Summer Training At

United Nation International Children's Fund

(April-June,2015)

GAP ANALYSIS OF POST NATAL CARE IN AHORE BLOCK OF JALORE DISTRICT

By Mohit Verma

Under The Guidance Of

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

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Certificate

This is certified that **Mr. Mohit Verma** student of Master of Business Administration Hospital and Health Management from IIHMR University, Jaipur has successfully undergone summer training in UNICEF, Rajasthan from 1st April to 31st May 2015.

The candidate has successfully carried out the study **" Gap Analysis of Utilization of Post Natal Care Services in Ahore Block of Jalore District"** within the following period in Jalore, Rajasthan.

I wish him all the success in future Endeavours.

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To Whom so Ever It May Concern

This is to certify that Mr. MohitVerma, S/O Mr.Prem Kumar Verma , a student of IIHMR, University, Jaipur, Rajasthan has successfully completed 2 Months (1 April – 31 March, 2015) summer training at UNICEF Rajasthan. During his summer training he has worked on Health situation of Jalore. Titled **"GAP ANALYSIS OF UTILIZATION OF POST NATAL CARE SERVICES IN AHORE BLOCK OF JALORE DISTRICT"**.

He has successfully completed the project assigned to him during summer training and his contribution to the study has been sincere, scientific and analytical.

He was also engaged in Assisting Training of **E-jan Swasthaya** Program for ANMs.

I wish his success in all his future endeavours.

30/6/15

Dr Apurva Chaturvedi
Health Officer
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Mohit Verma

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ACRONYMS

ANM = Auxiliary Nurse Midwife

ARI = Acute respiratory infection

ASHA = Acceridated Social Health Activist

AWW = Anganwadi Worker

BCHM = Block Child Health Manager

CHC = Community Health Centre

CHS = Child Health Supervisor

DCHM = District Child Health Manager

Deputy CHS = Deputy Child Health Supervisor

DHS = District Health Society

DLHS = District Level Household Survey

DPMU = District Program Management Unit

FRUs = First Referral Units

ICDs = Integrated Child Development Services

IFA = Iron and Folic Acid

IMNCI = Integrated Management of Neonatal and Childhood Illness

IMR = Infant Mortality Rate

IUCD = Intra Uterine Contraceptive Device

JSY = Janani Suraksha Yojana

KMC = Kangaroo mother care

LHV = Lady Health Visitor

MMR = Maternal Mortality Rate

PNC = Post Natal Care

UNICEF = United Nations Children's Fund

UNICEF

The United Nations Children's Fund (UNICEF) is a United Nations Program Headquartered in New York city that provide long term humiliation and developmental assistance to children and mothers in developing countries. It is one of the members of the United Nations Development Group and its executive community.

UNICEF was created by the United Nations General Assembly on December 11, 1946 to provide emergency food and healthcare to children in countries that had been devastated by World War II. In 1953, UNICEF become a permanent part of United Nations System and its name was Shortened from the original United Nations International Children's Emergency Fund but it has continue to be known by the popular acronym based on this previous title.

Most of UNICEF's work is in the field, with staff and over 190 countries and territories.

UNICEF is an intergovernmental organization (IGO) and thus is uncountable to those governments. UNICEF's salary and benefits package is based on the United Nations Common System. UNICEF is not funded exclusively by voluntary contributions, and the national committee collectively raise around one third of UNICEF's annual income. This comes through contributions from corporations, civil society organisation around 6 million individual donors worldwide. They also have many different partners-including the media, national and local government officials, NGO's, Specialists such as Doctors and Lawyers, corporations, schools, young people and general public - on issue related to children rights

What makes UNICEF unique in India

- Is its network of 13 state offices. These enable the organization to focus attention on the poorest and most disadvantaged communities, alongside its work at the national level.

- UNICEF knows that key to addressing these challenges are its partnerships with sister UN agencies, voluntary organizations active at the community level, women's groups and donors.

- The organization also works with an array of celebrities, including members of the Indian cricket team and leading actors from the Indian film industry, as well as hundreds of thousands of unnamed volunteers who tirelessly give their time and influence to ensure that, together, they are able to help every child realize his or her full potential.

MISSION

The mission of UNICEF is to collaborate with partners to harness the power of communication and social network to make a positive difference in the lives of children, their families and communities. It promotes the use of judicious mix of participatory communication strategies and approaches in order to increase the impact of development programmes, accelerate achievement of global and development goals and enhance the ability of families and communities to achieve results for children and realize their rights.

OBJECTIVES

- To provide a clinical service assessing and treating children with diseases.
- To promote the equal rights of children, girls and women
- Support their full participation in the political, social and economic development of their community.
- Support children who are in need weather provide food to them or education.
- To ensure countries abide by the convention of the right of the child. This include mobilizing political will and material resources to help developing countries to improve their ability to provide service for children and their families.

UNICEF in Rajasthan

As a partner of choice for the Government of Rajasthan, UNICEF is working on a set of models and pilot interventions, particularly in tribal areas in the districts of Udaipur, Dungarpur, Barmer and Baran. The intent is to ensure the survival, growth and development particularly of children belonging to marginalized communities .

Child Survival

- Setting up and scaling up Special Newborn Care Units, with a focus on real time monitoring and quality of services.
- Supporting improvements in the care of women and their babies during childbirth through increasing the quality of services.
- Health system strengthening through supportive supervision and capacity-building.
- Demonstrating a mechanism to improve the quality of services in the most deprived blocks to address the issue of inequity.
- Innovations for real-time monitoring of survival and development outcomes.

Nutrition

- Offering a facility and community-based support and tracking mechanism to improve breastfeeding and complementary feeding. The special HajuSuru (healthy well-nourished child) strategy in the tribal districts of Banswada and Dungarpur promotes family empowerment in feeding through community monitoring and tracking.
- Supporting a high rate of dose for vitamin A supplementation, with two doses every six months.
- Working with the government towards universal salt idolization and tracking access and use of iodized salt at the family level.
- Improving care and treatment for children with severe acute malnutrition (SAM) and providing facility and community-based strategies to help support children with SAM.

Education

- Enhancing learning outcomes of children through transforming the teaching learning process, making it more student-centric, activity-based, learning-focused and equity-oriented.
- Introducing a continuous comprehensive assessment as part of the pedagogy in all schools by 2018. In 2014, 22,000 schools will implement Continuous and Comprehensive Evaluation (CCE) as their assessment system.
- Providing technical support to monitor learning outcomes in real time.
- Offering a school leadership programme to complementthe quality improvement initiative in schools.
- Lending technical support to create an enabling environment for early childhood education (ECE); putting in place a curriculum, syllabus and a state policy for ECE and facilitating coordination with the state Education Department for capacity development of Anganwadi workers and their continuous support on ECE.
- Supporting capacity enhancement of School Management Committees.
- Supporting capacity-enhancement of academic institutes, the State Institute for Education, Research and Training (SIERT) and District Institute for Education Training (DIET), to ensure all interventions to improve education standards can be realized.

Child Protection

- UNICEF in Rajasthan is working to strengthen systems for Child Protection by ensuring quality education to all children with a special focus on out-of-school, never-enrolled and drop-out children.
- It is building the capacities of and mobilizing families and the community to take collective action to protect their children and help them develop.
- To increase families' adult incomes and prevent child labour, UNICEF is enhancing access to service providers and social protection schemes for vulnerable families and

children such as the widow pension, old age pension, Aapki Beti Yojana, Palanhar and Mukhya Mantri Hunar VikashYojana.

- UNICEF is also helping to improve the state policy framework and delivery systems related to Child Protection; improve access to and the quality of social protection schemes and the Integrated Child Protection Scheme (ICPS); and assessing various Acts, policies and programmes related to Child Protection.
- It is strengthening and supporting the capacity of the ICPS to promote and deliver the best services to the most vulnerable children in the state.
- Designing interventions to reduce child marriage, child labour, out-of-school children and corporal punishment in schools.

Water, Sanitation and Hygiene

- UNICEF is building the capacity for the government and communities to eliminate open defecation by supporting the development and implementation of effective behaviour change strategies at the state level.
- Supporting the state to improve the quality of health care in health institutions by improving Water, Sanitation and Hygiene (WASH) facilities and practices through capacity-building of National Rural Health Mission (NRHM) stakeholders.
- Developing monitoring systems and providing access to evidence-based tools and guidelines and promoting key hygiene practices in schools through sustainable, simple and scalable models of WASH.
- Sharing scalable WASH approaches that address priority gaps and bottlenecks in delivering and promoting sanitation facilities and hygiene promotion.
- Supporting rural WASH sector development through improved management information systems (MIS) for WASH access and use, including identification and corrective action for the state's most marginalized areas.
- Creating an enabling environment for improved WASH facilities and practices in health centres through a convergence of Health and WASH programmes in 100 centres in four priority districts.
- Creating an enabling environment to adopt key WASH practices in schools, through innovative technologies and child-centred approaches in the tribal districts of Udaipur and Durgapur.
- Supporting the state's institutionalization of the WASH validation system to monitor WASH outcomes on a regular basis.

