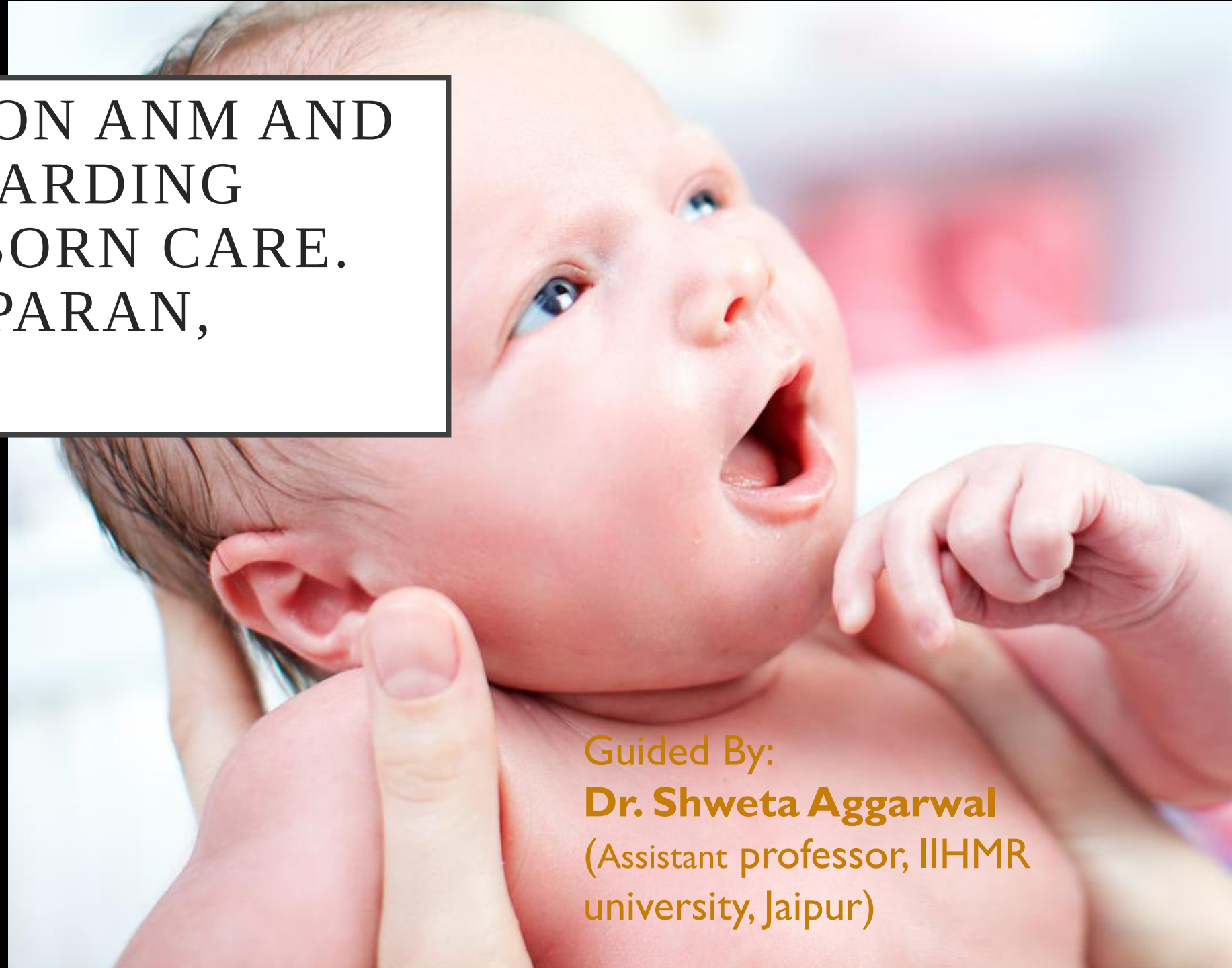
KAP STUDY ON ANM AND MAMTA REGARDING WEAK NEWBORN CARE. EAST CHAMPARAN, BIHAR



Presented By:

Suraiya Khan

MBA-HM 23

Roll no. 0849

Guided By:

Dr. Shweta Aggarwal

(Assistant professor, IIHMR university, Jaipur)

