Internship Training

at

National Health Mission

Study/Project Title

"Scenario of an emergency obstetric care at 50 bedded SDH (Sub District Hospital) in Lunawada, Mahisagar District of Gujarat."

by

Sugandha Suman

Enroll No. - PG/14/61

Under the guidance of

Dr. B.S. Singh

Post Graduate Diploma in Hospital and Health Management

2014-16

International Institute of Health Management Research

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Sugandha Suman** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at **National Health Mission, Gujarat** from **February 2016** to **April 2016.**

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Dr. A.K. Agarwal
Dean, Academics and Student Affairs
IIHMR, New Delhi

Dr. B.S. Singh
Associate Proffesor
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Certificate of Approval

The following dissertation titled **"Scenario of an emergency obstetric care at 50 bedded SDH (Sub District Hospital) in Lunawada, Mahisagar District of Gujarat"** at **International Institute of Health Management Research, New Delhi** is here by approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn there in but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name

Signature

Dr. B. S. Singh

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Certificate from Dissertation Advisory Committee

This is to certify that **Ms. Sugandha Suman,** a graduate student of the **Post-Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. She is submitting this dissertation titled "**Scenario of an emergency obstetric care at 50 bedded SDH (Sub District Hospital) in Lunawada, Mahisagar District of Gujarat**." at "**National Health Mission**" in partial fulfillment of the requirements for the award of the **Post-Graduate Diploma in Health and Hospital Management.**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or boo

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Scenario of an emergency obstetric care at 50 bedded SDH (Sub District Hospital) in Lunawada, Mahisagar District of Gujarat.** and submitted by **(Sugandha Suman)** Enrollment No **PG/14/61** under the supervision of **Dr. B.S. Singh** for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from **February 2016 to April 2016** 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.

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FEEDBACK FORM

Name of the Student: Sugandha Suman

Dissertation Organisation: National Health Mission, Gujarat

Area of Dissertation: Obstetric Care

Attendance: 100%

Objectives achieved:

- Participated in Cold Chain Training, RMNCH+A Workshop & Supportive supervision of supervisor conducted by UNICEF.
- Active participation in training for ASHA for understanding work of ASHA working module 5, 6 & 7.
- Worked as a District level supervisor for monitoring of Pulse Polio round.
- Organized District level work shop of NIPI.
- Attained video conference for shift of t-opv- bopv
- A 2-days workshop on Planning and Monitoring of SBCC interventions with special focus on Routine Immunization.

Deliverables:

- As a DPC Coordinated deliverables of all national programmes and timely reporting to higher authorities
- Supervisory visit of PHI (Peripheral Health Institutions)
- Supportive supervision of Mamta session.(Village health and Nutrition day)
- Organized Governing body & Executive body meetings of District Health society MDR AND DLVMC etc.
- Actively participated in maternal death review committee meeting.

Strengths:

- Hard working and sincere
- Always complete task with full dedication
- Good analytical and communication skills.
- Good team leader.

Suggestions for Improvement: Need Local language learning.

Dr. S.B. Shah

Chief District Health Officer, Mahisagar

Date: 14th May 2016

Place: Lunawada, Mahisagar

MAHISAGAR DISTRICT PANCHAYAT LUNAWADA

PREFACE

The PGDHM (hospital and health management) course is well structured and integrated course of business studies. The main objectives of practical training at MBA level is to develop skill in students by supplement to the theoretical study of business management in general. Professors give us theoretical knowledge of various subjects in the institute. But we are practically exposed of such subjects when we get the training in the organization. It is the training through which we come to know that what an organization is and how it works. During this whole training I got a lot of experience and came to know about management practices in real that how it differs from those of theoretical knowledge and the practically in the real life.

It's very beneficial to learn health care delivery system at various levels. I observed the implementation of various National Health Programmes at National/State/District levels, I understood various functions of health systems by interactions with key stakeholders, policy makers, programme managers, academicians and researchers.

During my training period I had an overview of various programmes undertaken by National Health Mission, Gujarat including the current status of the programmes. As a DPC Coordinated deliverables of all national programmes and timely reporting to higher authorities. I also organized Governing body & Executive body meetings of District Health society MDR AND DLVMC etc. I also carried out a small study on-

"Scenario of an emergency obstetric care at 50 bedded SDH (Sub District Hospital) in Lunawada, Mahisagar District of Gujarat".

I have tried to put my best effort to complete this task on the basis of skill that I have achieved during my studies in the institute.

ACKNOWLEDGEMENT

At the onset of the report I would like to express my special gratitude and appreciation for my college authorities for allowing me to pursue my Dissertation from National Health Mission, Gujarat.

I would like to extend my special gratitude for my mentor, Dr B.S. Singh for helping me in my dissertation and guiding me throughout the process.

At this juncture I feel deeply honoured in expressing my sincere thanks to Dr S.B. Shah CDHO, Mahisagar district of Gujarat for assigning such a project which enhances my knowledge. I would also like to acknowledge with much appreciation the crucial role of Dr Birender Singh (ADHO) and Dr Dharmendra Chauhan (RCHO) who despite of other pre occupations and busy schedule were there to guide me and whose stimulating suggestions and encouragement helped me in complete my training.

I would also like to thank all theDistrict Programme Management Unit and staff of SDH for being so helpful all the time and making this Dissertation project an unforgettable experience.

A special thanks to Dr PatidarSuperintendent of SDH Lunawada, Mahisagar district of Gujarat for making the resources available at right time and providing valuable insights leading to the successful completion of my project.

Finally, and most importantly, I would like to thank God for allowing me to complete my project, my beloved parents for their blessings and my friends for their help and wishes for the successful completion of this training.

Table of Contents

	HR Status of SDH List of delivered cases List of referral cases Sample of case book of delivery Sample of referral book	

ABBREVIATIONS

1. ADHO- Additional district health officer
2. ANM- Auxiliary nurses midwifes
3. ASHA- Accredited social health activist
4. AWW- Anganwadi worker
5. BEmOC- Basic emergency Obstetric Care
6. CDHO- Chief District health officer
7. CHCs- Community health centers
8. CEmOC- Comprehensive Emergency Obstetric care
9. DPC- District programme coordinator
10. DHs- District hospitals
11. DLVMC- District level vigilance & monitoring committee
12. EmOC- Emergency Obstetric Care
13. E.C.G- Electrocardiogram
14. FHS- Fetal heart sound
15. FTND- Full term normal delivery
16. Gen.- General
17. HIV- Human immunodeficiency virus
18. IMR- Infant mortality rate
19. LSCS- Lower segment caesarean section
20. Lts- Lab Technicians
21. MMR-Maternal mortality rate
22. MDGs- Millennium development goals
23. NMS- Non medical supervisor
24. NGO- Non Government Organization
25. NHM-National health mission
26. OBC- Other backward caste
27. OPD- Outpatient department
28. PMW- Para medical worker
29. PHCs- Public health centers
30. PIH- Pregnancy induced hypertension
31. PPH- Postpartum hemorrhage
32. RGI- Registrar General of India
33. RCHO- Reproductive Child health officer
34. SCs- Sub centers
35. SDHs- Sub district hospitals
36. SRS- Sample Registration System
37. SC- Schedule caste
38. ST- Schedule tribe

39. TFR- Total fertility rate
40. WHO- World health organization

List of Tables and Graph

Abstract

Background: Pregnancy and child birth is universally celebrated event. "Complications related to pregnancy and childbirth is the leading causes of mortality and morbidity of women of reproductive age in many parts of the developing world. Most of these deaths, health problems and injuries are preventable through improved access to adequate health-care services, including safe and effective family planning methods and emergency obstetric care. In order to reduce maternal mortality, Emergency Obstetric Care (EmOC) must be available and accessible to all women. India's MMR is reducing at an average of 4.5 per cent annually, it has to bring down the MMR at the annual rate of 5.5% to meet the Millennium Development Goal.3

Objectives:To identify the trends of tertiary care referrals, obstetric services providedand obstetric emergency attended by Lunawada sub district hospital Mahisagar district of Gujarat.

Methodology: Retrospective secondary data analysis .This study is conducted in 50 bedded sub district hospital. Data was gathered from patient case files, labor room registers and 108 registers and analyzed with the help of Microsoft excel. Sample size is all the obstetric cases admitted from 1st January 2015 to 31st December 2015.

Result: Referral rate was 35.85%.Among 170 delivered cases 66 (38.8%) are underweight, 100 (58.8%) are normal. Average age of referred women was 26.07 years. Out of the 95 referral cases, in 11(11.63%) cases reasons of referral was not mentioned in the referral slips. Maximum cases was referred because of prolong labour and bleeding PV i.e. (12.63%) and (11.58%) respectively followed by anaemia 9 (9.47%), fetal distress 8 (8.42%), abnormal presentation or leaking PV is 7 (7.37%), and pre term or previous LSCS is 6 (6.32%). Data entry is inadequate as in 12 (12.63%) cases reason behind referral is not mentioned, in 25 (26.31%) cases age has not been recorded even the demographic profile has not been noted in maximum cases associated reason of referral is not mentioned. Total 9 cases of anemia is mentioned but hemoglobin of anemic cases has not been recorded. Parity of women is considered as a risk factor for developing complications in antenatal, intranatal and postnatal period. In spite of that it is not recorded.

Discussion: As per the HR report it has been found that there is unavailability of Gynecologist, Anesthetics, Pediatrics, General surgeon and physician.There is two sanctioned post for Lab technician among which only one is filled which shows that there is none availability of Lab technician round the clock and also there is a vacant seat of Aaya, Female sweeper, Male sweeper who play an important role in supporting the health services.There is unavailability of hospital manager post in health facility of Gujarat so managerial work has been done by medicos which hinders there work.

This study recommends thatmore stringent documentation is required in referral slips as well as referral register which must include demographic profile, inference of referral and their associated reasons which also include quantifiable values. Severely Anemic pregnant women directly attending this hospital express need for strengthening of RCH services at ground level. All pregnant women should get treatment of Anaemia in early ANC period to arrest maternal death.

Organization Profile

Organization Background

National Health Mission

State Health Society, Health and Family Welfare Department, Government of Gujarat

About NHM

National Health Mission, state health society Gujarat has created wide network of health and medical care facilities in the state to provide primary, secondary and tertiary health care at the door step of every citizen of Gujarat with prime focus on BPL families, marginalized population and weaker sections in rural and urban slum areas.

Department also takes appropriate actions to create adequate educational facilities for medical and paramedical manpower in the state of Gujarat.

Goals

- Reduce MMR to 1/1000 live births
- Reduce IMR to 25/1000 live births
- Reduce TFR to 2.1
- Prevention and reduction of anaemia in women aged 15–49 years
- Prevent and reduce mortality & morbidity from communicable, non-communicable; injuries and emerging diseases
- Reduce household out-of-pocket expenditure on total health care expenditure
- Reduce annual incidence and mortality from Tuberculosis by half
- Reduce prevalence of Leprosy to <1/10000 population and incidence to zero in all districts
- Annual Malaria Incidence to be <1/1000
- Less than 1 per cent microfilaria prevalence in all districts
- Kala-azar Elimination by 2015, <1 case per 10000 population in all block

Initiatives taken by Government of Gujarat

E-mamta (Mother & Child Information Tracking System)

The impact and attainment of the 'e-Mamta' inventiveness has been significant. It has been able to accelerate the process of effective and efficient delivery of health services to the grass roots. The coverage of the initiative extends to 7 corporations, 172 Nagarpalikas and all villages of the state of Gujarat.

SQIP (State Quality Improvement Programme)

For improving the functioning of the public health facilities and help in strengthening the processes for the providing quality public health care services throughout the State, Government of Gujarat is the first state in India which initiated for actively pursuing quality improvements in the public healthcare facilities through the network of Primary Health Centers (PHCs), Community Health Centers (CHCs), District Hospitals & Medical Colleges. In order to institutionalize Quality Assurance, Gujarat is the only state which has set up the District Quality Assurance cell & State Quality Assurance cell for implementation of this programme. It proposes to develop and institutionalize the use of the field based, practical and feasible indicators in quality assessment and to transform existing supervision practices into a more standardized and structured process. Any sustainable change in terms of institutionalization of Quality Assurance (QA) will come from within the system and not from outside. It is hoped that interventions from demand side (for example, community and individuals demanding better services) will also put pressure on the system to deliver quality services which will in turn give impetus for investing in QA.

Sickle Cell Anemia Control Program

Gujarat has 89.12 lakh tribal population and is expected to have at least 9,00,000 Sickle Cell Trait and 70,000 Sickle Cell Disease patients. The Dhodia, Dubla, Kukna, Gavit, Chaudhary, Halpati, Varli, Kokni, Kathodi, Kolcha, Kotwadia etc. are among the major tribes having Sickle Cell problem in Gujarat. According to ICMR survey amongst the primitive tribes of south of Gujarat, viz; Kolcha, Kotwadia&Kathodi; 30 % of Sickle Cell Disease children die before they reach adulthood (14 years) and the remaining 70 % die by the age of 50.

ASHA Sammelan

With about a workforce of 32,000 ASHAs in the State, motivating them, sharing the experiences of others and cross learning is essentially required to effectively build the reputation and to generate the feeling of belongingness.

Mission BalamSukham

Mission BalamSukham was officially launched on 18th September 2012 through Hon'ble Chief Minister of Gujarat state with an aim to combat malnutrition across the state.The strategy of Gujarat State Nutrition Mission focuses on both preventive and curative aspects.

