IIHMR UNIVERSITY

SUMMER TRAINING REPORT

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FACTORS OF HIGH RISK PREGNANCY AND INTERVENTION TO PREVENT THEM

(GOVERNMENT SUB-DISTRICT HOSPITAL, KAMPTEE, MAHARASHTRA)

ABSTRACT:

Every year hundreds and thousands of women die from complications during pregnancy or childbirth or inability to care during pregnancy.

Maternal Mortality Ratio (MMR) in India has declined from 301 in 2001-03 to 167 in 2016-17 as per the SRS data. Maharashtra state with MMR 68 is the second lowest among major states in India.

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

OBSERVATIONAL LEARNING

SUB-DISTRICT HOSPITAL, KAMPTEE

- Catering the health services to around 100199 population of Kamptee and Surrounding the Kamptee.
- 50 bedded hospital.
- 24 hours emergency service.
- Blood bank and blood storage active.
- Labour room Functional with all facilities. no emergency Obstetric care.
- Transportation service available.
- All diagnostic service functional.
- 24 hrs. water and electricity supply.
- Biomedical waste management.
- User Charges: OPD-Rs.10,IPD-Rs.20 and Rs.100 for USG and X-ray- Rs.40

NUHM, UPHC

- Catering the health services to slum and poor population of Kamptee city only.
- Only morning OPD service.
- Basic health services provided
- Weekly two days ANC OPD.
- Distribution of medicines to the pregnant ladies.
- Immunization for children.
- AMO and ANM available for catering the services.
- Need based planning with ASHA, ANM for field visit.
- Registration of Pregnant ladies.
- Biomedical waste management.

ANGANWADI CENTRES

- Area wise birth registration maintained by every Anganwadi worker.
- Khichdi, sprouts were served to children.
- Vaccine kit was well maintained.
- Registration of new-born underweight babies.
- Not focused on providing quality education.
- No waste bin, polythene bags were used.
- No basic life saving medicines available.
- No family planning counselling.
- No counselling on early registration of ANCs
- Busy with paper work than field work.

Sub-districting Hospital • 8 days

NUHM, UPHC • 12 days

Anganwadi Centers • 5 days

Pilot Survey • 7 days

Preparing Questionnaire • 5 days

Field Visit • 5 days

Primary Survey • 8 days

Data Analysis • 7 days

Presentation • 3 days

SURVEY METHODOLOGY

a) **Source of data:** Primary data was collected through questionnaire in the form of interview of pregnant women

b) **Study Type:** Descriptive

c) **Study Duration:** Two months from 2nd April to 1st June 2018

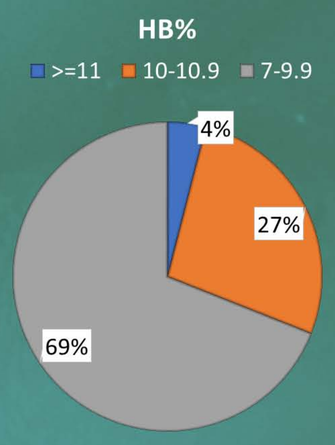
d) **Study Respondent**: Pregnant women visited for ANC Checkup on fixed days i.e. on Tuesday and Friday