Disaster Risk Reduction

- Working with the State Disaster Management Authority to pilot risk-informed planning systems to improve disaster preparedness and response.

Communication for Development

- Developing strategic approaches to communication through the development of evidence–based and theory-driven communication strategies in the areas of the WASH (SHACS strategy), Health (RMNCH+A and RI), Child Protection (addressing social norms on the Prevention of Child Marriage and Child Labour), Education (community mobilization for the promotion of girls' education). These have been developed with the state government and UNICEF frameworks adopted by national flagships and have been customized for rollout across state.
- Building the capacities of frontline service-providers from government flagship programmes so they can effectively engage with families and communities to promote social and behaviour change in relation to key child survival and development issues.
- Using new technologies for Communication for Development (C4D): The potential of technologies such as the internet, digital tools, mobile phones and the like will be harnessed to communicate with families and frontline functionaries in a changing social and cultural context.

RESEARCH TOPIC

POST NATAL CARE

INTRODUCTION

The postnatal period, just after delivery and through the first six weeks of life, is recognized as a critical time for both mothers and newborns. The importance of postnatal care services has been reported in various studies worldwide. Postnatal care services enable health professionals to identify post-delivery problems, including potential complications, and to provide treatments promptly

Post natal care is pre-eminently about the provision of a supportive environment in which a woman, her baby and the wider family can begin their new life together.

The Post natal care aims to provide 'core care' which every woman and her baby should receive, as appropriate to their needs and empower the woman to care for her baby and herself so as to promote their longer-term physiological and emotional well-being.

Care is likely to include routine clinical examination and observation of the woman and her baby, routine infant screening to detect potential disorders, support for infant feeding and ongoing provision of information and support, It provides maternal and child health services, including health counselling, vaccination, physical examinations of women, nutrition, immunizations, as well as weighing of children under five years of age, all conducted on a monthly basis Community based care was also provided, including delivery and postnatal care conducted by village midwives. As recommended by the WHO and UNICEF, the Government has also promoted postnatal care in the form of home visitations conducted by trained birth attendants, although its implementation varies widely across the country .

Postnatal care is usually concluded by a 6 – 8 week postnatal examination, which marks the end of the woman's maternity care. Although for most women and babies the post natal period is uncomplicated post natal care is about recognising any deviation from expected recovery after birth, If additional care is required it should be offered so as to minimise, as much as possible, any impact on the relationship between the woman and her baby.

Post Partum Period in Mother

A postpartum period (or **postnatal** period) is the period beginning immediately after the birth of a child and extending for about six weeks. Less frequently used are the terms puerperium or puerperal period.

Physical : She may suffer from constipation or haemorrhoids, Sheehan's syndrome and Peripartum Cardiomayopathy . The bladder is also assessed for infection, retention, and any problems in the muscles. Women may suffer from postpartum depression, posttraumatic stress disorder or even puerperal psychosis.

The major focus of postpartum care is ensuring that the mother is healthy and capable of taking care of her newborn, equipped with all the information she needs about breastfeeding, reproductive health and contraception, and the imminent life adjustment.

Psychological：Postpartum mental illness can affect both mothers and fathers, and is not uncommon. Approximately 25% - 85% of postpartum women will experience the "blues" for a few day. Women who experience a psychotic episode, with pre-existing mental illness. Symptoms of a pre-existing mental illness, exacerbated by fatigue, changes in schedule, hormonal changes with postpartum psychological symptoms and other common parenting stressors. Postpartum psychosis (also known as puerperal psychosis) is a more severe form of mental illness than postpartum depression, with an incidence of approximately 0.2%.

Figure. 1

Figure. 2

BACKGROUND / RATIONALE

Current models of originate from the beginning of the 20th century, Post natal care is established in response to concerns about the contemporary high maternal mortality rate. The timing and content of care have altered little since then, despite a dramatic reduction in mortality rates which occurred around the middle of the 20th century.

Postnatal care services is the recommended intervention aimed at preventing MMR & IMR worldwide. Jalore is one of the district of Rajasthan with a high proportion of home deliveries, a low attendance of postnatal care uptake. Rationale, including reasons for not using these services, the services received during postnatal care, and cultural practices during postnatal periods in Jalore districts of Rajasthan.

For women who give birth in health facilities in resource-limited settings and their newborns does discharge from hospital within 24 or 48 hours of birth compared with discharge any time later increase the risk of maternal or neonatal readmissions for morbidity and stopping breastfeeding at six weeks or six months after birth.

Providing basic care to newborns and Mother at home has been identified as a critical intervention that helps in preventing MMR & IMR. However, postnatal care has not received adequate attention until recently and NFHS-III records only a small percentage of women or children being visited by a health worker during the first month of life.

The Government of India has recommended that all mothers and newborns receive three postnatal (PNC) checkups within 42 days of delivery as follows: first within 48 hours, second between 3-7 days and the third within 42 days of delivery.

With regard to cord care, NFHS-3 and DLHS-3 data show that the practice of clean cord-cutting was almost universal in rural, 95-98 percent of women reported that a sterilized blade was used to cut the cord. However, several studies have reported the application of various substances, such as ghee (clarified butter), turmeric, linseed oil, mustard oil and powders and ointments provided by local health care providers to hasten the healing of cord stump.

STANDARD OF POST NATAL CARE SERVICES

1.) Home Visit Schedule for Postnatal Care service delivery

To protect the health of mothers and their newborns during the postnatal period (also referred to as the "recovery process for the mother"), a follow-up assessment schedule, described below. It is schedule for - 1st day (if home delivery), 3rd day, 7th day, 14th day, 21st day 28 day and 42 day

(a) 1st Day - Immediate Care (within the first 24 hours at place of birth)

Immediate care should occur within 24 hours of delivery, preferably within the first six hours, at place of birth (usually in the hospital) or by ASHA or ANM if delivered at home.

Services to Mother

- Help the mother adjust to the changes that have occurred as a result of pregnancy, delivery, and childbirth. Assess health status of mother and newborn.
- Provide guidance and information about care of the newborn needs of the mother and newborn (e.g., breastfeeding, keeping newborn warm, initiating and encouraging frequent breastfeeding).
- Provide immunization for the mother: postpartum rubella or RH prophylaxis if indicated.
- Exclude postpartum haemorrhage, measure BP assess whether the uterus is contracted and that the client is able to urinate and tolerate light food and drink.
- Exclude puerperal infection: prevention by ensuring cleanliness and hygiene during delivery. Fever is the main symptom of puerperal sepsis.
- Exclude eclampsia: a woman suffering from postpartum eclampsia or severe pre-eclampsia should be immediately referred to the hospital.
- Exclude thromboembolic diseases: pulmonary embolism after labor often comes unexpectedly. Most postnatal thromboembolic complications are clinically silent. However, if the woman suffers from dyspnoea, chest pain, cyanosis, she should be immediately transferred to the hospital for further investigations to rule out or manage pulmonary embolism.

Services to Child

Listen to the infant's cry (high, piercing cry can be a sign of illness).

Physical Assessment (in the hospital within first 24 hours) - Infant's general appearance; take note of whether or not the infant is small or large, fat or thin, tense or relaxed, active or still; are body and mouth blue or pink.

Keep the infant warm and dry during the examination

Head: note the sizes of the fontanelles (soft spots), suture, and molding

Eyes: clean the eyes and place 2 drops of antibiotic eye drops in each eye

Mouth: look at the formation of the lips, feel the inside of the mouth; check suck reflex

Spine: note swellings or depressions Limbs: note number and ability to move fingers and toes

Reflex: look for "startle" reflex (arms open normally when you clap your hand)

- Assess bladder and bowel function, and skin color.
- Care for the umbilical cord (keep clean and dry).
- Exclude preterm birth: delivery occurring before 37 weeks is defined as a preterm birth. A preterm newborn should be referred to a specialized paediatrics department for assessment
- Check the rate of breathing, heart rate, and temperature (especially important during the first six hours).

- Exclude low birth weight: weigh the infant (usually between 2.5 and 4.0 kg).
- Administer Vitamin K and antibiotic eye drops.

(b) 3rd Day , 7th Day and 14th Day

Care of the Mother

- Assess the mother's breastfeeding skills, signs of engorgement, management of breastfeeding difficulties, and newborn's skill and ability to feed.
- Assess the progress of recovery (uterus just below the umbilicus), adequacy of rest, emotional feelings, and relationship with infant.
- Assess for signs of infection or heavy bleeding, ¬ Abdominal pain or foul smelling lochia (vaginal discharge)¬ Pain, tenderness, or heat in the leg.
- Assess the mother's manifestation of danger signs and actions to be taken.
- Encourage prescribed supplementation; e.g., iron tablets.(if necessary)
- Introduce exercises (e.g.,Vaginal, abdominal).
- Inform mother about the next vaccination .
- Provide family planning counselling.
- Examine the infant.
- Answer both mother's and family's questions.
- If a problem is identified requiring management and follow-up, schedule a return visit before the six-week postnatal visit.
- Ask history of Mother, If she delivery was not done in the area of ANM.