INTRODUCTION

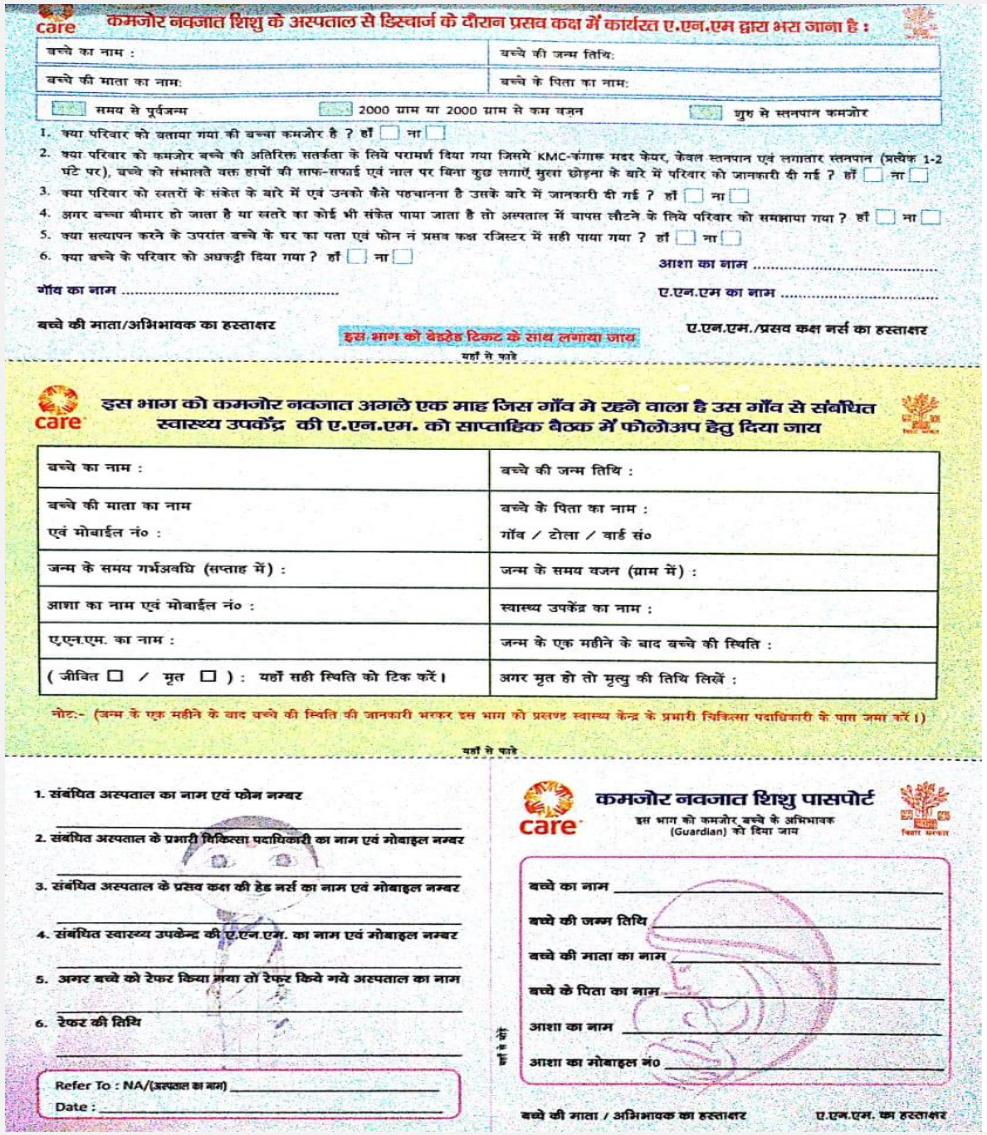
Reducing neonatal mortality in India is critical to achieving the 2030 Sustainable Development Goal of a global neonatal mortality rate (NMR) of no more than 12 per 1,000. Policy efforts to reduce India's NNM, including a large-scale conditional cash transfer program, have focused on promoting birth in health facilities, rather than at home as high neonatal mortality in India had previously been attributed to the low proportion of institutional deliveries.

	NMR	%age of neonatal death to infant death
India	29	68.5%
Bihar	28	64%

NMR of India and Bihar; SRS bulletin

A significant rise in the proportion of facility-based births over the last decade has not achieved the desired reduction in neonatal mortality possibly as a result of low-skilled care at facilities Neonatal mortality accounts for the two third of total Infant mortality rate in India with more than half of neonatal deaths occurring in only four states, one of which is Bihar.

Bihar is one of the 8 Socio economically backward states, also known as Empowered Action Group States(EAG) have highest Infant and neonatal mortality in the country. Bihar itself contributes to 56% of total neonatal deaths in India.



कमजोर नवजात शिशु के अस्पताल से डिस्चार्ज के दौरान प्रसव कक्ष में कार्यरत ए.एन.एम द्वारा भरा जाना है :

बच्चे का नाम :	बच्चे की जन्म तिथि:
बच्चे की माता का नाम:	बच्चे के पिता का नाम:

☐ समय से पूर्वजन्म ☐ 2000 ग्राम या 2000 ग्राम से कम वजन ☐ शुरु से स्तनपान कमजोर

1. क्या परिवार को बताया गया की बच्चा कमजोर है ? हाँ ☐ ना ☐
2. क्या परिवार को कमजोर बच्चे की अतिरिक्त सतर्कता के लिये परामर्श दिया गया जिसमे KMC-कंगारू मदर केयर, केवल स्तनपान एवं लगातार स्तनपान (प्रत्येक 1-2 घंटे पर), बच्चे को संभालते वक्त हाथों की साफ-सफाई एवं नाल पर बिना कुछ लगाएं, सुरसा छोड़ना के बारे में परिवार को जानकारी दी गई ? हाँ ☐ ना ☐
3. क्या परिवार को खतरों के संकेत के बारे में एवं उनको कैसे पहचानना है उसके बारे में जानकारी दी गई ? हाँ ☐ ना ☐
4. अगर बच्चा बीमार हो जाता है या खतरे का कोई भी संकेत पाया जाता है तो अस्पताल में वापस लौटने के लिये परिवार को समझाया गया ? हाँ ☐ ना ☐
5. क्या सत्यापन करने के उपरांत बच्चे के घर का पता एवं फोन नं प्रसव कक्ष रजिस्टर में सही पाया गया ? हाँ ☐ ना ☐
6. क्या बच्चे के परिवार को अधकट्टी दिया गया ? हाँ ☐ ना ☐

आशा का नाम .....

गाँव का नाम .....

ए.एन.एम का नाम .....