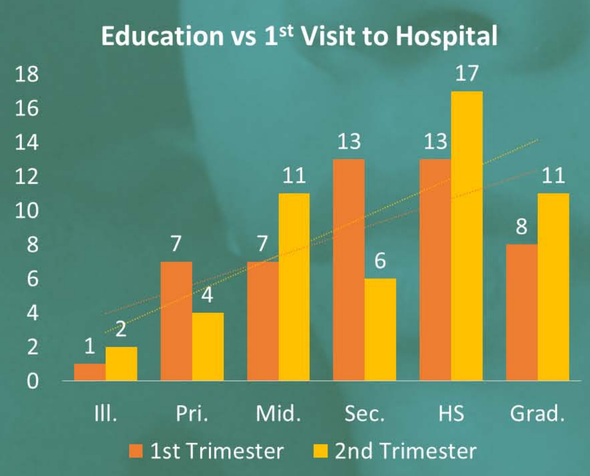
e) **Study Area**: SDH Hospital, UPHC

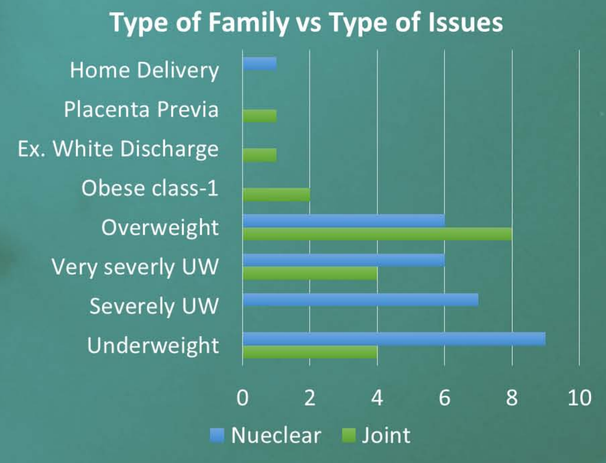
f) **Technique**: Interview Method

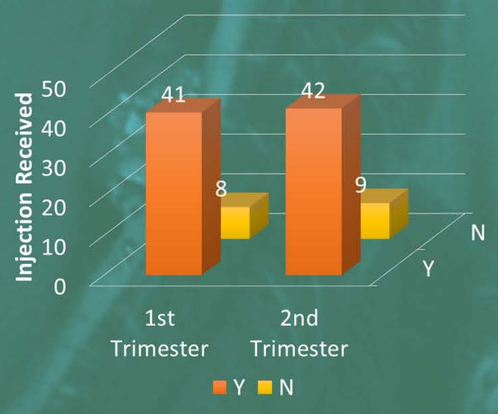
g) **Tool**: Interview Schedule

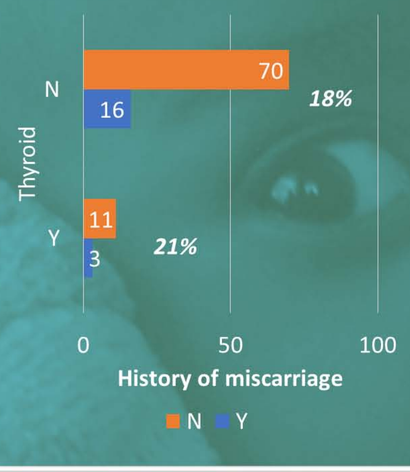
h) **Sample Size**: 100

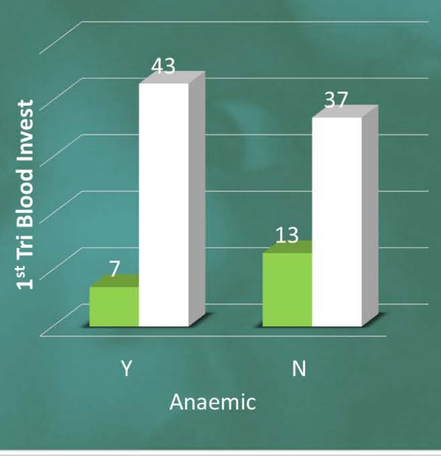


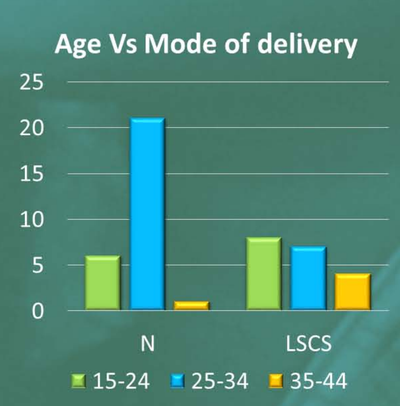


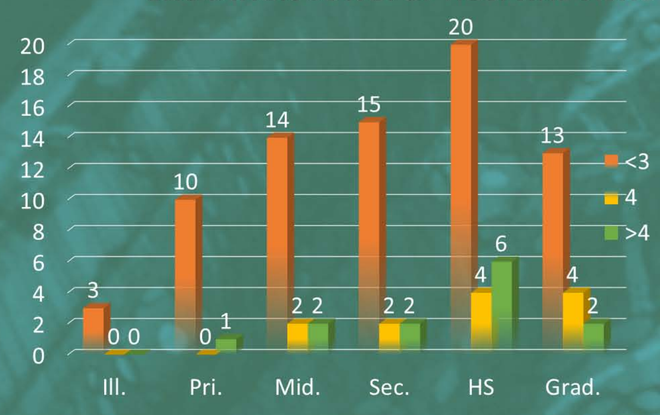












KEY FINDINGS

Indicator	Survey Result	NFHS-4 (2015-2016, India)
Mothers who had antenatal check-up in the first trimester	49%	59%
Mothers who had at least 4 antenatal care visits	12%	51%
Mothers who had full antenatal care	13%	21%
Births delivered by caesarean section	19%	17%
Births assisted by Doctor/ Nurse/ ANM/ other health personnel	99%	81%

- About 96% pregnant women were anaemic at the time of their pregnancy including 69% moderate and 27% mild anaemic. (Range; >= 11- No Anaemia, 10-10.9-Mild, 7-9.9-Moderate, <7-Severe) [Source- Blood Investigation Report Card]
- About 51% pregnant women visited the hospital first time in the 2nd trimester.
- About 30 % pregnant women were underweight and about 14% were overweight.
- Majority of the patients who did not receive T.T injection are those who visited hospital in the second trimester.
- About 3% pregnant women who had thyroid problem also had history of miscarriage.
- About 65% of anaemic women had not done blood investigation in the first trimester.
- About 75% pregnant women had less than three antenatal check-up.

RECOMMENDATIONS

EARLY REGISTRATION

Encourage pregnant women for early registration in the hospital

KEEPING TRACK

Pregnancy should be identified and keep in track by ASHA and ANM. encourage for at least **four** ANC visits

CONTINUOUS COUNSELLING

Counselling on various issues involving diet, regular intake of medicines and government Health Policies

MONITOR & SUPPLEMENT

Anaemic women should be monitored and supplemented throughout pregnancy to avoid complications