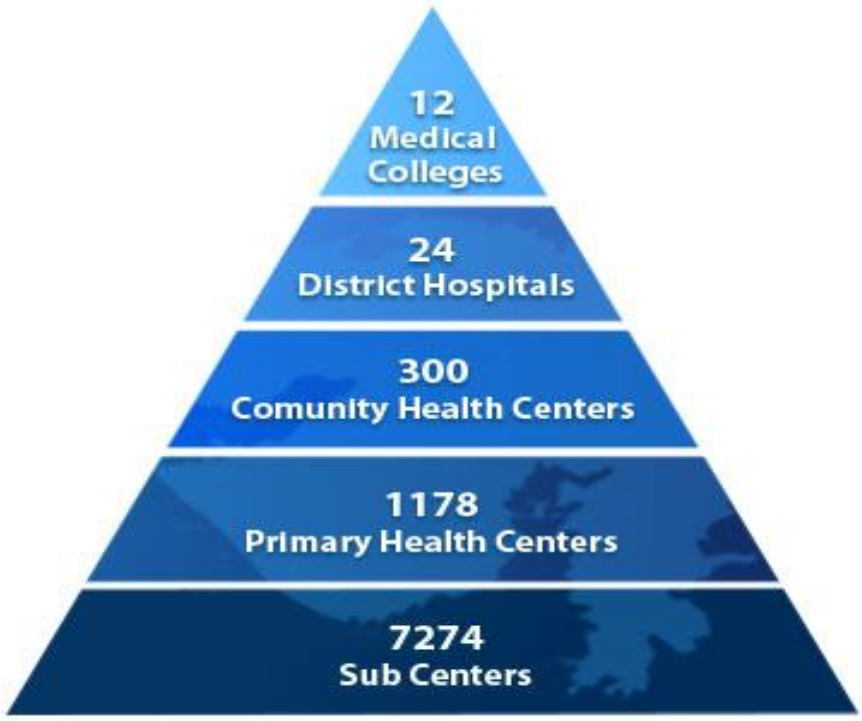
MamtaDoli

The purpose of the initiative is to bring the pregnant women to the nearest motorable point from where she can be picked up from ambulance receiving point for further transportation by EMRI 108 vehicle for Institutional Delivery or transportation of the pregnant women directly by the MamtaDoli service providers.

Performance Monitoring and Control Centre (PMCC) Commissionerate of Health, Gandhinagar

PMCC has been conceived as an innovative initiative of Commissionerate of Health, GUJARAT to integrate medical data analysis with real-time performance monitoring and reporting, advanced data warehousing and customizable executive and Information Dashboards.

The health set-up in Gujarat is designed in a three-tier fashion:



Health Services

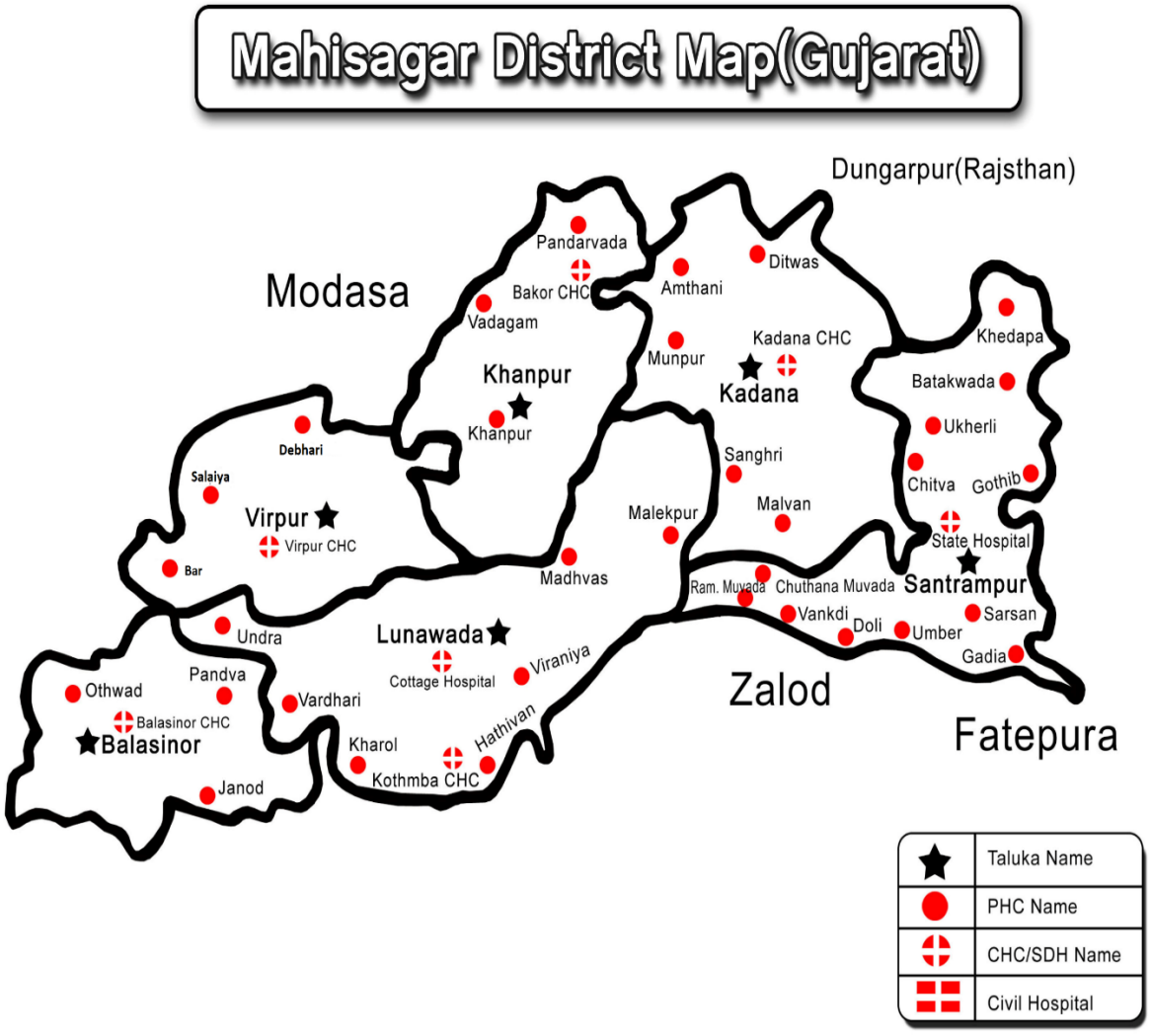
The Gujarat health system is organized on the principle of a dynamic concentration of medical facilities round about the teaching hospitals having all the medical specialties and facilities for treating serious patients referred from lower tier hospitals and the radical downward flow of active services from the teaching hospitals to peripheral levels through mobile teams of specialists, are the essence of a well-organized regionalization " (Study Group on Hospitals, S.N. Chatterjee, 1975).

Medical relief is provided to the rural and urban people through 56 District and Taluka General Hospitals, 4 Mental Hospitals, 3 Specialty Hospitals (2 Ophthalmic Hospitals and 1 Infectious Diseases) and 60 Dispensaries. A total of 6,648 beds are available in these hospitals.

Class 1 District Hospitals are equipped with Operation Theatre, Intensive and Cardiac Care Units, X-Ray, Ultrasound and Laboratory facilities, E.C.G. and Blood Transfusion services. Sub-district (Taluka) Hospitals have limited specialties like Surgery, Obstetrics and Gynecology, Pediatrics' and Dentistry. Ambulance services are available round the - clock in both the categories of hospitals**.**[1]

District Profile

Map: showing rural, urban, tribal, in-accessible areas



Mahisagar district: - is a districtinthe state of Gujarat in India that came into being on 26 January 2013, becoming the 28thdistrict of state. The district has been carved out of the Panchmahal district and Kheda district.

Lunawada is the district headquarter of Mahisagar. It started its operation in full-fledged from 15 August 2013.

Area in Sq. Km: 226064

No. of Blocks: 6

No. of Villages: 717

No. of Urban units: 3

No. of outgrowth/slums: 16

No. of tribal areas/ hamlets: 2

Hard to reach area (for example area prone to extremely flooding for six months or more per year, Naxalite affected areas, hard to reach due to geographical location etc.):0

How many blocks or villages, population fall under inaccessible areas: 0

Demographic profile:

Total population (In Lakhs) (updated as on March 2015): 1066935

Rural population (In Lakhs) (updated as on March 2015): 964225

Urban population (In Lakhs) (updated as on March 2015): 102710

Outgrowth/slums population (In Lakhs) (updated as on March 2015): 13541

Tribal areas/ hamlets population (In Lakhs) (updated as on March 2015): 396083

Migratory population (updated as on March 2015): NA

Population density (updated as on March 2015): ___4.72__per sq. km.

Decadal growth rate (%): 1.77

Sex Ratio (updated as on March 2015): 947: 1000 MALE

Child Sex Ratio (updated as on March 2015): 946:1000 MALE

Schedule Caste population (In Lakhs) (updated as on March 2015): 54560

Schedule Tribe population (In Lakhs) (updated as on March 2015): 375678

Total Literacy Rate (%) (Source):668895

Male Literacy Rate (%) (Source): 394880

Female Literacy Rate (%) (Source): 274015

General Healthcare Infrastructure:

No. of District hospitals: 1

No. of CHCs: 6

No. of PHCs: 33

No. of SCs: 225

No. of tertiary referral centres: 2

No. of tertiary referral centres: run by NGO (Non Govt. Organisations) 2

No. of tertiary referral centres: run by Government: 2

No. of Health Training Institutes: 0

Health Human Resources

No. of Physicians: 0

No. of Orthopaedic or general surgeons: 0

No. of Orthopaedic or general surgeons involved in RCS: 0

No. of Dermatologists: 0

No. of Lab Technicians (LTs): 10

No. of Physio-technician/ Physiotherapists: 0

No. of Physio-technician/ Physiotherapists providing POD services: 0

No. of ANM (Auxiliary Nurse Midwife): 193

No. of ASHAs: 894

No. of NMS (Non-Medical Supervisor): 0

No. of PMW (Para Medical Worker): 4

INTRODUCTION

(SECTION -1)

"Scenario of an emergency obstetric care at 50 bedded SDH (Sub District Hospital) in Lunawada, Mahisagar District of Gujarat."

1.1 **BACKGROUND**

"Complications related to pregnancy and childbirth is the leading causes of mortality and morbidity of women of reproductive age in many parts of the developing world. Most of these deaths, health problems and injuries are preventable through improved access to adequate health-care services, including safe and effective family planning methods and emergency obstetric care.[2]

Obstetric emergencies are life threatening medical conditions that occur in pregnancy or during or after labor and delivery.[3]Maternal mortality is defined as the death of any woman while pregnant or within 42 completed days of termination of pregnancy irrespective of the duration or site of pregnancy from any cause related to or aggravated by pregnancy but not from accidental or incidental causes. Maternal mortality is a key measure of quality of obstetric care. In order to reduce maternal mortality, Emergency Obstetric Care (EmOC) must be available and accessible to all women.

The World Health Organization (WHO) reported that India's MMR, which was 560 in 1990, reduced to 178 in 2010-2012. However, as per the MDG mandate, India needs to reduce its MMR further down to 103. Though India's MMR is reducing at an average of 4.5 per cent annually, it has to bring down the MMR at the annual rate of 5.5% to meet the Millennium Development Goal.[4]

Obstetric emergencies are the leading causes of maternal mortality worldwide and particularly in developing countries where lack of transport facilities, financial constraints due to poverty, illiteracy, ignorance, inadequate health infrastructure and meagre blood bank facilities combine to magnify the problem.

Prevention where possible and prompt and effective treatment of obstetric emergencies will go a long way to reduce the magnitude of ever increasing maternal mortality which appears to have defied all proposed measures set to reduce it by WHO.[5] Women in rural

and tribal area have to suffer more from obstetrical emergency as compared to urban area.

There are various policy related barriers which also effect access to life saving emergency obstetric care services in rural areas.[6] Policies like obstetrics done only by obstetrician; anaesthesia done only by anaesthetists restricts basic doctors from performing obstetric surgical procedures including caesarean section even in the case of emergency when there is no specialist obstetrician available.

Data collected on causes of maternal mortality by Registrar General of India shows that anemia is responsible for 14-24% of the maternal death, while bleeding during pregnancy is responsible for 16-26% of maternal deaths.[7] Access to blood is very important to treat maternal complications, but more so in a country like India where anemia is common but availability to blood is very difficult. The rules for blood banks stipulate some good conditions such as all blood banks must be licensed and that they must test all blood for HIV and Hepatitis. But the rules also stipulate many conditions which are unnecessary for ensuring safety of the blood, such as blood bank must have 8 rooms, 3 of which must be air conditioned. These conditions are that blood bank must have minimum staff of 3 full time people including a pathologist (or a medical officer with one year training in blood banking), a blood bank technician and a nurse. Due to such excessive requirements laid down by government for blood banks there is less availability of blood. Health policies should be in line with realities of rural India and based on latest scientific understanding about maternal mortality.

1.2 PROBLEM STATEMENT

Each year, some 360,000 women worldwide die from complications of pregnancy and childbirth.[6] 99% of maternal deaths occur in the developing world, which is also the location of the majority of humanitarian emergencies; Africa and Asia together account for 95% of maternal deaths.[8]

India accounts for the maximum number of maternal deaths in the world — 17 percent or nearly 50,000 of the 2.89 lakh women who died as a result of complications due to pregnancy or childbearing in 2013.[9]As per the Sample Registration System (SRS), Registrar General of India (RGI-SRS), Maternal Mortality Ratio (MMR) has shown a decline from 212 per 100,000 live births in the period 2007-09 to 178 per 100,000 live births in the period 2010- 12 and 167 in 2011-2013.[8]According to SRS 2011-2013 MMR of Gujarat is 112.[10] Yet mortality rate is declining but not enough to meet Millennium Development Goal.Causes of maternal mortality include postpartum hemorrhage, eclampsia, obstructed labor, and sepsis which need utmost attention. Many developing nations lack adequate health care and family planning, and pregnant women have minimal access to skilled labor and emergency care. Basic emergency obstetric interventions, such as antibiotics, oxytocic's, anticonvulsants, manual removal of placenta, and instrumented vaginal delivery, are vital to improve the chance of survival.

1.3 RATIONALE

Globally, 75% of maternal deaths are due to five causes, all of which are treatable. These causes are:Haemorrhage, Obstructed labour, Sepsis (infection), Eclampsia (convulsions) and unsafe abortions.[11]Anaemia is also a leading cause of referral and sometimes maternal death also according to SRS 1998 –Registrar General of India 19% deaths occurred due to anaemia. Obstetric care is cornerstone to reduce MMR and helpful to meet the millennium development goal.

So it is important to focus on the type and quality of obstetric care provided in the government setup and to find out the constraints in providing effective emergency obstetric care. Also there are very few studies which particularly emphasis on the services provided and common indication of referral in pregnancy related cases that's why this study is of immense importance.

