Study on Postnatal Mother's Satisfaction on Post-Delivery Services in the Public Healthcare Facilities of Kannauj District

By

Rupan Saini

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2018-2020

The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer, Airport
Jaipur 302029, Rajasthan
Ph: 0141 3924700, Fax: 3924738
Website: **www.iihmr.edu.in**

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INDIA HEALTH ACTION TRUST

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The certificate is awarded to

Dr. Rupan Saini

In recognition of having successfully completed her Internship in the Department of

MNCH Programme

and has successfully completed her Project on

Postnatal Mother's Satisfaction on Post-Delivery Services in the Public Healthcare Facilities of Kannauj District
from

3rd February to 3rd May,2020

with

Indian Health Action Trust, Lucknow

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish her all the best for future endeavors

Rajaram Pandey
(Zonal Specialist-Technical)

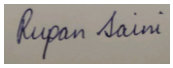
Zonal Head-
Human Resources

Senior Deputy
Director- Non FRU

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled Postnatal Mother's Satisfaction on Post-Delivery services in the Public healthcare Facilities of Kannauj District and submitted by Dr. Rupan Saini, Enrollment No. 0812 under the supervision of Dr. Sujata Verma for award of MBA in Hospital and Health/ Pharmaceutical / Rural Management in Health and Hospitals of the University carried out during the period from 3rd February to 3rd May, 2020 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.



Signature

ABSTRACT

Title: Study on Postnatal Mother's Satisfaction on Post-Delivery Services in the Public Healthcare Facilities of Kannauj District

Background: The first 24 hours and the day following birth of child are most crucial for both newly born infant and the mother, this period following the birth of child is postnatal period. The post natal stay should not be less than 48 hours in any healthcare facility as during this period, various complications related to mother & newborn can easily be detected due to continuous monitoring of vitals and assessment of both mothers and newborns and subsequent maternal and new born deaths can be reduced. NFHS-4 data states that the proportion of mothers receiving postnatal care from nurses, doctors and other healthcare personnels within 2 days of delivery is 62.4% in India whereas it is just 54% in Uttar Pradesh & 44.8% in district Kannauj. To assess the satisfaction level of the post natal mothers, this study was conducted.

Research Question: What is the satisfaction level on post-delivery services among Postnatal Mothers in the public healthcare facilities of Kannauj district?

Methodology: The study was conducted in the six public healthcare facilities of district Kannauj including 5 Community Health Centers and one Combined District Hospital where the Nurse Mentoring Program is being carried out and Nurse Mentors are present, on the sample of 163 respondents during the span of 3 months (February to April 2020) by convenient sampling technique. The study population are the patients who are shifted in PNC ward post normal delivery. The study design was Descriptive Cross Sectional study. Primary data was used to conduct the research study. The Hindi based questionnaire which was designed with the support of Zonal Head was used and given to patients by staff nurses at the time of discharge, which were then collected during visit to facility and the data was filled on regular basis in the Google forms (English Version).Some of the questions in the questionnaire were MCQs whereas other questions were to be answered based on Likert scale rating from 1-5 i.e.1 =Highly Dissatisfied, 2=Dissatisfied, 3=neither satisfied nor dissatisfied, 4=Satisfied, 5=Highly Satisfied.

The three months referral data was also collected and patients were followed up and the conclusions were made accordingly.

Microsoft Excel is the tool used for data analysis.

Key Results: Results were segregated under 3 broad sections- Maternal aspects related to health institutions, Respectful Maternity Care and Informative aspects of care. The major findings were that 60% were satisfied with the dietary services provided to them whereas 12% were dissatisfied due to increase out of pocket expenditure to avail services. 12% were dissatisfied due to the feeling of loneliness in the facility and 15% were dissatisfied with the limited information provided to them.

Conclusion: The study concluded that 73% and 77% of the total referred cases due to maternal & new born complications respectively could have been easily managed if the patients were kept under observation for 48 hours during PNC stay which could be possible only if the patients are provided with essential PNC services and KAP (Knowledge, attitude & Practices) of staff nurses are enhanced to manage such complications which can further reduce IMR & NMR. Therefore, areas of improvement needed to be focused to increase the PNC stay.

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List of Symbols and Abbreviations

1.	CHC	Community Health Centers
2.	DCH	District Combined Hospital
3.	LHV	Lady Health Visitor
4.	FRU	First Referral Unit
5.	COVID-19	Coronavirus disease-2019
6.	PNC	Post Natal Care
7.	ANM	Auxiliary Nurse Midwife
8.	NFHS	National Family Health Survey
9.	DLHS	District Level Household Survey
10.	WHO	World Health Organization
11.	SD	Standard Deviation
12.	CI	Class Interval
13.	OR	Odds Ratio
14.	ANC	Ante Natal Care
15.	PNC	Post Natal Care
16.	QC	Quality Circle
17.	LMO	Lady Medical Officer
18.	MO	Medical Officer
19.	NM	Nurse Mentor
20.	DTS	District Specialist-Technical
21.	ZTS	Zonal Specialist-Technical
22.	CMS	Chief Medical Superintendent
23.	SN	Staff Nurse
24.	KMC	Kangaroo Mother Care
25.	AST	Additional Support Team
26.	LBW	Low Birth Weight

CHAPTER 1

INTRODUCTION

The first hour and day following childbirth are most crucial for both the mother and newly born infant, this period following the birth of child is postnatal period. The fact that two thirds of maternal and newborn deaths occur globally in the first two days after birth testifies to the inadequacy of care and its need immediately after birth. A study found that more than 60% of global maternal deaths occur during the postnatal period, of which 45% of postpartum maternal deaths occur within one day after delivery. Three-quarters of all neonatal deaths occur globally during the first week of life, 25–45% in the first 24 hours and over 50% in the first 48 hour. Demographic and Health Surveys conducted in 30 developing countries in five regions between 1999 and 2004 reported that 50% of maternal deaths and 40% of neonatal deaths occur within 24 hours after childbirth.

Around 27 million women reach the stage of delivery every year in India and over 56,000 mothers die during or within 48 hours of delivery. The first 48 hours are equally critical for the child, as 50% of neonatal deaths happen in the first 48 hours. India witnesses the largest number of maternal and neonatal deaths in any single country, with over 63,000 maternal deaths and over one million neonatal deaths per year during postnatal period. Around 49% of maternal death is due to bleeding (38%) and infection (11%) following childbirth, while preterm birth, asphyxia and severe infections contribute to two thirds of all neonatal deaths during the postnatal period. The major causes of newborn deaths in India are pre-maturity/preterm (35%); neonatal infections (33%); intra-partum related complications/ birth asphyxia (20%), despite such an importance of postpartum period; this period is generally the most neglected. Rates of provision of skilled care are lower after childbirth when compared to rates before and during childbirth According to India newborn action plan of September 2014, Uttar Pradesh along with other four large state of India together account for more than half of the country's neonatal mortality, which accounts for about 14% of global newborn deaths. According to DLHS 3 report of Uttar Pradesh, 64% of women who had still/live births had some or other kinds of complications during pregnancy and soon after delivery. Almost one-fifth (18.8%) of women in Uttar Pradesh had post-delivery complications· NFHS-4 states that proportion of mothers receiving postnatal care from doctor/nurse/other health personnel within 2 days of delivery is 62.4% in India whereas it

is just 54% in Uttar Pradesh DLHS-3 2007-08 reports percentage of women (aged 15-49) who have received any check-up after delivery within 48 hours is 67.8%. According to AHS report 2012-13, 77.6 % of mothers have received postnatal care within 48 hours of delivery in Uttar Pradesh. Looking at all these facts it is clear that care in the period immediately following birth is not given due importance, although it is critical not only for survival but also for the future of mothers and newborn babies.

This period following birth of child conventionally focuses on routine observation and examination of vaginal blood loss, uterine involution, blood pressure and body temperature. Similarly, postnatal care for the baby has conventionally focused on cord care, hygiene and weight monitoring and feeding and/or immunizations, without systematic, comprehensive assessment and care of newborns. WHO has recommended that for an uncomplicated delivery of a healthy, term baby and mother-baby pairs should stay under observation for 24 to 48 hours. This was revised in 2013 as- after an uncomplicated vaginal birth in a health facility, healthy mothers and newborn should receive care in the facility for at least 24 hours after birth but, according to the guideline given by ministry of health and family welfare India, 48 hours stay post-delivery and all the postnatal services for zero and third day to mother and baby is recommended.

Such shorter stay has not only influenced the health of women but also has shown their adverse effect over the health of neonates. Various articles have mentioned about a positive association relation between shorter postpartum stay and neonatal hospital readmission. Concerns of early discharge include increased re-hospitalization rate, premature cessation of breast-feeding and increased parental anxiety as well as mortality. The length of stay is a significant predictor of breastfeeding cessation, poor timing of initiation and duration of breastfeeding, poor umbilical cord care, and less knowledge of measures taken to prevent hypothermia of the newborn. The period soon after childbirth poses substantial health risks for both mother and newborn infant, yet the postpartum and postnatal period receives less attention from health care providers than pregnancy and childbirth. Comparing NFHS-4 data for institutional delivery and postnatal care services indicates that around 67.8% women in Uttar Pradesh deliver in health care facility but only 54% receives post-natal care in Uttar Pradesh.

According to the NFHS IV, institutional births in public facilities of Kannauj district is 44.2 % and Mothers who received postnatal care from Doctor /nurse /LHV/ ANM/ midwife/ other health personnel within 2 days of delivery 44.8%.

According to UPHMIS, in 2019 to 2020, 72% of women were discharged under 48 hours of delivery and among the women who stayed in the facility during post natal period, 81% women received post-partum checkup in District Kannauj.

Therefore to reduce the high burden of neonatal and maternal mortality and morbidity, postnatal care should be given high priority. If we see the percentage variation among district is huge so an exploration of these factors will give a better and clearer understanding of what factors are actually responsible for postpartum hospital stay so, it is of utmost importance to understand the factors that influence the early discharge of mother from health care facility

1.1 AIM-

The aim of the study is to assess the post natal mother's (patients) level of satisfaction towards the post natal services provided by the public healthcare facilities in the Kannauj district.

1.2 OBJECTIVES-

- To assess the level of satisfaction among post natal mothers (patients)
- To identify the factors associated with satisfaction level
- To provide recommendations for enhancing experience of post natal mothers (patients) so as to decrease the number of referrals arising as a result of maternal & newborn complications and to increase the PNC stay.

CHAPTER 2

REVIEW OF LITERATURE

2.1 Patient-experience during delivery in public health facilities in Uttar Pradesh, India

Dominic Montagu et al., (2019) conducted study in which they surveyed 2018 women who gave birth in a representative set of 40 government facilities from across Uttar Pradesh (UP) state in northern India. Women were asked about their experiences of care, using an established scale for person centered care. Questions were specific to treatment and clinical care, including whether tests such as blood pressure, contraction timing, newborn heartbeat or vaginal exams were conducted, and whether medical assessments for mothers or newborns were done prior to discharge. Women delivering in hospitals reported less attentive care than women in lower-level facilities, and were less trusting of their providers. After controlling for a range of demographic attributes, we found that better access, higher clinical quality, and lower facility-level, were all significantly predictive of patient-centered care. In UP, lower-level facilities are more accessible, women have greater trust for the providers and women report being better treated than in hospitals. For the vast majority of women who will have a safe and uncomplicated delivery, their findings suggest that the best option would be to invest in improvements mid-level facilities, with access to effective and efficient emergency referral and transportation systems should they be needed.

