

Identification of Lacunae in Newborn and Postpartum care Services in a Tribal Block (Pavi Jetpur) of Vadodara district, Gujarat.

SWATI MAHAPATRA

PG/09/052

IIHMR, New Delhi

(Jan – Apr. 2011)



DEEPAK FOUNDATION

Reflective from Internship

- Review of Proposal
- Analysis and Evaluation of end line data of SMCS project
- Writing Research and Review papers
- Documentation
- Documentary film



Contents



- Introduction



- Rationale



- Objectives



- Methodology



- Results and Findings



- Conclusion



- Recommendations

Introduction

- Achievement of Millennium Development Goals 4 and 5 of reducing MMR and IMR is of paramount importance for additional gains in maternal and child survival.
- In India, extensive efforts have been put towards the achievement of these goals, but rarely has their affect been measured.
- Despite an impressive economic growth, Gujarat needs to accelerate its progress on reducing the state's IMR and MMR.
- GoG had set goals to reduce IMR and MMR in Vadodara district. The key maternal and infant health indicators remain high in rural areas and the situation is worse in tribal areas.

Rationale

- With this background of extensive efforts made over the years, this study assessed the burden of neonatal & maternal mortality and prevalence of practices of women in relation to care during postpartum period.
- The purpose was to identify lacunae in the service provided, plug in the gaps identified, generate evidence and recommendations to guide policies & interventions to induce behaviour change for saving newborn and maternal lives.

Objectives

Broad Objective

- To understand the lacunae in newborn and postpartum care services and to focus on improving utilization of these services especially in tribal blocks of Vadodara district

Specific Objectives

- Assessment of knowledge, awareness and practices about newborn and postpartum care services among healthcare providers and beneficiaries
- Assessment of the constraints faced by the providers in delivering these services
- Determine the causes of newborn and maternal deaths

Methodology

- Both primary and secondary data was collected to study the perception of the beneficiaries and providers at all levels
- Quantitative instruments in the form of semi-structured schedules were used for primary data collection
- Qualitative instruments like discussion guides were prepared for conducting FGDs, IDIs and KIIs
- Secondary data of deceased beneficiaries was collected through Verbal Autopsy for the time period of 2007-10

Sl.no.	Levels of data collection	Respondents	Instrument used	Methods of data collection
1.	Block	BHO	In-depth interview	Semi-structured interview schedule
		Paediatrician	Key Informant Interview	-do-
2.	PHC	MO	In-depth interview	Semi-structured interview schedule
3.	SC	ANM	<ul style="list-style-type: none"> • Self-administered questionnaire 	<ul style="list-style-type: none"> • Semi-Structured Questionnaire cum interview schedule
			<ul style="list-style-type: none"> • Focus group discussion • Self-administered questionnaire 	<ul style="list-style-type: none"> • Guidelines • Semi-Structured Questionnaire cum interview schedule
4.	Village	ASHA	<ul style="list-style-type: none"> • Focus group discussion 	<ul style="list-style-type: none"> • Guidelines
5.	Community	Postpartum woman	<ul style="list-style-type: none"> • Questionnaire 	<ul style="list-style-type: none"> • Semi-Structured Questionnaire cum interview schedule

Results

Knowledge, Awareness and Practices about Postpartum and Newborn care services among PPW

