

Internship Training

at

National Health Systems Resource Centre

New Delhi

**Assessment of Labour Rooms and Maternity OT in Public Health Facilities of Bihar, India**

By

Juhi Kumari

PG/16/017

Under the guidance of

Ms Divya Aggarwal

Assistant Professor and Assistant Dean, IIHMR

Post Graduate Diploma in Hospital and Health Management

2016-18



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International Institute of Health Management Research

New Delhi

The certificate is awarded to

**Miss Juhi Kumari**

In recognition of having successfully completed her internship

In Quality improvement Division and

Has successfully completed her project on

**Assessment of Labour Rooms and Maternity OT in Public Health Facilities of Bihar, India**

**10<sup>th</sup> May 2018**

at

**National Health Systems Resource Centre**

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

We wish him/her all the best for future endeavors



Dr J.N Srivastava

Advisor, QI Division

NHSRC, New Delhi

Date: 23 May 2018

**TO WHOMSOEVER IT MAY CONCERN**

This is to certify that Miss Juhi Kumari 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 System Resource Centre, New Delhi from February 2018 to April 2018.

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

The internship is in fulfilment of the course requirements.

I wish her all success in all his future endeavors.



Dr Supten Sarbhadhikari

Dean, Academics and Student Affairs

IIHMR, New Delhi



Ms Divya Aggarwal

Assistant Professor/Dean & Mentor

IIHMR, New Delhi

## CERTIFICATE OF APPROVAL

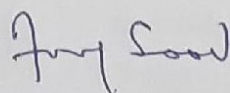
The following dissertation titled "**Assessment of Labour Rooms and Maternity OT in Public Health Facilities of Bihar, India**" at "**National Health Systems Resource Centre, New Delhi**" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant 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 therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

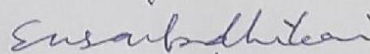
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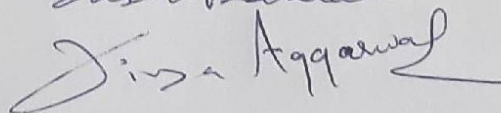
1. Prof. A. K. SOOD



2. Prof. S. N. SARKAR



3. Ms. DIVYA AGARWAL



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IIHMR, New Delhi



Ms Divya Aggarwal  
Assistant Professor/Dean & Mentor  
IIHMR, New Delhi

**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW  
DELHI**

**CERTIFICATE BY SCHOLAR**

This is to certify that the dissertation titled **“Assessment of Labour Rooms and Maternity OT in Public Health Facilities of Bihar, India”** and submitted by Miss Juhi Kumari Enrollment No. PGDHM-017 under the supervision of Ms Divya Aggarwal, Assistant Professor and Assistant Dean, IIHMR Delhi for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 2016 to 2018 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature



Date: 25/05/18



## FEEDBACK FORM

Name of the Student: JUHI KUMAR 1

Dissertation Organisation: NHSRC/SHSB

Area of Dissertation: Assessment of Labour Room and Maternity OT in Public Health Facility of Bihar, India.

Attendance: Excellent. Functional

Objectives achieved: Yes, she did gap Analysis well.

Deliverables: She has proved herself well.

Strengths: Hard working, well behaved, Attitude to learn more and more, works in team

Suggestions for Improvement: To gain knowledge about public health functioning

Suggestions for Institute (course curriculum, industry interaction, placement, alumni): IHMR should contact SHSB for campus selection

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date: 17.05.2018  
Place: Patna



## ABSTRACT

### **Assessment of Labour Rooms and Maternity OT in Public Health Facilities of Bihar, India**

LaQshya recently announced and launched by Ministry of Health and Family welfare, aimed at improving quality of care in Labour room and maternity OT. The program improve quality of care for pregnant women in Labour room and, maternity OT. Obstetrics Intensive Care Unit (ICUs), and High Delivery Units (HDU). The Program being implemented at all medical colleges hospital, District Hospital. First Referral Unit (FRU), community Health Centre (CHC) and benefits every pregnant women and new born at facility level.

LaQshya will reduce maternal and newborn Morbidity and mortality, improve quality of care during delivery and immediate post partum period and enhance beneficiaries' satisfaction and provide Respectful Maternity Care (RMC) to all pregnant women. This program aims at implementing 'fast track' intervention for achieving tangible result in 18 months. Under initiative, multi- pronged strategy has been adopted such improving infrastructure up-gradation, ensuring availability of essential equipments, providing adequate HR, Capacity building of health care workers and improving quality process in labour room and maternity OT. To strengthen critical care in Obstetrics, dedicated Obstetrics ICUs, at medical colleges hospital level and Obstetric HDUs at district Hospital are operationlized under LaQshya program.

We designed Cross sectional Descriptive study to gathered data for baseline assessment of Labour Room and Maternity OT. Convenience sampling method is used and the study was conducted at five facility of Bihar. For the analysis LaQshya checklist is used and we tried to find out which area of concern scored less.

Labour room and Maternity OT departments, The facility of Bihar score less in the department of Maternity OT and areas of concern wise Patient Right score more and less scoring ares are Outcome and Quality Management.

Safe motherhood is one of the indicators of good functioning of a health system and ensuring quality delivery services is its vital component. Findings from the Labour Room and maternity OT Assessment study provides an indicative picture of the general condition of labour rooms and the provision of safe motherhood in Bihar. Comparing the findings of the assessment with standard guidelines we see many gaps regarding infrastructure, availability of equipments, availability of drugs & consumables. Record and registers are not being maintained. Ensuring biomedical waste management and infection control practices needs special focus & must be adhered to..