बच्चे की माता/अभिभावक का हस्ताक्षर

इस भाग को बेडहेड टिकट के साथ लगाया जाय

ए.एन.एम./प्रसव कक्ष नर्स का हस्ताक्षर

यहाँ से फाड़े

इस भाग को कमजोर नवजात अगले एक माह जिस गाँव मे रहने वाला है उस गाँव से संबंधित स्वास्थ्य उपकेंद्र की ए.एन.एम. को साप्ताहिक बैठक में फोलोअप हेतु दिया जाय

बच्चे का नाम :	बच्चे की जन्म तिथि :
बच्चे की माता का नाम एवं मोबाईल नं० :	बच्चे के पिता का नाम : गाँव / टोला / वार्ड सं०
जन्म के समय गर्भअवधि (सप्ताह में) :	जन्म के समय वजन (ग्राम में) :
आशा का नाम एवं मोबाईल नं० :	स्वास्थ्य उपकेंद्र का नाम :
ए.एन.एम. का नाम :	जन्म के एक महीने के बाद बच्चे की स्थिति :
(जीवित ☐ / मृत ☐) : यहाँ सही स्थिति को टिक करें।	अगर मृत हो तो मृत्यु की तिथि लिखें :

नोट:- (जन्म के एक महीने के बाद बच्चे की स्थिति की जानकारी भरकर इस भाग को प्रखण्ड स्वास्थ्य केन्द्र के प्रभारी चिकित्सा पदाधिकारी के पास जमा करें।)

यहाँ से फाड़े

1. संबंधित अस्पताल का नाम एवं फोन नम्बर
2. संबंधित अस्पताल के प्रभारी चिकित्सा पदाधिकारी का नाम एवं मोबाइल नम्बर
3. संबंधित अस्पताल के प्रसव कक्ष की हेड नर्स का नाम एवं मोबाइल नम्बर
4. संबंधित स्वास्थ्य उपकेन्द्र की ए.एन.एम. का नाम एवं मोबाइल नम्बर
5. अगर बच्चे को रेफर किया गया तो रेफर किये गये अस्पताल का नाम
6. रेफर की तिथि

Refer To : NA/(अस्पताल का नाम) _____

Date : _____

कमजोर नवजात शिशु पासपोर्ट

इस भाग को कमजोर बच्चे के अभिभावक (Guardian) को दिया जाय

बच्चे का नाम _____

बच्चे की जन्म तिथि _____

बच्चे की माता का नाम _____

बच्चे के पिता का नाम _____

आशा का नाम _____

आशा का मोबाइल नं० _____

बच्चे की माता / अभिभावक का हस्ताक्षर

ए.एन.एम. का हस्ताक्षर

Facility Based Newborn Care is one of the key components to improve the status of newborn health. The various components of FBNC are: Newborn Care Corners (NBCCs) are established at delivery points to provide essential newborn care at birth soon after delivery.Establishing kangaroo Mother Care(KMC) corners at every facility and providing skin to skin care(STSC) after birth, Ensuring early initiation of breast feeding(EIBF) within 1 hour of birth and Counselling to the mother as well as family members regarding special care of the child.

Upon discharge from facilities, families are supported by tracking at the community level. Telephonic tracking by the ANM of the facility is done for 30 days making total 7 calls. One of the intervention by CARE is Weak Newborn Passport, a part of which is given to the beneficiary by ANM, one part is given to the ASHA for follow up and another part remains at the facility for documentation illustrating the basic information of the child for identification.

The back of the passport card contains pictorial key messages to be followed by the mother for special care of weak newborn to be followed at home like Kangaroo mother care, exclusive breast feeding, maintaining hygiene, Cord care, delayed bathing.

It also shows the identification of danger signs among the babies like low breast feeding, reduced movements of the child.

WEAK NEWBORN CLASSIFICATION

Preterm

Low birth Weight

Poor Suckling

RESEARCH QUESTION

What is the quality of care give to weak newborn at public facilities of East Champaran district of Bihar.

METHODOLOGY

Study Design	**Descriptive Cross-sectional study**
Study setting	**10 Blocks of East Champaran,Bihar**
Study Population	**40 ANM, 45 Mamta and 120 Beneficiary**
Duration of study	**2 months**
Study tool	**Structured questionnaire**
Data analysis plan	**Data was gathered using google forms and analyzed through Google forms and Excel sheet**

OBJECTIVES OF THE ASSESSMENT

Assess the availability of basic infrastructure, equipment's and drugs as per NBCC guidelines

Determine the quality of care by knowledge assessment of both ANM and Mamta

Assessment of the level of essential newborn practices at facility levels

Quantitative and Qualitative assessment of counselling provided to the mothers with weak newborn

