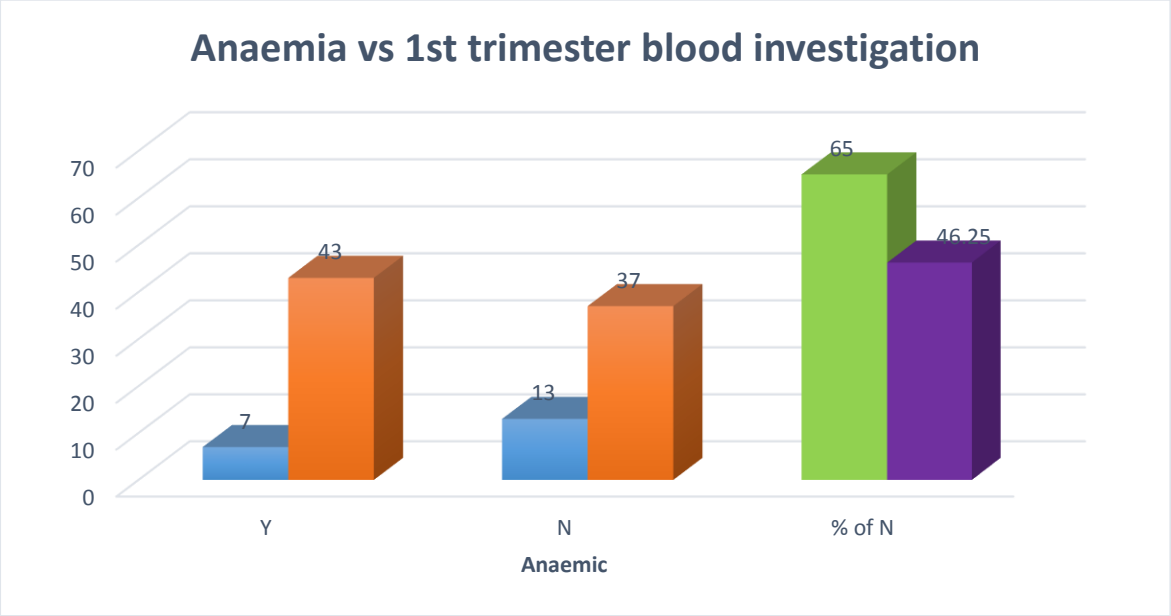
7.3.3. Thyroid vs Miscarriage:



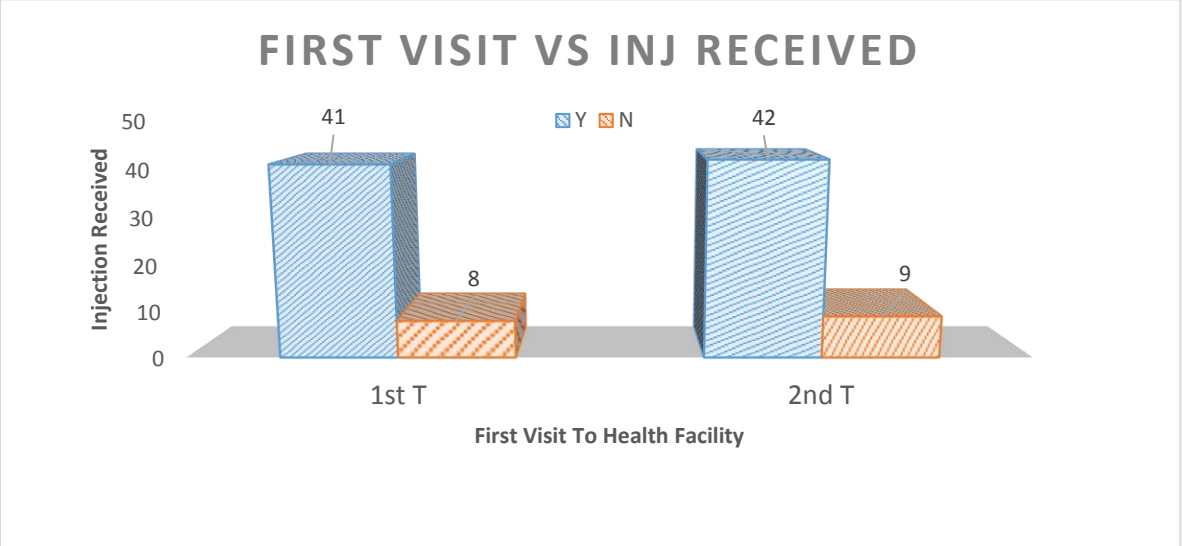
7.3.4. Age vs Mode of Delivery:



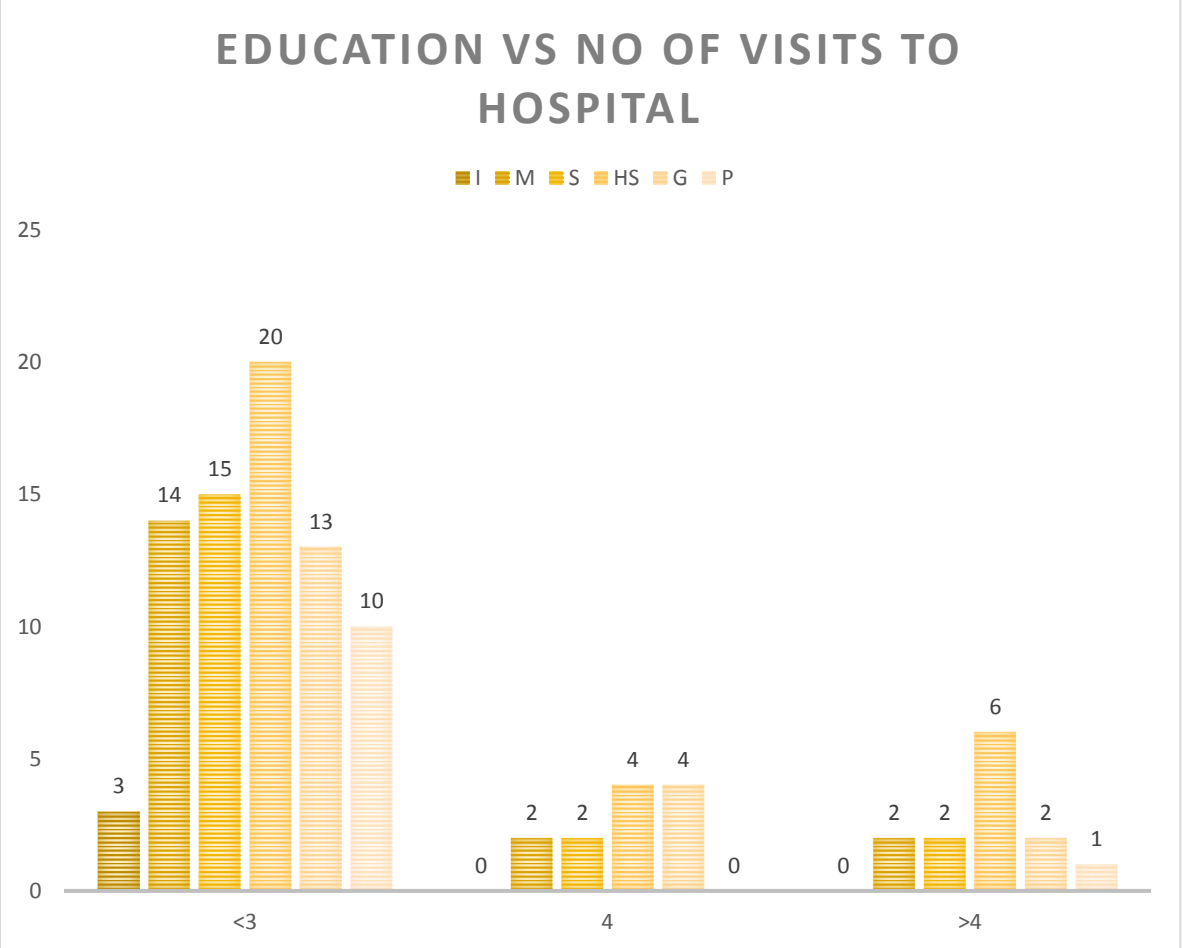
7.3.5. Anaemia vs 1st trimester blood investigation:



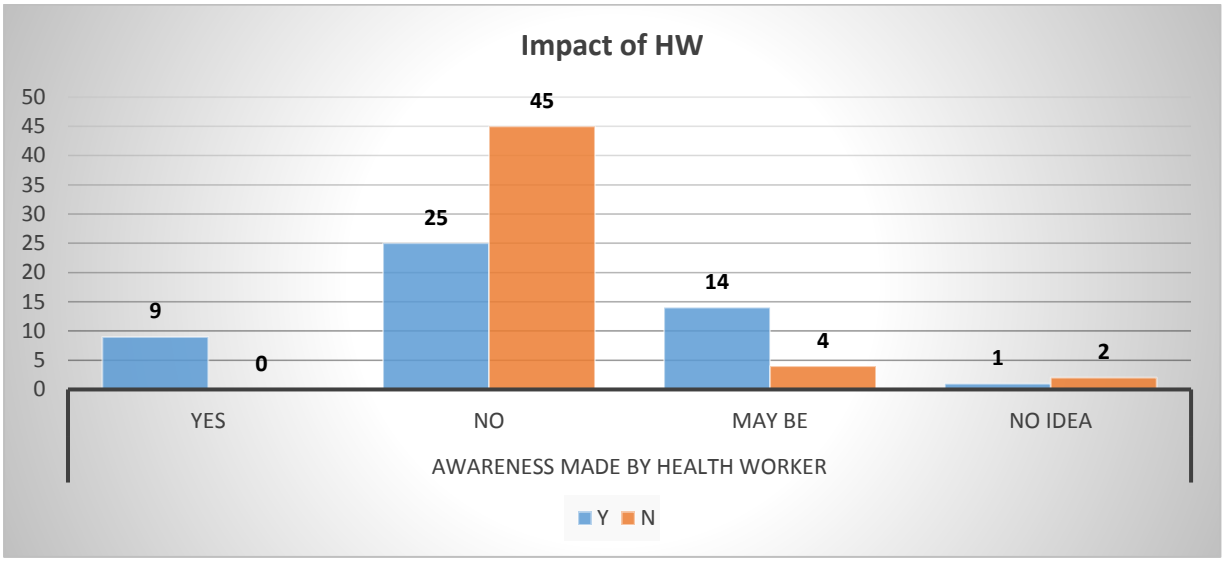
7.3.6. First visit vs Injection received:



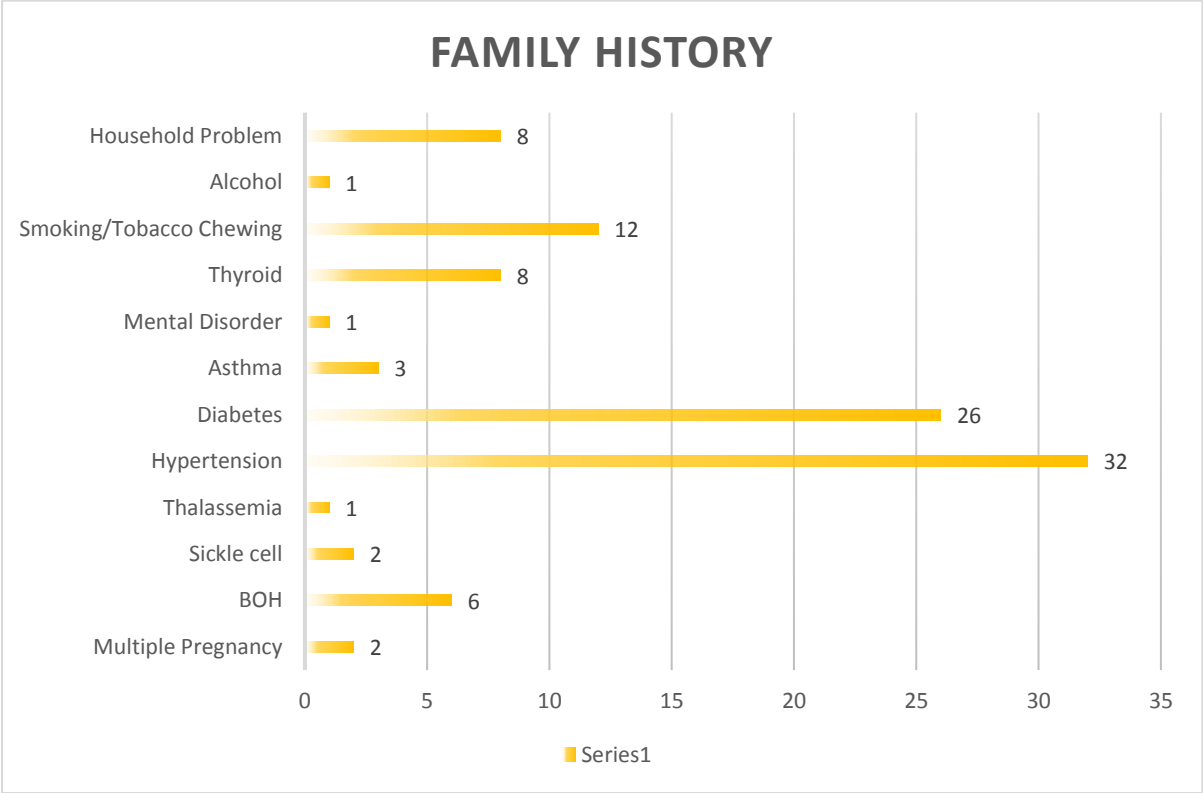
7.3.7. Education vs No. of visits to Hospital:



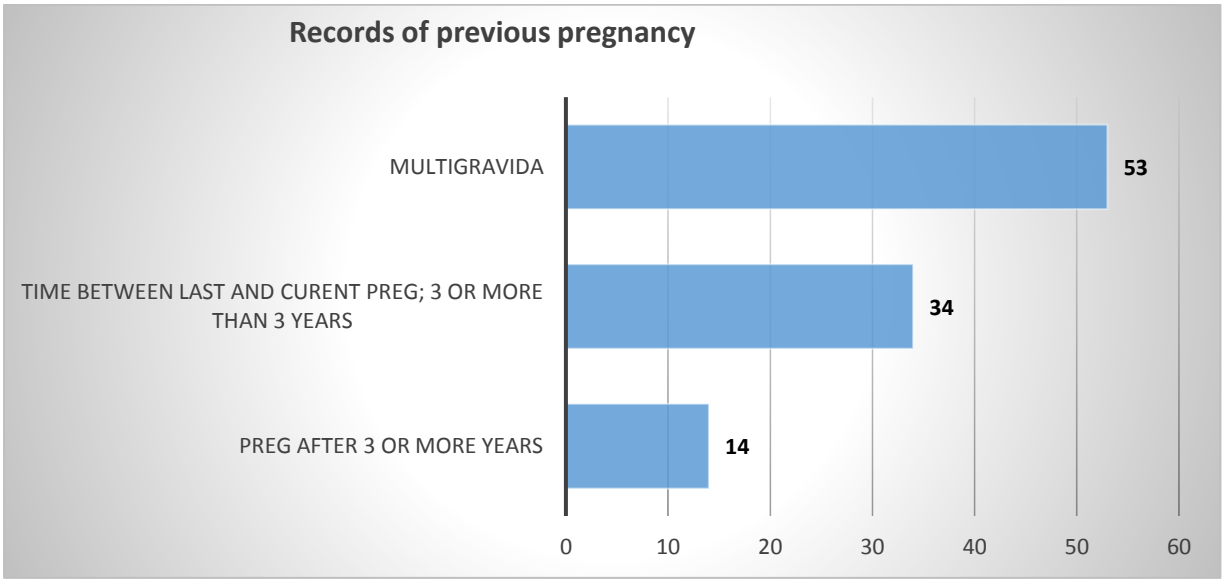
7.3.8. Impact of Health Workers:



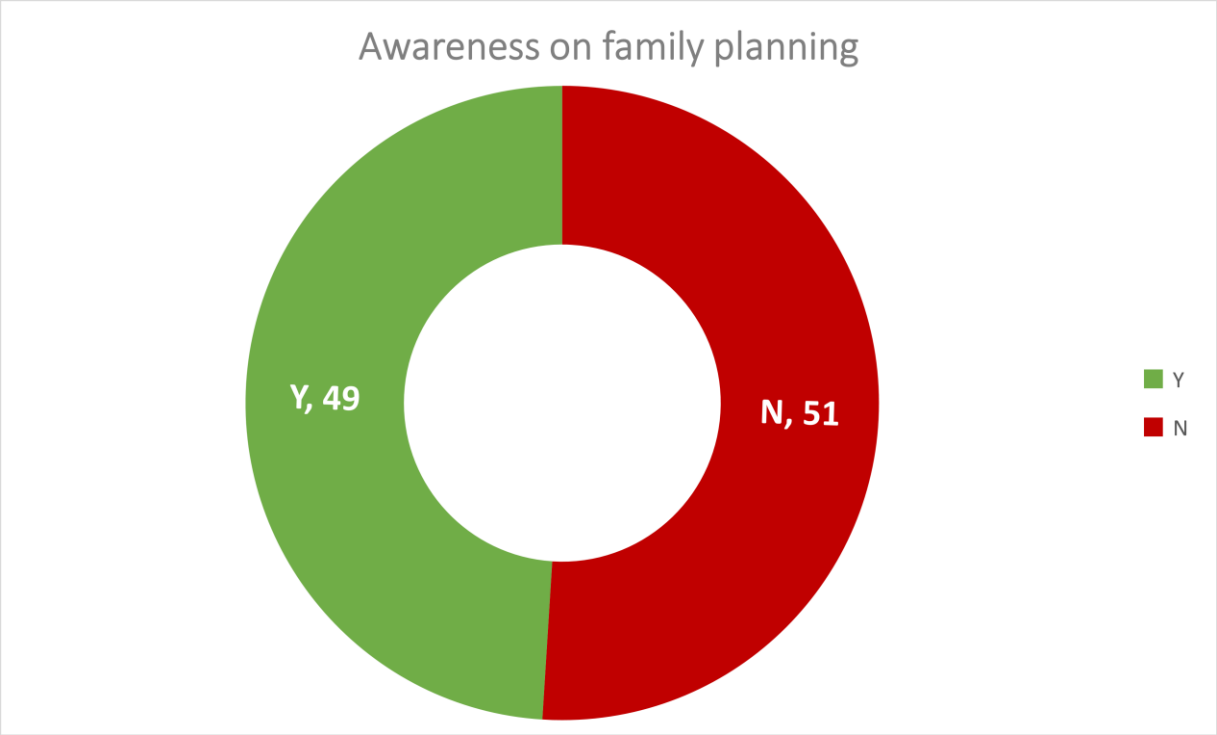
7.3.9. Family History – Type of Problems:



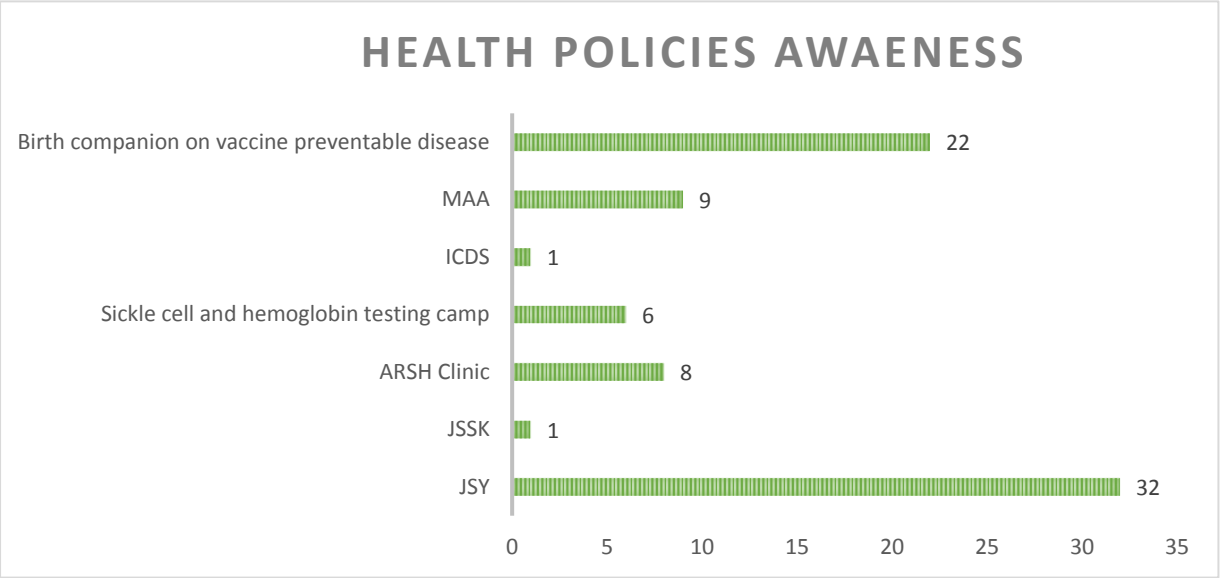
7.3.10. Records of previous pregnancy:



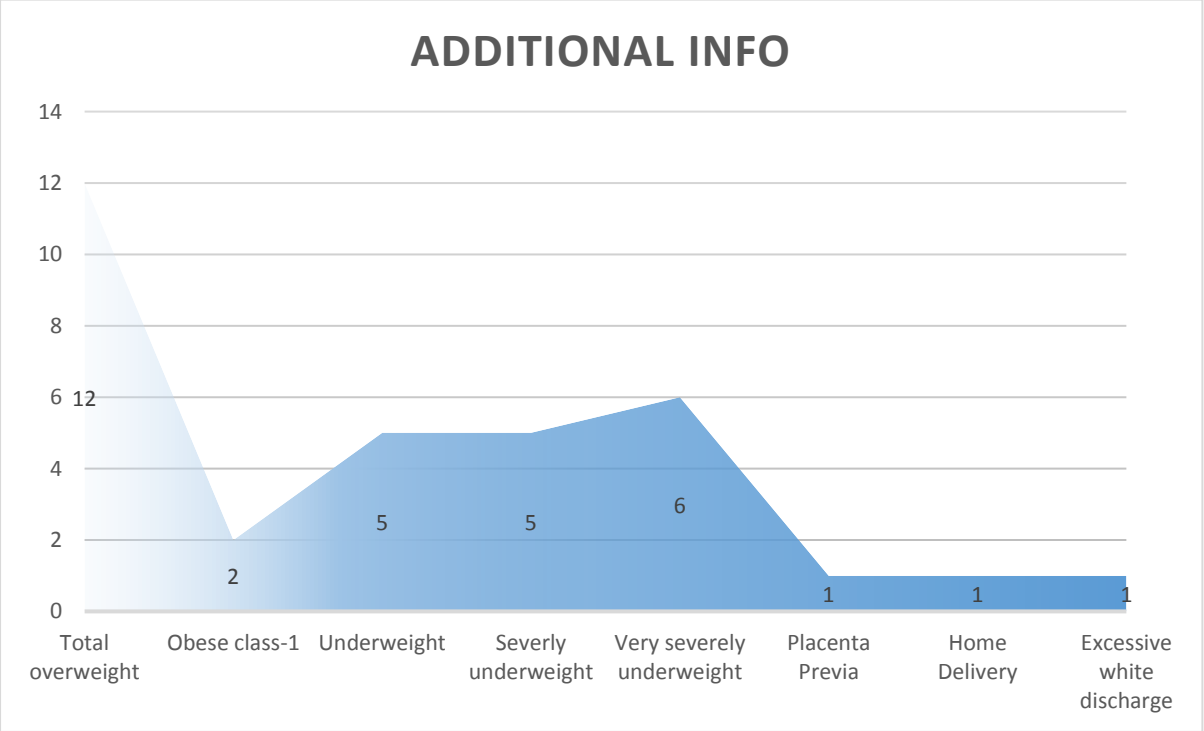
7.3.11. Awareness of Family Planning:



7.3.12. Awareness of Health Policies:



7.3.13. Insights received from Additional Information:



8. Key Findings:

About 96% women were anaemic including 69% moderate and 27% mild anaemia.

About 54% patients of the age group 25-34 were moderate anaemic.

About 27% patients who had history of thyroid also had history of abortion.

It is observed that 15-24 age group women are more prone to LSCS.

About 65% anaemic women not done the blood investigation in the first trimester.

It is observed that patients who visited the hospital in the second trimester, didn't receive T.T injection.

About 75% pregnant women had less than three ANC visits in the hospital.

About 51% pregnant women didn't get any health awareness from health workers.

About 32% ANC women had family history of hypertension and 26% women had family history of diabetes.

About 53% ANC women are multigravida.

About 51% women were not aware of family planning operation.

Majority of the patients on around 32% had awareness on JSY only.

About 30% Pregnant women were underweight and 14% were overweight.

Women who had full antenatal care is only about 13%

Women who had at least four ANC visits is about 12%.

9. Conclusion/Intervention:

Early Registration:

- As per the NFHS-4 India Fact Sheet, total 58.6% mothers had ANC check-up in the first trimester while in the Kamptee city it is around 49% only. Identifying the ANC patients in the early ANC period through ASHA and Anganwadi members will help in increasing the early registration.

Keeping Track

- As per the NFHS-4 India Fact Sheet, total 51.2% mothers at least had four ANC visits in the hospital while in Kamptee city it is observed around 12% only. While continuous keeping track on these patients through ASHA, ANM or SMS alerts will help to increase visits in the hospital.

Continuous Counselling

- A continuous weekly counselling to women of age group 25-34 on nutrition to overcome anaemia as well as on family planning operation to avoid unwanted multiple pregnancy and its complications.

Monitor and supplement

- Proper monitoring of Thyroid and Bad Obstetric history patients as early as during first visit of patients in the hospital will help reducing future complications of high risk pregnancy.

E. References:

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3. Handouts and materials collected from the organisation.