2.2 Maternal Satisfaction on Delivery Service among Postnatal Mothers in a Government Hospital, Mid-Western Nepal

Asha Panth et al., (2018) conducted study to find out the maternal satisfaction on delivery service among postnatal mothers in a government hospital, Mid-Western Nepal. A descriptive, cross-sectional study was conducted in maternity ward of Bheri Zonal Hospital, Nepal. A total of 178 purposively selected postnatal mothers were interviewed face-to-face using semi structured interview schedules. Analysis and interpretation of the findings were done with the help of descriptive and inferential statistics. The study shows that majority (89.88%) of the mothers were satisfied with the delivery service. The level of satisfaction was higher in interpersonal and technical aspects (93.82%) of care than in informative aspects

(91.57%) and health facility-related statements (91.01%). There was no statistically significant association between sociodemographic and obstetric characteristics and maternal satisfaction. Although insignificant, postnatal mothers who were illiterate were 2.710 times more likely to be satisfied than who were literate (p =0.475; OR = 2.710; CI =0.343–21.4), also postnatal mothers up to primary level were 2.850 times more likely to be satisfied than secondary level and above (p =0.241; OR-2.850; CI 0.622–13.056). Also, in this study, postnatal mothers who were multiparous were 2.352 times more likely to be satisfied with the delivery service than primiparous (p= 0.111; OR =2.352; CI =0.801–6.907). Majority (87.1%) of the mothers would like to receive delivery service next time in the same hospital. The study concluded that Majority of mothers were satisfied by the delivery service. Care givers need to fully understand the expectations the mothers have and provide care that is consistent with those expectations. The health system should be devised to increase maternal satisfaction in the health institution and provide maternal-friendly service.

2.3 Satisfaction with childbirth services provided in public health facilities

Paridhi Jha et al., (2015) conducted study to measure postnatal Indian women's satisfaction with childbirth services at selected public health facilities in Chhattisgarh, India. Cross-sectional survey using consecutive sampling (n = 1004) was conducted from March to May 2015. Hindi-translated and validated versions of the Scale for Measuring Maternal Satisfaction for Vaginal Births (VB) and Caesarean Births (CB) were used for data collection. Although most of the women (VB 68.7%; CB 79.2%) were satisfied with the overall childbirth services received, those who had VB were least satisfied with the processes around meeting their neonates (mean subscale score 1.8, SD 1.3), while women having CB were least satisfied with postpartum care received (mean subscale score 2.7, SD 1.2). Regression analyses revealed that among women having VB, interacting with care providers, being able to maintain privacy, and being free from fear of childbirth had a positive influence on overall satisfaction with the childbirth. Among women having CB, earning their own salary and having a positive perception of self-health had associations with overall birth satisfaction. : Improving interpersonal interaction with nurse-midwives, and ensuring privacy during childbirth and hospital stay, are recommended first steps to improve women's childbirth satisfaction, until the supply gap is eliminated.

2.4 Study on Patient Satisfaction on Maternal and Child Health Services

Najnin Khanam et al., (2009) conducted a study to assess the level of satisfaction of patients receiving MCH services in the rural areas of Wardha district (Maharashtra). It was a longitudinal study from June 2007 to September 2009, comprising of 205 participants (i.e. registered pregnant women of < 16 weeks of gestation). Data was collected based on preformed questionnaires, a modification of PHC MAP module guidelines for assessing the quality of service-module 6-user's guide. The response (quality) of each service during entire visit was quantified as acceptable (ACQ), average and worst (WQ). Patient satisfaction or ACQ of ANC services was 51.49% and PNC services was only 22.64 %, only 18.53% participants received counselling for hospital delivery in all the five visits. WQ observed for history of consanguineous marriage 50.24%, height measurement 47.31% and breast examination 91.21% during ANC. Among all the services of PNC, counselling for immunization of baby was highest but 40.97%. It was observed WQ for weight recording 42.43% and counselling for birth registration 76.09% during PNC. An overview of patient satisfaction receiving some MCH services were shown in this study and needs to be strengthened from care providers' side.

2.5 Patient satisfaction with maternal and child

Mohammad A Hossain et al., (2007) conducted study in order to describe patient satisfaction with maternal and child health services among mothers attending at Maternal and Child Health Training Institute in Dhaka, Bangladesh. The study population were women patients (over fifteen years old) who came to the outpatient department for maternal and child care services. A total of 175 patients were interviewed during the period of 8 January to 18 January 2007. A structured questionnaire dealing with socio-demographic characteristics, accessibility of the hospital, available service from the hospital, expectation of services, satisfaction with the services and patients' suggestion were used as data collection instruments. Results were presented in frequency and percentage, and chi square test was applied to show the association between independent and dependent variables. The result of the study revealed that the 76.6% of the respondents were highly satisfied with the provider's

support and 57.8% were highly satisfied with the facilities of the service centers. The findings also showed that there was a significant relationship between satisfaction and good facilities of the services (p value <0.05). No statistically significant associations were found for patients' age, education, income, occupation, service expectation and provider's support. This study was hospital based and showed that the majority of the mothers were satisfied in terms of provider's support and facilities, irrespective of their expectations. However, being a quantitative study over a short period, the study may not reflect all dimensions of the situation.

CHAPTER 3

METHODOLGY

3.1 Research Question

What is the satisfaction level on post-delivery services among Postnatal Mothers in the public healthcare facilities of Kannauj district?

3.2 Study Area

The study was conducted in the six public healthcare facilities of district Kannauj including 5 Community Health Centers and 1 Combined District Hospital where the Nurse Mentoring Program is being carried out and Nurse Mentors are present-

Table 3.1 Facility wise delivery load

S.no.	Facility	Monthly Delivery Load (approx.)
1.	CHC Kannauj	100
2.	CHC Tirwa	150
3.	CHC Talgram	80
4.	CHC Saurikh	150
5.	CHC Chhibhramau	250
6.	DCH Kannauj	300

3.3 Study Design

The study design was Descriptive Cross Sectional study. Pre-designed Patient Satisfaction Survey Questionnaire was used with some of the questions as MCQs and patient had to choose against the appropriate option whereas some questions were to be rated from 1-5 i.e.

1- Highly Dissatisfied
2- Dissatisfied
3- Neither satisfied nor dissatisfied
4- Satisfied
5- Highly Satisfied

3.4 Study Duration

3 months i.e. from 3rd February to 3rd May, 2020.

3.5 Sample Size

Due to COVID'19 Lockdown since 25th March, there was increased referral to nearby private hospitals and medical colleges and the delivery load drop to less than 50 percent due to COVID screening being conducted in CHCs and DCH.

And the print outs for PSS forms were not available so it was not possible to give the forms to patients in PNC wards.

As a result, only 163 responses were collected.

3.6 Study Population

The study population are the patients who are shifted in PNC ward post normal delivery.

3.7 Sampling Technique

Data from the patients who delivered during the study period were collected as sample by convenient sampling technique.

3.8 Data Collection Method

The Hindi based questionnaire which was designed with the support of Zonal Head was used and given to patients by staff nurses at the time of discharge, which were then collected at the time of facility visit. The data was filled on regular basis in the Google forms (English Version).Data of referral cases were also collected and analyzed.

The questionnaire was divided into 3 sections-

(Table 3.2 Questionnaire Format)

Section-1	*Socio demographic characteristics of postnatal mothers*:- • Age • Type of family • Educational status • Occupational status • Religion • Parity *Obstetric characteristics of postnatal mothers:-* • Parity • Number of Living children
Section-2	Family planning information (whether pregnancy was preplanned or not)
Section-3 (Rating was given from1-5: 1- Highly Dissatisfied 2- Dissatisfied 3- Neither satisfied nor dissatisfied 4- Satisfied 5- Highly Satisfied)	*Maternal satisfaction related to health institution-* A. Provided with all necessary medicines and supplies B. Cleanliness of health institution C. Cleanliness and accessibility of toilet D. Got dietary service promptly E. Service was free of cost F. Provided with transportation allowance/incentives *Maternal satisfaction on Respectful Maternity care-* A. Privacy was maintained B. Not allowed to feel lonely C. Provided with emotional support D. Treated with dignity and respect E. Polite and helpful

	F. Attentive to needs and approached G. Explained about the treatment given and procedure H. Involved in decision-making I. Decision respected and supported *Maternal satisfaction on informative aspects of care-* A. Gave as much information as desired B. Information about the results of examination C. Information about the benefits of diet D. Information regarding the state of newborn after examination E. Information about breast-feeding F. Information about postnatal follow-up visits G. Advice about danger signs relating to mother and newborn baby during postnatal period

3.8.1 Data Type

Primary data was used to conduct the research study.

3.8.2 Data Analysis

Microsoft Excel is the tool used for data analysis.

CHAPTER 4

RESULTS AND INTERPRETATION

(A) PRIMARY DATA (QUESTIONNAIRE)

The results based on the patient satisfaction questionnaire which was used to analyze the quality of PNC services on the sample of 163 respondents are as follows-

4.1: Distribution of sample according to the Socio demographic characteristics of the postnatal mothers:-

4.1.1 Distribution of sample based on the age group

Table 4.1.1 Distribution of sample according to the age group

AGE GROUP	FREQUENCY	PERCENTAGE
<20	8	5%
20-24	55	34%
25-29	82	50%
30-34	14	9%
Above 35	4	2%
TOTAL	163	100%

Table 4.1.1 shows that the age of the study population ranges from less than 20 which accounts for 5% of total sample population, 20-34 age groups out of which 50% of the total sample population belongs to the 25-29 age group and above 35 age group accounts for only 2%

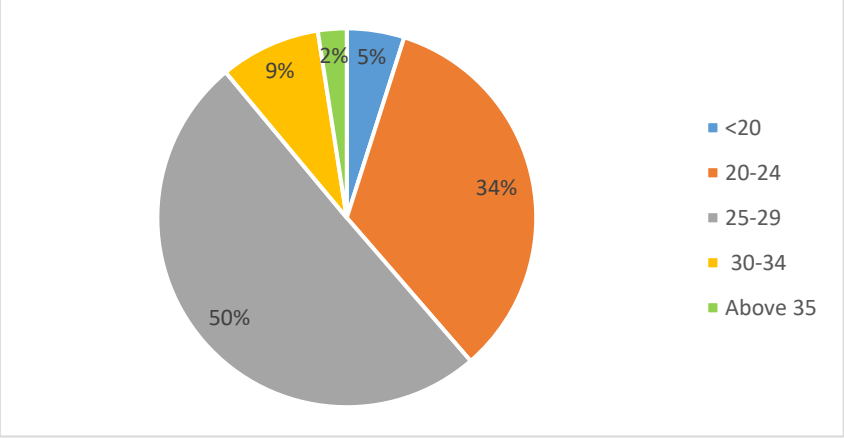


Fig 4.1.1 Pie chart diagram of respondents for age group (in percentage)

4.1.2 Distribution of sample based on type of the family of the respondents

Table 4.1.2 Distribution of sample according to the type of family

TYPE OF FAMILY	No. of Respondents	Percentage
Nuclear	60	37%
Joint	103	63%
Total	163	100%

Table 4.1.2 shows that 63% of the sample population lives in joint family while only 37% have nuclear family.

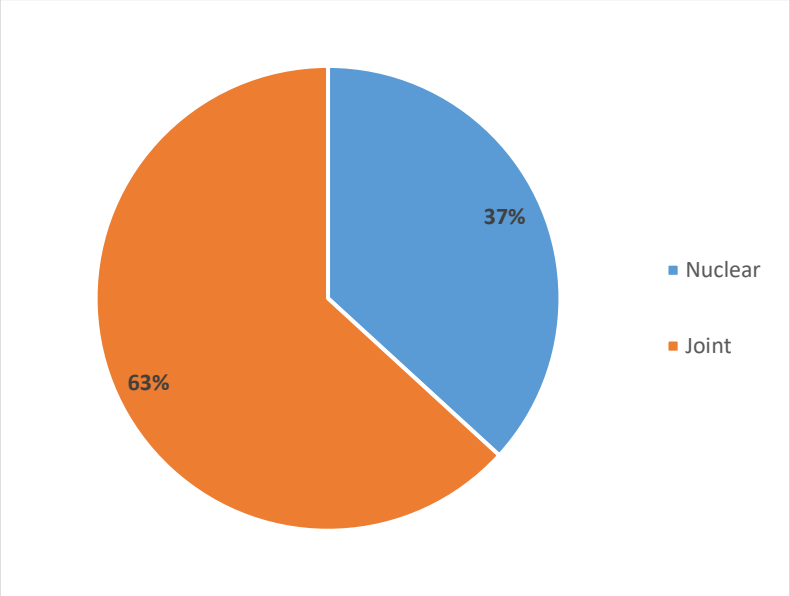


Fig 4.1.2 Pie chart diagram of respondents according to the type of family (in percentage)

4.1.3 Distribution of sample based on the educational status of the mother (respondents)

Table 4.1.3 Distribution of sample according to the educational status of the mother

Education Status of Mother	Frequency	Percentage
Illiterate	28	17
Just read & write	33	20
Primary level (up to class 5th)	34	21
Secondary level (up to class 10th)	40	25
Higher Secondary level (Up to class 12th)	20	12
Bachelor level & above	8	5
Total	163	100

Table 4.1.3 shows that the illiterate accounts for the 17%of the total sample population while majority of the respondents i.e. 25% were educated up to secondary level (class 10^{th}) followed by respondents i.e. 21% who were educated up to primary level (class 5^{th}). 20% of the sample population could just read & write and only 5% were educated till bachelor level and above.