To understand the rate of follow up of these children by ANMs

EXPECTED OUTCOME OF THE ASSESSMENT

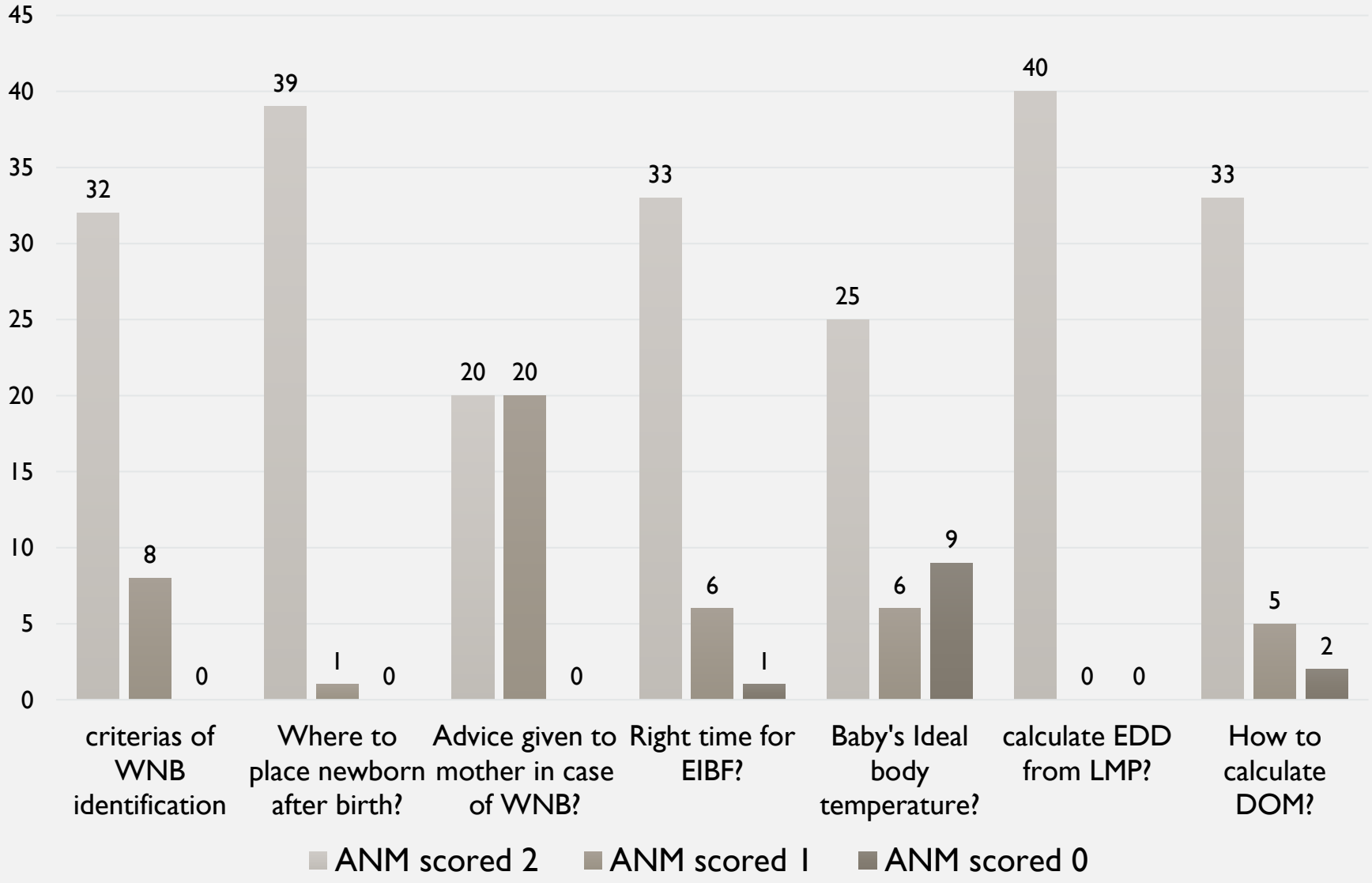
Facility based strengths and gap analysis.

Knowledge and practice gap analysis.

Sharing of field findings with district and States officials.

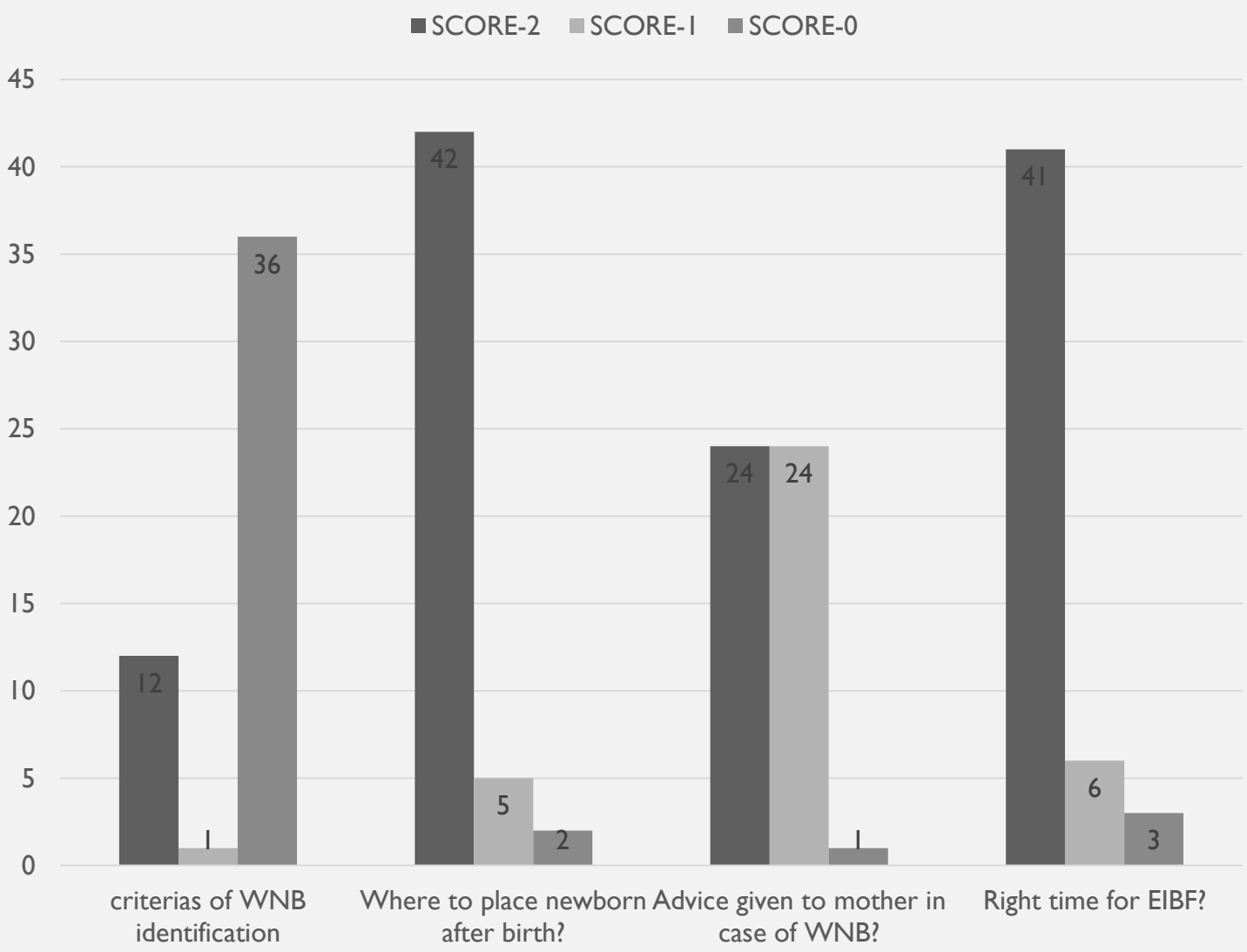
Review of the current guidelines in light of the field findings for guiding future course of action towards strengthening of the system.