REVIEW OF LITERATURE

(SECTION-2)

REVIEW OF LITERATURE

1. Obstetric referrals: scenario at a primaryhealth centre in gujarat.[12]

Pregnancy and childbirth is associated with healthrisks for both the mother and child. Timely and prompt referralservice has been identified as one of the effective strategies tocombat related risks and adverse outcomes. In rural areas, thisproblem is compounded by multiple factors and referral oftenplays a key role to ensure favourable outcome. Documentation of common indications &identification of constraints related to referrals in pregnancyrelated cases in a PHC of Gujarat. Secondary data analysis of referral slips of referredcases from one PHC, Gujarat was done. Referral slips between2004 and 2009 were analysed. A total 155 pregnancy relatedreferrals were made during this period.Referral rate was 15.2%. The average age of women was23.46±4.1 years, 12.2% women belonged to the high riskagegroup and 5.8% women were grand multipara. Referrals were nearly equally distributed between OPD and emergency hourshighlighting the need for 24X7 services at the PHCs. Majority ofreferrals were during the intranatal period (64.5%), followed byantenatal cases (23.9%) and postnatal cases(11.6%). The commonreasons for referral were non progressive labour (14.8%), severeanaemia (10.3%), pre-eclampsia (10.3%), malpresentation (9.7%)and postpartum haemorrhage (9.7%). Out of 62.6% who requiredpre-referral treatment, 43.3% didn't get pre-referral treatment.Majority of pre-referral treatment were not given in intranatalperiod (58.9%).This study recommends the development of a standard referral protocol, proper training in this regard anduniversal adherence to this in practice.

2. Obstetric emergencies presenting to a rural community maternity hospital,Southern Karnataka, India.[13]

Obstetric emergency is defined as a life threatening condition that is related to pregnancy or delivery that requires urgent medical intervention in order to prevent the likely death of the women. Maternal mortality is an index of effectiveness of obstetric services prevailing in a country. Prevention of maternal deaths is one of the foremost goals of not only maternal and child health programmes but also other human development endeavours of a nation. To study the profile and incidence of obstetric emergencies among pregnant women delivering at a rural maternity hospital in Southern

Karnataka and to assess the risk factors associated with these obstetric emergencies. Retrospective record review was done to collect information pertaining to cases admitted, procedures done and also referrals done if any. The records of one year (2006 2007) were reviewed of women who delivered at the study institution there were 1520 deliveries during this period. The incidence of obstetric emergencies was 6.4%. Of all the obstetric emergencies 51.5% was contributed by traumatic post-partum haemorrhage. The outcome of obstetric emergencies was 97 healthy babies, 96 healthy mothers and 1maternalmortality.

3. Review of maternal and fetal outcome in obstetric emergencies reported to tertiary care institution in western india.[14]

Obstetric emergencies can occur suddenly and unexpectedly. They are associated with adverse maternal and perinatal outcome. Early identification of high risk pregnancies can reduce the incidence of obstetric emergencies. Present study was carried out to find out the incidence, nature and outcome of obstetric emergencies.

Retrospective observational study of obstetric emergencies admitted at tertiary care center over a period of two years.

Obstetric emergencies occurred more frequently during antenatal period (52%) than intra (32%) or postnatal period (16%). Hemorrhage and severe hypertension were the commonest emergencies during pregnancy, whereas prolonged labour, obstructed labour and rupture uterus was common during intra natal period. Postpartum hemorrhage, retained placenta inversion of uterus and puerperal sepsis were common causes of emergencies during postnatal period. Maternal and perinatal mortality was significantly higher in obstetric emergency cases. Postpartum hemorrhage was the commonest direct cause and infective hepatitis was the commonest indirect cause for maternal deaths. Prematurity, low birth weight babies and birth asphyxia were responsible for 90 percent of perinatal mortality.

Early registration, regular antenatal visits, early identification and timely referral of high risk pregnancies can reduce the incidence of obstetric emergencies. Training of nurse midwives, village health workers and doctors at primary health centers, in early identification and treatment of common emergencies can reduce the maternal and perinatal morbidity and mortality.

4. Policy Barriers Preventing Access to Emergency Obstetric Care In Rural India.[15]

India with its one billion people contributes to about 20% of all maternal deaths in the world. Even though infant mortality has declined in India maternal mortality has remained high at about 540 per 100,000 live births. Recent scientific evidence shows that access and use of high quality emergency obstetric care is the key to reducing maternal mortality and that high risk approach in ante natal care do not help in reducing maternal mortality significantly. This paper analyzes the policy level barriers, which restrict access of rural women to life saving emergency obstetric care in rural India. The paper is based on study of policies, research reports and experience of working in the area of maternal health over last several years. The paper describes how policies restrict basic doctors1 from performing obstetric surgical procedures including cesarean section even in remote areas where there is no specialist obstetrician available. The para-medical staff such as the Auxiliary Nurse Midwife is also not allowed to manage obstetric emergencies in rural areas. The policy also does not allow nurses or basic doctors to give anesthesia. As there is limited number of anesthetists in rural areas, this further reduces access to life saving emergency surgery. New blood banking rules are very utopian, requiring many unnecessary things for licensing of a blood bank. Due to this, already limited access to blood transfusion in rural area has further reduced. Thus many restrictive policies of the government have made emergency obstetric care inaccessible in rural areas leading to continued higher maternal mortality in India.

5. Maternal and Fetal Outcome of Obstetric Emergencies ina Tertiary Health Institution in South-Western Nigeria.[16]

Objective. This study was carried out to determine the pattern of obstetric emergencies and its influence onmaternal and perinatal outcome of obstetric emergencies at the OlabisiOnabanjo University Teaching Hospital (OOUTH), Sagamu, Nigeria. Method. A retrospective study of obstetric emergencies managed over a three-year period at OlabisiOnabanjo University Teaching Hospital (OOUTH), Sagamu, Nigeria was conducted. Results. There were 262 obstetric emergencies accounting for 18.5% of the 1420 total deliveries during the period. Unbooked patients formed the bulk of the cases (60.3%). The most common emergencies wereprolonged/obstructed labour, postpartum

hemorrhage, fetal distress, severe pregnancy-induced hypertension/eclampsia, andantepartum hemorrhages. Obstetric emergencies were responsible for 70.6% of the maternal mortality and 86% of the perinatalmortality within the period. Conclusion. Prevention/effective management of obstetric emergencies will help to reduce maternal and perinatal mortality in our environment. This can be achieved through the utilization of antenatal care services, making budget for pregnancies and childbirth at family level (pending the time every family participates in National Health Insurance Scheme), adequate funding of social welfare services to assist indigent patients, liberal blood donation, and regular training of doctors and nurses on this subject.

OBJECTIVES OF THE STUDY

SECTION-3

OBJECTIVES

- To identify the trends of tertiary care referrals by Lunawada sub district hospitalMahisagar district of Gujarat.
- To identify the obstetric services provided byLunawadasub district hospital of Mahisagar district of Gujarat.
- To identify the types of obstetric emergency attended by Lunawadasub district hospital of Mahisagar district of Gujarat.

METHODOLOGY

SECTION-4

METHODOLOGY

STUDY TYPE: Retrospective secondary data analysis

STUDY AREA: This study will be conducted in 50 bedded sub district hospital of Lunawada,Mahisagar district of Gujarat.

STUDY POPULATION: All the pregnancy related cases which are admitted to the cottage hospital Lunawada.

STUDY DURATION: February 2016 to April 2016

SAMPLE SIZE:All the obstetric cases admitted in SDH hospital Lunawada from1st January 2015 to 31st December 2015.

TOOLS AND TECHNIQUES:Data was gathered from patient case files, labor room registers and 108 registers. Data was analyzed with the help of Microsoft excel.

ETHICAL CONSIDERATION:Permission from authorities has been taken which includes hospital medical Superintendent and CDHO (Chief District Health Officer)

LIMITAIONS OF THE STUDY:

- Inadequate documentation of major areas like no of gravida, type of anemia & demographic profile of study population.
- The paucity of such studies in obstetric referral related issues was a limitation in this study and more such studies are needed to get the complete picture.

DATA ANALYSIS

SECTION- 5

RESULT

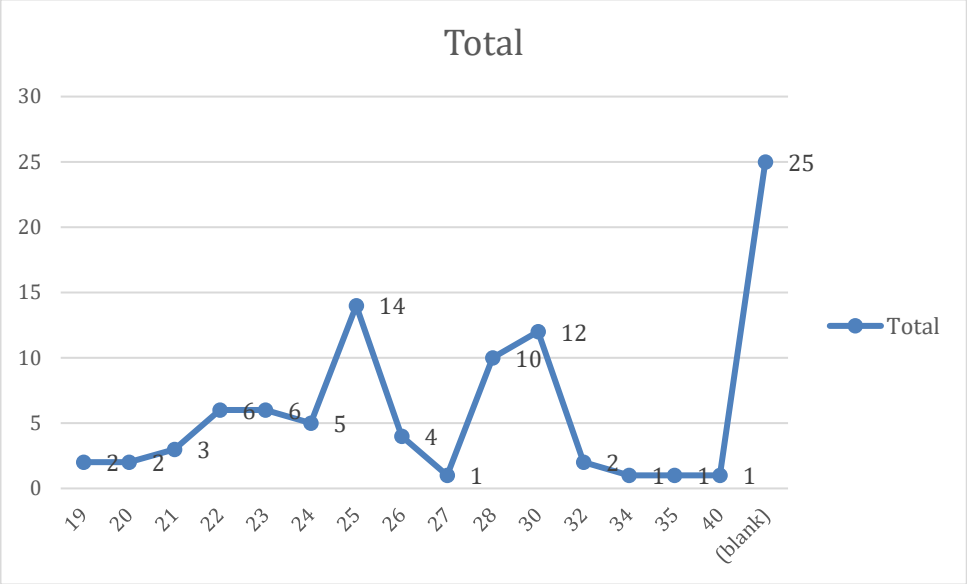
In the sub district hospital Lunawada, Mahisagar district of Gujarat a total of 265 obstetric cases has been attended in the study period out of which 170 (64.5%) women delivered and 95 (35.85%) women were referred. So, the referral rate was 35.85%.

Among 170 delivered cases 66 (38.8%) are underweight, 100 (58.8%) are normal and in 4 (2.35%) weight has not been recorded.

Table-1: Age wise distribution of referred cases.

Age of mother	Frequency	Percentage
Less than 19 years	0	0
19-30	65	68.42
31-40	5	5.26
Blank	25	26.31
Total	95	100

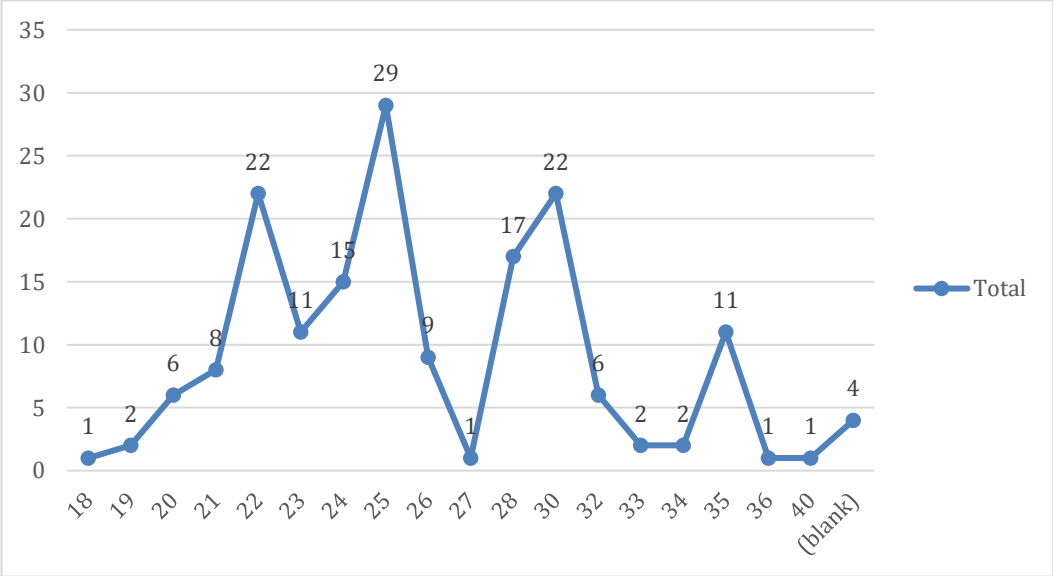
Graph-1: Graph showing frequency distribution by age of referred cases.



Average age of pregnant women was 26.07 years and the age distribution curve shows two peaks. Women aged more than 30 years were 5 that is (5.26%) and less than 19 years were 0.

TABLE-2: Age wise distribution of Delivered cases

GRAPH-2: Graph showing frequency distribution by age of Delivered cases.



The data reveals that majority of delivered cases which is 142 (83.52%) falls in the age group of 19-30 which is a positive indication.

Out of the 95 cases, in 11(11.63%) cases reasons of referral was not mentioned in the referral slips. Maximum cases was referred because of prolong labour and bleeding PV i.e. (12.63%) and (11.58%) respectively.

TABLE-3: Month wise distribution of deliveries taken place.

MONTH	NO OF DELIVERIES
JANUARY	18
FEBRUARY	11
MARCH	14
APRIL	8
MAY	17
JUNE	14
JULY	15
AUGUST	12
SEPTEMBER	9
OCTOBER	17
NOVEMBER	22
DECEMBER	13
Grand Total	**170**

TABLE-4: Month wise distribution of referred cases.