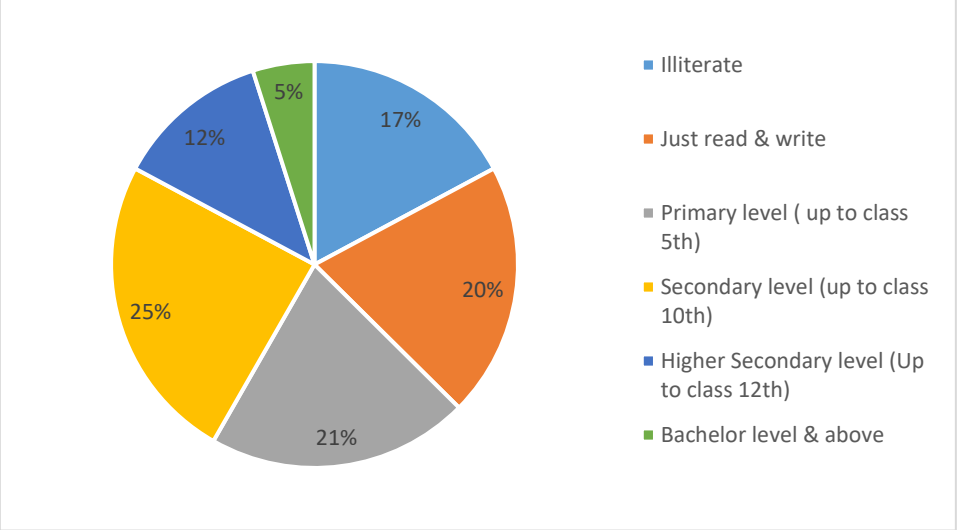


Fig 4.1.3 Pie chart diagram of respondents based on the educational status of the mother (in percentage)

4.1.4 Distribution of sample based on the occupational status of the mother (respondents)

Table 4.1.4 Distribution of sample according to the occupational status of the mother

OCCUPATIONAL STATUS OF MOTHER	FREQUENCY	PERCENTAGE
Homemaker	150	92%
Agriculture	7	4%
Labor	2	1%
Service	2	1%
Business	1	1%
Others	1	1%
TOTAL	163	100%

Table 4.1.4 shows that 92% of the respondents (mothers) were homemaker while 4% of the respondents were working as agricultural laborer. Only 1% of the total sample population were working as general laborer, in service sector, business and other occupational class individually.

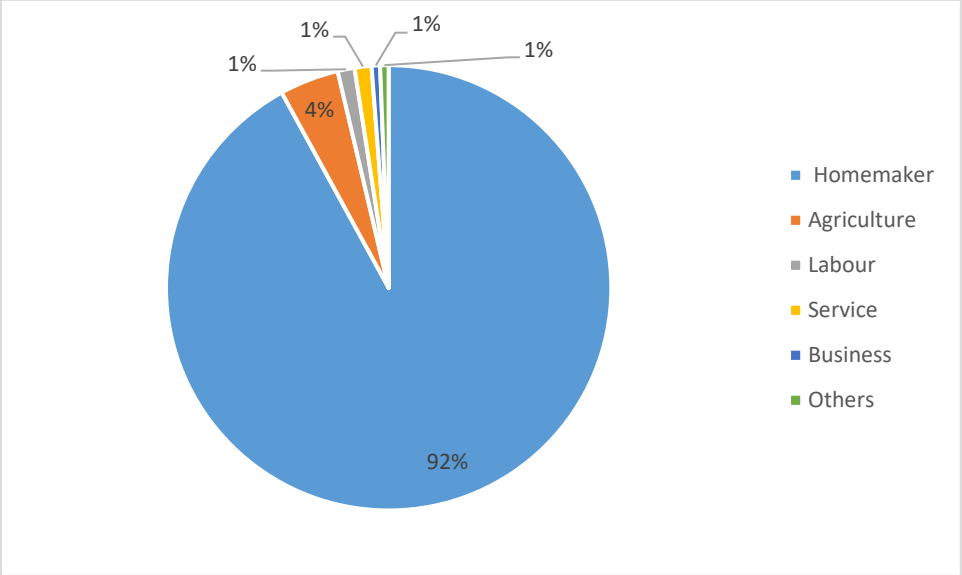


Fig 4.1.4 Pie chart diagram of respondents based on the occupational status of the mother (in percentage)

4.1.5 Distribution of sample based on the religion

Table 4.1.5 Distribution of sample according to the religion

RELIGION	FREQUENCY	PERCENTAGE
Hindu	142	87%
Muslim	20	12%
Christian	0	0%
Buddhist	1	1%
Sikh	0	0%
Jain	0	0%
Others	0	0%
TOTAL	163	100%

Table 4.1.5 shows that the majority of the sample population i.e. 87% were Hindu and 12% belongs to Muslim religion. Only 1% were Buddhists and there were no respondents belonging to the religion of Christian, Sikh, Jain or others.

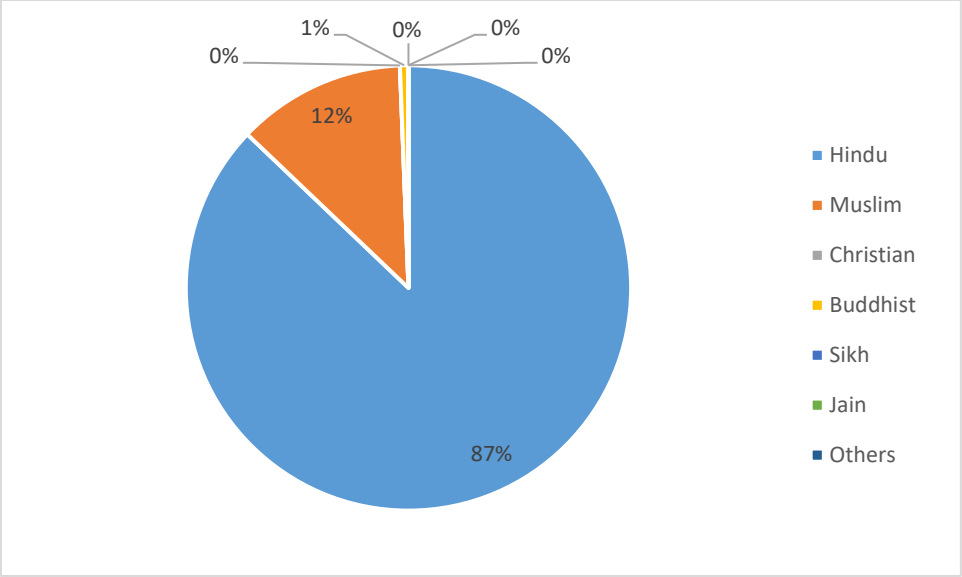


Fig 4.1.5 Pie chart diagram of respondents based on the religion (in percentage)

4.2: Distribution of sample according to the Obstetric characteristics of postnatal mothers:-

4.2.1 Distribution of sample based on the parity

Table 4.2.1 Distribution of sample according to the parity

PARITY	FREQUENCY	PERCENTAGE
Primipara	58	36%
Multipara (2 or more)	100	61%
Grand multipara (5 or more)	5	3%
TOTAL	163	100%

Table 4.2.1 shows that the 36% of the respondents were primipara i.e. first time gave birth to the fetus with a gestational age of 24 weeks or more. The majority of the sample population i.e. 61% were multipara (2 or more) while only 3% of the sample population were grand multipara (5 or more).

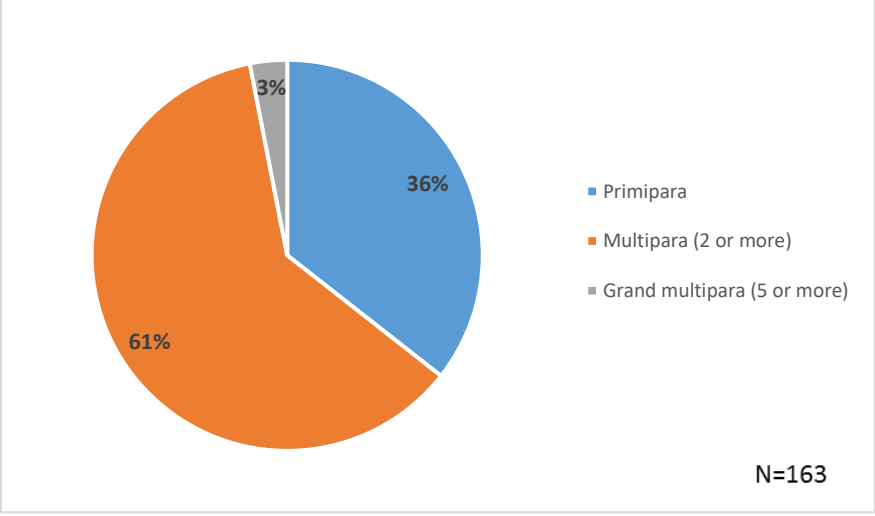


Fig 4.2.1 Pie chart diagram of respondents based on the parity (in percentage)

4.2.2 Distribution of sample based on the number of living children

Table 4.2.2 Distribution of sample according to the number of living children

NUMBER OF LIVING CHILDREN	FREQUENCY	PERCENTAGE
One	25	24%
Two or more	79	75%
None	1	1%
Total	105	100%

Table 4.2.2 shows that out of the 105 respondents, 75% of the sample population had two or more living children followed by 24% of the population who had only one living child. Only 1% of the total sample population had no living child.

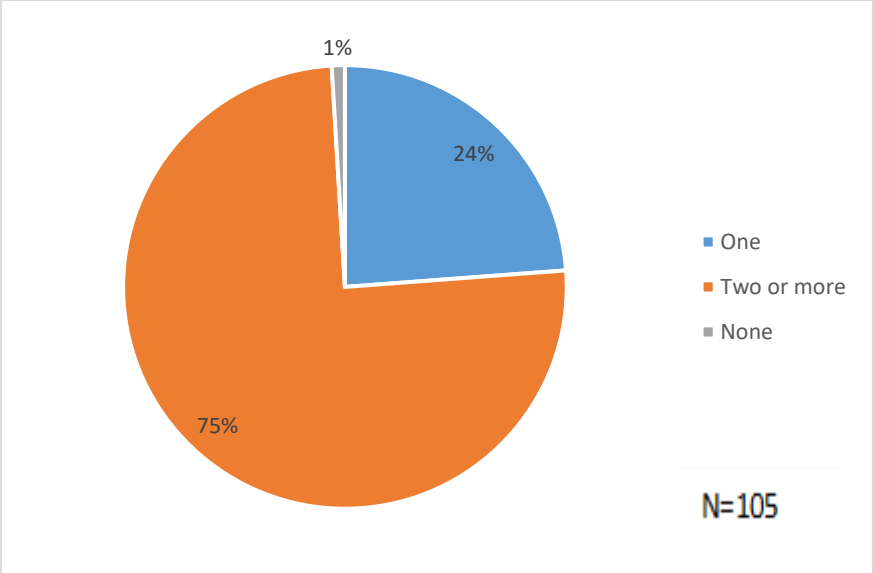


Fig 4.2.2 Pie chart diagram of respondents based on the number of living children (in percentage)

4.3: Family planning information

Table 4.3.1 Distribution of sample according to whether the pregnancy was preplanned or not

WAS PREGNANCY PREPLANNED	FREQUENCY	PERCENTAGE
Yes	118	72%
No	45	28%
Total	163	100%

Table 4.3.1 shows that the 72% of pregnancies were preplanned while 28% of pregnancies were unexpected / not preplanned.