Service to Child

Take a history from the mother about her newborn. Ask the mother about:

Breastfeeding: How many times has the infant fed since sunrise? How many times during the night?

Sleep: How much does the infant sleep?

Urination: How often does the baby wet?

Stool: What colour is the stool and how often?

Cord: Has there been any discharge from the cord? Is there any smell?

Examine the infant with some parameters like-

General Appearance: active when awake

Breathing: easily, 40-60 breaths per minute

Temperature: skin warm to touch, temp. 36.5-37.2°C

Weight: a newborn may lose some weight within the first few days after birth (10% of birth weight). By day three or four, the baby should begin to gain weight again and should regain the birth weight by the end of the week.

Head: "soft spots" not depressed or bulging Eyes: no discharge

Mouth: check suck by observing the infant breastfeeding; Postnatal Care – June 10, 2002 58 mucous membranes moist

Skin: not yellow or blue Cord: no discharge or foul smell (the cord stump should fall off by two weeks after birth)

(c) 21st Day, 28th Day and 42nd Day

PNC services in these days called Follow up care.

Services to Mother

- Assess completion of involution (uterus not felt abdominally, lochia scant); emotional feelings, and relationship with infant.
- Identify client, infant, and/or familial problems.
- Assess breastfeeding practices.
- Examine infant growth.
- Assess need for or experience with current (satisfaction, and/or need for problem-solving management or change of method) contraceptive method.
- Informed mother about next vaccination of child.
- Answer mother's and family's questions
- Emotional (adjustment to mothering, family support, depression) and physical feelings (appetite, rest, sleep).
- Condition of the breasts.
- Vaginal bleeding or discharge; bladder and bowel function.
- Urinary or gastrointestinal complaints.
- Resumption of menses, sexual activity, contraception.
- General appearance: pale, sad, fatigued; relaxed, anxious.

Services To Child

Breastfeeding: How often does the infant feed (usually every two to four hours, including during the night)? How often does the infant wet? Is the infant taking anything besides breast milk?

Sleep: How much does infant sleep at night and during the day?

Stool: What color is stool; how often does infant have stool?

Immunizations: Has infant received BCG, DPT, oral polio, and hepatitis B?

Physical Examination-

General Appearance: active when awake

Breathing: easy

Temperature: skin warm to touch, temp. 36.5-37.2°C

Weight: more than at birth

Head: “soft spots” not depressed or bulging

Eyes: no discharge Mouth: check suck by observing infant breastfeed

Skin: not yellow or blue or dry

Cord: off by second week after birth; no redness, discharge, or odour.

2.) COUNSELLING

(a) Exclusive Breast feeding - Breastfeed as soon as possible after birth.

- Breastfeed frequently, whenever the infant is hungry, both day and night (generally at least eight times during 24 hours and at least once during the night).
- Breastfeed exclusively for the first six months, giving no water, other liquids, or solid foods.
- Give complementary feeds after six months (breastfeed before giving complementary feeds). Continue to breastfeed for up to two years, and beyond, if possible.
- Continue breastfeeding even if the mother or the baby becomes ill.
- Check, Weather chin of child does not touches the breast, Lower lip covers the areola, Child opens his/her complete mouth.

(b) Rest- Encourage the mother to take rest and encourage other family members to• help her with the household tasks including preparing food, cleaning the house, and caring for the other children. A well-rested mother is a better mother and spouse.

(c) Diet- Suggest the Mother to eat 1/3 extra food than the normal diet. Encourage the mother to eat a well balanced diet including the following: eat protein and energy rich foods, vitamins, mineral and fluids; continue taking supplements (e.g. iron). Encourage the mother to drink fluids every time she breastfeeds.

(d) Personal Hygiene and sanitation - The mother can and should bathe herself daily after giving birth. Bathing is not harmful, Recommended bathing practice is to use a shower, if available, or to pour water over the body.

- Wash breasts and perineum as part of the daily bath.
- Wash hands before and after going to the bathroom. Wash the genital area with mild soap and water after passing urine or stool.
- Wipe or cleanse vulva from front to back, anus last.
- Wash the hands every time before touches the child.
- Keep the infant in a clean place away from smoke and dust. Change the diaper or bedding each time the infant wets or dirties the diaper.

(e) Sleeping Arrangement and Positions - The baby should sleep in a clean, safe, smoke-free and warm area and not far from the mother. The preferred position for the newborn/infant is on the baby's right side. From time to time, turn the baby's head from the right side to the left. When putting the baby to sleep, advise the mother not to place the infant on his or her abdomen.

(f) Kangaroo Mother care - In kangaroo care, the baby is placed in a flexed (fatal position) with maximal skin-to-skin contact on parent's chest. The baby is secured with a wrap that goes around the naked torso of the adult, providing the baby with proper support and positioning (maintain flexion), constant containment without pressure points or creases, and protecting from air drafts (thermoregulation).

(g) Care of Cord - Keep the cord clean and dry. Normally, it falls off within 7-14 days. Do not cover the cord or apply any medicine or ointment to the cord area. If a bad smell, pus, or signs of infection occur in the navel (cord) area, take the infant to the health centre for care.

(h) Immunization - Make the women aware about the immunization, its importance, how it is beneficial for the child. Number of vaccines , when child vaccinated .

(i) Sexuality - It is advised to abstain from sexual intercourse for six weeks after delivery, to prevent infection and also to allow the perineum to heal. However, if the vaginal area has healed and bleeding (lochia) has stopped, there is no medical risk in having intercourse.

(j) Complications and Danger Signs - Advise the mother to be aware and to take the infant to a health care provider at the health centre if the newborn has any of these signs:

- Poor feeding or sucking,
- Sleeping all the time
- Fever or hypothermia
- No stool by third day
- Blueness of the lips or skin
- Jaundice
- Persistent vomiting
- Vomiting with a swollen abdomen
- Difficulty establishing regular breathing
- Eye discharge
- Water or dark green stools with mucus or blood

(k) Contraception

For Lactating Mother	Non Lactating Mother
Immediate ➢ LAM ➢ Condom ➢ IUD ➢ Tubal Ligation	**Immediate** ➢ Postnatal sterilization (male or female) ➢ Norplant insertion ➢ IUD ➢ Depo-Provera injection ➢ Progestin-only pills ➢ Condoms (male) ➢ Abstinence
Within 6 Weeks ➢ Progestin-only pills ➢ DMPA ➢ Norplant ➢ Spermicides ➢ Fertility Awareness	**Within 6 Weeks** ➢ Combined oral contraceptive pills (COCs)
After 6 Weeks ➢ Combined oral contraceptives	**After 6 Weeks** ➢ Spermicides (foam, cream, jellies) Diaphragm, where available ➢ Fertility Awareness Method /Cervical ➢ Mucus Method (CMM), once menstrual cycles have resumed.

TABLE :1

(l) Birth/Death Registration - ANM Should aware about the registration of Birth and Death and its importance.

3.) VACCINATION

AGE OF CHILD	VACCINATION
At birth	**BCG , Hepatitis-B , OPV**
6 Weeks	**Pentavalent-1 , OPV**
10 Weeks	**Pentavalent-2 , OPV**
14Weeks	**Pentavalent-3 , OPV**
36 Weeks	**Measels , Vitamin- A**
16-24 Months	**DPT Booster , Polio Booster**
30 Months	**Vitamin-A**
36 Months	**Vitamin-A**

TABLE : 2

4.) MANPOWER

- ANM - At the population of 2000. If the population is more there is a provision for Addition ANM.
- ASHA- Alot in each Aanganwadi
- Aanganwadi Worker- Alot in each Aanganwadi
- Aanganwadi Helper- Alot in a Aaganwadi.

RESEARCH QUESTIONS

Q. 1 What is the current status of utilization of Post natal care services in Ahore Block of Jalore District ?

Q. 2 What are the Challenges in low utilization of Post natal service in Ahore Block of Jalore District?

OBJECTIVES

1.) To study the current status of Post natal care practise for Mother and Newborn at Ahore Block of Jalore District.

2.) To identify the Gapes, Barrier and Factor unable the utilization of Post natal care services among population of Ahore block of Jalore District.

3.) Prevention, Early Diagnosis and Treatment of common problems or complications in both mother and infant.

HYPOTHESIS

Health backwardness and bad indicators of Jalore district (Especially Ahore) can directly attributed to Gapes and Barriers in utilization of Postnatal care services.

RESEARCH METHODOLOGY

Study Design : Descriptive Research

Study Area: The study area was Ahore Block of Jalore District of Rajasthan.

