

Effective strategies for improving safety in institutional births

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Abstract

Background: The main factor causing harm in institutional births in the developing countries is poor quality care. Improvement of quality care in institutional births is the need of the hour in developing countries. No widely acceptable effective method has existed till now.

Methods: This paper focuses on strategies developed from WHO approved Safe Childbirth Checklist which is also documented in the MNH (Maternal Newborn Health) toolkit of Government of India. The 30 items listed in the checklist focuses on the essential practices to be followed at 4 important stages – at the time of admission (before birth), just before delivery (pushing), soon after birth (within 1 hour of delivery) and before discharge of the patient from the facility. The health facilities were selected on the basis of high delivery load. The facilities selected were located in Northern India.

Results: The SCC strategies bring about a positive change in the behaviour of service providers towards quality care in the labour room. The service providers become more concerned, cautious and responsible while handling the deliveries.

Conclusions: WHO Safe Childbirth Checklist can bring about sustainable long lasting behavior change amongst the health workers if implemented rigorously by the health facility officials.

Keywords: strategies, safety, institutional births

1. Introduction & Objective

The main factor causing harm in institutional births in the developing countries is poor quality care. Improvement of quality care in institutional births is the need of the hour. No widely acceptable effective method has existed till now.

This paper focuses on strategies developed from WHO approved Safe Childbirth Checklist (SCC) which is also documented in the MNH (Maternal Newborn Health) toolkit of Government of India.

2. Methods

The strategies focus on essential practices to be followed in the labour room by the health workers towards quality care in the labour room.

The 30 items listed in the checklist focuses on the essential practices to be followed at 4 important stages – at the time of admission (before birth), just before delivery (pushing), soon after birth (within 1 hour of delivery) and before discharge of the patient from the facility.

These essential practices have expanded the knowledge and skills of the service providers — the Staff Nurses and the Auxiliary Nurse Midwives (ANMs). Thus, enabling them to provide quality care to newborns and mothers at all the 4 important stages mentioned above.

Essential practices include monitoring of vitals of the patient like BP, pulse rate and temperature. It also includes hand washing, plotting partograph, administration of magnesium sulphate in pre-eclampsia and eclampsia, administration of antibiotics when needed, administration of injection oxytocin within 1 minute of delivery, anti-retroviral drug administration in HIV positive case, use of a sterile blade to

cut the umbilical cord, proper thermal and resuscitation care, breast feeding of newborn within 1 hour of birth, skin to skin care of the newborn, active management of third stage of labour, management of PPH (post- partum haemorrhage), recognizing the danger signs and timely referral of the patient if required to higher facility, ensuring presence of a birth companion, counseling of danger sign, following asepsis and infection prevention protocols, counseling on methods of family planning.

The training regarding all the above mentioned essential practices and the use of SCC was provided to the key functionaries of the health facilities - Staff Nurses and ANMs. Medical Officers and other medical staff were also oriented on the same. The health facilities were selected on the basis of high delivery load. The facilities selected were located in Northern India.

The training was imparted to the health care workers based on “Skilled birth attendant” (SBA) Government of India guidelines in 2014. Some of the areas where training was provided were – plotting of the partograph, AMTSL (active management of third stage of labour), management of postpartum hemorrhage, pre-eclampsia/eclampsia, essential newborn care and resuscitation, infection prevention, postpartum care and family planning counseling.

Continuous mentoring and supportive supervision was done at the health facilities. Each health facility was checked for readiness of safe child birth with respect to infrastructure, equipments and most importantly human resources vis-à-vis delivery load. These “gaps and challenges” of demand (delivery) versus supply (infrastructure, equipments, human resources) were resolved with the support of Health facility

officials or if necessary with District level Health officials gradually.

The above checklist based strategy is a boon to low-income countries like India especially in the EAG (empowered action group) states towards decreasing the maternal and neonatal morbidity and mortality.

3. Results

Initially the acceptance of checklist strategy was quite low. The highly overburdened service providers – staff nurses and ANMs thought it to be nothing else but extra paper work of no use. But, with proper counseling, motivation and tangible results of the checklist, it was universally adopted by the service providers.

Maximum chances of maternal and neonatal mortality are within twenty-four hours after birth. The checklist based strategy has been found to be most effective for this supercritical period.

The following positive changes were seen in the facilities - measurement of blood pressure and temperature at admission and at the time of discharge of the patient increased manifold, understanding the importance and increase in use of injection oxytocin, active management of third stage of labour, use of partograph, administration of injection vitamin K to the baby immediately after birth, skin to skin care for the baby, initiation of breast feeding within one hour of the delivery. Significant reduction in delivery complications and decrease in maternal and neonatal deaths were also observed.

Most of these essential practices followed by the service providers while conducting deliveries are based on the Government of India guidelines. But, the service providers are usually not able to follow them in a well co-ordinated and sequential manner. The main reason being, that, the essential practices are difficult to remember and the service providers forget many important steps while conducting the delivery. This leads to many complications for the mother and the baby.

So the safe childbirth checklist developed by WHO is a simple, cheap and highly effective tool for facilitating the service providers to implement the essential practices easily without making any errors. The Checklist has been popularly termed as a “safety device” by service providers towards providing essential practices. It is also a documented proof of the services being provided to the patients. Hence tremendous improvement in quality of institutional birth services can be ensured.

The SCC strategies bring about a positive change in the behavior of service providers towards quality care in the labour room. The service providers become more concerned, cautious and responsible while handling the deliveries.

4. Discussion & Conclusion

It was seen that SCC based strategy led to considerable improvement in quality and safety in institutional births. The entire strategy is based on providing education to the service providers at the local health facility; discussing problems; introducing checklist through motivational training and monitoring through follow-up. The biggest motivation comes from the fact that a simple paper based, easy to remember step-wise strategy can really be so much helpful in saving so many lives.

5. Implication of the Study

WHO Safe Childbirth Checklist can bring about sustainable long lasting behavior change amongst the health workers if implemented rigorously by the health facility officials.

6. Acknowledgements

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7. References

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