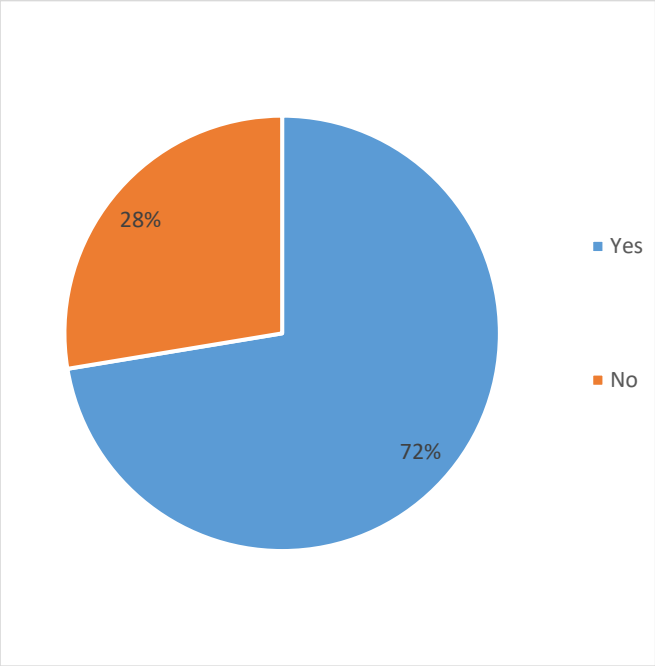


Fig 4.3.1 Pie chart diagram of respondents based on the whether the pregnancy was preplanned (in percentage)

4.4: Distribution of sample according to the patient satisfaction score given by postnatal mothers:-

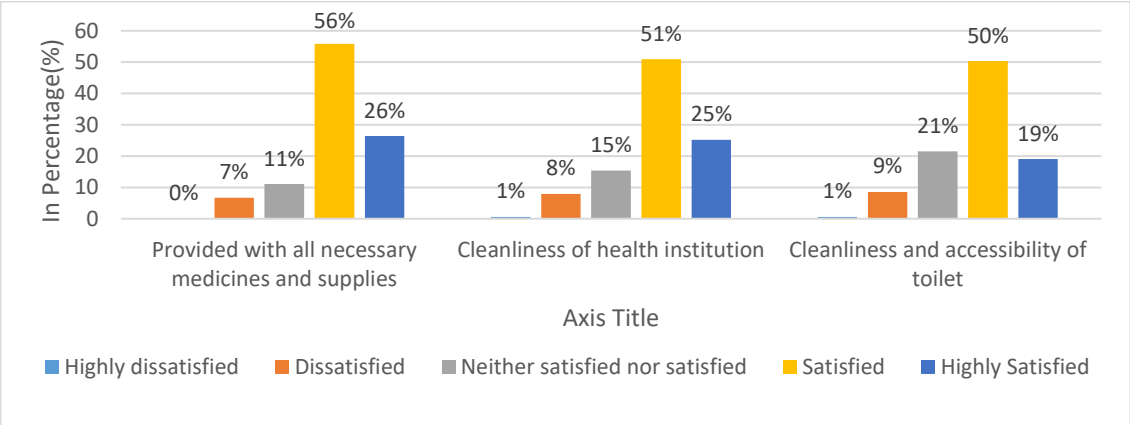
Table 4.4.1 to 4.4.3 depicts the data based on the ratings given by the respondents for the level of satisfaction on the scale of 1 to 5 where 1= highly dissatisfied, 2= Dissatisfied, 3=neither satisfied nor satisfied, 4=Satisfied, 5=Highly Satisfied

4.4.1 Maternal Satisfaction related to health institution

Table 4.4.1 Maternal Satisfaction related to health institution

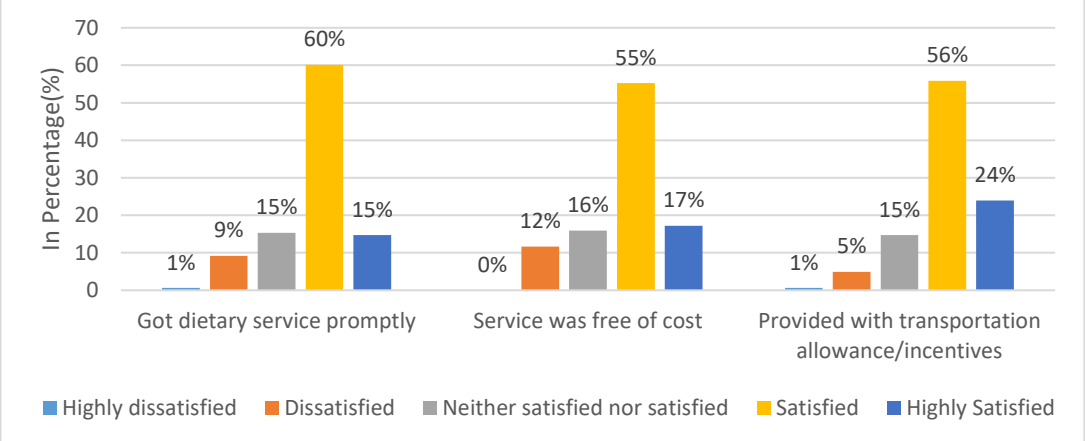
Maternal satisfaction related to health institution						
	Highly dissatisfied	Dissatisfied	Neither satisfied nor satisfied	Satisfied	Highly Satisfied	TOTAL
Provided with all necessary medicines and supplies	0	11	18	91	43	163
Cleanliness of health institution	1	13	25	83	41	163
Cleanliness and accessibility of toilet	1	14	35	82	31	163
Got dietary service promptly	1	15	25	98	24	163
Service was free of cost	0	19	26	90	28	163
Provided with transportation allowance/incentives	1	8	24	91	39	163

Fig 4.4.1(a) depicts bar graph for the percentage analysis of Q9 part A, B & C based on satisfaction scores.



As per the question 9 A, based on satisfaction scores considering the condition of provision of all necessary medicines and supplies the result signifies maximum of 56 percent are satisfied and considerable 26 percent are highly satisfied whereas on the other hand considering the obtained result only 7 percent are dissatisfied followed by 11 percent who are neither satisfied nor dissatisfied and none is highly dissatisfied. According to question 9 B, based on the parameter of cleanliness of health institution the result indicates that the 51 percent are satisfied which is the max followed by 25 percent as highly satisfied whereas taking other part of observation into consideration only 8 percent are dissatisfied followed by 15 percent are neither satisfied nor dissatisfied and the lowest that is 1 percent is highly dissatisfied.Now as per the question 9 C, based on satisfaction scores taking the condition of cleanliness and accessibility of toilet into account the result signifies that maximum no of 50 percent are satisfied followed by 19 percent as highly dissatisfied whereas on the other hand 9 percent are dissatisfied followed by 21 percent as neither satisfied nor dissatisfied and only one person is highly dissatisfied which is the least.

Fig 4.4.1 (b) depicts bar graph for the percentage analysis of Q9 part C, D & E based on satisfaction scores.



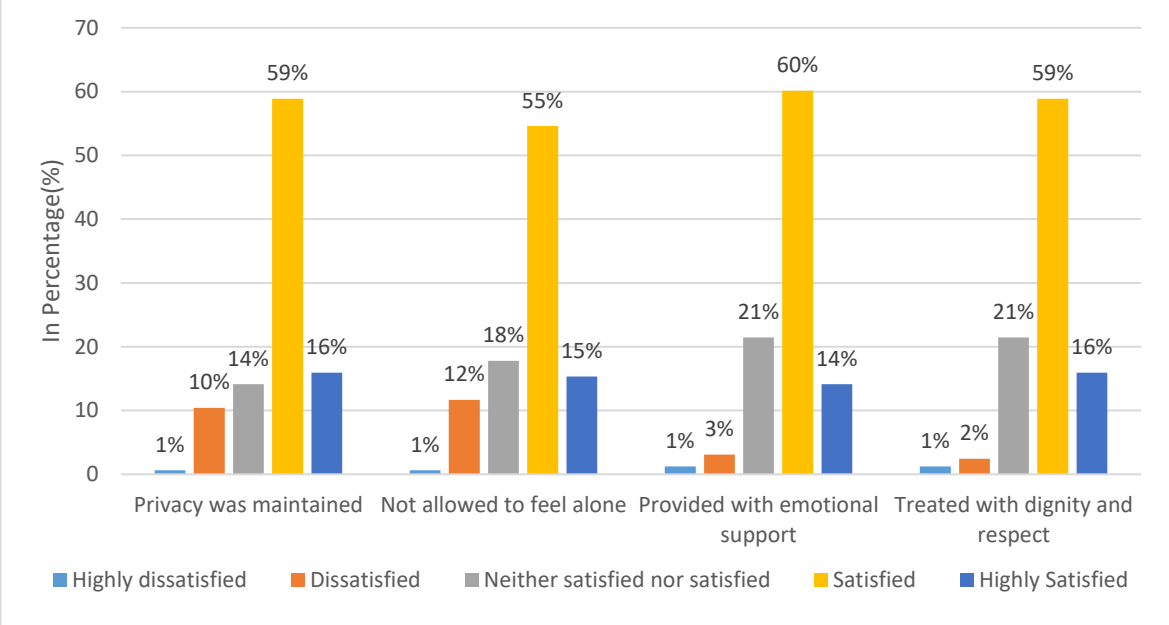
As per the question 9 D, based on satisfaction scores considering the parameter of whether they got dietary service promptly, the result signifies that 60 percent are satisfied which is the maximum followed by 15 percent as highly satisfied and same 15 percent as neither satisfied nor dissatisfied whereas taking other part into consideration we have 9 percent as dissatisfied and only 1 percent as highly satisfied which is the least.As per the question 9 E, based on satisfaction scores taking the parameter of whether the service was free of cost or not, the result signifies that 55 percent are satisfied which is the maximum followed by 17 percent as highly satisfied and significantly 16 percent as neither satisfied nor dissatisfied and based on the other part of the observation we have considerable amount of 12 percent as dissatisfied and none are highly dissatisfied.As per the question 9 F, based on satisfaction stores observing the parameter of provision with transportation allowance/ incentives we have 56 percent as satisfied which is the maximum followed by 24 percent as highly satisfied and 15 percent as neither satisfied nor dissatisfied and on the other hand we have 5 percent as dissatisfied and only 1 percent as highly dissatisfied which is the least.