Fig.1
PERCENT NEWBORNS RECEIVED LIST OF VACCINES
ACCORDING TO PPW IN A TRIBAL BLOCK (PAVI
JETPUR), VADODARA

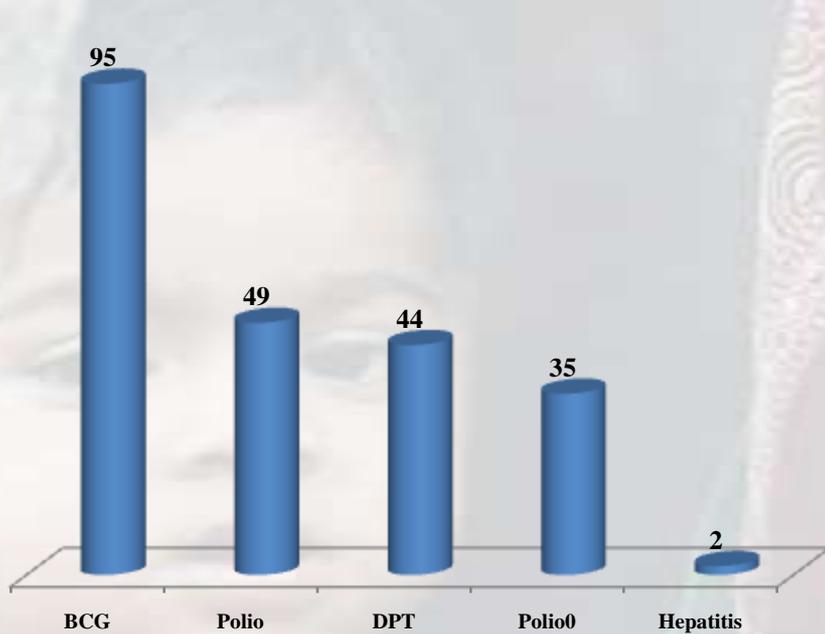