- Jalore in specific was chosen as study area because Neonatal Mortality Rate is 53 which is highest in Rajasthan as compared to average 40(AHS 2010-2011).Women and children have limited accessibility and affordability to quality healthcare and counselling services due to hardships imposed by life in the lack of infrastructure of health care services. Sources reveal that in the given district, 4 women die due to pregnancy/ Child Birth related complication, 112 children are not able to complete their first year of life and 84 children are not able to make it for the first month of life.

Study Population : Females Who Delivered in the months of April and May 2015.

Study Period : The was carried out for 2 Months (1st April to 31st May, 2015)

Sampling Design: Non-Probability Sampling (Mother who only delivered in April-May,2015)

Data Collection : Interview method

- Face to Face interview – All the Mothers of newborns whosoever delivered child in April and May, 2015 were interviewed by Door to Door visit and in Hospital (CHC, PHC, SCs).
- Semi-structured Questionnaire – A questionnaire of close ended questions was made to get specific and relevant information from parent regarding the utilization of PNC services and Mother & Child Health.
- Relevant Primary data was collected by interviewing the respondent with above mentioned questionnaire on different variables/parameters.
- Relevant information about Mother who delivered were given by ANM or ASHA of respective sector.

Data Preparation :

- Data Entry - All the responses were entered into SPSS software.
- Coding of data - Different responses from the respondent were coded numerically for the closed ended questions and entered in SPSS software.
- Cleaning of data
- Missing values were removed from the dataset**.**

Data Analysis : Level of measurement – nominal and ordinal.

- Multivariate Analysis
- Frequencies and Percentages of different parameters of PNC services were found out using SPSS software and Graphical Representation was done using Ms Excel Software.

Result : GAP ANALYSIS OF UTILIZATION OF PNC SERVICES

1. HOME VISTE SHEDULE OF PNC SERVICE

DOES ASHA VISIT YOUR HOME REGULARLY?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
1(YES)	39	66.1	66.1	67.8
2(NO)	18	30.5	30.5	98.3
Total	57	100.0	100.0	

TABLE :3

HOW MANY TIMES ASHA VISITED YOUR HOME AFTER DELIVERY?

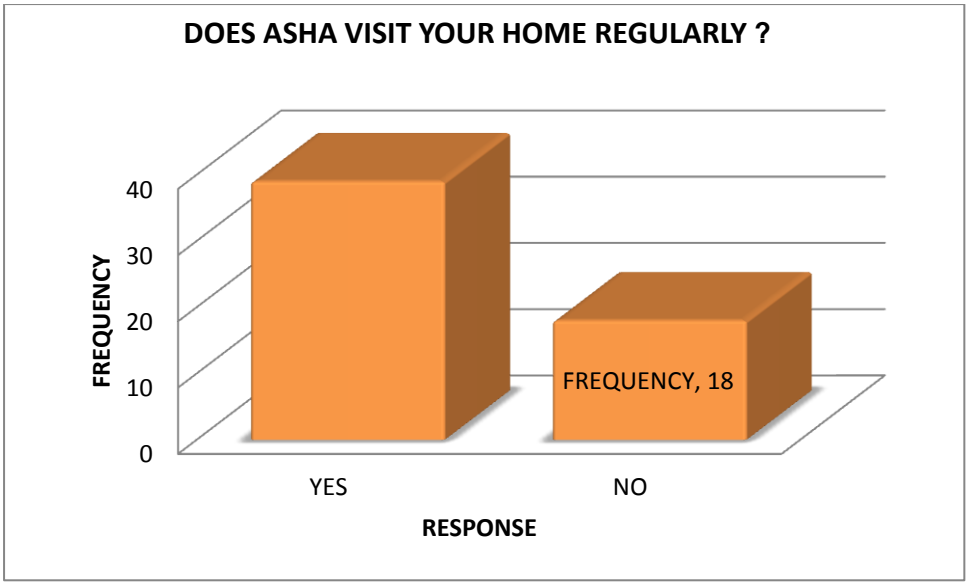
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
0 TIMES	21	36.8	36.8	42.4
1 TIME	5	8.8	8.8	50.8
2 TIMES	7	12.3	12.3	62.7
3 TIMES	10	17.5	17.5	79.7
4 TIMES	7	12.3	12.3	91.5
5 TIMES	3	5.3	5.3	96.6
7 TIMES	1	1.8	1.8	98.3
Total	57	100.0	100.0	

TABLE :4

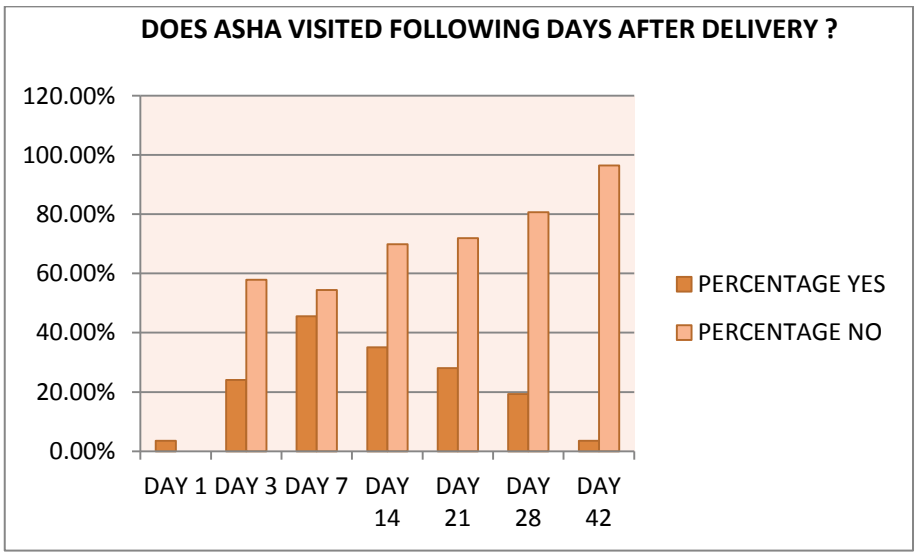
DOES ASHA VISITED FOLLOWING DAYS AFTER DELIVERY ?

DAYS	FREQUENCY		PERCENTAGE	
	YES	NO	YES	NO
DAY1	2	55	3.5	96.5
DAY 3	24	33	42.1	57.9
DAY 7	26	31	45.6	54.4
DAY 14	20	37	35.1	69.9
DAY 21	16	41	28.1	71.9
DAY 28	11	46	19.3	80.7
DAY 42	2	55	3.5	96.5

TABLE :5



GRAPH 1



GRAPH 2

FINDINGS

- Almost more than 30 % ASHA are not available in villages.(No Vacancy)
- ASHA was not visited home up to the standard allotted days.
- Highest frequency of respondents says ASHA never visited their home at all.
- Out of 6 allotted visits, ASHA did not visited more than 3 times.

2.) COUNSELLING

(a) Breastfeeding

DOES MOTHER STILL FEEDS THE CHILD ?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid					
	1(YES)	46	80.7	80.7	80.7
	2(NO)	11	19.3	19.3	100.0
	Total	57	100.0	100.0	

TABLE: 6

HOW MANY TIMES A DAY MOTHER FEED HER CHILD?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid					
	0	7	12.3	12.3	12.3
	10	1	1.8	1.8	1.8
	2	1	1.8	1.8	1.8
	3	5	8.8	8.8	8.8
	4	2	3.5	3.5	3.5
	5	6	10.5	10.5	10.5
	6	8	14.0	14.0	14.0
	7	4	7.0	7.0	7.0
	8	18	31.6	31.6	31.6
	9	5	8.8	8.8	100.0
	Total	57	100.0	100.0	

TABLE: 7

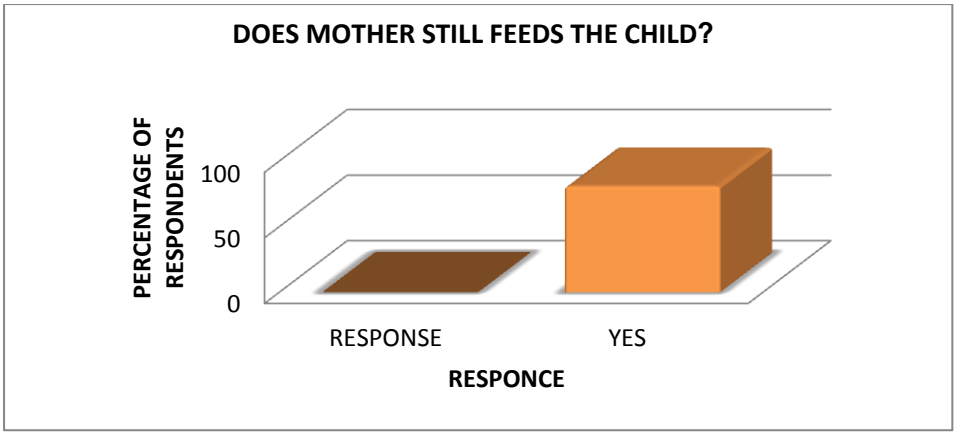
WHEN MOTHER FEED HER CHILD AFTER DELIVERY?