MONTH	NO OF REFERRALS
JANUARY	4
FEBRUARY	3
MARCH	6
APRIL	4
MAY	8
JUNE	4
JULY	11
AUGUST	6
SEPTEMBER	8
OCTOBER	8
NOVEMBER	22
DECEMBER	11
Grand Total	**95**

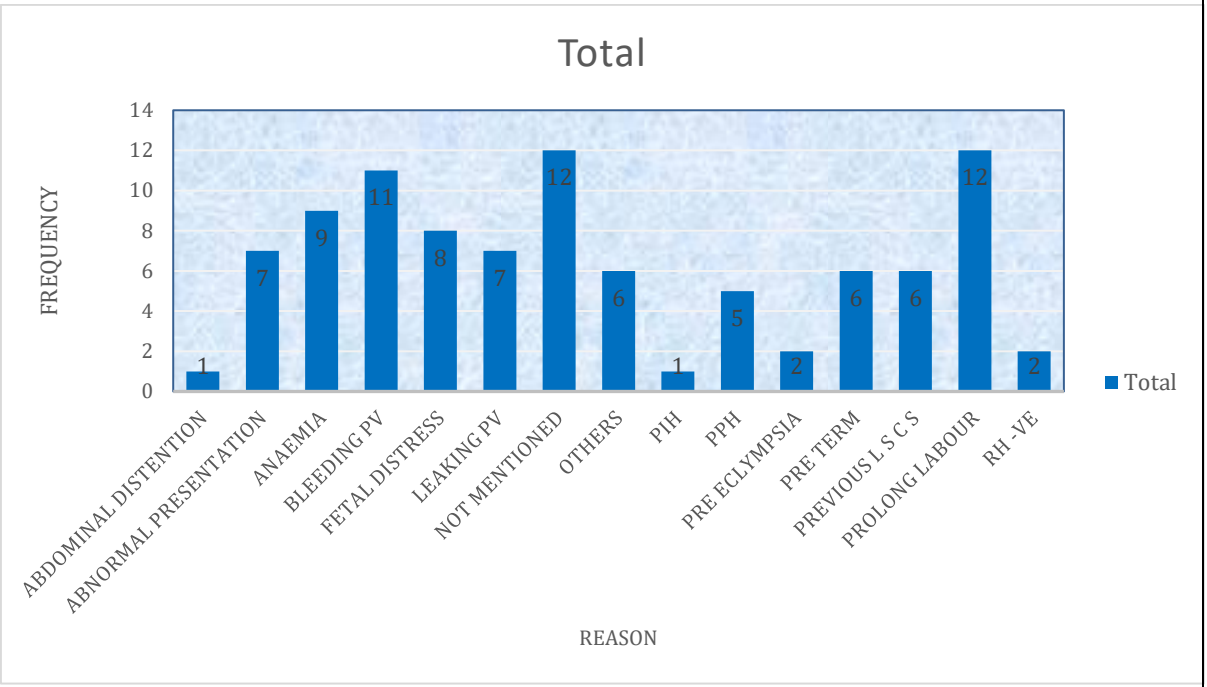
TABLE-4: Taluka wise distribution of referral cases

TALUKA	NO OF CASES
BALASINOR	1
DAHOD	1
KADANA	8
KANKREJ (BANASKANTHA)	1
KHANPUR	6
KHEDA	1
LUNAWADA	33
MEGHRAJ (ARAVALI)-	1
SANTRAMPUR	7
SEHRA	2
VIRPUR	1
(blank)	33
Grand Total	**95**

Table-5: Distribution of pregnant women according to indication of reasons of referral

REASONS OF REFERRAL	FREQUENCY	PERCENTAGE
ABDOMINAL DISTENTION	1	1.05%
ABNORMAL PRESENTATION	7	7.37%
ANAEMIA	9	9.47%
BLEEDING PV	11	11.58%
FETAL DISTRESS	8	8.42%
LEAKING PV	7	7.37%
NOT MENTIONED	11	11.58%
OTHERS	7	7.37%
PIH	1	1.05%
PPH	5	5.26%
PRE ECLYMPSIA	2	2.11%
PRE TERM	6	6.32%
PREVIOUS L S C S	6	6.32%
PROLONG LABOUR	12	12.63%
RH -VE	2	2.11%
Grand Total	**95**	**100.00%**

Graph-3: Frequency polygon of Reason behind referral



The highest number of emergency occurred because of Prolong labour 12 (12.63%) and Bleeding PV 11 (11.58%) followed by Anemia 9 (9.47%), Fetal distress 8 (8.42%), Leaking PV7 (7.2%) and 6 (6.32%) Pre term and Previous LSCS.

Table-6: Reason of referral and their associated reasons.

CLASSIFICATION OF REFFERAL AND THERE ASSOCIATED REASONS	NUMBER OF REFFERALS
ABDOMINAL DISTENTION	**1**
(blank)	1
ABNORMAL PRESENTATION	**7**
BREECH	2
HAND PROLAPSE	1
TRANSVERSE LIE	2
TWINS	1
(blank)	1
ANAEMIA	**9**
SEVERE ANAEMIA	1
(blank)	8
BLEEDING PV	**11**
3 MONTH ABORTION	1
	43

3 MONTH AMENORRHOEA ABORTION		1
3 MONTHS ABORTION		1
7 MONTH AMMONERHEA BLEEDING		1
ABORTION		3
CERVICAL TEAR		1
LABOUR PAIN		1
(blank)		2
FETAL DISTRESS		**8**
FHS 178		1
BIRTH ASPEXIA		1
FHS 180		1
FHS 182		1
FHS DECREASE		1
MECONIUM STAINED AMNIOTIC FLUID		2
(blank)		1
LEAKING PV		**7**
`P 140/90 FHS 148		1
(blank)		6
NOT MENTIONED		**11**
OTHERS		**6**
6 MONTH ABDOMINAL PAIN		1
PRIMARY PARA		1
RESPIRATORY DISTRESS		2
URETHER PROBLEM		
BABY WEIGHT 1.800 GM	1	1
USG		1
PIH		**1**
BP 130/90 mm		1
PPH		**5**
HOME DILEVERY RETAINED PLACENTA		1
HOME DILEVERY VAGINAL TEAR		1
RETAIN PLACENTA		1
(blank)		2
PRE ECLYMPSIA		**2**
6 MONTH SWELING OF FACE PEDICAL EDEMA BP 150/90		1
(blank)		1
PRE TERM		**6**
7 1/2 MONTH		1
8 1/2 MONTH		1
8 MONTH		3
(blank)		1
PREVIOUS L S C S		**6**
(blank)		6

PROLONG LABOUR	**12**
NO PROGRES	1
8 MONTH	1
NO DILATION	1
OBSTRUCTED LABOUR	1
OBSTRUCTED LABOUR WITH ABDO PAIN, USG	1
(blank)	7
RH –VE	**2**
BLOOD GROUP O -VE HB 4.8 ANAEMIC	1
(blank)	1
(blank)	
Grand Total	**95**

Data entry is inadequate in maximum cases associated reason of referral is not mentioned. Total 9 cases of anemia is mentioned but hemoglobin of anemic cases has not been mentioned.

Table-7: Caste wise comparison between delivered cases and referral cases.

CASTE	**NO**	**%**	**CASTE**	**NO**	%
GEN	12	7.1	GEN	12	12.6
OBC	109	64.1	OBC	48	50.2
SC	10	5.8	SC	10	10.5
ST	39	22.9	ST	25	26.3
Grand Total	**170**		**Grand Total**	**95**	

The data shows that there is equitable distribution of service provided in Sub District Hospital Lunawada as there is no as such caste wise difference in service provided

DISCUSSION

SECTION-6

DISCUSSION

In the SDH a total of 265 obstetric cases has been reported which includes 170 (64.5%) delivery cases and 95 (35.85%) referral cases. The referral rate was 35.85%. Most of the cases were referred to Civil Hospital Godhra.

There is a need to improve the quality of data maintained as in 12 (12.63%) cases reason behind referral is not mentioned, in 25 (26.31%) cases age has not been recorded even the demographic profile has not been noted. Parity of women is considered as a risk factor for developing complications in antenatal, intranatal and postnatal period[18]. In spite of that it is not recorded.

As per the discussion with **SDH Superintendent**and**HR report of SDH Lunawada** it has been found that:-

1. There has been unavailability of Gynecologist, Anesthetics, Pediatrics, General surgeon and physician. If there is availability of Gynecologist & Pediatrics then we are able to reduce referral by approx. 60% or more than that.
2. There is two sanctioned post for Lab technician among which only one is filled which shows that there is none availability of Lab technician round the clock and also there is a vacant seat of Aaya, Female sweeper, Male sweeper who play an important role in supporting the health services.
3. There is unavailability of hospital manager post in health facility of Gujarat so managerial work has been done by medicos which hinders there work.
4. There is not too much difference in the income of general surgeon and obstetrician in government setup so most of them prefer to practice privately as in private sector there earning is high.
5. SDH Lunawada recently developed tie up with blood storage unit Godhra after which referral rate will be definitely reduced as the cases of anaemia bleeding PV can be resolved at SDH itself.

RECOMMENDATION

SECTION-7

RECOMMENDATION

- More stringent documentation is required in referral slips as well as referral register which must include demographic profile, inference of referral and their associated reasons which also include quantifiable values.
- All the vacant post of gynecologist, anesthetist, pediatrician and other health system supportive staff likelab technician Aaya, Sweepers must be filled.
- Severely anaemic pregnant women directly attending this hospital express need for strengthening of RCH services at ground level. All pregnant women should get treatment of anaemia in early ANC period to arrest maternal death.
- Classification and management as per standard protocol of high risk pregnancy can reduce referral and improve outcome.
- Training of medical officers and staff nurse for the management ofcommon obstetric emergencies will reduce the referral cases.

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SECTION-8

REFRENCES

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ANNEXURES

SECTION-9

Appendices – 1

Cottage Hospital Lunawada					
HR STATUS					
Sr. No.	Designation	Class	Bed-50		
			Sanction	Fill	Vacant
1	Superintendent	Cl—1	1	0	1
2	Gynaecologist	Cl—1	1	0	1
3	Paediatrics	Cl--1	1	0	1
4	General Surgeon	Cl--1	1	0	1
5	Physician	Cl--1	1	0	1
6	R.M.O	Cl--1	1	0	1
7	Anesthetise	Cl--1	1	0	1
8	Ophthalmic surgeon	Cl--1	1	1	0
		Total	8	1	7
9	Medical Officer	Cl--2	5	4	1
10	Dental Surgeon	Cl--2	1	0	1
11	Administration	Cl--2	1	0	1
		Total	7	4	3
12	Head Clerk	Cl--03	2	1	1
13	Senior Clerk	Cl--03	1	0	1
14	Junior Clerk	Cl--03	2	0	2
15	Ass.Nursing Superintendent	Cl--03	1	1	0
16	SeniorPharmacist	Cl--03	1	0	1
17	Junior Pharmacist	Cl--03	3	2	1
18	LaboratoryTechnician	Cl--03	2	1	1
19	X-Ray Technician	Cl--03	1	1	0
20	X-Ray Assistant	Cl--03	1	0	1
21	Ophthalmic assist.	Cl--03	1	1	0
22	Driver	Cl--03	2	1	1
23	Head Nurse	Cl--03	4	4	0
24	Staff Nurse	Cl--03	20	18	2
25	A.N.M	Cl--03	1	1	0
26	Health Visitor	Cl--03	1	0	1
27	Electrician	Cl--03	1	0	1

28	**Plumber**	**Cl--03**	**1**	**0**	**1**
		Total	**45**	**31**	**14**
29	**O.T. Attendant**	**Cl--04**	**1**	**1**	**0**
30	**Ward Servant**	**Cl--04**	**4**	**4**	**0**
31	**Aaya**	**Cl--04**	**2**	**1**	**1**
32	**Female Sweeper**	**Cl--04**	**1**	**0**	**1**
33	**Male Sweeper**	**Cl--04**	**1**	**0**	**1**
34	**Cook**	**Cl--04**	**1**	**1**	**0**
35	**Watch man**	**Cl--04**	**1**	**0**	**1**
36	**Dresser**	**Cl--04**	**1**	**0**	**1**
37	**Peon**	**Cl--04**	**1**	**1**	**0**
		Total	**13**	**8**	**5**
		Total	**73**	**44**	**29**

Appendices-2 TAILS OF DELIVERY TAKEN PLACE AT COTTAGE HOSPITAL

S.NO	MONTH	NAME	HUSBAND NAME	CASTE	AGE	CHILD INFO		ADDREESS	TYPE OF DELIVERY
						SEX	BABY WEIGHT		
1	JANUARY	AMRIT BEN BARIYA	ARVIND BHAI PUNA BHAI BARIYA	OBC	28	MALE	1.90	BALIYADEV FALIYU PO-KANTAR	FTN**D**
2	JANUARY	JAYA BEN PATALIYA	SUBASH BHAI BHADUR BHAI PATALIYA	OBC	20	FEMALE	2.51	UCHARPITA-LUNAWADADIST-MAHISAGAR	FTN**D**
3	JANUARY	BHURI BEN DAMOR	BALA BHAI PTHA BHAI DAMOR	ST	28	FEMALE	2.00	DODAVANTA ZANBUKI FADIYU PO-GHAGHOVADA TA-KHANPURDIST-MAHISAGAR	FTN**D**
4	JANUARY	DARIYA BEN DAMOR	RICING BHAI KANA BHAI DAMOR	ST	28	FEMALE	2.20	DAMOR FALIYUKADANADIST-MAHISAGAR	FTN**D**
5	JANUARY	BHURI BEN DAMOR	DHYA BHAI SOMA BHAI DAMOR	ST	35	FEMALE	0.08	BAKORTA-KHANPURDIST-MAHISAGAR	FTN**D**
6	JANUARY	MUNNI BEN NUT	ALIBAL KEDU BHAI	OBC	35	FEMALE	3.200 KG	LAVANATA-KHANPURDIST-MAHISAGAR	FTN**D**
7	JANUARY	KOKILA BEN PAGHI	DILIP BHAI BABU BHAI PAGHI	OBC	30	FEMALE		KASALALTA-LUNAWADADISR-MAHISAGAR	FTN**D**
8	JANUARY	NANDA BEN MAHIDA	RAMESH BHAI RAMA BHAI MAHIDA	ST	22	MALE	2.500 KG	MAHIDANA MUWADAPO - VADAGAM TA-KHANPUR	FTN**D**
9	JANUARY	SAVITA BEN PAGHI	ATUL BHAI JAYNTI BHAI PAGHI	OBC	24	FEMALE	2.500 KG	VAKHATPURPO-KIDIYATA-LUNAWADA DIST-MAHISAGAR	FTN**D**
10	JANUARY	KAMLA BEN RAVARI	BAGHA BHAI JOGHA JI RAVARI	OBC	26	MALE	3.500 KG	KAILASNAGARTA-SAMIRPUR DIST-SIROI(RAJSTHAN)	FTN**D**