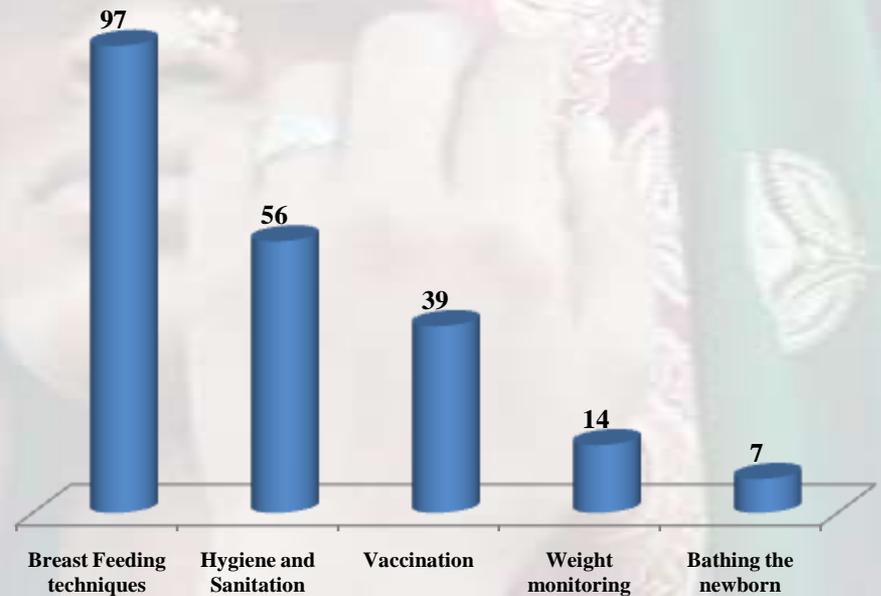
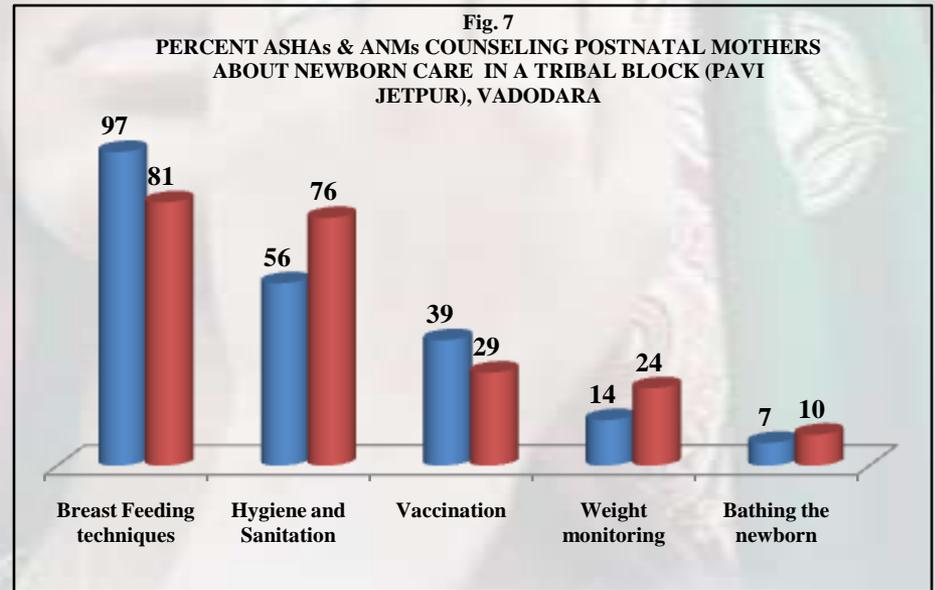
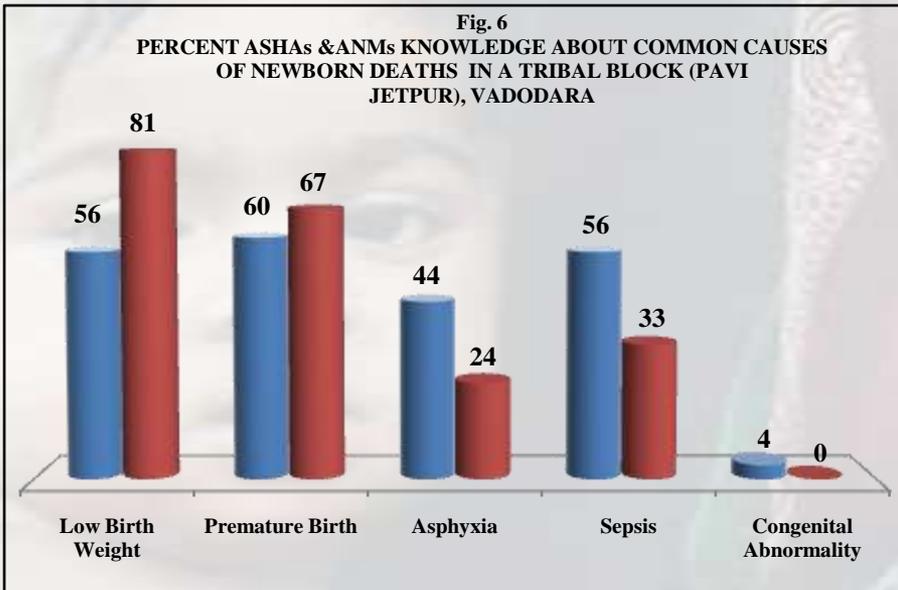