	WITHIN 1 HOUR	BETWEEN 2-5 HOUR	MORE THAN 5 HOURS
YES	54.40%	19.30%	14%
NO	45.60%	80.70%	86%

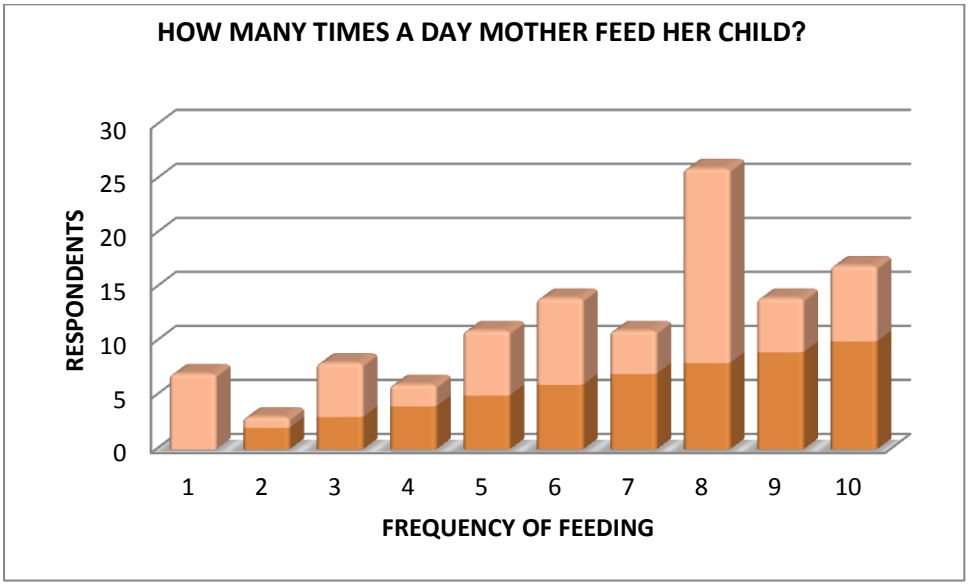
TABLE :8

FINDINGS

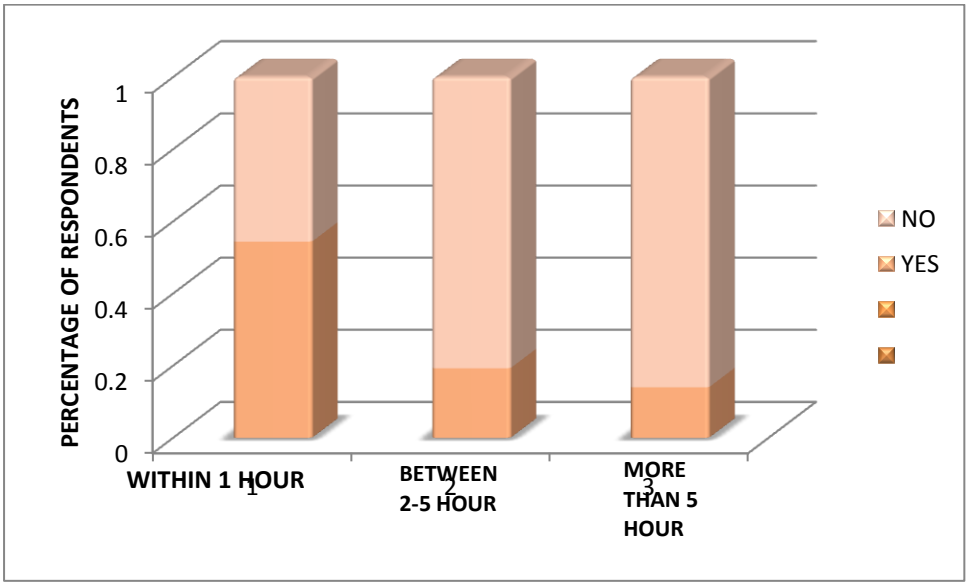
- Only 50% mother feed their child just after the delivery because remaining 50 % were not counsel.
- 80% Mothers still feed their child after the delivery only due to counselling.
- Approximately 80% were counsel.



GRAPH: 3



GRAPH:4



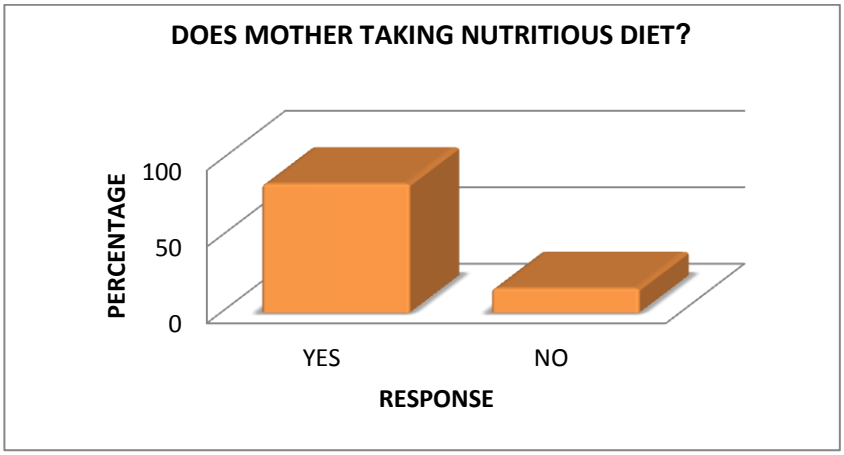
GRAPH:5

(b) Diet

DOES MOTHER TAKING NUTRITIOUS DIET ?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
1	49	86.0	86.0	86.0
2	8	14.0	14.0	100.0
Total	57	100.0	100.0	

TABLE:9



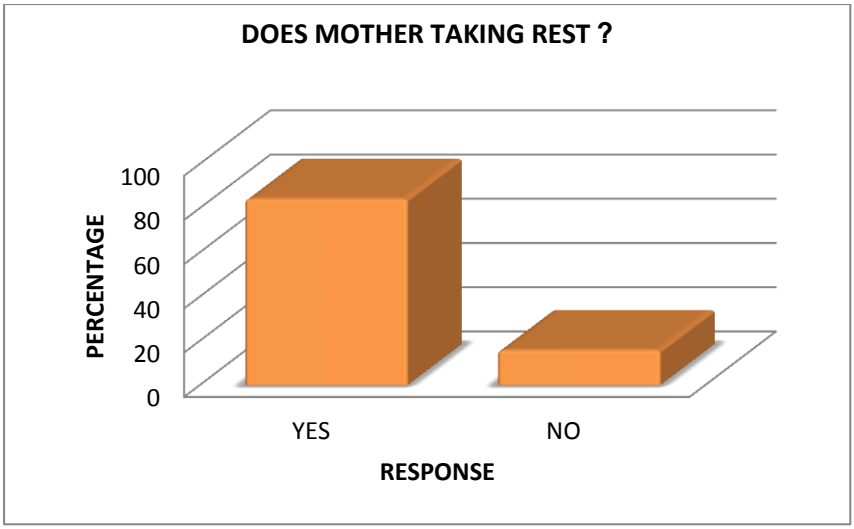
GRAPH: 6

(C) REST

DOES MOTHER TAKING REST ?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
1	48	84.2	84.2	84.2
2	9	15.8	15.8	100.0
Total	57	100.0	100.0	

TABLE:10



GRAPH:7

(d) PERSONAL HYGEINE & SANITATION

DOES MOTHER WASH HER HANDS BEFORE TOUCH TO CHILD?