11	JANUARY	KOKILA BEN NAYAK	LASA BHAI LASXMAN BHAI NAYAK	OBC	24	FEMALE	2.500 KG	CHANSARPO-TA-LUNAWADADIST-MAHISAGAR	FTN**D**
12	JANUARY	KOKILA BEN MEDA	PRATAP BHAI MEDA	ST	35	MALE	2.500 KG	PUJELAVTA-KHANPURDIST-MAHIDAGAR	FTN**D**
13	JANUARY	ARUNA BEN NUT	VIKRAM BHAI NUT	OBC	25	MALE	2.8 KG	BHATHODATA-LUNAWADADIST-MAHISAGAR	FTN**D**
14	JANUARY	MEENA BEN VAADI	DALA BHAI VAADI	OBC	30	MALE	2.500 KG	KASALALTA-LUNAWADADISR-MAHISAGAR	FTN**D**
15	JANUARY	LILA BEN DAMOR	CHANDU BEN DAMOR	ST	32	FEMALE	3.500 KG	JETHOLITA-KHANPURDIST MAHISAGAR	FTN**D**
16	JANUARY	REWA BEN MCHAR	PHULA BHAI MACHAR	ST	21	MALE	2.600 KG	BABALIYATA-KHANPUR DIST-MAHISAGAR	FTN**D**
17	JANUARY	KAILASH BEN PUWAR	RAJU SI PUWAR	GEN	34	MALE	2.300 KG	GARIDIYA VADTA-LUNAWAD DIST MAHISAGAR	FTN**D**
18	JANUARY	SANGITA BEN BARIYA	VIKRAM, BHAI BARIYA	OBC	23	FEMALE	3.300 KG	ZULAIPO-VADAGAMTA-KHANAPUR DIST -MAHISAGAR	FTN**D**
19	FEBRUARY	MACCHI BEN BARIYA	GIRISH BHAI BARIYA	OBC	28	MALE	2.500 KG	NANI ZOZARI TA-LUNAWADADIST-MAHISAGAR	FTN**D**
20	FEBRUARY	SHANTA BEN BARIYA	SANA BHAI BARIYA	OBC	36	FEMALE	2.500 KG	CHUTHANA MUWADATA-LUNAWADA DIST-MAHISAGAR	FTN**D**
21	FEBRUARY	SANGITA BEN DAMOR	UDA BHAI DAMOR	ST	22	FEMALE	2.200 KG	JETHOLI TA-KHANPURDIST MAHISAGAR	FTN**D**

22	FEBRUARY	MANJULA BEN TALAR	PARVAT BHAI TALAR	OBC	35	FEMALE	1.400 KG	CHARAN GAMTA-LUNAWADADIST MAHISAGAR	FTN**D**
23	FEBRUARY	DULI BEN MACHAR	SURESH BHAI MACHAR	ST	30	FEMALE	2.700 KG	NARODATA-KHANPURDIST-MAHISAGAR	FTN**D**
24	FEBRUARY	RAMILA BEN NAYAK	LALA BHAI NAYAK	OBC	25	MALE	3.00 KG	MOTAKHORATA-SANTRAMPURDIST-MAHISAGAR	FTN**D**
25	FEBRUARY	ANITA BEN TURI	RAMES BHAI TURI	OBC	30	MALE	2.800 KG	SANTINAGARTA-LUNAWADDIST-MAHISAGAR	FTN**D**
26	FEBRUARY	NIRU BEN SOLANKI	MAHESH BHAI SOLANKI	GEN	25	MALE	2.500 KG	SARADIYATA-VIRAPURDIST-MAHISAGAR	FTN**D**
27	FEBRUARY	TINI BEN NAYAK	LALA BHAI NAYAK	OBC	25	MALE	2.00 KG	ANIYADSHAHERADIST-MAHISAGAR	FTN**D**
28	FEBRUARY	LAXMI BEN BARIYA	JYANTI BHAI BARIYA	OBC	26	MALE	2.00 KG	NANI ZOZARITA-LUNAWADADIST-MAHISAGAR	FTN**D**
29	FEBRUARY	LOAXMI BEN SOLANKI	KHUMAN SINGH SOLANKI	GEN	24	FEMALE	2.400 KG	PANTHAVANTTA-MAHEMADAWADDIST-KHEDA	FTN**D**
30	MARCH	SANGTITA BEN ROHIT	MOGHA BHAI ROHIT	SC	35	FEMALE	2.500 KG	GARADITA-VIRPURDIST-MAHISAGAR	FTN**D**
31	MARCH	RESHAM BEN DAMOR	SANA BHAI DAMOR	ST	25	FEMALE	2.500 KG	VADHELA TA-KHANPURDIST-MAHISAGAR	FTN**D**
32	MARCH	SUMITRA BEN NAYAK	VIKRAM BHAI NAYAK	OBC	19	FEMALE	2.61 KG	ARITHITA-LUNAWADADIST MAHISAGAR	FTN**D**

33	MARCH	LAXMI BEN KHOT	BALA BHAI KHOT	OBC	22	FEMALE	3.00 KG	NARANGINI MUVADITA-BAKOR DIST MAHISAGAR	FTN**D**
34	MARCH	DAXA BEN TRAL	RAMESH BHAI TARAL	OBC	28	MALE	2.9 KG	GONGATATA-LUNAWADDIST-MAHISAGAR	FTN**D**
35	MARCH	KAMLA BEN DAMOR	GULAB BHAI DAMOR	ST	24	MALE	2.3 KG	DHINGALVADA TA-KADANA DIST-MAHISAGAR	FTN**D**
36	MARCH	GITA BEN NAYAK	JASU BHAI NAYAK	OBC	20	FEMALE	2.400KG	JETHOLITA-KHANPUR DIST MAHISAGAR	FTN**D**
37	MARCH	VASANTA BEN BHURIYA	VEENU BHAI BHURIYA	ST	25	MALE	2.80 KG	JHALAGHADATA-SANTRAMPUR DIST-MAHISAGAR	FTN**D**
38	MARCH	MAGHI BEN PATALIYA	RAMESH BHAI PATALIYA	OBC	28	FEMALE	2.400 KG	DODIYATA-LUNAWADA DIST-MAHISAGAR	FTN**D**
39	MARCH	VARSHA BEN KHOT	MUKESH BHAI KHOT	OBC	32	MALE	1.600 KG	KHATNA MUWADATA-LUNAWADA DIST MAHISAGAR	FTN**D**
40	MARCH	AMBA BEN PARMAR	KANHIYA LAL PARMAMAR	SC	24	FEMALE	2.21 KG	KANT FALIYUTA-LUNAWADA	FTN**D**
41	MARCH	MUNNI BEN NAYAK	LALA BHAI NAYAK	OBC	26	MALE	2.51 KG	SALERATA-LUNAWADA	FTND
42	MARCH	KOKILA BEN NAYAK	VIKRAM BHAI NAYAK	OBC	28	FEMALE	2 KG	CHANSARPO-TA-LUNAWADA DIST-MAHISAGAR	FTN**D**
43	MARCH	RAILI BEN BHARIYA	KANA BHAI BARIYA	OBC	25	FEMALE	1.7 KG	PAGINI SAVALITA-LUNAWADA DIST-MAHISAGAR	FTN**D**
44	APRIL	SUKHI BEN BARIYA	SARDAR BHAI BARIYA	OBC	35	FEMALE	2.5 KG	BALIUJINA MUVADITA-SHEHARA DIST-MAHISAGAR	FTN**D**
45	APRIL	DAXA BEN NUT	BADHIYA BHAI NUT	OBC	24	FEMALE	2 KG	KHANPURDIST-MAHISAGAR	FTN**D**

46	APRIL	SHUKLI BEN NUTT	VIKESH BHAI NUT	OBC	25	MALE	3.250 KG	SONESARIYATA-LUNAWAD DIST-MAHISAGAR	FTN**D**
47	APRIL	KASHI BEN MALIWAR	VAGHA BHYAI MALWAR	ST	26	FEMALE	2.750 KG	REMANTA-KHANPUR DIST-MAHISAGAR	FTN**D**
48	APRIL	KOKILA BEN MALIWAR	SARDAR BHAI MALIWAR	ST	28	MALE	2.7 KG	KANODTA-KHANPUR DIST-MAHISAGAR	FTN**D**
49	APRIL	REKHA BEN PARMAR	MAGAN BHAI PARMAR	SC	28	FEMALE	2.500 KG	LIMBARVADATA-VIRAPUR DIST-MAHISAGAR	FTN**D**
50	APRIL	USHA BEN PAGHI	SURESH BHAI PAGHI	OBC	24	MALE	2.00 KG	KADANA, TA-LUNAWADADIIST-MAHISAGAR	FTN**D**
51	APRIL	KOILA BEN PAGHI	ARVIND BHAI PAGHIO	OBC	28	MALE	2.900 KG	SULATAN PAGINA MUWADATA-VIRPUR DIST-MAHISAGAR	FTN**D**
52	MAY	KESHR BEN DAMOR	RAKES BHAI DAMOR	ST	34	MALE	2 KG	JALKUKADI TA-LUNAWAD	FTN**D**
53	MAY	MAMTA BEN PATEL	KALPESH BHAI PATEL	GEN	23	FEMALE	3.0 KG	LADAVELTA-LUNAWADA DIST-MAHISAGAR	FTN**D**
54	MAY	REWA BEN MACHAR	RAMESH BHAI MACHAR	ST	20	FEMALE	2.500 KG	TEJAFUITA-KHANPUR DIST-MAHISAGAR	FTN**D**
55	MAY	SUMITRA BEN BARIYA	LKALA BHAI BARIYA	OBC	25	MALE	2.500 KG	VIRANIYATA-LUNAWADA DIST-MAHISAGAR	FTN**D**
56	MAY	SAJAN BEN PAGHI	ARVIND BHAI PAGHIO	OBC	25	MALE	2.700 KG	KASALALTA-LUNAWADA DISR-MAHISAGAR	FTN**D**
57	MAY	MINA BEN BARIYA	ARVINDE BHAI BARIYA	OBC	30	MALE	2.20 KG	LAKADIPOIDATA-LUNAWADA	FTN**D**
58	MAY	LILA BEN KHAT	RAJESH BHAI KHAT	OBC	25	MALE	1.800 KG	GHODIGHATITA-KADANADIST-LUNAWADA	FTN**D**
59	MAY	SUDHA BEN PARMAR	SANJAY BHAI PARMAR	SC	25	MALE	2.5 KG	KADACHALATA-LUNAWADADIIST-MAHISAGAR	FTN**D**

60	MAY	RAMILA BEN BARIYA	MOHAN BHAI BARIYA	OBC	25	FEMALE	2.250 KG	LAKADIPOIDATA-LUNAWADA	FTN**D**
61	MAY	VAJAM BEN TALAR	BHARAT BHAI TALAR	OBC	28	FEMALE	2.100 KG	SALAVADATA-LUNAWADADIST-MAHISAGAR	FTN**D**
62	MAY	SAVERA BEN MALIK	RAFIK BHAI MALIK	GEN	30	FEMALE	2.225 KG	SINGANALITA-LUNAWADADIST-MAHISAGAR	FTN**D**
63	MAY	USHA BEN BARIYA	RAMA BHAI BARIYA	OBC	21	MALE	2.5 KG	GATILAWATA-LUNAWADADIST-MAHISAGAR	FTN**D**
64	MAY	SAVITA BEN NAYAK	BALA BHAI NAYAK	OBC	22	MALE	3.00 KG	PALIKANDATA-SHEHARADIST-PANCHAMAHAL	FTN**D**
65	MAY	KALI BEN PAGHI	FATA BHAI PAGHI	OBC	35	FEMALE	2.400 KG	KARENATA-LUNAWADA	FTN**D**
66	MAY	KOKILA BEN NAYAK	LALA BHAI NAYAK	OBC	28	FEMALE	3.KG	NAYAK FALIYUTA-LUNAWADA	FTN**D**
67	MAY	PREMIL BEN HARIJAN	GOPAL BHAI HARIJAN	SC	22	FEMALE	3 KG	SARADIYATA-VIRAPURDIST-MAHISAGAR	FTN**D**
68	MAY	SAVIHA PATEL	TAHIR PATEL	GEN	32	FEMALE	2.9 KG	MOTA TANKALIYATA-BHARUCH	FTN**D**
69	JUNE	DHULI BEN NAYAK	RANGITYA BHYAI NAYAK	OBC	22	MALE	2.5 KG	VENATA-SANTRAMPURDIST-MAHISAGAR	FTN**D**
70	JUNE	MUNNI BEN NAYAK	SANA BHAI NAYAK	OBC	28	FEMALE	2.500 KG	BILIYATA-SHEHARADIST-PANCHMAHAL	FTN**D**
71	JUNE	PUSPHA BEN KATAR	VINESH BHAI KATARA	ST	21	MALE	1.250 KG	DHADHELATA-FATEPURADIST-DAHOD	FTN**D**
72	JUNE	MANISHA BEN SOLANKI	MAHINDER BHAI SOLANKI	GEN	25	FEMALE	2.200 KG	SARADIYATA-VIRAPURDIST-MAHISAGAR	FTN**D**
73	JUNE	URMILA BEN VANKAR	HITESH BHAI VANKAR	SC	22	MALE	1.700 KG	AAGARAVADA TA-LUNAWADA	FTN**D**