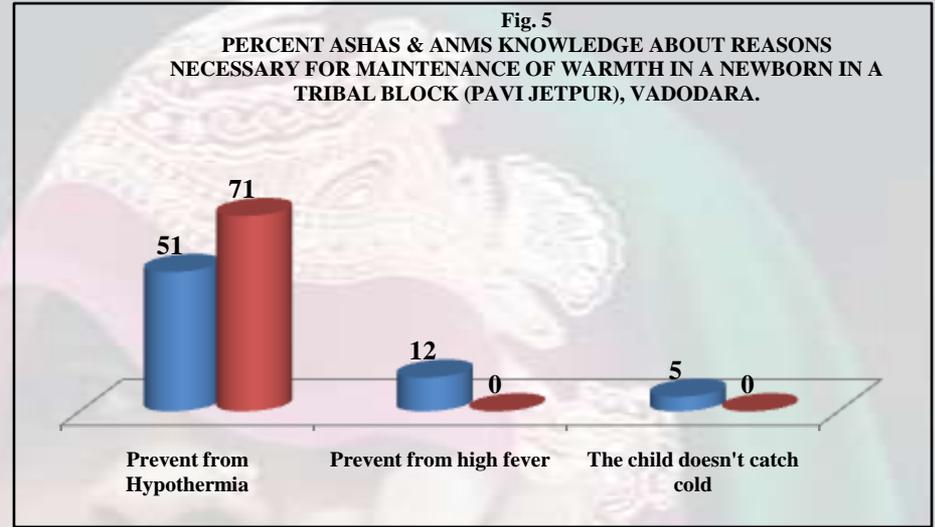
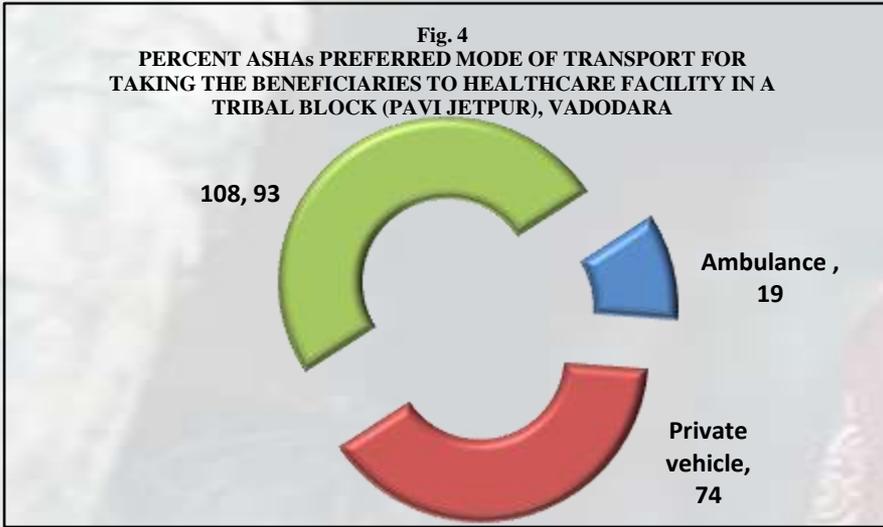
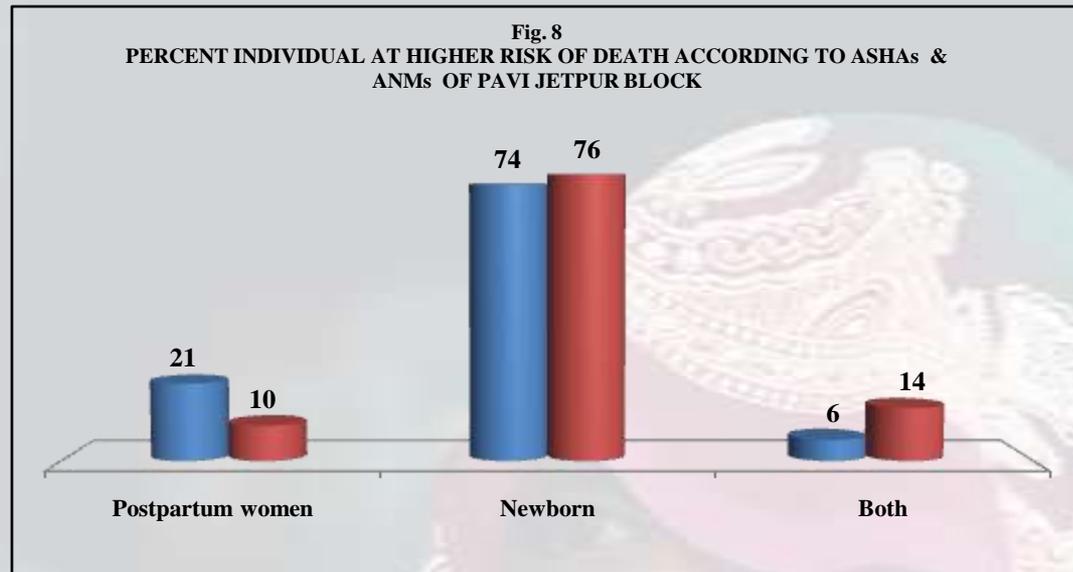