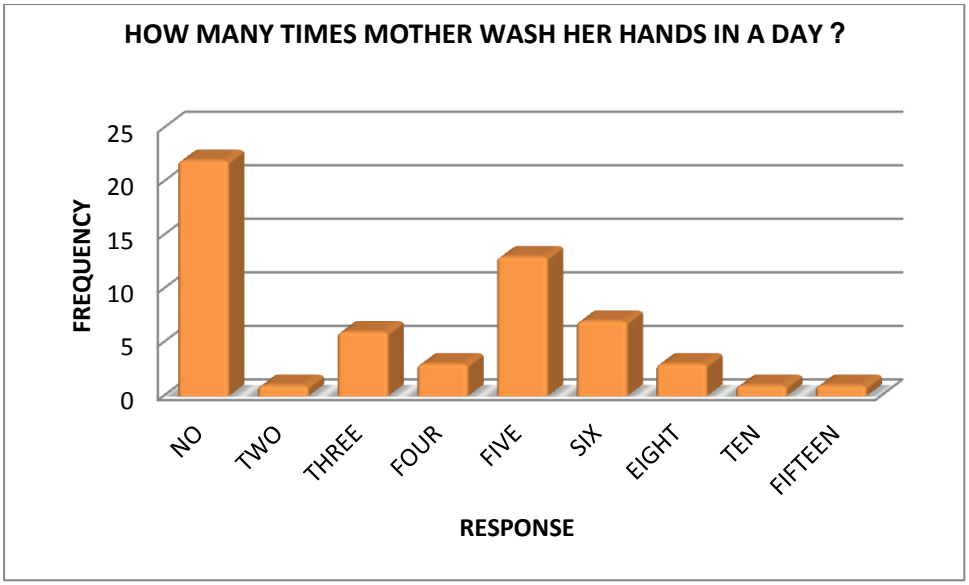
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
1	32	56.1	56.1	56.1
2	25	43.9	43.9	100.0
Total	57	100.0	100.0	

TABLE:11

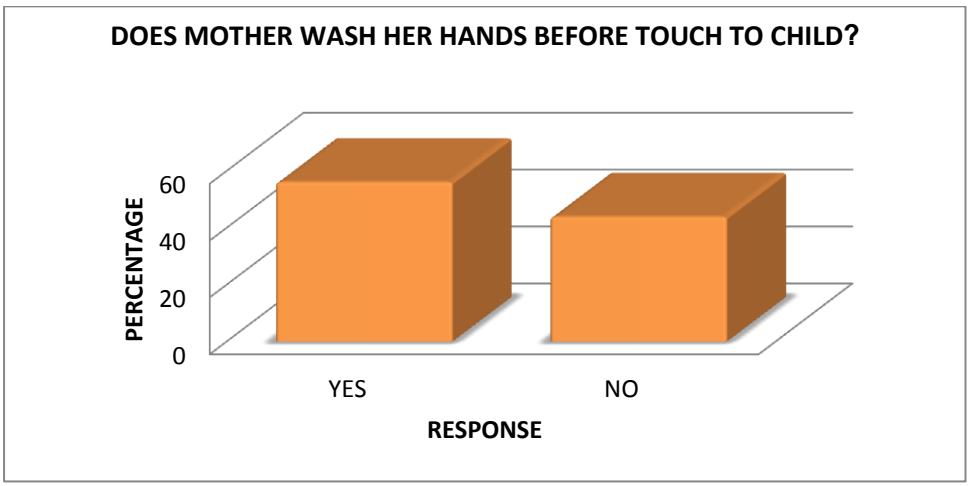
HOW MANY TIMES MOTHER WASH HER HANDS IN A DAY?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
0	22	38.6	38.6	38.6
10	1	1.8	1.8	40.4
15	1	1.8	1.8	42.2
2	1	1.8	1.8	44.0
3	6	10.5	10.5	54.5
4	3	5.3	5.3	59.8
5	13	22.8	22.8	82.6
6	7	12.3	12.3	94.9
8	3	5.3	5.3	100.0
Total	57	100.0	100.0	

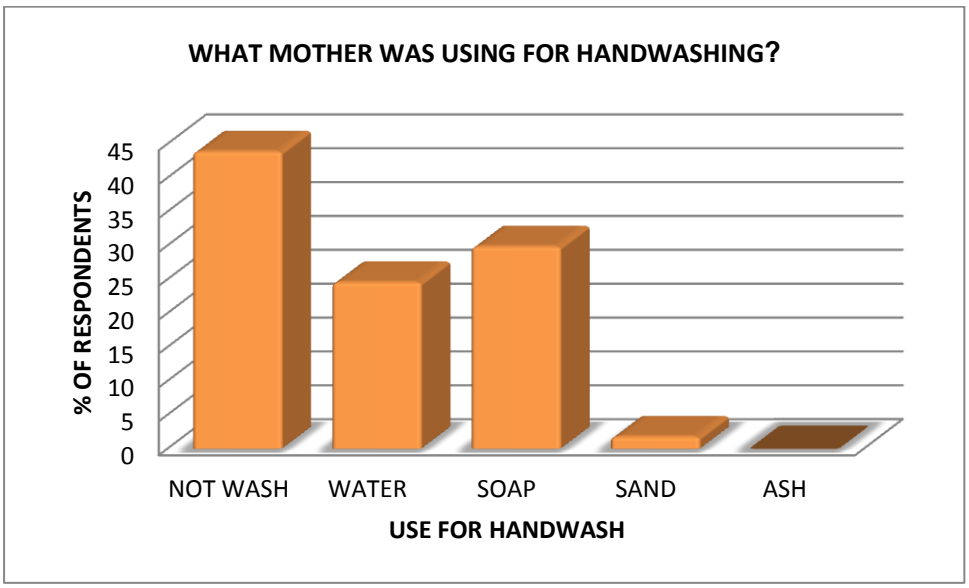
TABLE:12



GRAPH:8



GRAPH:9



GRAPH:10

FINDING

- **Counselling of hand washing was not given by any ANM or ASHA.**
- **Only 30% mothers were using soap for hand washing, while 25 % mothers were washing their hands with water only.**
- **Mothers don't know the importance of hand washing.**

(e) IMMUNIZATION

IMMUNIZATION AFTER BIRTH

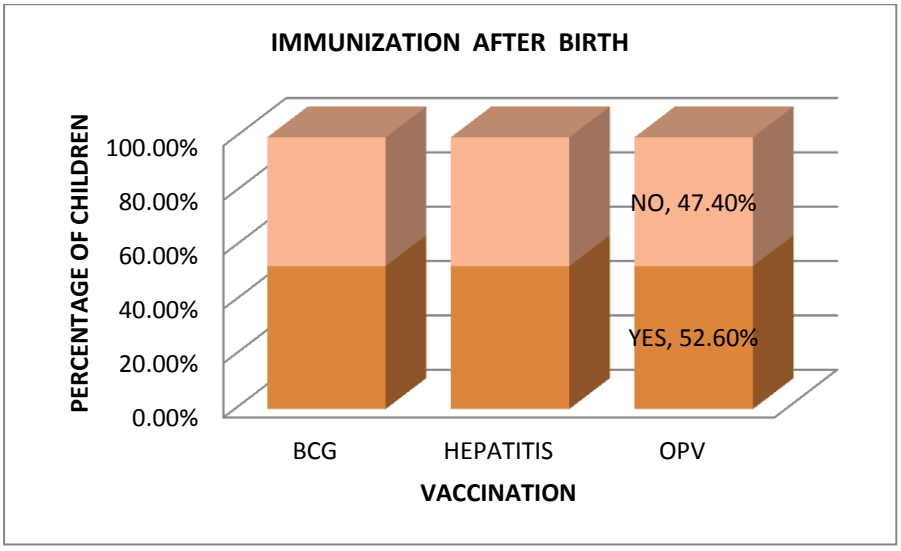
RESPONSE		BCG	HEPATITIS	OPV	PERCENTAGE
Valid	1(YES)	30	30	30	52.6
	2(NO)	27	27	27	47.4
	Total	57	57.0	57.0	100.0

TABLE: 13

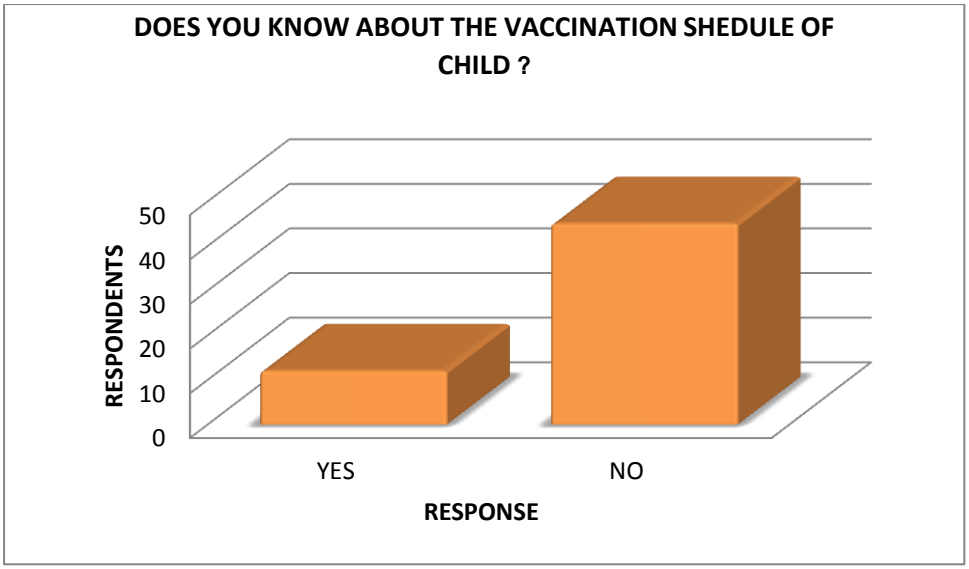
DOES YOU KNOW ABOUT THE VACCINATION SHEDULE OF CHILD ?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	12	21.1	21.1	21.1
	2	45	78.9	78.9	100.0
	Total	57	100.0	100.0	