ANM KNOWLEDGE ASSESSMENT



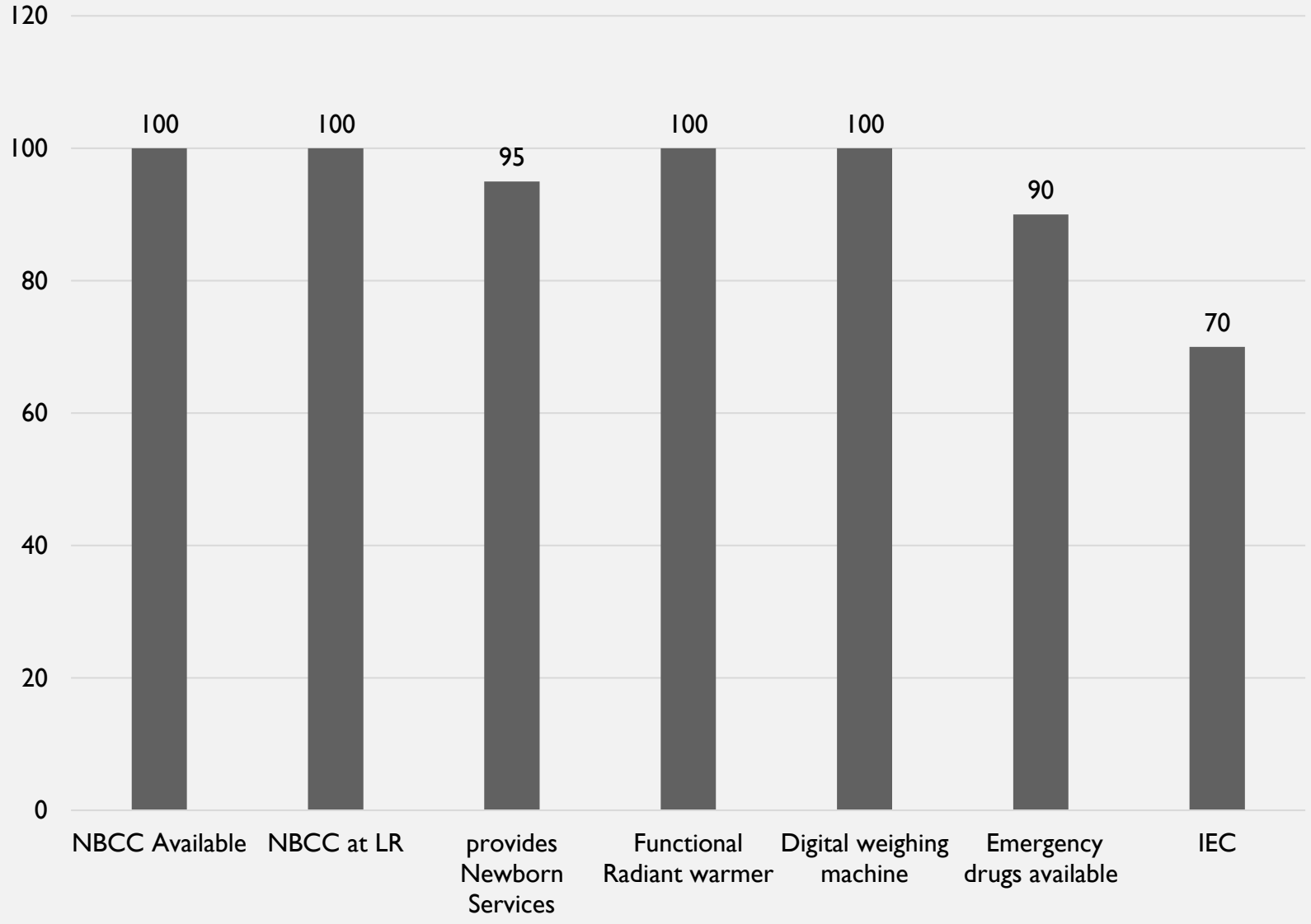
- 80% knew all the criteria of WNB identification
- 50 % were able to tell advices given to mothers for special care of baby
- 82% knew the right time to initiate breast feeding.
- 100% could calculate EDD from LMP
- 82% could calculate DOM correctly.