4.4.2 Maternal Satisfaction on Respectful Maternity Care

Table 4.4.2 Maternal Satisfaction on Respectful Maternity Care

Maternal satisfaction on Respectful Maternity Care						
	Highly dissatisfied	Dissatisfied	Neither satisfied nor satisfied	Satisfied	Highly Satisfied	TOTAL
Privacy was maintained	1	17	23	96	26	163
Not allowed to feel alone	1	19	29	89	25	163
Provided with emotional support	2	5	35	98	23	163
Treated with dignity and respect	2	4	35	96	26	163
Polite and helpful	1	7	33	96	26	163
Attentive to needs and approached	1	11	34	92	25	163
Explained about the treatment given and procedure	0	7	35	94	27	163
Involved in decision-making	1	9	30	97	26	163
Decision respected and supported	2	12	26	101	22	163

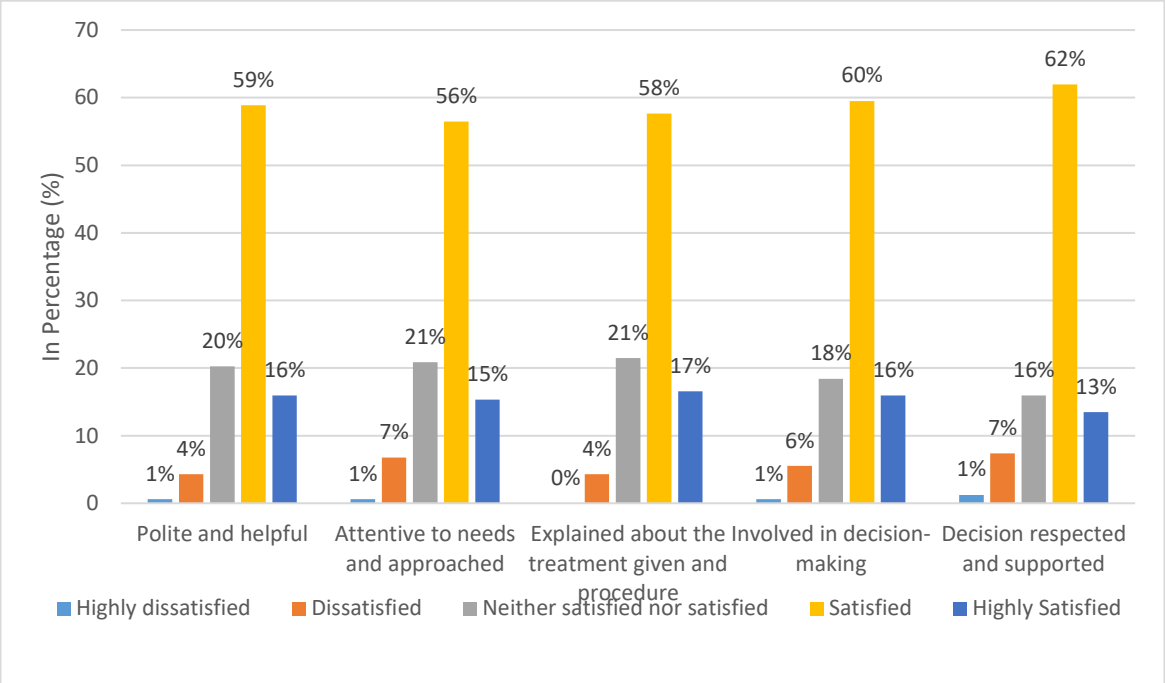
Fig 4.4.2 (a) depicts bar graph for the percentage analysis of Q10 part A,B,C & D based on satisfaction scores.



As per the question 10 A, considering the parameter of privacy was being maintained the take away of the result is as 59 percent are satisfied which is the maximum followed by 16 percent of highly satisfied and 14 percent are neither satisfied nor dissatisfied whereas on the other hand we have significant amount of 10 percent are dissatisfied as per the result obtained and 1 percent of highly dissatisfied which is the least.As per the question 10 B based on the parameter not being allowed to feel alone, the result signifies that 55 percent are satisfied which is the maximum followed by 15 percent are highly satisfied and significantly 18 percent are neither satisfied noir dissatisfied and on the other part we have here also considerable 12 percent are dissatisfied followed by 1 percent of highly dissatisfied which is the leastAs per the question 10 C taking the parameter of whether being provided with emotional support we have the result as 60 percent are satisfied followed by 14 percent are highly satisfied and considerable amount of 21 percent are neither satisfied nor dissatisfied whereas on the other hand we have only 3 percent according to the result as dissatisfied and 1 percent of highly dissatisfied which is the least.As per the question 10 D considering the obtained result based on the parameter of being treated with dignity and respect we have 59 percent as satisfied which is the maximum followed by 16 percent of highly satisfied and significant amount of 21 percent of neither satisfied nor dissatisfied and taking the other part

of result into consideration we have only 2 percent as dissatisfied and 1 percent of highly satisfied which is the least.

Fig 4.4.2 (b) depicts bar graph for the percentage analysis of Q10 part E,F,G,H & I based on satisfaction scores



As per the question 10 E considering the parameter of polite and helpful the result signifies that the maximum of 59 percent are satisfied followed by only 16 percent are highly satisfied and 20 percent are neither satisfied nor dissatisfied whereas on the other part merely 4 percent are dissatisfied and the best part is only one percent is highly dissatisfied which is the least. As per the question 10F based on the parameter of being attentive to needs and approached we have as per the result 56 percent are satisfied which is the maximum followed by 15 percent are highly dissatisfied and significant about of 21 percent are neither satisfied nor dissatisfied whereas on the other part of result remarkable amount of 7 percent are dissatisfied followed by 1 percent highly dissatisfied which is the least. As per the question 10 G taking the parameter of explanation about the treatment given and procedure the result signifies that 58 percent are satisfied which is the highest followed by 17 percent of highly satisfied and here also remarkable amount of 21 percent are neither satisfied nor dissatisfied and on the other hand we have 4 percent are dissatisfied and the best part is none are highly dissatisfied.

As per the question 10 H considering the parameter of being involved in decision making into account the result signifies that the 60 percent are satisfied which is the maximum followed by 16 percent who are highly satisfied and significant amount of 18 percent are neither satisfied nor dissatisfied and on the other hand we have as per the result 6 percent are dissatisfied and only 1 percent are highly dissatisfied which is the least. As per the question 10 I taking the parameter of decision respected and supported Into account we have 62 percent are highly satisfied which is the maximum followed by 13 percent of highly satisfied and here also 16 percent are neither satisfied nor dissatisfied whereas on the other part we have as per the result 6 percent are dissatisfied and only 1 percent are highly dissatisfied which is the least.

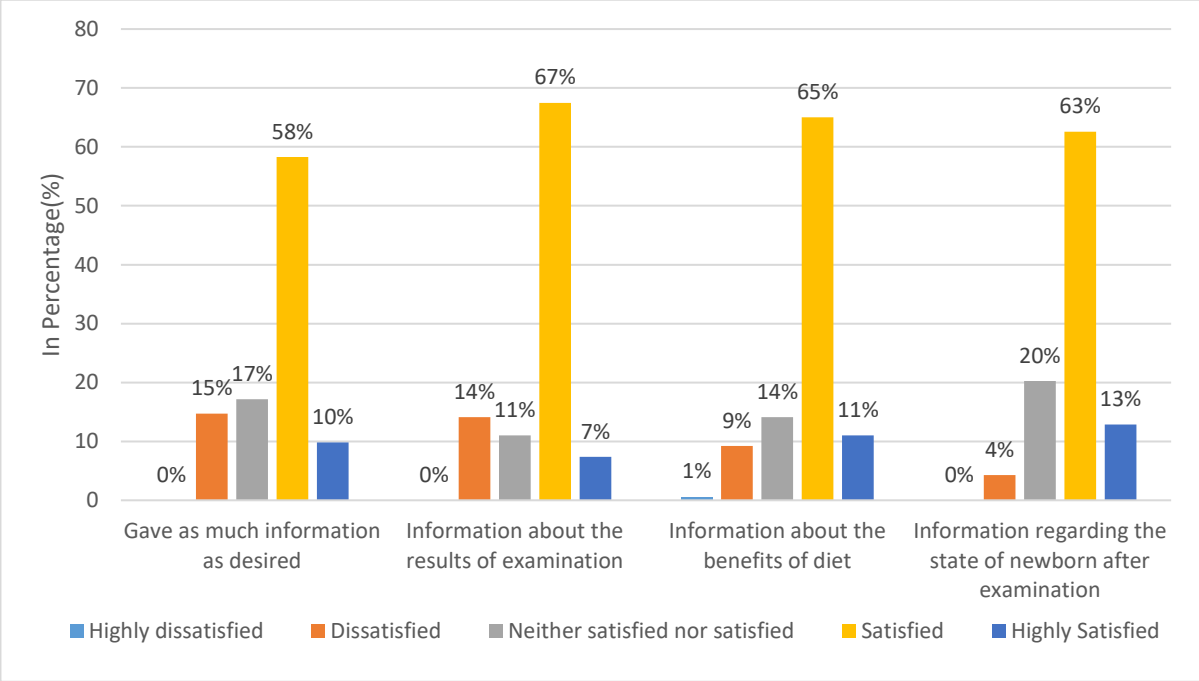
4.4.3 Maternal Satisfaction on informative aspects of care

Table 4.4.3 Maternal Satisfaction on informative aspects of care

Maternal satisfaction on informative aspects of care						
	Highly dissatisfied	Dissatisfied	Neither satisfied nor satisfied	Satisfied	Highly Satisfied	TOTAL
Gave as much information as desired	0	24	28	95	16	163
Information about the results of examination	0	23	18	110	12	163
Information about the benefits of diet	1	15	23	106	18	163
Information regarding the state of newborn after examination	0	7	33	102	21	163

Information about breast-feeding	0	5	26	107	25	163
Information about postnatal follow-up visits	0	9	24	109	21	163
Advice about danger signs relating to mother and newborn baby during postnatal period	0	6	25	109	23	163

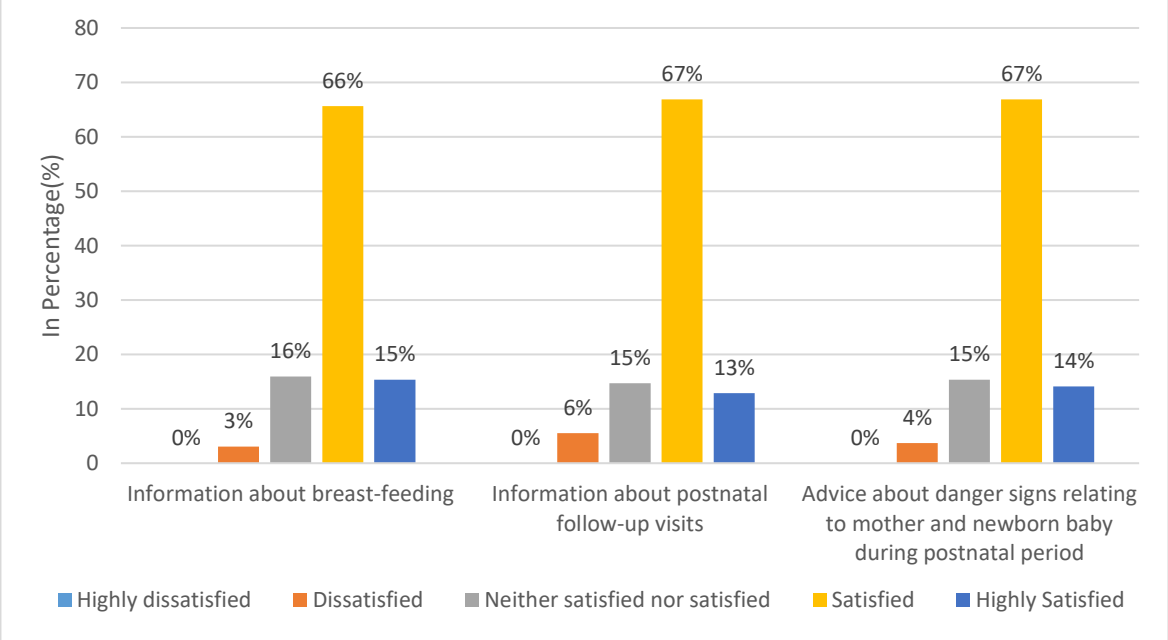
Fig 4.4.3 (a) depicts bar graph for the percentage analysis of Q11 part A, B, C & D based on satisfaction scores.



As per the question 11 A considering the parameter of information gave by them as much as required the result signifies that the maximum of 58 percent are satisfied followed by 10 percent of highly satisfied and 20 percent are neither satisfied nor dissatisfied whereas on the other part none are highly dissatisfied and remarkable amount of 15 percentage of people are dissatisfied. As per the question 11 B based on the parameter of information about the results of examination the result signifies that the maximum of 67 percentage are satisfied which is

quite remarkable followed by only 7 percent and highly satisfied and 11 percent are neither satisfied nor dissatisfied and on the other part the result signifies that the considerable amount of 14 percent are dissatisfied and none are highly dissatisfied As per the question 11 C taking the parameter of information about the benefits of dies into consideration we have as per the result maximum of 65 percent are satisfied followed by only 11 percent are highly satisfied whereas significant amount of 14 percent are neither satisfied nor dissatisfied whereas on the other part as per the result 9 percent are dissatisfied and also the least of 1 percent are highly dissatisfied. As per the question 11 D based on the parameter of information regarding the state of newborn after examination result signifies that the 63 percent are satisfied which is maximum followed by only 13 percent are highly satisfied and a significant amount of 20 percent are neither satisfied nor dissatisfied whereas on the other part we have 4 percent are dissatisfied and the good thing is none are highly dissatisfied.