TABLE:14



GRAPH:11

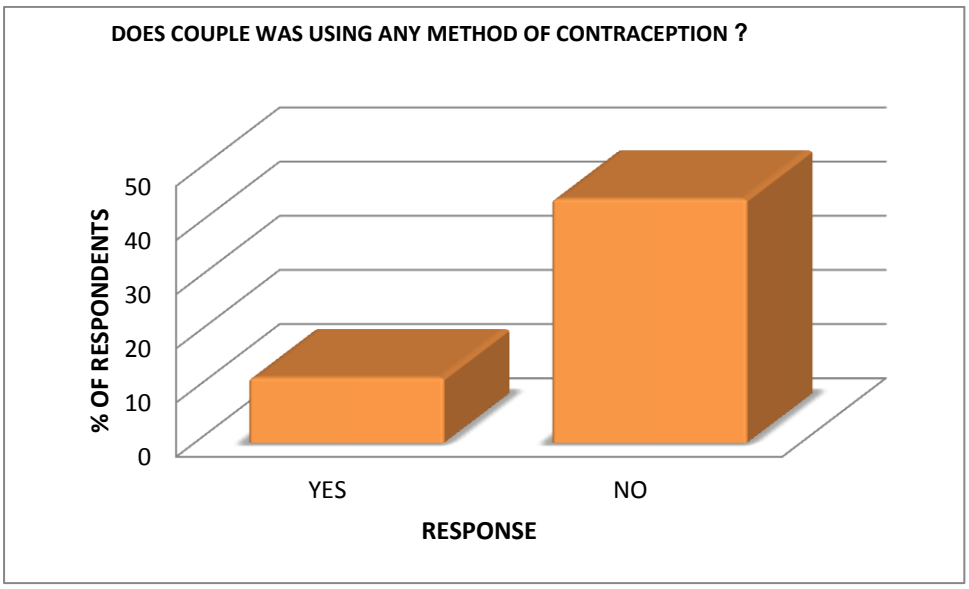


GRAPH:12

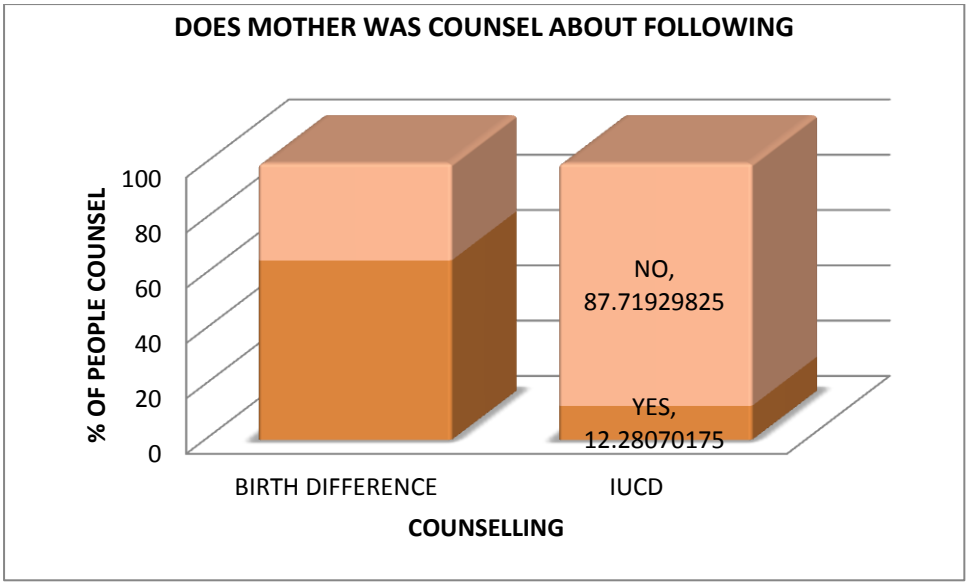
FINDINGS

- Still 100 % immunization is not achieved.
- Mother did not know about that time and when will child vaccinate.
- Did not counsel before.
- They don't know the importance of immunization.
- At place there was a superstition that until child not see his /her father's face child will not be vaccinate.
- Social Customs.

(f) CONTRACEPTION



GRAPH: 13

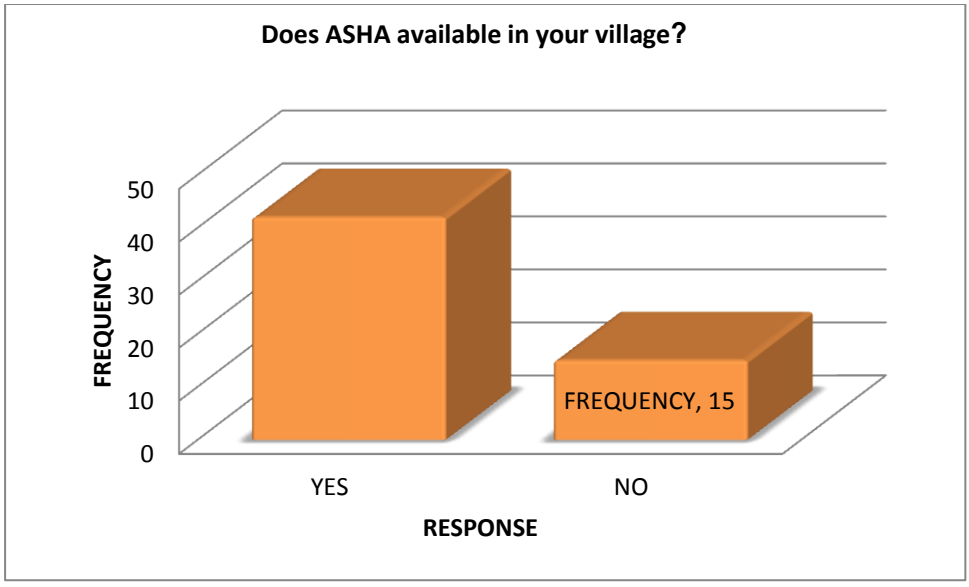


GRAPH:14

FINDINGS

- ONLY 21% COUPLES WERE USING CONTRACEPTION METHODS, DUE TO SOCIAL COUSTOM, MALE CHILD PREFERENCE, LACK OF COUNSELLING.
- Peoples are counselling for birth difference , but not counselling for IUCD, due to husband domination female become pregnant frequently.
- Social Customs.

3.) MANPOWER



GRAPH:15

FINDINGS

- Due to the lack or unavailability of appropriate staff (ASHA or ANM), PNC service delivery is hinder.
- Some peoples not allowed to interrupted , due to some social misbelieve.
- Less Staff unable to cover all the areas, thus counselling and other PNC services was not utilized by Mother & Child.

CONCLUSION

The study provided the current situation of the PNC service Delivery in Ahore Block of Jalore District. The Gap Analysis study for Utilization of PNC Service gave an insight into the challenges and the reasons behind the current status of PNC service utilization. It has been proved that with simple and preventive interventions, a large number of Percentage increase in PNC Services utilization results in Mother & Child newborn deaths can be reduced. Unless the challenges towards providing quality PNC Service delivery are solved, the dream of reducing MMR and IMR is to be achieved.

Assessment of the Follow up program highlights the major gaps in the knowledge of parents for newborn care , regularity of frontline health worker for visiting the new born on the scheduled days, Counselling ,and the feeding practices followed by the mother and Social traditions, Misbelieve Though Gap Analysis study of utilization of PNC services is efficient in saving lives of Mother & Child, many more deaths could be averted by taking simple steps towards providing quality care.

LIMITATIONS

Due to the lack or unavailability of staff Quality Services are not reaches to Many of the sectors of Block, which makes poor health indicators.

RECOMMANDATIONS

- Fulfil the vacant posts of ANM/ASHA/AWW for efficient running of health system.
- The ASHA/ANM/AWW should visit the new born on the scheduled days of visit (3,7,14,21,28,42 days).
- Properly counsel the mother about breast feeding, Personal Hygiene, Sanitation, Diet, Rest, Vaccination for child, Contraception.
- The ASHA/ANM/AWW should counsel the parents and Family about all the parameters for proper care of the new born.
- The parents should be informed about scheduled days of visit to be made to the Hospital.
- Inform Mother for MCHN day or Nutrition day at Hospital.
- ANM/ASHA/AWW should follow the standard Protocols.

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15) NRHM Website.
16) Wikipedia.