MAMTA KNOWLEDGE ASSESSMENT



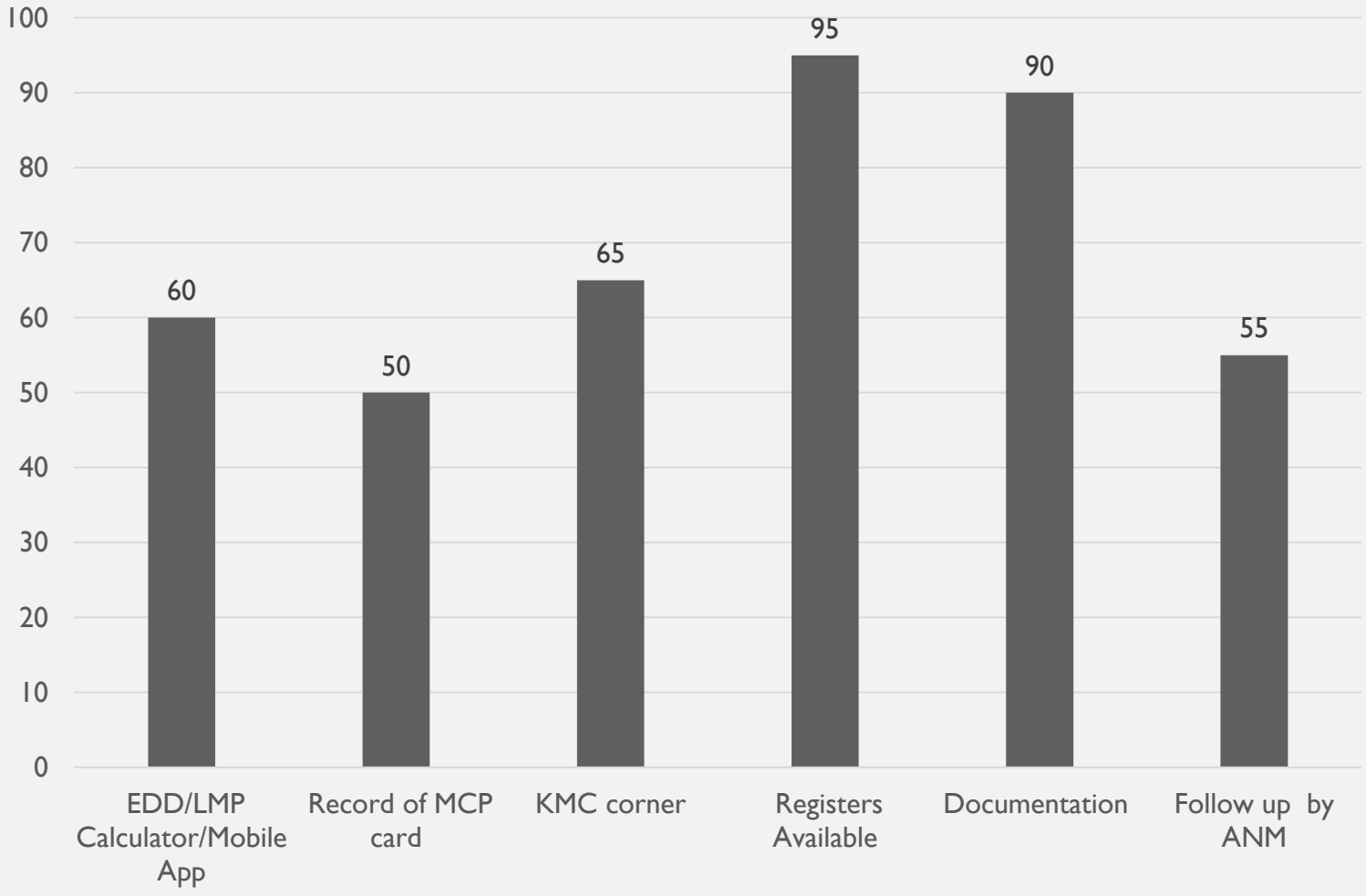
- 73% of total MAMTA knew all the criteria of WNB identification.
- 86% knew that the baby should be placed at mother's abdomen after birth.
- Only 49% knew the advices to be given to the mother for WNB care.
- 83% knew the right time to initiate breast feeding.