Fig.2
PERCENT PPW COUNSELED ON NEWBORN CARE
PRACTICES IN A TRIBAL BLOCK (PAVI
JETPUR), VADODARA.



Knowledge, Awareness and Practices about Postpartum and Newborn care services among ASHAs and ANMs





Causes of Maternal Deaths : Verbal autopsy

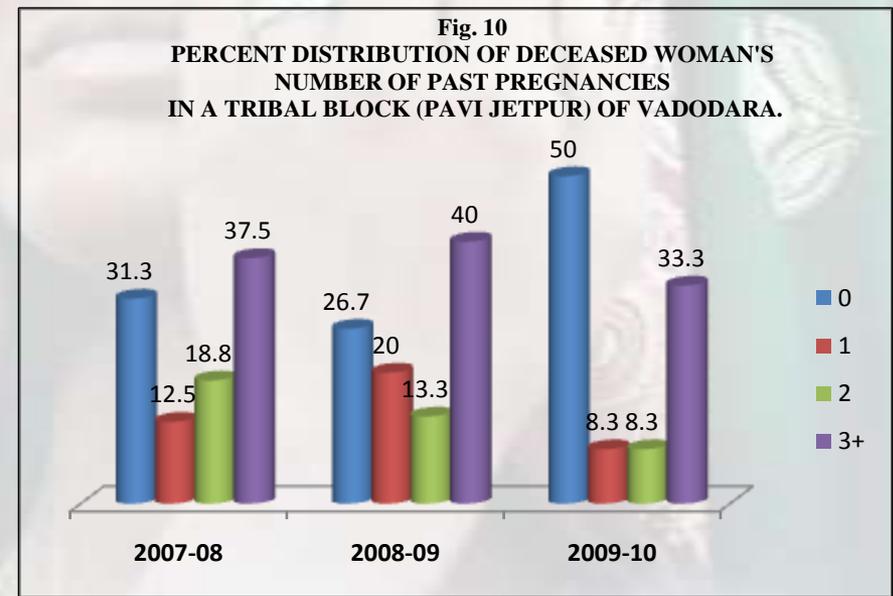
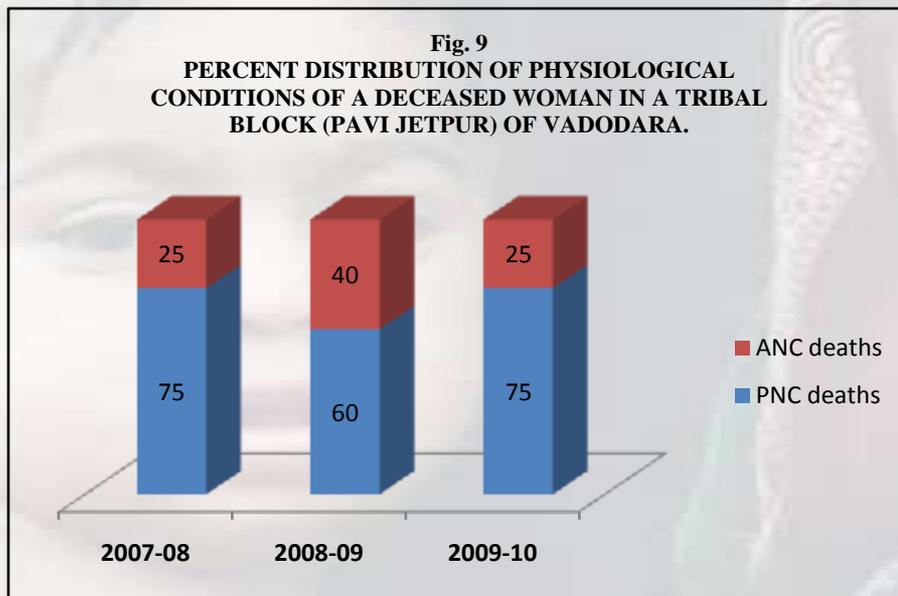


Fig. 11
PERCENT DISTRIBUTION OF PNC RECEIVED BY THE DECEASED WOMEN IN A TRIBAL BLOCK (PAVI JETPUR) OF VADODARA.

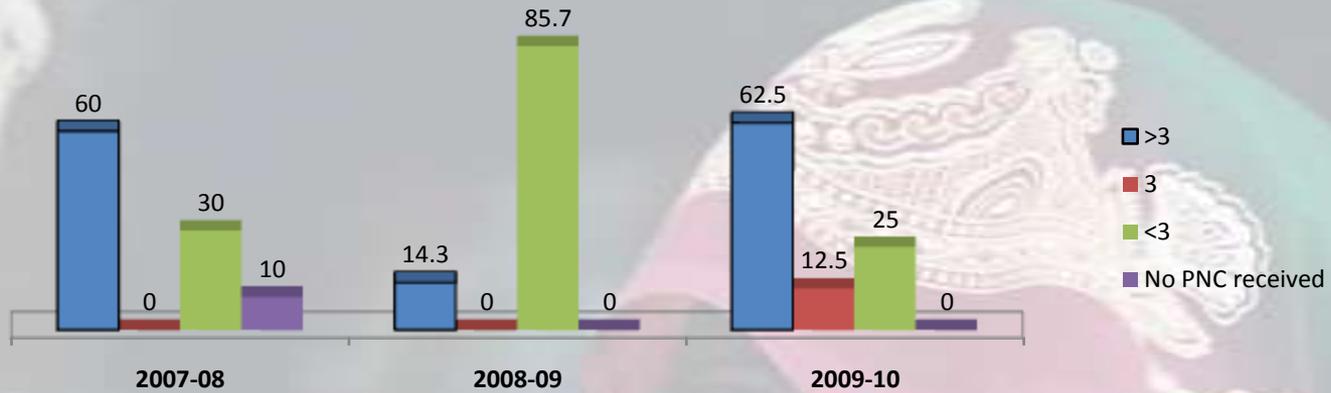


Fig. 12
PERCENT DISTRIBUTION OF DECEASED WOMEN SUFFERING FROM POSTNATAL COMPLICATIONS IN A TRIBAL BLOCK (PAVI JETPUR) OF VADODARA.