Fig 4.4.3 (b) depicts bar graph for the percentage analysis of Q11 part E, F &G based on satisfaction scores.



As per the question 11 E considering the condition about breast feeding the result signifies that the maximum of 66 percentage are satisfied followed by 16 percentage are neither satisfied nor dissatisfied whereas as per the parameter none are highly dissatisfied followed by only 3 percentage are dissatisfied and 15 percentage are highly satisfied. As per the

question 11 F considering the parameter of information about postnatal follow up visits the result signifies that the maximum of 67 percent are satisfied and 13 percent are highly satisfied followed by 15 percentage of neither satisfied nor dissatisfied and the best part is none are highly dissatisfied followed by only 6 percentage are dissatisfied As per the question 11 G taking the parameter of advice about danger signs relating to mother and new born baby during postnatal period into account, the maximum of 67 percent are satisfied where as significant amount of 14 percent are highly satisfied followed by 15 percentage of people are neither satisfied nor dissatisfied and as per the parameter the best part is none are highly dissatisfied and only 4 percentage are dissatisfied.

(B) PRIMARY DATA (REFERRAL DATA OF DELIVERED CASES)

From the 3 month referral data (Feb-April) i.e. the cases which were delivered in the public health facilities of Kannauj District but were referred before 48 hrs PNC stay at the healthcare facility, it shows-

4.5 Distribution of delivered cases in the public healthcare facilities which were referred based on the post-delivery maternal complications-

Table 4.5 Distribution of referred cases (delivered) on the basis of post-delivery maternal complications-

Maternal complications	**No. of referral**	
	Frequency	**Percentage**
PPH	14	47%
Severe Anemia	6	20%
Mild pre eclampsia	1	3%
Meconium stained amniotic fluid	1	3%
PIH	1	3%
Retained placenta	1	3%
Vomiting, abdominal pain	1	3%
Urinary Retention	1	3%
Anxiety	1	3%
Breech presentation	1	3%
Contracted Pelvis	1	3%
Hypotension	1	3%
TOTAL	**30**	**100%**

Table 4.5 depicts that out of the total referred cases which were delivered at the public healthcare facilities, 47% were referred due to PPH, and 20% were referred due to severe anemia while 33% in total were referred due to other maternal complications.

PPH, severe anemia, retained placenta and urinary retention which collectively accounts for 73% of the total referral cases could have been easily managed if the patient was kept under

observation for 48 hrs. during PNC stay at the facility and if the staff nurses have been trained efficiently to manage such complications.

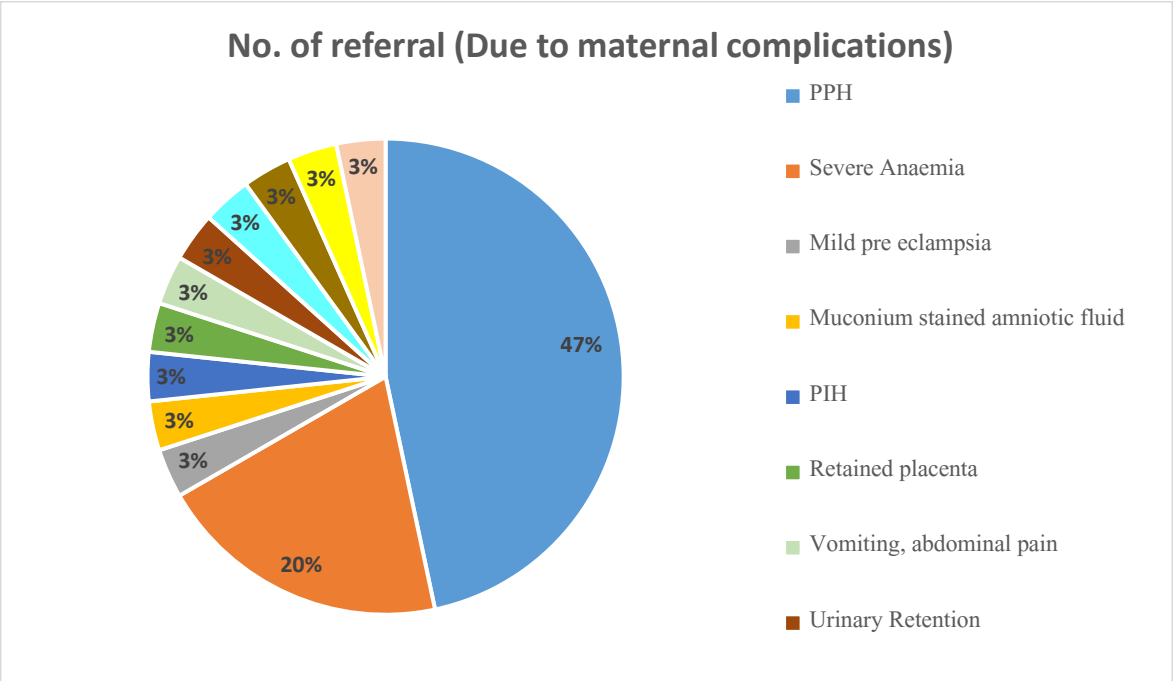


Fig 4.5 Pie chart diagram of Distribution of referred cases (delivered) on the basis of post-delivery maternal complications

4.6 Distribution of delivered cases in the public healthcare facilities which were referred based on the post-delivery newborn complications-

Table 4.6 Distribution of referred cases (delivered) on the basis of post-delivery newborn complications-

Newborn complications	**No. of referral**	
	Frequency	**Percentage**
Birth Asphyxia	7	54%
LBW	3	23%
Preterm	2	15%
Club Foot	1	8%
TOTAL	**13**	**100**

Table 4.6 depicts that among the total referral cases which were delivered in the facilities, 54% were referred due to Birth asphyxia, 23% due to LBW, 15% due to preterm while 8% due to club foot. Among this distribution, 77% of the cases (Birth asphyxia & LBW) could have been easily managed if the patient was kept under observation for 48 hrs during PNC stay at the facility and if the staff nurses have been trained efficiently to manage such complications.

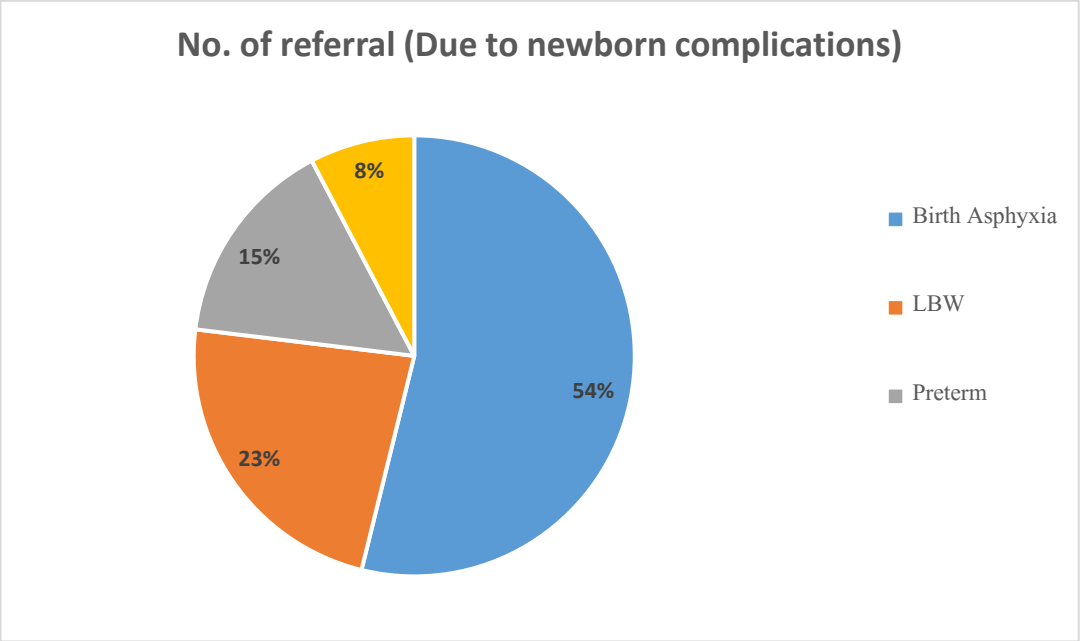


Fig 4.6 Pie chart diagram of Distribution of referred cases (delivered) on the basis of post-delivery newborn complications

CHAPTER 5

DISCUSSION & LIMITATIONS

5.1 Discussion

According to the NFHS IV, Institutional births in public facility is 44.2 % and Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery 44.8%.

According to the Patient Satisfaction Survey conducted and with respect to Respectful Maternity Care, out of the mothers who received post natal care, 11% were not satisfied regarding maintenance of privacy,12% were not satisfied as they felt alone at the facility, 4% were not satisfied with the emotional support provided at the facility, 4% were not satisfied with the way treatment provided to them(dignity and respect), 5% were not satisfied with behavior of the staff(politeness and helpful nature), 7% felt dissatisfied as attention were not provided to their needs, 4% felt dissatisfied as explanation about the treatment was not given properly, 6% felt dissatisfied as they were not involved in decision-making and 9% were dissatisfied as their decisions were not respected and supported.

With respect to maternal satisfaction on informative aspects of care, 15% were not satisfied with the information provided to them,14% were not satisfied with the information about the results of examination, 10% were not satisfied with the information about the benefits of diet, 4% were not satisfied with the information regarding the state of newborn after examination , 3% were not satisfied with the information about breast-feeding, 6% were not satisfied with the information about postnatal follow-up visits and 4% were not satisfied with the advice about danger signs relating to mother and newborn baby during postnatal period.

With reference to Lancet Global Health 2014, Nearly 73% of all global maternal deaths are due to the direct obstetric causes whereas deaths due to indirect causes accounted for 27·5%. Hemorrhage is the leading direct cause of maternal death worldwide, representing 27·1% of maternal deaths. More than two thirds of reported hemorrhage deaths are classified as postpartum hemorrhage. Maternal mortality due to sepsis is 10·7%. Deaths due to indirect causes suggests that more than 70% of indirect causes are from pre-existing disorders, including ANEMIA, HIV, when exacerbated by pregnancy.

Therefore, according to three month data of referred cases due to maternal complications i.e. 73% of the total referral cases could have been easily managed if the patient was kept under observation for 48 hours during PNC stay at the facility and if the staff nurses have been trained efficiently to manage such complications and can reduce further maternal deaths and subsequently MMR.

With reference to Lancet 2010, 78% of the total neonatal deaths in India are due to LBW & prematurity, neonatal sepsis and birth asphyxia & birth trauma.

Therefore, according to three month data of referred cases due to newborn complications i.e. 77% of the cases (Birth asphyxia & LBW) could have been easily managed if the patient was kept under observation for 48 hrs during PNC stay at the facility and if the staff nurses have been trained efficiently to manage such complications and can further reduce neonatal deaths and subsequently NMR.

5.2 Limitations

1) Due to COVID-19 pandemic and lockdown, there was not enough time to conduct the study so the sample which was collected were of 163 respondents only during the span of 3 months.

2) Due to less average length of the stay in the PNC ward, coverage of the study was compromised.

3) As the majority of patients were illiterate, the 100 % accuracy of the data gathered was also compromised due to misunderstanding of the patients.

CHAPTER 6

CONCLUSION & RECOMMENDATIONS

6.1 Conclusion

As 73% of cases were of PPH, severe anemia, retained placenta and urinary retention collectively and 77% of the cases were of Birth asphyxia & LBW, of the total referral cases which were delivered in the facility, these cases could have been easily managed if the patients were kept under observation for 48 hrs during PNC stay at the facility and if the staff nurses have been trained efficiently to manage such complications.