74	JUNE	KELU BEN NUT	KUBAR BHAI NUT	OBC	40	FEMALE		BABALIYATA-KHANPURDIST-MAHISAGAR	FTN**D**
75	JUNE	INDIRA BEN SALOOT	DINESH B HAI SALOOT	ST	21	MALE	2.225 JKG	PANCHMUAATA-SANTRAMPURA	FTN**D**
76	JUNE	LILA BEN TALAR	LAL BHAI TALAR	OBC	25	MALE	2.500 KG	CHARAN GAMTA-LUNAWADADIST MAHISAGAR	FTN**D**
77	JUNE	MAMTA BEN DAMOR	SOMA BHAI DAMOR	ST	23	FEMALE	3.200 KG	CHARAN GAMTA-LUNAWADADIST MAHISAGAR	FTN**D**
78	JUNE	MEENAKSI BEN PATEL	SURESH BHAI PATEL	GEN	22	FEMALE	2 KG	HALAVADADIST-PANCHMAHAL	FTN**D**
79	JUNE	RAMILA BEN CHANTA	MUKESH BHAI CHANTA	OBC	18	FEMALE	2 KG	NANAVADADIST-ARAWALLI	FTN**D**
80	JUNE	MANNI BEN PATALIYA	DINES BHAI PATALIYA	OBC	22	FEMALE		VANDARVEDTA-KHANPURDIST-MAHISAGAR	FTN**D**
81	JUNE	NAI BEN MACHAR	AMRIT BEN MACHAR	ST	24	MALE	2.5 KG	BABALIYATA-KHANPURDIST-MAHISAGAR	FTN**D**
82	JUNE	SHEETAL BEN PAGHI	SANA BHAI PAGHA	OBC	25	MALE	2.5 KG	BALASINORDIST-MAHISAGAR	FTN**D**
83	JULY	SAVITA BEN NAYAK	NIRU BHAI NAYAK	OBC	25	MALE	2.5 KG	JUNA KHEDADIST-PANCHMAHAL	FTN**D**
84	JULY	SANTA BHAI NAYAK	KIAMLESH BHAI NAYAK	OBC	22	MALE	2 KG	BHAMARATA-LUNAWADA	FTN**D**
85	JULY	MUNNI BEN NAYAK	SURESH BHAI NAYAK	OBC	22	FEMALE	3 KG	MADHAWASHTA-LUNAEADA	FTN**D**
86	JULY	ASMITA BEN NAYAK	VIKRAM BHAI NAYAK	OBC	23	MALE	2.51 KG	GHANTAVTA-LUNAWADA	FTN**D**
87	JULY	KAILSH BEN NUT	GOVIND BHAI NUT	OBC	20	MALE	1.700 KG	DEVTA-BALASINOR	FTN**D**

88	JULY	KAILASH BEN DAAVI	RAMESH BHAI DAVVI	ST	30	MALE	2.31 KG	BHUVABARTA-BAKORDIST-MAHISAGAR	FTN**D**
89	JULY	KOKILA BEN NAYAK	MUKESH BHAI NAYAK	OBC	28	MALE	2.5 KG	SHEHARADIST-PANCHMAHAL	FTN**D**
90	JULY	GAYATRI BEN BHOI	BABU BHAI BHOI	OBC	25	FEMALE	2.5 KG	BHOINA MUWADATA-LUNAWADA	FTN**D**
91	JULY	SAQRDA BEN NAYAK	BHALA BHAI NAYAK	OBC	35	MALE	2.3 KG	SHEHARADIST-PANCHMAHAL	FTN**D**
92	JULY	REKHA BEN BHOI	VIJAY BHAI BHOI	OBC	24	FEMALE	2.5 KG	JEETAPURTA-BAYADDIST-ARWALLI	FTN**D**
93	JULY	SAVIYTA BEN DAMOR	RAMAN BHAI DAMOR	ST	25	MALE	2.50 KG	TA-KHANPUR	FTN**D**
94	JULY	SQAPNA BEN NUT	CHOKI BHAI NUT	OBC	25	FEMALE	2.00 KG	TAKANA MUWADATA-LUNAWADA	FTN**D**
95	JULY	MUNNI BEN NAYAK	MONA BHAI NAYAK	OBC	20	FEMALE	2.00 KG	TA-KHANPUR	FTN**D**
96	JULY	MANJULA BEN BHARIYA	BABU BHAI BHARIYA	OBC	21	FEMALE	2.00 KG	ZUCHAIDITA-LUNAWADA	FTN**D**
97	JULY	MANISHA BEN BARIYA	JASWANT BHAI BARIYA	OBC	26	MALE	2.5 KG	NANI ZOZARITA-LUNAWADADIST-MAHISAGAR	FTN**D**
98	AUGUST	MANJULA BEN NUT	GAJA BHAI NUT	OBC	19	MALE	2.00 kg	BABALIYATA-KHANPURDIST-MAHISAGAR	FTN**D**
99	AUGUST	KAILASH BEN MALIWAR	BHARAT BHAI MALIWAR	ST	23	MALE	2.5 KG	LAVADIYATA-KHANPURDIST-MAHISAGAR	FTN**D**
100	AUGUST	USHA BEN NU8T	SAILESH BHAI NUT	OBC	28	FEMALE	2.00 KG	BHUKADAMARITA-MALAPURDIST-ARAWALLI	FTN**D**
101	AUGUST	LILA BEN NUIT	RAJESH BHAI NUT	OBC	25	FEMALE	2.250 KG	NAVI VADITA-LUNAWAD	FTN**D**
102	AUGUST	RAMIL BEN BARIYA	ASHEWIN BHAI BARIYA	OBC	21	FEMALE	2.250 KG	ENDARATA-SANTRAMPURDIST-MAHISAGAR	FTN**D**
103	AUGUST	LILA BEN PARMAR	JAANTI BHAI PARMAR	SC	21	FEMALE	2.300 KG	DHINGALVADA TA-KADANADIST-MAHISAGAR	FTN**D**
104	AUGUST	PARUL BEN PAGHI	BHWAN BHAI PAGHI	OBC	20	MALE	2.40 KG	BARODTA-VIRAPUR	FTN**D**

105	AUGUST	NANI BEN KHOT	JAGU BHAI KHOT	OBC	35	FEMALE	2.25 KG	BABALIYATA-KHANPURDIST-MAHISAGAR	FTN**D**
106	AUGUST	JYOTSNA BEN NAYAK	SHIVA BHAI NAYAKL	OBC	21	FEMALE	2.20 KG	CHANSARPO-TA-LUNAWADADIST-MAHISAGAR	FTN**D**
107	AUGUST	SANGITA BEN KHOT	RAMESH BHAI KHAT	OBC	25	FEMALE	2 KG	GAMAN BARIYATA-SHEHARADIST-PANCHMHAL	FTN**D**
108	AUGUST	RAMILA BEN DAMOR	LALA BHAI DAMOR	ST	24	FEMALE		NAVA GAM	FTN**D**
109	AUGUST	BALU BEN KHAT	KOYA BHAI KHAT	OBC	30	MALE	2.5 KG	SARAGAVA MAHUDITA-LUNAWADA DIST-MAHISAGAR	FTN**D**
110	SEPTEMBER	USHA BEN NUT	AJIT BHAI NUT	OBC	23	FEMALE	2.200 KG	BABALIYATA-KHANPURDIST-MAHISAGAR	FTN**D**
111	SEPTEMBER	RAWSHILA BEN KHOT	DHARMENDRA BHAI KHOT	OBC	24	MALE	2.725 KG	ARITHAMATHTA-LUNAWADADIST-MAHISAGAR	FTN**D**
112	SEPTEMBER	RADHA BEN NAYIKA	SUNIL BHAI NAYIKA	OBC	28	MALE	2.700 KG	RAM BHESHNA MUWADATA-SANTRAMPUR DIST-MAHISAGAR	FTN**D**
113	SEPTEMBER	PINKI BEN MEDA	SURA BHAI MEDA	ST	27	MALE	2.5 KG	VALARATA-KHANPURDIST-MAHISAGAR	FTN**D**
114	SEPTEMBER	BURI BEN BAADI	DINESH BHAI VAADI	OBC	30	MALE	2.750 KG	VIRANIYATA-LUNAWADADIST-MAHISAGAR	FTN**D**
115	SEPTEMBER	MANI BEN VAGARIYA	KHATRA BHAI VAGARIYA	OBC	22	MALE	2.900 KG	BHESAVADATA-SANTRAMPURDIST-MAHISAGAR	FTN**D**
116	SEPTEMBER	SUDHA BEN GOHIL	MADUSHI GOHIL	GEN	22	FEMALE	2.340 KG	GUTHARITA-BALASINORDIST-MAHISAGAR	FTN**D**
117	SEPTEMBER	MAJULA BEN BARIYA	SARDAR BHAI BARIYA	OBC	30	FEMALE	2.585 KG	CHOPADATA-ZERAVADIST-PANCHMAHAL	FTN**D**
118	SEPTEMBER	VEENA BEN MAKWANA	SURESH BHAI MAKWANA	SC	26	MALE	2.6 KG	VARDHARITA-LUNAWADADIST-MAHISAGAR	FTN**D**
119	OCTOBER	SAVITA BEN MALIWAR	LALA BVHAI MALIWAR	ST	24	MALE	2.230 KG	CHAPARITA-KHANPURMAHISAGAR	FTN**D**

120	OCTOBER	SUREKHA BEN KHAT	PARVAT BHAI KHAT	OBC	24	MALE	2.930 KG	MOTA SONELATA-LUNAWADA	FTN**D**
121	OCTOBER	MEENA BHAI KHAT	ARVIND B HAI KHAT	OBC	28	FEMALE	3.135 KG	SARAGAVA MAHUDITA-LUNAWADA DIST-MAHISAGAR	FTN**D**
122	OCTOBER	SAWI BEN VAADI	BHIKA BHAI VAADI	OBC	26	FEMALE	2.5 KG	GHODARIYATA-LUNAWADADIST-MAHISAGAR	FTN**D**
123	OCTOBER	SATISHA BEN PAGHI	HIMMAT BHAI PAGHI	OBC	22	MALE	1.95 KG	VENATA-SANTRAMPURDIST-MAHISAGAR	FTN**D**
124	OCTOBER	KELU BEN NUT	KUBAR BHAI NUTT	OBC	22	FEMALE	1.77 KG	BABALIYATA-KHANPURDIST-MAHISAGAR	FTN**D**
125	OCTOBER	MEENA BEN NAYAK	REWA BHAI NAYAK	OBC	30	FEMALE	2.17 KG	MADHAWASHTA-LUNAWADA	FTN**D**
126	OCTOBER	SHITAL BEN VAADI	DINESH BHAI VAADI	OBC	23	MALE	3.240 KG	VADINATHTA-KOTHAMBADIST-MAHISAGAR	FTN**D**
127	OCTOBER	SARDA BHAIO DAMOR	DAYA BHYAI DAMOR	ST	25	MALE	2.500 KG	NASEDATA-LUNAWADADIST-MAHISAGAR	FTN**D**
128	OCTOBER	ASMITA BEN VAADI	SUNIL BHAI VAADI	OBC	22	MALE	2.825 KG	MADHAWASHTA-LUNAWADA	FTN**D**
129	OCTOBER	PARWATI BEN VARROT	SAILESH BHAI VAROOT	ST	32	FEMALE	3.390 KG	CHATAKABELITA-SANTRAMPUR DIST-PANCHMAHAL	FTN**D**
130	OCTOBER	NITA BEN HARIJAN	RANJIT BHAI HARIJAN	SC	22	FEMALE	2.850 KG	JETAPURPO-VADAGAMDIST-MAHISAGAR	FTN**D**
131	OCTOBER	HANSA BEN KHAT	KANA BHAI KHAT	OBC	30	MALE FEMALE	1.890 KG	HARIGARNA MUWADAPO-GODHAR TA-SANTRAMPUR	FTN**D**
132	OCTOBER	KALI BEN KHAT	BHIKHA BHAI KHAT	OBC	33	MALE	2.125 KG	SARAGAVA MAHUDITA-LUNAWADA DIST-MAHISAGAR	FTN**D**
133	OCTOBER	MANJULA BHAI BARIYA	BHARAT BHAI BARIYA	OBC	22	MALE	3.120 KG	NESADATA-KHANPURDIST-MAHISAGAR	FTN**D**
134	OCTOBER	RINKLE BEN KATAR	KAMLESH BHAI KATARA	ST	30	FEMALE	3 KG	MARAGALATA-FATEPURADIST-DAHOD	FTN**D**
135	OCTOBER	AMRI BEN MACCHA	AMRA BHASI MACCHA	ST	30	MALE	2.73 KG	UMARIYATA-KHANPURDIST-MAHISAGAR	FTN**D**

136	NOVEMBER	MADHU BEN PAGHI	VIKRAM BHAI PAGHI	OBC	24	FEMALE	3.100 KG	GARUPO-SHEKHPURTA-LUNAWADA DIST-MAHISAGAR	FTN**D**
137	NOVEMBER	RADHA BEN RAWAL	SANJAY BHAI NRAWAL	OBC	26	FEMALE	2.42 KG	SHIRTA-SANTRAMPUR	FTN**D**
138	NOVEMBER	SOMI BEN SANGHARA	MUKESH BHAI SANGHARA	ST	25	FEMALE	2.275 KG	GARABADADIST-DAHOD	FTN**D**
139	NOVEMBER	CHANDRIKA BEN VAMANIYA	MAHESH BHAI VAMANIYA	ST	22	FEMALE	2.7 KG	PANCHMUWATA-SANTRAMPUR DIST-MAHISAGAR	FTN**D**
140	NOVEMBER	MEENA BEN VAGHRI	CHANDU BHAI BHAGRI	OBC	32	MALE	2.32 KG	LUNAWADA	FTN**D**
141	NOVEMBER	PRIMILA BEN BHAMNIYA	PARVAT BHAI BHAMNIYA	ST	30	FEMALE	1.5 KG	KALIBELTA-KADANADIST-MAHISAGAR	FTN**D**
142	NOVEMBER	INDIRA BEN BHARIAY	SHILESH BHAI BHARIYA	OBC	25	FEMALE	2.900 KG	KANTARTA-LUNAWADADIST-MAHISAGAR	FTN**D**
143	NOVEMBER	GEETA BEN PRJAPATI	PRKASH BHAI PRJAPATI	OBC	30	FEMALE	2.60 KG	NADATA-SHEHARADIST-PANCHMAHAL	FTN**D**
144	NOVEMBER	SAJAN BEN RATHOR	PRTAP BHAI RATHOR	GEN	35	FEMALE	2.375 KG	GAMAN BARIYATA-SHEHARA DIST-PANCHMHAL	FTN**D**
145	NOVEMBER	REKHA BEN NIE	SAILESH BHAI NIE	OBC	25	MALE	2.445 KG	CHANSARPO-TA-LUNAWADADIST-MAHISAGAR	FTN**D**
146	NOVEMBER	RULKHI BEN MALIWAR	RAMA BHAI MALIWAR	ST	30	MALE	3.015 KG	KARANTATA-KHANPURDIST-MAHISAGAR	FTN**D**
147	NOVEMBER	ASHA BEN KHOTT	BABU BHAI KHOTT	OBC	30	FEMALE	2.700 KG	MADHAWASHTA-LUNAWADA	FTN**D**
148	NOVEMBER	ANKITA BEN KHATT	JIGNESH BHAI KHAAT	OBC	23	MALE	3.10 KG	SARAGAVA MAHUDITA-LUNAWADA DIST-MAHISAGAR	FTN**D**
149	NOVEMBER	KAILESH BHAI PADARIYA	DALPAT BHAI PADARIYA	OBC	23	FEMALE	2.56 KG	SHIYALTA-KADANADIST-MAHISAGAR	FTN**D**
150	NOVEMBER	SUMITRA BEN PATALIYA	BAGHA BHAI PATALIYA	OBC	26	MALE	2.22 KG	VEDTA-LUNAWADADIST-MAHISAGAR	FTN**D**