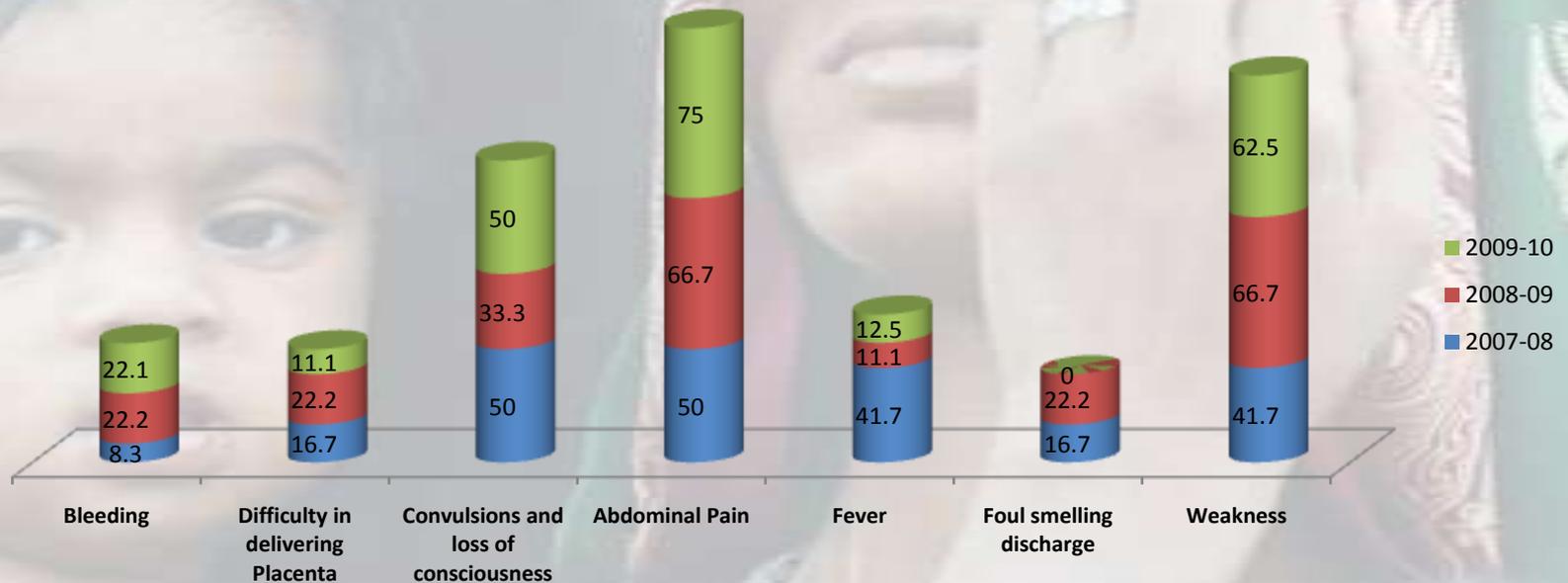
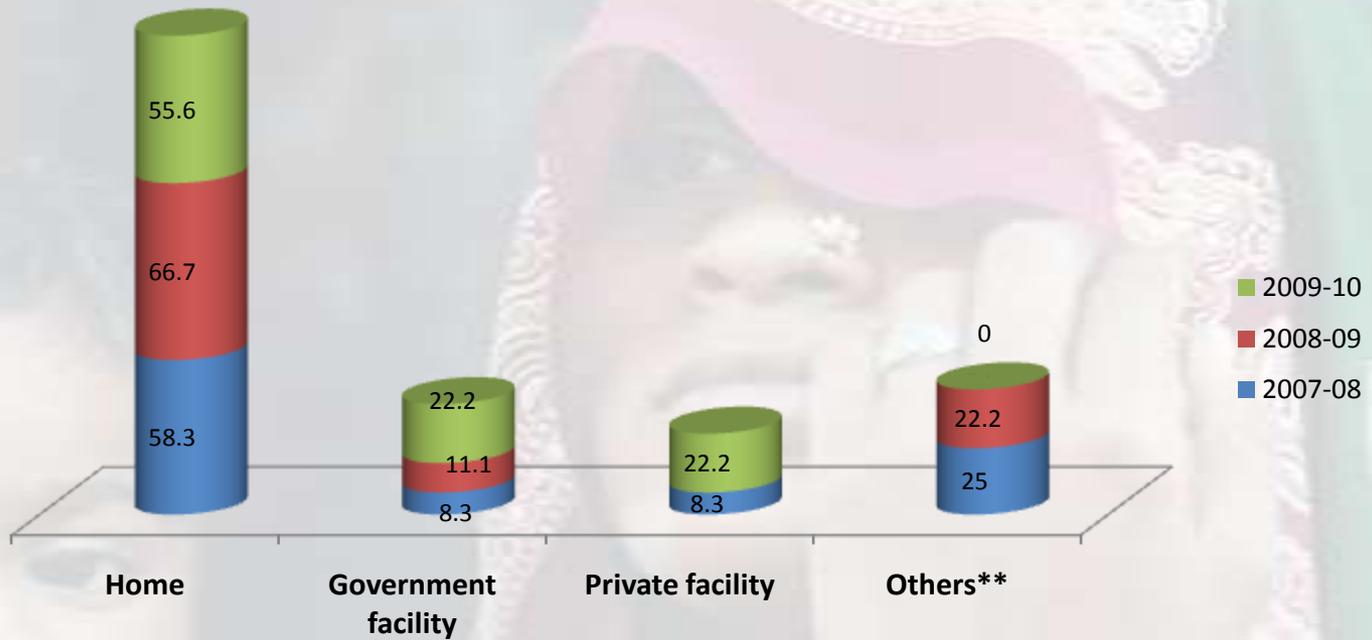