FACILITY ASSESSMENT

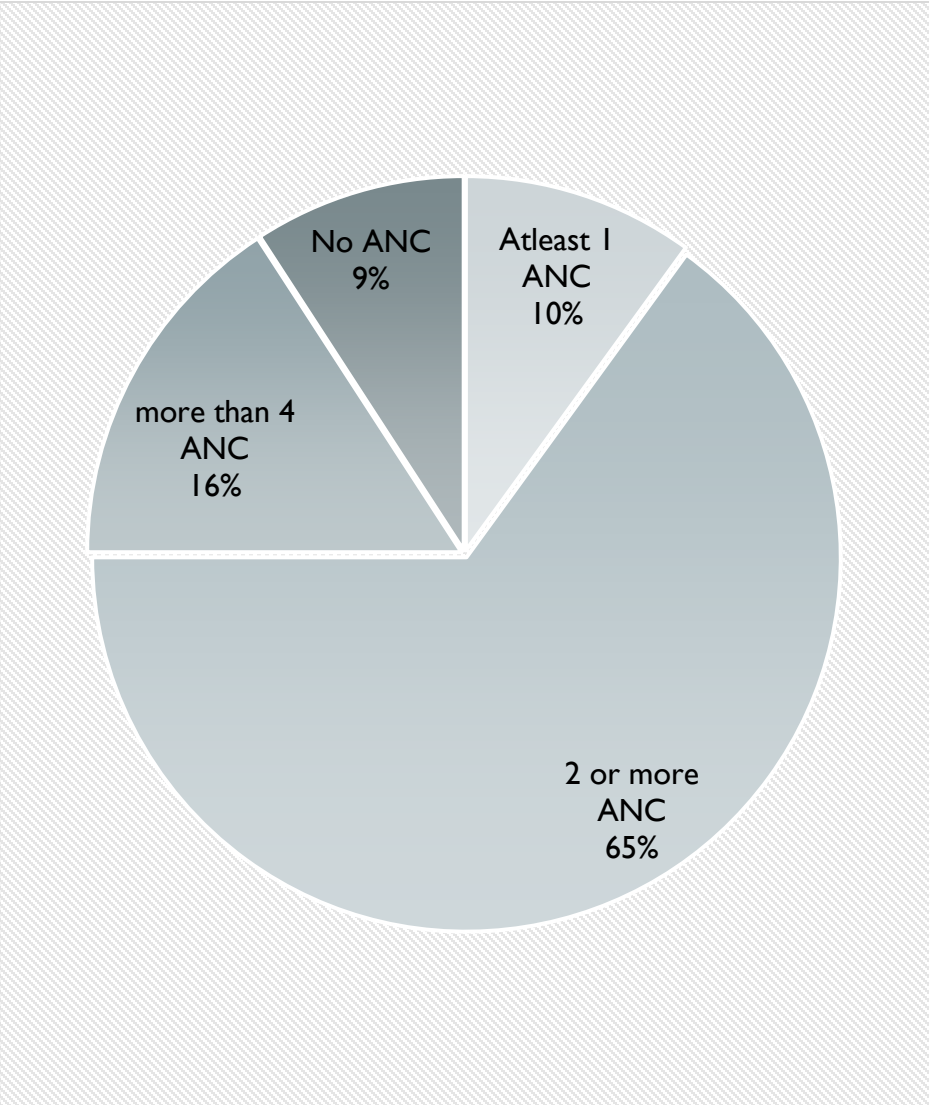


- All the facility had NBCC available at the LR
- All the facility had a functional radiant warmer and digital weighing scale.
- 90% had all the drugs available as per NBCC guidelines
- Only 70% facility had IEC material displayed.

FACILITY ASSESSMENT CONTD…



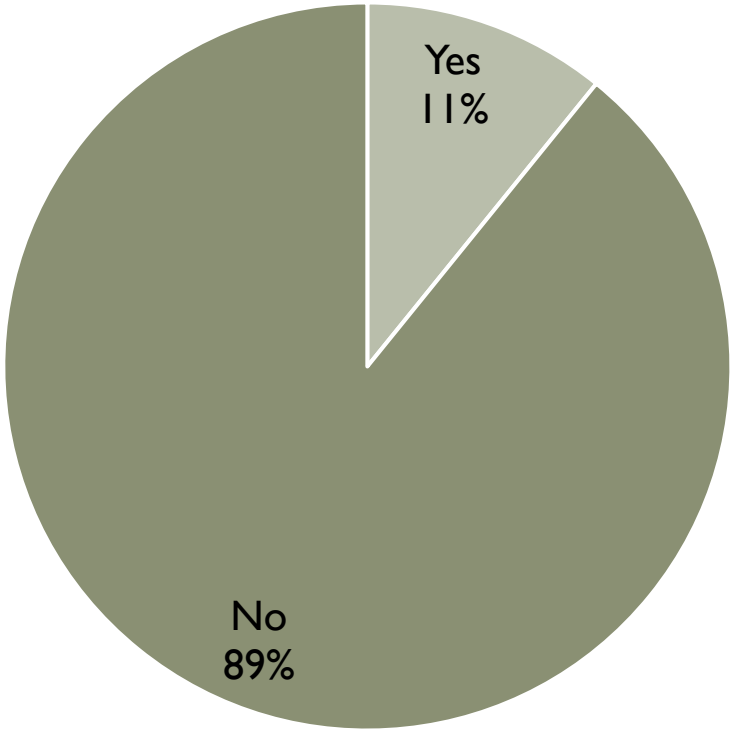
- 60% of facility had EDD/LMP calculator available.
- 50% of facility kept record of MCP card of the beneficiary
- KMC corner was available at 65% of the facility
- 90% facilities maintained an updated documentation
- Only 55% of facility's ANM carried out full telephonic follow up of the weak newborn's health.



ACCORDING TO GOI EVERY PREGNANT WOMEN MUST RECEIVE ATLEAST 4 ANC DURING HER PREGNANCY.