ANNEXURE

- QUESTIONNAIRE

QUESTIONNAIRE FOR MOTHER ABOUT PNC

बातचीत की तारीख -
बच्चे का नाम -
माता का नाम -
पति का नाम -
मोबाइल नंबर -
धर्म -
जाति -
श्रेणी -
पात्र जोड़े श्रृंखला संख्या -
मां की MCTS आईडी -
बच्चे की MCTS आईडी -
बच्चे का तापमान -
बच्चे के जन्म की तारीख -
बच्चे की उम्र -

प्रा .1 यह आपकी पहली संतान है ? हां/ नहीं

प्रा.2 बच्चे के प्रसव की तारीख ..../..../....

प्रा.3 बच्चे के प्रसव का परिणाम जीवित जन्म / मृत

प्रा.4. बच्चे का जन्म कहां हुआ अस्पताल / घर

प्रा.5. प्रसव का प्रकार सामान्य / ऑपरेशन (सिजेरियन)

प्रा.6. क्या माता को रेफर करने की आवश्यकता पडी थी? हां/ नही

प्रा.7. बच्चों के जन्म की कुल संख्या .....

प्रा.8. बच्चे का लिंग लडका / लडकी

प्रा.9. क्या आपके गांव में आशा उपलब्ध है? हां/ नही

प्रा.10. क्या आशा नियमित रूप से आपके घर आती है? हां/ नही

प्रा.11. जन्म के बाद अब तक कितनी बार आशा ने आपके घर का दौरा किया है?

तीसरे दिन ( )
सातवां दिन ( )
चौदहवें दिन ( )
इक्कीसवे दिन ( )
अठाईसवे दिन ( )
बयालीसवे दिन ( )

प्रा.12. कितने मेडिकल परीक्षण प्रसव के बाद किया गए है? .....

पहले जांच की तारीख ..../..../....

दूसरे जांच की तारीख ..../..../....

तीसरे जांच की तारीख ..../..../....

चौथे जांच की तारीख ..../..../....

प्रा.13. बच्चे के जन्म के बाद मां की हालत । जीवित / मृत

प्रा.14. मां की वर्तमान स्थिति जीवित / मृत

प्रा.15. क्या यह आपका पहला बच्चा है हां/ नहीं

प्रा.16. क्या माँ ने बच्चे के जन्म के तुरन्त बाद फ़ीड कराया ? हां/ नहीं

प्रा.17. कितने समय के बाद माँ ने अपने बच्चे को दूध पिलाया?

1 घंटे के भीतर ( )

2-5 घंटे के बीच ( )

5 घंटे से अधिक ( )

प्रा.18. माँ द्वारा अभि भी अपने बच्चे को दूध पिलाया जा रहा है? हां/ नहीं

प्रा.19. माँ द्वारा एक दिन में कितने बार बच्चे को दूध पिलाया जा रहा है? .....

प्रा.20. माता द्वारा पौष्टिक आहार लिया जा रहा है? हां/ नहीं

प्रा.21. माता द्वारा आराम किया जा रहा है? हां/ नहीं

प्रा.22. युगल द्वारा कोई परिवार नियोजन का साधन उपयोग किया जा रहा है? हां/ नहीं

प्रा.23. आप अपने बच्चे को छूने से पहले अपने हाथ धोति है ? हां/ नहीं

प्रा.24. आप अपने हाथ धोने के लिए क्या प्रयोग कर रहे हैं

साबुन ( )

रेत ( )

राख ( )

प्रा.25. जब आप एक दिन में कितने बार अपने हाथ धोति है ? .....

प्रा.26.

	बच्चे की देखभाल का ज्ञान	**अभ्यास किया**
	क्या आपको पता है, 6 महीने तक मां के दूध के अलावा बच्चे को कुछ भी नहीं देते है जैसे की शहद, पानी यह भी नहीं	
	क्या आपको पता है, माता को बच्चे के जन्म के तुरन्त बाद अपना पहला गाङा दूध जरूर पिलाना चाहिए	
	क्या आप कंगारू मदर केयर के बारे में जानति है ?	
	क्या आपको पता है, माता को बच्चे के जन्म के तुरन्त बाद बच्चे को कपड़े में लिपटा कर मां के पास सुलाना चाहिए, जिस से बच्चे को को गरमी मिले	

प्रा.27. परामर्श निम्न के लिए किया

(a) परिवार नियोजन हां/ नहीं

(b) आवश्यक आहार हां/ नहीं

(c) 6 महीने के लिए विशेष स्तनपान हां/ नहीं

(d) IUCD परामर्श हां/ नहीं

(e) बच्चे में अंतर हां/ नहीं

(f) पूर्ण स्वच्छता हां/ नहीं

(g) जन्म पंजीकरण/ मौत (यदि हो तो) हां/ नहीं

प्रा.28.

माता को किसी भी प्रकार की जटिलता	**हां / नहीं**	**कितनी बार हुआ**	**पहले की अवधि**	**दूसरे की अवधि**	**तीसरे की अवधि**
(क) माता सामानय रूप से बोल पा रही है					
(ख)य़ोनि से बदबुदार रिसाव					
(ग) तेज बुखार					
(घ) एक दिन मे कितने पैड बदलने की जरूरत पडती है 3 4 5 >5					
(ई) पैरों में सूजन					
(च) पेट के निचले हिस्से में दर्द					
(G) स्तनों में तनाव					
(ज) निपल्स में दरारें					
पेशाब में दर्द					
पेशाब और शौच में समस्या					

QUESTIONNAIRE ABOUT CHILD CARE

प्रा.29. जन्म के समय बच्चे का वजन कितना था? .....

प्रा.30. बच्चे का वर्तमान वजन कितना है? .....

प्रा.31 क्या बच्चे को रेफर करने की आवश्यकता पडी थी? हां / नहीं

प्रा.32. क्या बच्चे को कांच कक्ष में रखा गया था? हां / नहीं

प्रा.33. बच्चे को कांच कक्ष में कितने दिनो तक रखा गया था? .....

प्रा.34. क्या बच्चे को नहलाया गया था ? हां / नहीं

प्रा.35. बच्चे को जन्म के कितनी देर बाद नहलाया गया था

(24 घंटे के भीतर / 24-36 घंटे के बीच)

प्रा.36. बच्चे को केवल मां का दूध पीता है ? हां / नहीं

प्रा.37. 24 घंटे में कितनी बार बच्चे को पीने के लिए मां का दूध ? ...../...../.....

प्रा.38. स्तन के साथ बच्चे का लगाव कैसा है? सामान्य / अधिक

प्रा.39. क्या बच्चे की ठोड़ी स्तन को छू रही है? हां / नहीं

प्रा.40. निचला होंठ बाहर मुड़ा हुआ या नहीं ? हां / नहीं

प्रा.41. बच्चा मुंह पूरा खोल रहा है? हां / नहीं

प्रा.42. बाह्य खाद्य मां के दूध के अलावा अन्य बच्चे को दिया जाता है ? हां / नहीं

प्रा.43. 24 घंटे में कितनी बार बाहरी भोजन बच्चे को दिया जाता है ? ...../...../.....

प्रा.44. बाहरी भोजन के मामले बच्चे को दिया जाता है ? तरल / ठोस / अर्द्ध ठोस

प्रा.45. क्या बच्चे ने पेशाब किया है? हां / नहीं

प्रा.46. क्या बच्चे ने मल किया है? हां / नहीं

प्रा.47. क्या बच्चे को अच्छी तरह से ढका हुआ व गर्म रखा गया था? हां / नहीं

प्रा.48.. निम्नलिखित टीकाकरण लिया:-

जन्म के समय		**तारीख**	**6 सप्ताह में**		**तारीख**
B.C.G	हां / नहीं	..../.../...	पंचयुक्त	हां / नहीं	..../.../...
पेटाइटिस बी	हां / नहीं	..../.../...			
ओपीवी	हां / नहीं	..../.../...	ओपीवी	हां / नहीं	..../.../...

प्रा.49. परामर्श निम्न के लिए किया

(a) 6 महीने के लिए केवल विशेष स्तनपान हां/ नहीं

(b) बच्चे में अंतर हां/ नहीं

(c) पूर्ण स्वच्छता हां/ नहीं

(d) जन्म पंजीकरण/ मौत (यदि हो तो) हां/ नहीं

प्रा.50

बच्चे को किसी भी प्रकार की जटिलता	**हां / नहीं**	**कितनी बार हुआ**	**पहले की अवधि**	**दूसरे की अवधि**	**तीसरे की अवधि**
(क) सांस लेने में कठिनाई/ तीव्र श्वसन संक्रमण					
(ख) दस्त उल्टी / (डायरिया)					
(ग) तेज बुखार					
(घ) पीलापन (पीलिया)					
(ई) रक्त की कमी (एनीमिया)					
(च) चकत्ते / Pimples/ किसी भी प्रकार की एलर्जी					
(G) Umblical Sepsis / कॉर्ड पूति					
(ज) Seizures बरामदगी / आक्षेप					
(I) पसलीया अंदर धसी हुई तो नही है					

प्रा.51. बच्चे के अस्पताल से छुट्टी छुट्टी की तारीख । ..../..../....