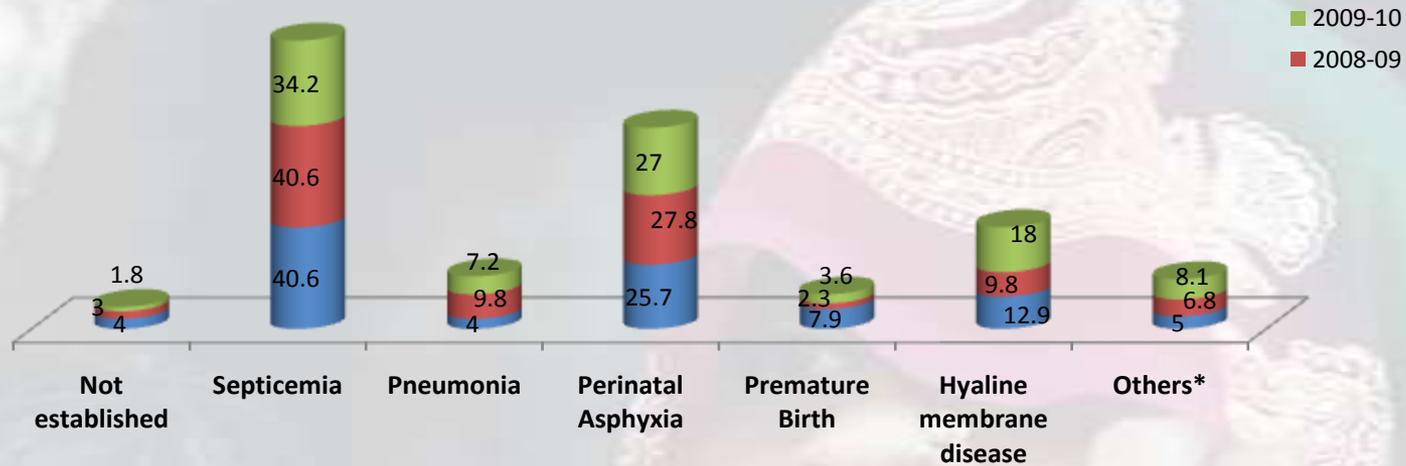
Fig. 14
PERCENT DISTRIBUTION OF PLACE OF DEATH OF A DECEASED WOMEN
IN A TRIBAL BLOCK (PAVI JETPUR) OF VADODARA.