For keeping the patients in PNC ward for minimum 48 hrs, it is necessary to meet the 100% level of post natal mothers (patients) expectations to keep them motivated for PNC stay, therefore it is needed to work upon areas of improvement for providing PNC services and there is need to keep track on Nurse Mentoring Program to manage such complications.

6.2 Recommendations

A) Recommendations according to the patient satisfaction indicators

Table 6.2 A)

S.no	Patient Satisfaction Indicators	Recommendation
1	Provided with all necessary medicines and supplies	• On Regular basis daily counting of medicines should be done by staff nurses and indenting of medicines and supplies needed to be followed up by the pharmacist, or if possible try to purchase necessary items locally. • Maintaining of 25% of buffer stock of all necessary medicines and supplies

2	Cleanliness of health institution	• At least in 3 shift cleaning should be done by Class IV. • Recruitment of more staff. • Training should be provided to Class IV staff according to guidelines and policies. • Timely filling of cleaning checklist by staff nurses or supervisor after the change of shifts should be done.
3	Cleanliness and accessibility of toilet	• Ensuring 24*7 proper water supply in the toilet. • Ensuring availability of toilet cleaning material.
4	Got dietary services promptly	• Ensuring availability of clean and healthy food supply. • Addition of extra value to dietary products like multivitamins, proteins, carbs, rich iron etc. should be there.
5	Service was free of cost	• Strict action must be taken on staff or workers working at facility who are charging extra except govt. fees. • All the services i.e. dietary, treatment, investigation, medicinal should be provided free of cost under JSSK and banners about JSSK Scheme should be displayed in the facilities. • All the services should be available in the facility.
6	Provided with transportation allowance/incentives	• Request from state health government for creating more accessible linkages by

		providing more transport vehicles for patient. • Proper training should be provided to the ambulance staff for referral care and ambulance services. • IEC Material and wall paintings related to ambulance services (102 and 108) should be there in all the facilities.
7	Privacy was maintained	• Staff needed to be more concerned about privacy and should be conveyed about the importance of RMC. • Curtains or screens should be placed between 2 patient beds. • Distance between 2 patient beds should be adequate according to the protocols (6 feet).
8	Not allowed to feel alone	• Staff should be available in the ratio of 1:3 patients in the PNC ward. • Make sure that every pregnant women is accompanied by at least one attendant. • Training of the staff on RMC should be provided.
9	Provided with emotional support	• Feedback should be taken from the patients on regular basis regarding the services and the behavior of the working staff at facility. • Patient should be supported by healthcare staff during all delivery procedures and during child birth care. • Confidentiality of the patients should be maintained.

10	Treated with dignity and respect	• Verbal abuse/insult of the patients should be strictly prohibited. • Patients should be treated without any discrimination. • Feedback should be taken from the patients on regular basis regarding the services and the behavior of the working staff at facility.
11	Polite and helpful	• Patient should be provided liberty of movement like daily rounds/walking. • Prevention of institutional violence against the mother and the new born. • Hospital staff should be communicated about the techniques of communication so that they can communicate in desirable manner.
12	Attentive to needs and approached	• Avoidance of over usage of drugs. • Provide routine and immediate care to mother and newborn. • Regular mentoring on priority basis work should be done of the staff nurses.
13	Explained about the treatment given and procedure	• Patience should be maintained while providing treatment to the patient and explaining them well about the course of treatment before providing the treatment can raise the number of satisfaction level in patient.
14	Involved in decision-making	• At least one family member should be involved while making decision

15	Decision respected and supported	• Avoidance of giving unnecessary pressure on decision making by doctors and staff nurses. • Show empathy with all patients. • Provide evidence based care.
16	Gave as much information as desired	• All IEC Material regarding pre and post natal care should be placed in the facility. • Real time investigations should be shared with patients and their family members. • Patience need to be maintained in healthcare staff at facility while explaining and dealing with the patient and attendants.
17	Information about the results of examination	• Patience need to be maintained in healthcare staff at facility while explaining and dealing with the patient and attendants.
18	Information about the benefits of diet	• In every shift of the staff, counselling on health education regarding balanced diet should be given while taking round of the wards.
19	Information regarding the state of newborn after examination	• PNC counselling status needed to be provided efficiently and completely. • Timely examine the newborn.
20	Information about breast-feeding	• Benefits about breastfeeding should be communicated to the mothers and their attendants.

		• PNC counselling status needed to be provided efficiently and completely.
21	Information about postnatal follow-up visits	• During discharge, counselling on health education should be given and provided with date of next follow up visit.
22	Advice about danger signs relating to mother and newborn baby during postnatal period	• In PNC ward, bed to bed rounds must be performed sincerely by doctors and staff nurses so that each and every patient gets well oriented. • Danger signs of mothers and newborns should be explained properly. • Follow up on 3rd day if treated with any major complication.

B) Other recommendations-

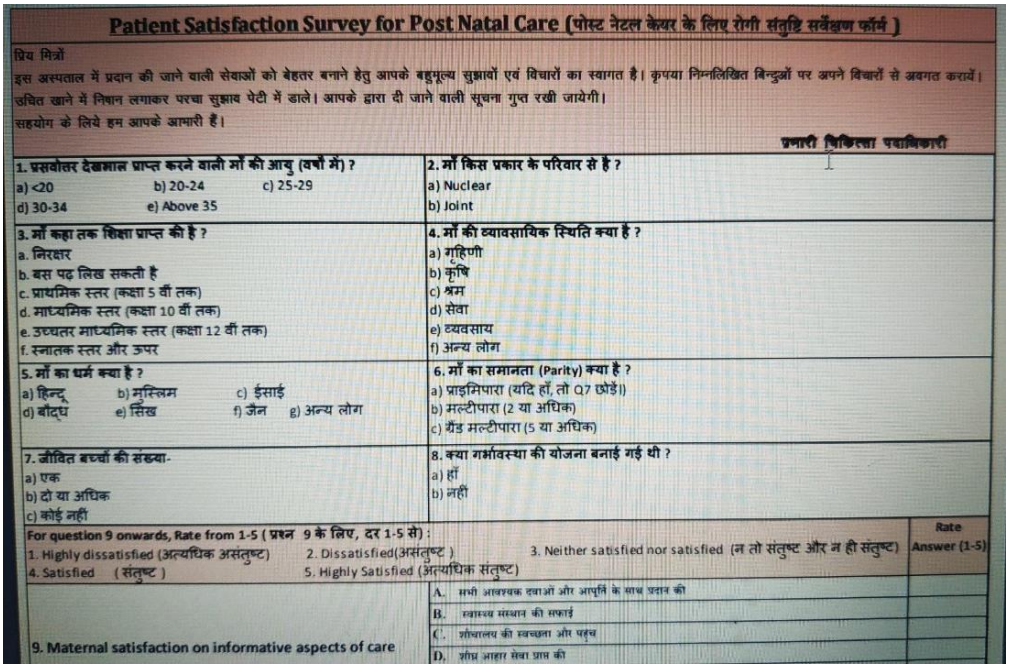
1. Using QC meeting platform to discuss the gaps found by LMO/MO/NM/technical support unit on 4th stage of monitoring and goal setting by QC team to improve the 4th stage Monitoring in the facility & share MOM with higher authorities.
2. DCH NM need to implement process of daily round of PNC wards at least one round from 10:00 am to 12:00 am with matron /CMS/Doctors & senior SNs.
3. Onsite mentoring and hands on support by NMs on PNC danger sign of Maternal & Newborn & others is required.
4. Before shifting the mother to PNC wards, half hourly assessment can be done at Labor table which includes assessment of BP, Bleeding, and condition of the new born.
5. Bed Side handover should be done in case of change in shifts as per LaQshya guideline.
6. Responsibility should be taken by LMO/MO for taking regular rounds with SNs and status of monitoring should be regularly enquired. Case sheet usage, KMC

Counselling, nutritional counselling & support should be monitored.

7. Regular case sheet audit should be done by CMS/MOIC/MO In-charge, technical support unit.
8. Analysis of case sheet audit should be done during rounds by hospital manager/technical support unit and discussion of the findings with SN in order to find the solutions for improvement.
9. DOD findings of PNC needed to be discussed in QC meeting & responsibility to be fixed for the improvement.
10. Updating of facility-based providers and promotion of best practices in postnatal care including pre-discharge counselling should be done.
11. Exclusive breastfeeding for initial 6 months followed by complimentary feeding till 2 years of age should be promoted during PNC stay.
12. Actively promotion of facility-based counselling and support for EBF including counselling on common breastfeeding problems and ways to manage them if they occur.
13. Development of approaches to identify and refer preterm and low birth weight babies using WhatsApp group and in case of discharge should be done.
14. Postnatal iron and folic acid supplementation for postnatal mothers & if required Iron Sucrose/BT administration for severe anemic postnatal mothers should be done.
15. NMs & technical support unit should focus on postnatal care during every visit and provide feedback of strengthening PNC care in every platforms like DHSs, and other Govt. meetings.
16. Regular Review & Assessment of infrastructure (beds, etc.) and staff +in postnatal wards are required to provide RMC for women to stay longer.
17. Routinely mentoring on management of Birth asphyxia on mannequins by Nurse Mentors and sharing of photographs on Whatsapp.
18. Extensive mentoring on Management of PPH, anemia, retained placenta and KMC care of staff nurses and should be followed by technical support unit.

SUPPLEMENTARY

a) Hindi Questionnaire



Patient Satisfaction Survey for Post Natal Care (पोस्ट नेटल केयर के लिए रोगी संतुष्टि सर्वेक्षण फॉर्म)

प्रिय मित्रों

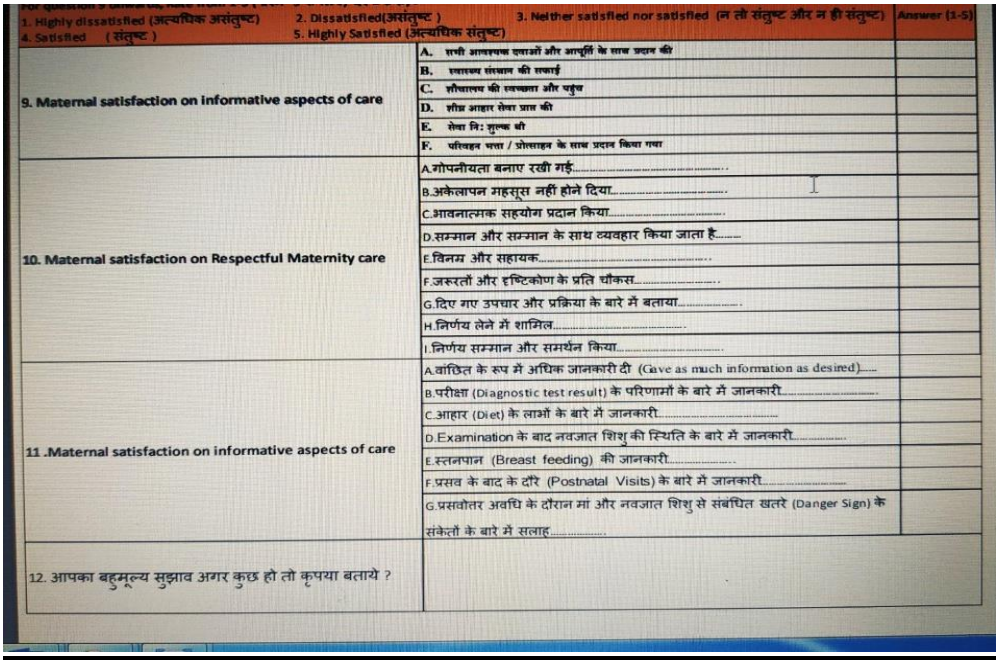
इस अस्पताल में प्रदान की जाने वाली सेवाओं को बेहतर बनाने हेतु आपके बहुमूल्य सुझावों एवं विचारों का स्वागत है। कृपया निम्नलिखित बिन्दुओं पर अपने विचारों से अवगत करायें। उचित खाने में निशान लगाकर परचा सुझाव पेटी में डाले। आपके द्वारा दी जाने वाली सूचना गुप्त रखी जायेगी।