151	NOVEMBER	MADHU BEN MALIWAR	RAYJI BHAI MALIWAR	ST	35	FEMALE	2.600 KG	AANKALIYATA-KHANPUR DIST-MAHISAGAR	FTN**D**
152	NOVEMBER	GEETA BEN DAMOR	GORANG BHAI DAMOR	ST	25	MALE	2.800 KG	DHOLAKHAKHARATA-KHANPUR DIST-MAHISAGAR	FTN**D**
153	NOVEMBER	JALPA BEN SUTHAR	MEENU BHAI SUTHATR	GEN	33	MALE	3.280 KG	BALASINORDIST-MAHISAGAR	FTN**D**
154	NOVEMBER	RADHA BEN NAYAK	RAJESH BHAI NAYAK	OBC		FEMALE	3.500 KG	MADHAWASHTA-LUNAWADA	FTN**D**
155	NOVEMBER	GEETA BEN KHAAT	RAMESH BHAI KHATT	OBC		FEMALE	3.500 KG	RATAN KUWATA-BALASINOR DIST-MAHISAGAR	FTN**D**
156	NOVEMBER	SAVITA BEN CHAMTHA	VIJAY BHAI CHAMTHA	OBC		MALE	2.515 KG	LUNAWADA	FTN**D**
157	NOVEMBER	GEETA BEN NAYAK	CHANFDU BHAI NAYAK	OBC		MALE	2.750 KG	VAGHAFADIYATA-SANTRAMPUR	FTN**D**
158	DECEMBER	MANJULA BEN CHMAR	DINESH BHAI CHMAR	SC	25	MALE	2.700 KG	VATHELATA-KHANPUR DIST-MAHISAGAR	FTN**D**
159	DECEMBER	LILA BEN TALAR	BHEMA BHAI TALAR	OBC	22	FEMALE	3.12 KG	HADODTA-LUNAWADADIST-MAHISAGAR	FTN**D**
160	DECEMBER	NEERU BEN PAGHI	LALA BHAI PAGHI	OBC	23	FEMALE	2.500 KG	SORSIMADAVIRANIYATA-LUNAWADA	FTN**D**
161	DECEMBER	SAVITA BEN BHARIYA	LAXMAN BHAI BARIYA	OBC	22	MALE	2.84 KG	PADHARATA-KADANADIST-MAHISAGAR	FTN**D**
162	DECEMBER	MANGU BEN KHATT	RAMESH B HAI KHATT	OBC	32	FEMALE	1.900 KG	NAVA KHATNA MUVADATA-LUNAWADA DIST-MAHISAGAR	FTN**D**
163	DECEMBER	PUNI BEN PAGHI	SAROOP BHAI PAGHI	OBC	30	MALE	2.900 KG	BHUVALTA-LUNAWADA DIST-MAHISAGAR	FTN**D**

164	DECEMBER	DIWALI BEN KHATT	KAANU BHAI KHATT	OBC	30	MALE	2.405 KG	KHATANA MUWADATA-LUNAWADA DIST-MAHISAGAR	FTN**D**
165	DECEMBER	SUSHILA BEN MALIWAR	BABUI BHAI MALIWAR	ST	30	MALE	2.900 KG	JUNAKHEDAKOTHATA-SHEHARA DIST-MAHISAGAR	FTN**D**
166	DECEMBER	ANJANA BHAI BAROOT	DHWAL KUMAR BAROOT	ST	23	FEMALE	2.5 KG	LUNAWADA	FTN**D**
167	DECEMBER	VARSHA BEN MALIWAR	SOMA BHAI MALIWAR	ST	24	FEMALE	2.635 KG	MALAMUHADIKADANADIST-MAHISAGAR	FTN**D**
168	DECEMBER	MUNNI BEN LIHAR	DEPAK BHAI LOHAR	GEN	30	FEMALE	3.230 KG	LUNAWADA	FTN**D**
169	DECEMBER	REWA BEN VAADI	MANU BHAI VAADI	OBC	25	MALE	3.00 KG	KAKACHIYATA-LUNAWADADIST-MAHISAGAR	FTN**D**
170	DECEMBER	TEJAL BEN KIHATT	BHEMA BHAI KHATT	OBC	22	FEMALE	1.8 KG	KAMBOPATA-BALASINORDIST-MAHISAGAR	FTN**D**

Appendices-3 DETAILS OF REFERRAL CASES AT COTTAGE HOSPITAL

S.N.	MONTH	NAME	Caste	HUSBAND NAME	VILLAGE	TALUKA (DISTRICT)	AGE	HB	REASONS BEHIND REFFERAL	ASSOCIATED REASON	REFERED PLACE
1	JANUARY	AMRIT BEN BARIYA	OBC	ARVIND BHAI BARIYA	KANTAR	LUNAWADA	28	2.1	ANAEMIA		CIVIL HOSPITAL GODHRA
2	JANUARY	RINKLE BEN NUT	OBC	MEHUL BHAI NUTT	LAWANA	LUNAWADA	24	NR	ANAEMIA		CIVIL HOSPITAL GODHRA
3	JANUARY	ARUNQA BEN NUT	OBC	VIKRAM BHAI NUT	BHATHORA	LUNAWADA	25	6.7	RH -VE		CIVIL HOSPITAL GODHRA
4	JANUARY	NARMDA BEN PAGHI	ST	MALA BHAI PAGHI	ASUNDRIYA	SEHRA	25	NR	LEAKING PV		CIVIL HOSPITAL GODHRA
5	FEBRUARY	LILA BEN BHARIYA	OBC	UDA BHAI BHARIYA	SINGHNALI	LUNAWADA	28	NR	ABNORMAL PRESENTATION		CIVIL HOSPITAL GODHRA
6	FEBRUARY	KAILESH BEN PATALIYA	OBC	ARVIND BHAI PATALIYA	BHABHERA	LUNAWADA	23	NR	NOT MENTIONED		GYNACEOLOGIST
7	FEBRUARY	SHANTA BEN PAGORE	ST	GIRISH BHAI PAGORE	CHANSAR	LUNAWADA	25	NR	FETAL DISTRESS		GYNACEOLOGIST

8	MARCH	AARTI BEN KHATT	OBC	ARJEND BHAI KHATT	KHOTNABH ISAWARA	LUNAWADA		NR	FETAL DISTRESS	FHS 180	
9	MARCH	CHMPA BEN TALAR	OBC	LALA BHAI TALAR				NR	FETAL DISTRESS	FHS 182	
10	MARCH	KALI BEN DAMOR	ST	SOMA BHAI DAMOR				NR	ANAEMIA		
11	MARCH	SURAJ BEN PATALIYA	OBC	BHATI BHAI PATALIYA			26	5.1	ANAEMIA		CIVIL HOSPITAL GODHRA
12	MARCH	SUDHA BEN PARMAR	SC	JAWAN BHAI PARMAR			24	NR	ANAEMIA	SEVERE ANAEMIA	CIVIL HOSPITAL GODHRA
13	MARCH	JANWI BEN DORIYAR	ST	MALA BHAI DORIYAR			30	5.9	ANAEMIA		CIVIL HOSPITAL GODHRA
14	APRIL	RAMILA BEN NAYAK	OBC	LALA BHAI NAYAK			30	NR	BLEEDING PV	ABORTION	CIVIL HOSPITAL GODHRA
15	APRIL	RINA BEN SISODIYA	GEN	YOGENDRA SING SISODIYA			27	NR	ABNORMAL PRESENTATION	HAND PROLAPSE	CIVIL HOSPITAL GODHRA
16	APRIL	HANSA BEN MALIWAR	ST	SANA BHAI MALIWAR			30	NR	BLEEDING PV	7 MONTH AMMONERHEA BLEEDING	CIVIL HOSPITAL GODHRA
17	APRIL	REKHA BEN	OBC	RAJU BHAI NAYAK			34	NR	NOT MENTIONED		REFER TO VADODRA

		NAYAK									
18	MAY	REKHA BEN VAADI	ST	AMBA LAL VAADI				NR	ABNORMAL PRESENTATION	TRANSVERSE LIE	
19	MAY	TARUNA BEN TOORI	OBC	SANJAY BHAI TOORI			25	10	PREVIOUS L S C S		CIVIL HOSPITAL GODHRA
20	MAY	HANSA BEN RATHORE	ST	MAHINDER SINGH RATHORE			22	NR	OTHERS	PRIMARY PARA	CIVIL HOSPITAL GODHRA
21	MAY	RAMILA BEN BARIYA	OBC	MOHAN BHAI BARIYA			25	NR	OTHERS	URETHER PROBLEM	CIVIL HOSPITAL GODHRA
22	MAY	USHA BEN BARIYA	OBC	RAM BHAI BARIYA			21	NR	ABDOMINAL DISTENTION		CIVIL HOSPITAL GODHRA
23	MAY	SAVITA BEN PARMAR	SC	HARIJ BHAI PARMAR			32	NR	OTHERS	USG	CIVIL HOSPITAL GODHRA
24	MAY	ANITA BEN NUT	OBC	AMRIT BHAI NUT				NR	FETAL DISTRESS	FHS DECREASE	CIVIL HOSPITAL GODHRA
25	MAY	LALITA BEN DAMOR	ST	LAL SINGH BHAI DAMOR	UCHWANIYA	DAHOD		NR	PROLONG LABOUR	NO DILATION	CIVIL HOSPITAL GODHRA

26	JUNE	USHA BEN BARIYA	OBC	VIKRAM BHAI BARIYA	BHOTWA	SANTRAMPUR	20	4.8	RH -VE	BLOOD GROUP O -VE HB 4.8 ANAEMIC	CIVIL HOSPITAL GODHRA
27	JUNE	SOMI BEN KHATT	OBC	UDA BHAI KHATT	CHANSAR	LUNAWADA	30	NR	BLEEDING PV	3 MONTH AMENORRHOEA ABORTION	CIVIL HOSPITAL GODHRA
28	JUNE	SUDHA BEN JALA	GEN	NARESH BHAI JALA	NAMNAMUDIYA		25	4.8	ANAEMIA		CIVIL HOSPITAL GODHRA
29	JULY	LILA BEN MEDA	ST	CHGAN BHAI MEDA	LIMBODRA	MEGHRAJ (ARAVALI)-	28	NR	ABNORMAL PRESENTATION	BREECH	CIVIL HOSPITAL GODHRA
30	JUNE	PREMILA BEN KHATT	OBC	BABU BHAI KHATT				NR	NOT MENTIONED		
31	JULY	SUMITRA BEN PANCHOLIYA	OBC	GIRISH BHAI PANCHOLIYA	VIRPUR	LUNAWADA		NR	FETAL DISTRESS	MUCONIUM STEIN LEQUOR	
32	JULY	KAMLA BEN PAGHI	OBC	VIKRAM BHAI PAGHI				6.5	PREVIOUS L S C S		
33	JULY	MUNNI BEN NAYAK	OBC	SURESH BHAI NAYAK				4	ANAEMIA		
34	JULY	KAILSH	ST	RAMESH BHAI				NR	LEAKING PV		

		BEN PANDOOR		PANDOOR							
35	JULY	URMILA BEN NAYAK	OBC	BHAWESH BHAI NAYAK	DHADALPUR	LUNAWADA		NR	OTHERS	RESPIRATORY DISTRESS	
36	JULY	BHARTI BEN RATHORE	GEN	SOMA BHAI RATHORE	ITARI	KHEDA	26	NR	PROLONG LABOUR		
37	JULY	MUNNI BEN VANKAR	SC	NANA BHAI VANKAR	LIMBADIYA	LUNAWADA	30	4.5	ANAEMIA		
38	JULY	ANITA BEN BHABHORE	ST	DINESH BHAI BHABHORE		LUNAWADA	23	NR	PRE ECLYMPSIA		CIVIL HOSPITAL GODHRA
39	JULY	MANJULA BEN BHARIYA	OBC	BABU BHAI BHARIYA	GHERI	LUNAWADA	21	NR	PPH	RETAIN PLACENTA	CIVIL HOSPITAL GODHRA
40	JULY	REKHA BEN BHARIYA	OBC	BHUPENDRA BHAI BHARIYA	KANTARA	LUNAWADA	25	NR	FETAL DISTRESS	178 fsh (8) MONTH	CIVIL HOSPITAL GODHRA
41	AUGUST	GALI BEN BAADI	OBC	SAHIBA BHAI BAADI	VARIDHRI	VIRPUR	22	NR	PIH	BP 130/90 mm ofg	CIVIL HOSPITAL GODHRA
42	AUGUST	RAMILA BEN BAADI	OBC	BALWANT BHAI VAADI			32	NR	PROLONG LABOUR		CIVIL HOSPITAL GODHRA