**Others includes on the way, Trust/NGO Hospital.

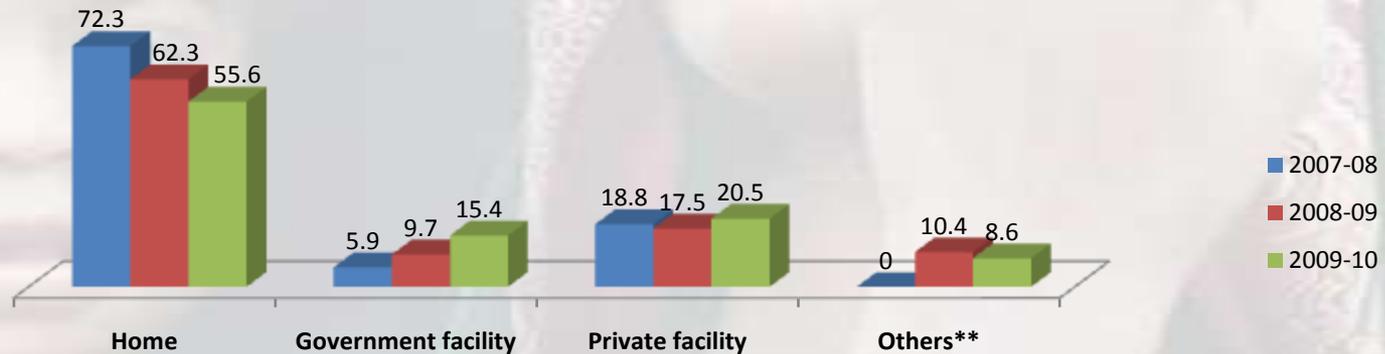
Causes of Infant Deaths : Verbal autopsy

Fig. 15
PERCENT DISTRIBUTION OF CAUSES OF DEATH OF A DECEASED INFANT IN A TRIBAL BLOCK (PAVI JETPUR) OF VADODARA.



*Other includes Hypoglycaemia, Acute Gastroenteritis, Meconium Aspiration Syndrome, and Intracranial Haemorrhage.

Fig. 16
PERCENT DISTRIBUTION OF PLACE OF DEATH OF A DECEASED INFANT IN A TRIBAL BLOCK (PAVI JETPUR) OF VADODARA.



**Others includes on the way, Trust/NGO Hospital.

Findings

- Long gaps and inadequate training has led to poor knowledge of services like postpartum and newborn care, identification of high risk symptoms, providing basic treatment, among the ASHAs and ANMs.
- The lack of awareness among PPW leading to deliveries at home in absence of any skilled service provider adds up to the lack of primary service delivery by the ASHAs and ANMs.
- The social dogmas and customs made the postpartum women shun whatever knowledge they had regarding newborn care and lean back on traditional methods which proved harmful.
- The MOs, BHO and paediatrician were aware of the services that ought to be provided to postpartum women and newborns but were often curtailed due to lack of specific infrastructure at government facilities.

Conclusion

- A closer look at data collected from both the quantitative and qualitative survey showed that the biggest lacunae lies in the most basic of the service infrastructure.
- As a result of this, both the service providers as well as the beneficiaries had largely not been able to reap the benefits of the health care services facilitated by the government.
- These lacunae in practices were detrimental to the health of postnatal mothers and newborns and needs further research to determine, why such decisions are made at the household level.

Gaps Identified & Recommendations

Gaps Identified

Manpower

- Inadequate medical and para-medical staff
- No Gynaecologist and Paediatrician

Infrastructure

- Lack of Infrastructure

Transport Facility

- Lack of government transport system for referral in far flung areas

Service Delivery

- Low postpartum and newborn referral
- Poor outreach services
- No blood bank facility
- ANMs unable to make home visits

Newborn care

- Facility based newborn care not easily available.

Recommendations

- Posting of multipurpose worker (MPW) / ANM at sub-centres and PHCs
- Equipments necessary providing RCH services are to be made available at PHC, FRU and CHC levels as per guidelines of GoI
- Ensuring transportation of women on EDD (expected date of delivery)
- Link up the AWW along with ANM, FHW to use IMNCI protocols and visit neonates and mother.
- Alternative blood arrangements for anaemic mother to be made available
- Effective implementation of facility based IMNCI
- Institutionalize special newborn care unit at all levels of facilities.

Gaps Identified

BCC/IEC

- BCC/IEC activities by healthcare providers has limited impact

Training

- Women volunteers neither trained nor equipped for providing IMNCI

Monitoring & Follow-up

- ANMs unable to monitor activities of ASHA due to increasing workload and improper distribution of work

Recommendations

- Undertake effective BCC activities among women on the need of contacting health personnels after home delivery
- Train ASHA/TBA/MPW for BCC and home based postpartum and newborn care
- Capacity building of medical and para-medical professionals
- To increase PNC coverage, sensitize and conduct workshop for the healthcare providers
- Institutionalize training plans from SC upwards
- Systems for performance appraisal through appropriate monitoring system
- Closer monitoring of neonates till 28 days
- Verbal Autopsy follow-up of maternal and infant deaths by matching data of maternal and infant death with ICDS and Talati every month
- Maternal and Neonatal death review committee at district level under the chairmanship of district collector



Thank You !