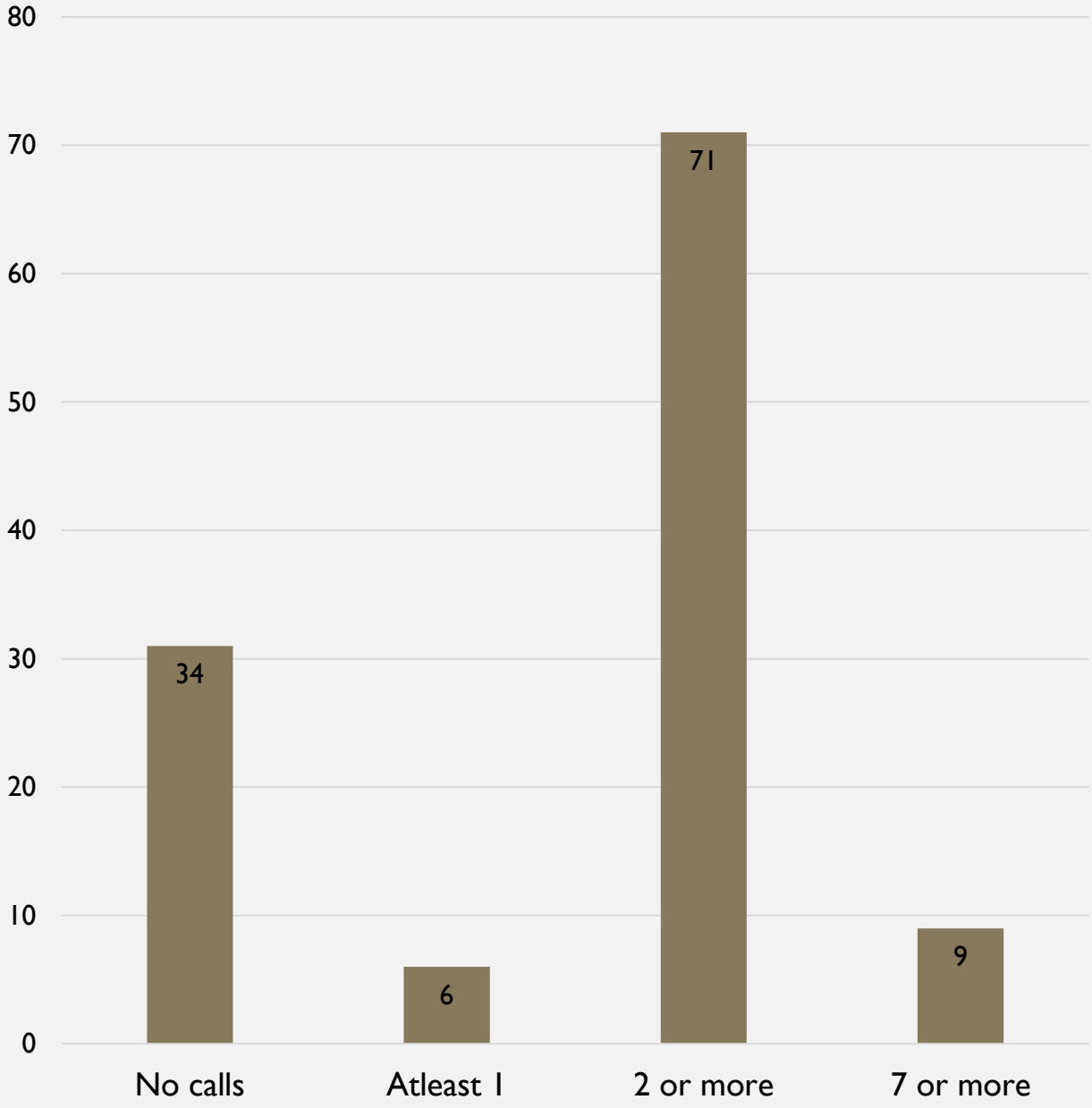
- 88% of respondent women belonged to BPL category whereas 12% belonged to APL category.
- 9% of the total respondent said they did not receive any ANC checkups.
- 10 % received atleast 1 ANC
- 65% received 2 or more ANCs
- 16% received more than 4 ANC checkups.
- Out of total women receiving ANC checkup, 35% received it at VHSND and 50% at HSC/PHC/CHC and rest 15% at private clinics.

Informed that baby is weak?



INFORMATION REGARDING HEALTH CONDITION OF THE BABY

- Out of total identified weak newborn 89% were informed about the health condition of the baby rest 11% were not given any information regarding health of the baby.



AFTER DISCHARGE FROM THE FACILITY THE ANM IS SUPPOSED TO DO TOTAL OF 7 TELEPHONIC FOLLOW UP REGARDING HEALTH STATUS OF THE CHILD.

- 34 respondents out of 120 did not receive any call
- 6 received at least 1 call
- 71 respondents were called 2 times or more but less than 7 times.
- Only 9 respondents were called 7 times or more.

CONCLUSION

- Most of the women to whom WNB child was born belonged to BPL category which relates the role of economic status with the health status of Newborn.
- Out of total women only 65% had an ANC during entire pregnancy period which means either lack of knowledge regarding importance of ANC or lack of services in the area.
- Lack of knowledge among surveyed MAMTA and ANM specifically regarding the advices given to the mothers for special care of weak newborn and identification of WNB among MAMTA was seen.
- Follow up of WNB by facility ANM was found to be significantly low.
- Availability of NBCC in every facility was seen however in some facilities there was unavailability of fully functional KMC corners and inadequate IEC materials for the counselling of mothers and family members.
- On the practices part majority of women were not informed about the condition of their baby and special care they needed.
- Rate of telephonic Follow up and Passport card distribution was also found to be low.

SUGGESTIONS

- Strong review mechanism should be established.
- Periodic capacity building of service provider to enhance their knowledge regarding identification and management of WNB.
- Ensuring availability of IEC materials in all the facilities.
- Ensuring availability of emergency drugs at NBCC as per guidelines.
- Ensuring Follow up of the identified weak newborns by FLWs.

THANK YOU