सहयोग के लिये हम आपके आभारी हैं।

प्रभारी चिकित्सा पदाधिकारी

1. प्रसवोत्तर देखभाल प्राप्त करने वाली माँ की आयु (वर्षों में) ? a) <20 b) 20-24 c) 25-29 d) 30-34 e) Above 35	**2. माँ किस प्रकार के परिवार से है ?** a) Nuclear b) Joint
3. माँ कहा तक शिक्षा प्राप्त की है ? a. निरक्षर b. बस पढ़ लिख सकती है c. प्राथमिक स्तर (कक्षा 5 वीं तक) d. माध्यमिक स्तर (कक्षा 10 वीं तक) e. उच्चतर माध्यमिक स्तर (कक्षा 12 वीं तक) f. स्नातक स्तर और ऊपर	**4. माँ की व्यावसायिक स्थिति क्या है ?** a) गृहिणी b) कृषि c) श्रम d) सेवा e) व्यवसाय f) अन्य लोग
5. माँ का धर्म क्या है ? a) हिन्दू b) मुस्लिम c) ईसाई d) बौद्ध e) सिख f) जैन g) अन्य लोग	**6. माँ का समानता (Parity) क्या है ?** a) प्राइमिपारा (यदि हाँ, तो Q7 छोड़ें) b) मल्टीपारा (2 या अधिक) c) ग्रैंड मल्टीपारा (5 या अधिक)
7. जीवित बच्चों की संख्या- a) एक b) दो या अधिक c) कोई नहीं	**8. क्या गर्भावस्था की योजना बनाई गई थी ?** a) हाँ b) नहीं

For question 9 onwards, Rate from 1-5 (प्रश्न 9 के लिए, दर 1-5 से) :		Rate Answer (1-5)
1. Highly dissatisfied (अत्यधिक असंतुष्ट) 2. Dissatisfied(असंतुष्ट) 3. Neither satisfied nor satisfied (न तो संतुष्ट और न ही संतुष्ट) 4. Satisfied (संतुष्ट) 5. Highly Satisfied (अत्यधिक संतुष्ट)		
9. Maternal satisfaction on informative aspects of care	A. सभी आवश्यक दवाओं और आपूर्ति के साथ प्रदान की	
	B. स्वास्थ्य संस्थान की सफाई	
	C. शौचालय की स्वच्छता और पहुंच	
	D. शीघ्र आहार सेवा प्राप्त की	



1. Highly dissatisfied (अत्यधिक असंतुष्ट) 2. Dissatisfied(असंतुष्ट) 3. Neither satisfied nor satisfied (न तो संतुष्ट और न ही संतुष्ट) Answer (1-5) 4. Satisfied (संतुष्ट) 5. Highly Satisfied (अत्यधिक संतुष्ट)		
9. Maternal satisfaction on informative aspects of care	A. सभी आवश्यक दवाओं और आपूर्ति के साथ प्रदान की	
	B. स्वास्थ्य संस्थान की सफाई	
	C. शौचालय की स्वच्छता और पहुंच	
	D. शीघ्र आहार सेवा प्राप्त की	
	E. सेवा नि: शुल्क थी	
	F. परिवहन भत्ता / प्रोत्साहन के साथ प्रदान किया गया	
10. Maternal satisfaction on Respectful Maternity care	A.गोपनीयता बनाए रखी गई.....	
	B.अकेलापन महसूस नहीं होने दिया.....	
	C.भावनात्मक सहयोग प्रदान किया.....	
	D.सम्मान और सम्मान के साथ व्यवहार किया जाता है.....	
	E.विनम्र और सहायक.....	
	F.जरूरतों और दृष्टिकोण के प्रति चौकस.....	
	G.दिए गए उपचार और प्रक्रिया के बारे में बताया.....	
	H.निर्णय लेने में शामिल.....	
	I.निर्णय सम्मान और समर्थन किया.....	
11 .Maternal satisfaction on informative aspects of care	A.वांछित के रूप में अधिक जानकारी दी (Gave as much information as desired).....	
	B.परीक्षा (Diagnostic test result) के परिणामों के बारे में जानकारी.....	
	C.आहार (Diet) के लाभों के बारे में जानकारी.....	
	D.Examination के बाद नवजात शिशु की स्थिति के बारे में जानकारी.....	
	E.स्तनपान (Breast feeding) की जानकारी.....	
	F.प्रसव के बाद के दौरे (Postnatal Visits) के बारे में जानकारी.....	
	G.प्रसवोत्तर अवधि के दौरान मां और नवजात शिशु से संबंधित खतरे (Danger Sign) के संकेतों के बारे में सलाह.....	
12. आपका बहुमूल्य सुझाव अगर कुछ हो तो कृपया बताये ?		

B) Google form

Patient Satisfaction Survey for Post Natal Care

Please provide feedback regarding PNC services provided by healthcare provider

* Required

Email address *

Your email

Hospital IPD No./Registration No. *

Your answer

Q1. Age (in years) of mother receiving post natal care- *

- a) <20
- b) 20-24
- c) 25-29
- d) 30-34
- e) Above 35

Q2. Type of family of mother- *

- a) Nuclear
- b) Joint

Q3. Educational status of mother- *

- a) Illiterate
- b) Just read & write
- c) Primary level (up to class 5th)
- d) Secondary level (up to class 10th)
- e) Higher Secondary level (Up to class 12th)
- f) Bachelor level & above

Q4. Occupational status of mother- *

- a) Homemaker
- b) Agriculture
- c) Labour
- d) Service
- e) Business
- f) Others

Q5. Religion- *

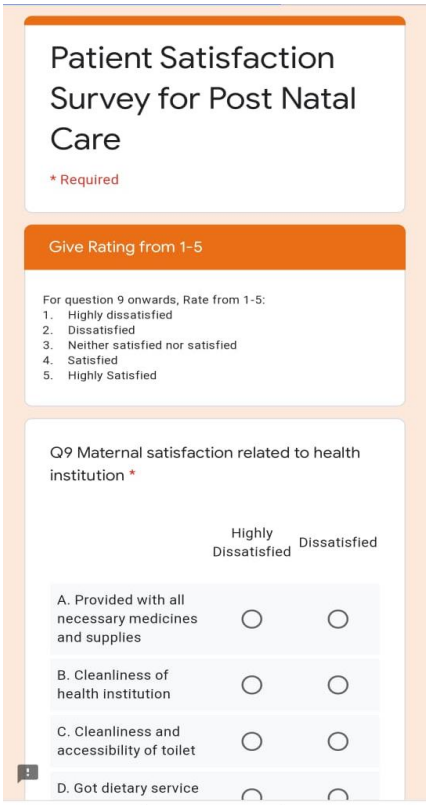
- a) Hindu
- b) Muslim
- c) Christian
- d) Buddhist
- e) Sikh
- f) Jain
- g) Others

Q6. Parity- *

- a) Primipara (if yes, skip Q7.)
- b) Multipara (2 or more)
- c) Grand multipara (5 or more)

Q7. Number of living children-

- a) One
- b) Two or more
- c) None



Patient Satisfaction Survey for Post Natal Care

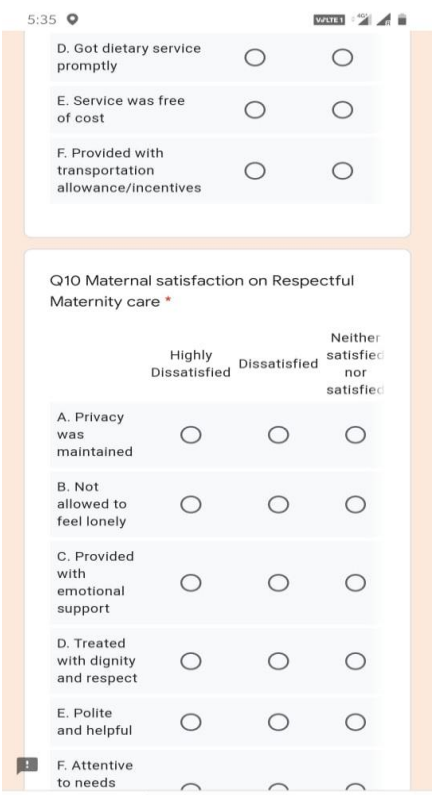
* Required

Give Rating from 1-5

For question 9 onwards, Rate from 1-5:
1. Highly dissatisfied
2. Dissatisfied
3. Neither satisfied nor satisfied
4. Satisfied
5. Highly Satisfied

Q9 Maternal satisfaction related to health institution *

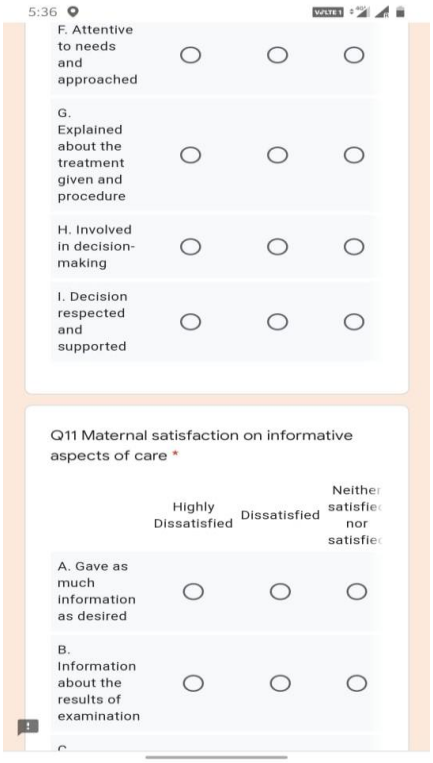
	Highly Dissatisfied	Dissatisfied
A. Provided with all necessary medicines and supplies	○	○
B. Cleanliness of health institution	○	○
C. Cleanliness and accessibility of toilet	○	○
D. Got dietary service	○	○



D. Got dietary service promptly	○	○
E. Service was free of cost	○	○
F. Provided with transportation allowance/incentives	○	○

Q10 Maternal satisfaction on Respectful Maternity care *

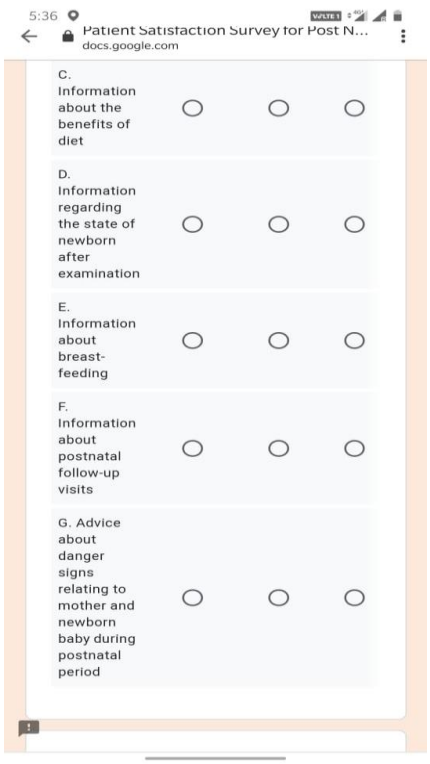
	Highly Dissatisfied	Dissatisfied	Neither satisfied nor satisfied
A. Privacy was maintained	○	○	○
B. Not allowed to feel lonely	○	○	○
C. Provided with emotional support	○	○	○
D. Treated with dignity and respect	○	○	○
E. Polite and helpful	○	○	○
F. Attentive to needs	○	○	○



F. Attentive to needs and approached	○	○	○
G. Explained about the treatment given and procedure	○	○	○
H. Involved in decision-making	○	○	○
I. Decision respected and supported	○	○	○

Q11 Maternal satisfaction on informative aspects of care *

	Highly Dissatisfied	Dissatisfied	Neither satisfied nor satisfied
A. Gave as much information as desired	○	○	○
B. Information about the results of examination	○	○	○



Patient Satisfaction Survey for Post N...
docs.google.com

C. Information about the benefits of diet	○	○	○
D. Information regarding the state of newborn after examination	○	○	○
E. Information about breast-feeding	○	○	○
F. Information about postnatal follow-up visits	○	○	○
G. Advice about danger signs relating to mother and newborn baby during postnatal period	○	○	○

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