43	AUGUST	VAJI BEN NUTT	OBC	DABHA BHAI NUTT			30	NR	LEAKING PV		CIVIL HOSPITAL GODHRA
44	AUGUST	VARSHA BEN NUTT	OBC	SUNIL BHAI NUTT			24	NR	LEAKING PV	BP 140/90 FHS 148	
45	AUGUST	LILA BEN CHMAR	SC	MUKESH BHAI CHMAR	JABKANAWAD	SANTRAMPUR	28	NR	NOT MENTIONED		CIVIL HOSPITAL GODHRA
46	AUGUST	MINA BEN DODHIYA	ST	JYANTI BHAI DODHIYA	LAPANIYA	KADANA	28	5	NOT MENTIONED		CIVIL HOSPITAL GODHRA
47	SEPTEMBER	SUREKHA BEN VANKAR	SC	ARVIND BHAI VANKAR			23	NR	LEAKING PV		CIVIL HOSPITAL GODHRA
48	SEPTEMBER	ASHA BEN KOTWAL	ST	NARESH BHAI KOTWAL			22	NR	LEAKING PV		CIVIL HOSPITAL GODHRA
49	SEPTEMBER	MANJU BEN BHARIYA	OBC	UDA BHAI BHARIYA			30	NR	BLEEDING PV		CIVIL HOSPITAL GODHRA
50	SEPTEMBER	REKHA BEN CHAMTHA	ST	RAMESH BHAI CHAMTHA	GOPALPUR	LUNAWADA	35	NR	OTHERS	6 MONTH ABDOMINAL PAIN	CIVIL HOSPITAL GODHRA

51	SEPTEMBER	SHITAL BEN MALIWAR	ST	AMRA BHAI MALIWAR	KHATWA	KADANA	30	NR	PRE ECLYMPSIA	6 MONTH SWELING OF FACE PEDICAL EDEMA BP 150/90	
52	SEPTEMBER	KELU BEN NUT	OBC	KUBER BHAI NUT	LAWANA	KHANPUR	20	NR	PROLONG LABOUR	OBSTRUCTED LABOUR WITH AMDO PAIN, USG	CIVIL HOSPITAL GODHRA
53	SEPTEMBER	REKHA BEN BARIYA	OBC	BHURA BHAI BARIYA	MOTIIPURA	LUNAWADA	28	NR	PREVIOUS L S C S		CIVIL HOSPITAL GODHRA
54	SEPTEMBER	KAILASH BEN TURI	OBC	MEHUL KUMAR TURI	BALARA	LUNAWADA	28	6	BLEEDING PV		CIVIL HOSPITAL GODHRA
55	OCTOBER	BHURI BEN VAADI	ST	SURPAL BHAI VAADII	BADINAGO RARA	LUNAWADA	25	NR	PROLONG LABOUR	NO PROGRES	
56	OCTOBER	SANGITA BEN CHAUHAN	GEN	SANA BHAI CHAUHAN	JORIYA	LUNAWADA		NR	FETAL DISTRESS	BIRTH ASPEXIA	
57	OCTOBER	FULI BEN PAGHI	OBC	DHURA BHAI PAGHI	JALASAG	KADANA	28	NR	PROLONG LABOUR	OBSTRUCTED LABOUR	
58	OCTOBER	BHAWIKA BEN TALAR	OBC	SURESH BHAI TALAR	TEBALI FALIYA		19	NR	PROLONG LABOUR		

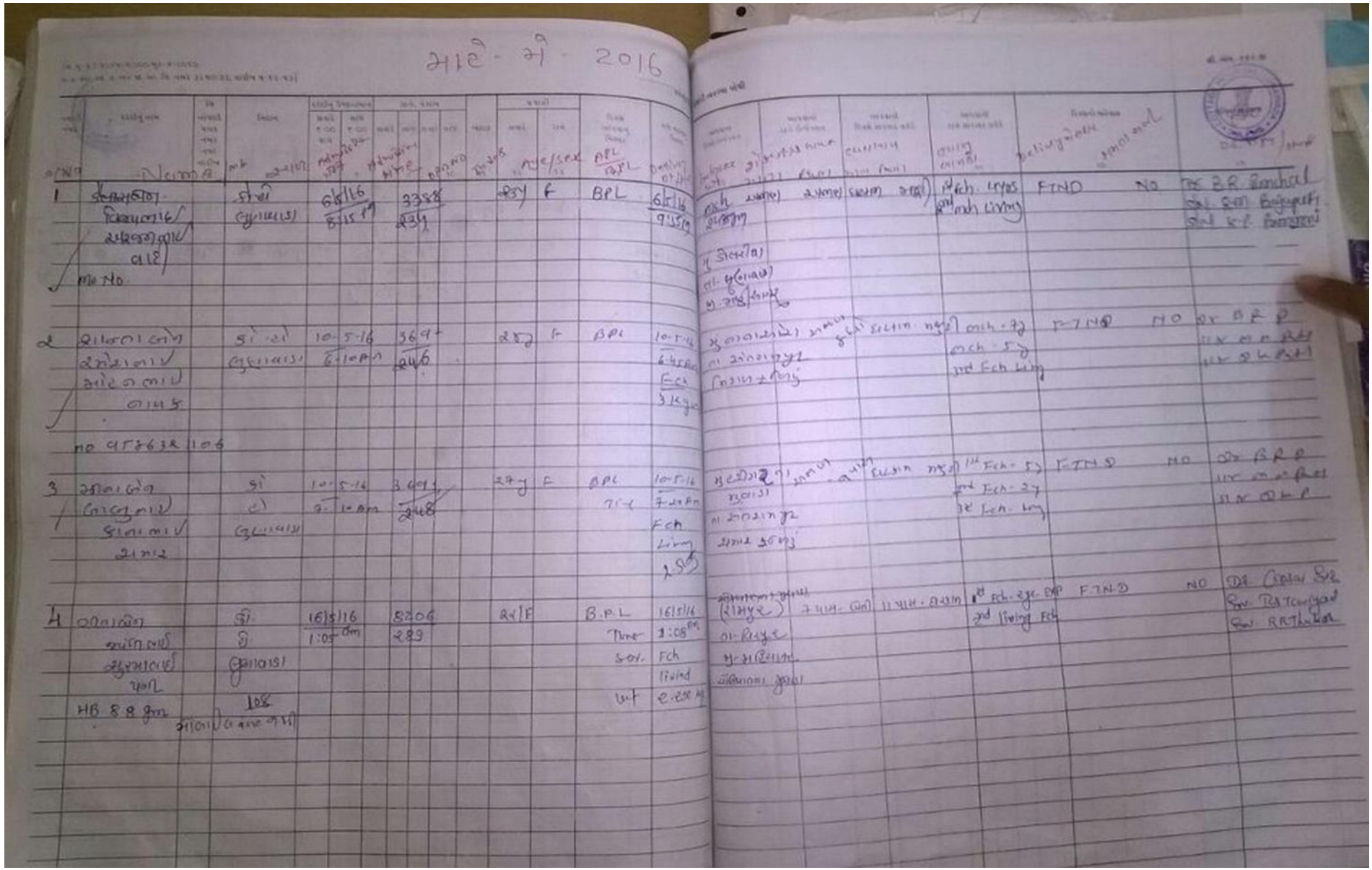
59	OCTOBER	SAYARA BANU PATHAN	GEN	JIT MALY KHURSID PATHAN	DOKWA	LUNAWADA		NR	FETAL DISTRESS	MEUNIUM STAIN	
60	OCTOBER	SANGITA BEN SOLANKI	GEN	PARVAT BHAI SOLANKI			23	NR	PREVIOUS L S C S		
61	OCTOBER	GITA BEN MEDA	ST	BHIKHA BHAI MEDA			25	NR	BLEEDING PV	ABORTION	
62	OCTOBER	SARDA BEN HARIJAN	SC	SAILESH BHAI HARIJAN				NR	PROLONG LABOUR		CIVIL HOSPITAL GODHRA
63	NOVEMBER	KOKILA BEN TAWIYAR	ST	FOOLA BHAI TAWIYAR	BACHKARIYA	KADANA	22	NR	PRE TERM	8 1/2 MONTH	
64	NOVEMBER	GEETA BEN PRJAPATI	OBC	PRKASH BHAI PRJAPATI	KHIMANA	KANKREJ (BANASKANTHA)	30	NR	PPH		
65	NOVEMBER	SAVITA BEN CHMAR	SC	VINOD BHAI CHMAR	MOTIDENAWAR	LUNAWADA	26	NR	PRE TERM		
66	NOVEMBER	SHANTA BEN PAGHI	OBC	TRESHA BHAI PAGHI	JETPUR	KADANA	30	NR	PRE TERM	7 1/2 MONTH	
67	NOVEMBER	MEENA BEN MACHAR	ST	JYANTI BHAI MACHAR	BELANVADA	KADANA	25	NR	BLEEDING PV	ABORTION	

68	NOVEMBER	NIKITA BEN SOLANKI	GEN	BHIM SINGHJ SOLANKI	VERAMA	LUNAWADA		NR	PROLONG LABOUR		CIVIL HOSPITAL GODHRA
69	NOVEMBER	RINKU BEN BHARIYA	OBC	DINESH BHAI BHARIYA	BARIYANA MUWADA	SANTRAMPUR		NR	LEAKING PV		CIVIL HOSPITAL GODHRA
70	NOVEMBER	MANGU BEN CHMAR	SC	DINESH BHAI CHMAR	SARSWAUTAR	KADANA		NR	ABNORMAL PRESENTATION	BREECH	CIVIL HOSPITAL GODHRA
71	NOVEMBER	KAVITA BEN BHARIYA	OBC	DHIRA BHAI BHARIYA	MOTIJHADRI	LUNAWADA	25	NR	PRE TERM	8 MONTH	CIVIL HOSPITAL GODHRA
72	NOVEMBER	JASSI BEN MALIWAR	ST	MUKESH BHAI MALIWAR	KALISHERO	KHANPUR	23	NR	PRE TERM	8 MONTH	CIVIL HOSPITAL GODHRA
73	NOVEMBER	GEETA BEN NAYAK	OBC	CHANDU BHAI NAYAK	BAGHPHAL	SANTRAMPUR	26	NR	PRE TERM	8 MONTH	CIVIL HOSPITAL GODHRA
74	NOVEMBER	ARUNA BEN NUTT	OBC	PINTU BHAI NUTT	SONELA	LUNAWADA	25	NR	PROLONG LABOUR	8 MONTH	CIVIL HOSPITAL GODHRA
75	NOVEMBER	NATHI BEN DAMOR	ST	VIKRAM BHAI DAMOR	DITWAS	KADANA	24	NR	PREVIOUS L S C S		CIVIL HOSPITAL GODHRA
76	NOVEMBER	SAMRAT BEN NAYIKA	OBC	PUNA BHAI NAYIKA	VEENA	SANTRAMPUR	40	NR	PROLONG LABOUR		

77	NOVEMBER	NATHI BEN DAMOOR	ST	VIKRAM BHAI DAMOOR	DITWAS	SANTRAMPUR		NR	NOT MENTIONED		
78	NOVEMBER	SANGITA BEN DAMOR	ST	RAKESH BHAI DAMOR	JIWNJINACHPORA	LUNAWADA		NR	OTHERS	RESPIRATORY DISTRESS	CIVIL HOSPITAL GODHRA
79	NOVEMBER	RAMILA BEN NAYAK	OBC	BUDDHA BHAI NAYAK	KELL	SEHRA		NR	BLEEDING PV	LABOUR PAIN	CIVIL HOSPITAL GODHRA
80	NOVEMBER	BHAWNA BHAI CHMAR	SC	PRKASH BHAI CHMAR	BAKOR	KHANPUR	25	NR	PROLONG LABOUR		CIVIL HOSPITAL GODHRA
81	NOVEMBER	JALPA BEN SUTHAR	GEN	VEENU BHAI SUTHAR	BALASINOR	BALASINOR		NR	PPH		CIVIL HOSPITAL GODHRA
82	NOVEMBER	KAILESH BEN PAGHI	OBC	BHARAT BHAI PAGHI	PANAMPALA	LUNAWADA	28	NR	PPH	HOME DILEVERY RETAINED PLACENTA	CIVIL HOSPITAL GODHRA
83	NOVEMBER	LILA BEN TALAR	OBC	MUKESH BHAI TALAR	DHOLIGHATI	LUNAWADA	28	NR	PREVIOUS L S C S		
84	NOVEMBER	MANJULA BEN CHMAR	SC	DINESH BHAI CHMAR	VAGELA	KHANPUR	25	NR	BLEEDING PV	CERVICAL TEAR	
85	DECEMBER	PINTU BEN MALIWAR	ST	PRAVEEN BHAI MALIWAR	DIGMBRA	KHANPUR	22	NR	NOT MENTIONED		
86	DECEMBER	SAVITA BEN	ST	DHIRA BHAI MACHAR	MACHRNA MUWADA	LUNAWADA	23	NR	BLEEDING PV	3 MONTHS	

		MACHAR									
87	DECEMBER	REKHA BEN VANJARA	OBC	JAGDISH BHAI VANJARA	LUNAWADA	LUNAWADA		NR	PPH	HOME DILEVERY VAGINAL TEAR	
88	DECEMBER	SAVITA BEN PAGHI	OBC	RAUJI BHAI PAGHI	CHARANGAM	LUNAWADA	30	NR	NOT MENTIONED		
89	DECEMBER	NIGAR PATHAN	GEN	MOSIRPATHAN	LUNAWADA	LUNAWADA		NR	NOT MENTIONED		
90	DECEMBER	TARA BEN GOHIL	GEN	MUKESH BHAI GOHIL	LUNAWADA	LUNAWADA	22	NR	ABNORMAL PRESENTATION	TRANVERS LIE	
91	DECEMBER	UDI BEN PATALIYA	OBC	CHUNILALO PATALIYA			30	NR	NOT MENTIONED		
92	DECEMBER	DAXA BEN TURI	OBC	RAMESH BHAI TURI	KHANPUR	KHANPUR	21	7	ABNORMAL PRESENTATION	TWINS	
93	DECEMBER	SUREKHA BEN KHATT	OBC	BHAGHA BHAI KHATT	MACHOR	SANTRAMPUR	24	NR	BLEEDING PV	3 MONTH ABORTION	CIVIL HOSPITAL GODHRA
94	DECEMBER	NIGAR BANU PATHAN	GEN	MUSIR BHAI PATHAN	LUNAWADA	LUNAWADA	19	7	NOT MENTIONED		
95	DECEMBER	TEJAL BEN THAKOOR	GEN	BHEMA BHAI THAKOOR				NR	NOT MENTIONED	BABY WEIGHT 1.800 GM	

DELIVERY REGISTER



REFERRAL REGISTER