**Key Words:** Quality, *LaQshya*, Labour Room and Maternity OT

## **ACKNOWLEDGEMENTS**

At the onset of the report, I would like to acknowledge my sincere thanks to the institute, **International Institute of Health Management Research**, for providing a platform to gain enough knowledge and skills in different aspects of health management. Most importantly I would like to thank **Ms Divya Aggarwal**, Assistant Professor and Assistant Dean, IIHMR Delhi for all encouragement and inspiring support in completion of this study. I would like to thank **Dr Sarita**, SPO, QA SHSB for giving her valuable time and inputs during the study. I also owe a great debt to **Dr J.N. Srivastava, Advisor, and entire Quality Improvement Division, NHSRC**, for giving me an opportunity to conduct this study. I would also like to thank all team members of QI, Division who despite of their other busy schedule, were there to help and extend support during the study. Finally, and most importantly, I would like to thank my family for their blessings, wishes and support during internship and to my colleagues for their help in successful completion of this study.

**Miss Juhi Kumari**

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## LIST OF ABBREVIATIONS

- ☐ ANC - Ante Natal Care
- ☐ ANM - Auxiliary Nurse Midwives
- ☐ ART - Anti Retroviral therapy
- ☐ ASHA - Accredited Social Health Activist
- ☐ BLS - Basic Life Support
- ☐ BMW - Bio Medical Waste
- ☐ CPR - Cardio Pulmonary Resuscitation
- ☐ ETAT - Emergency Triage Assessment & Treatment
- ☐ HIV - Human Immunodeficiency Virus
- ☐ IEC - Information, Education & Communication
- ☐ IFA - Iron Folic Acid
- ☐ ILR - Ice Lined Refrigerator
- ☐ IMNCI - Integrated Management of Neonatal & Childhood Illness
- ☐ IUD - Intra Uterine device
- ☐ JSSK - Janani Shishu Suraksha Karyakram
- ☐ JSY - Janani Suraksha Yojna
- ☐ LHV - Lady Health Visitor
- ☐ MCP - Mother & Child Protection
- ☐ MCTS- Mother & Child Tracking System
- ☐ MDT - Multi Drug Therapy
- ☐ MHP - Mental Health Programme
- ☐ MLC - Medico Legal Case
- ☐ MO - Medical officer
- ☐ MPW - Multipurpose Health Workers
- ☐ MTP - Medical Termination of Pregnancy
- ☐ MVA - Manual Vacuum Aspiration
- ☐ NSSK - Navjat Shishu Surakhsha Karyakram
- ☐ OPD - Out-Patient Department
- ☐ PNC - Post Natal Care
- ☐ RBSK - Rashtriya Bal Swasthya Karyakram
- ☐ RNTC - Revised National TB Control Programme
- ☐ SBA - Skilled Birth Attendants
- ☐ SOP - Standard Operating Procedure

## **ORGANIZATION PROFILE**

The National Health System Resource Centre (NHSRC) is a technical support institute of Ministry of Health and Family Welfare (MoHFW). The task of NHSRC with the drafting, review and revision of New National Health Policy. This office played an important part in development of multiple background papers, the approach paper to the National Health Policy as well as the first draft. A particularly intense role was played by the Public Health Planning division of this office led by Dr Satish Kumar and his team in developing the revised draft of the National Health Policy incorporating suggestions from close to 5000 comments on the first draft of NHP placed in public domain for comments and suggestion in January 2015. In addition, the whole process of revision was made very participative through involvement of States, civil society and various professional bodies. 5 regional workshops were held in different parts of the country to elicit the policy expectations from these stakeholders.

All these workshop held specific discussions on follows:

- Addressing the commitment and unfinished agenda of the previous National Health Policy.
  - Aligning to the commitment made by government to improve the health of vulnerable and marginalized groups.
  - Review the evidence base of the draft policy to improve health care delivery.
- 
- Addressing the commitment and unfinished agenda of the previous National Health Policy (NHP 2002).
  - Aligning to the commitments made by the government to improve the health of vulnerable and marginalized groups as reflected in related national and international commitments.
  - Review of the evidence base of the draft policy to improve health care delivery in the private and public sector and identifying time bound quantifiable and monitorable Goals that the new National Health Policy should aspire for

- Relevant dimensions, if any, which require additional emphasis or inclusion in the current draft policy document.

The civil society consultations at both state and national level largely expressed satisfaction with the existing draft. However, concerns were raised with regards to the special needs of the adolescents, urban poor and migrants. Various mechanisms for easing civil society participation and regulation of private sector in health sector (planning, provision of services, monitoring of services) were proposed too.

The Draft National Health Policy was reviewed by the health ministers of various States through the platform of CCHFW. Close coordination and support was also provided to the Ministry in this exercise.

India's National Health Policy 2017 was approved by the Cabinet on 15th March and presented in the House of People (Lok Sabha) on 16th March 2017. The Minister for Health while making a statement on the health policy informed the house on the 'highly participative and consultative approach in policy formulation process'. We are happy to be part of this endeavor.

## **ORGANIZATION**

National Health Systems Resource Centre (NHSRC) has been set up under the National Rural Health Mission (NRHM) of Government of India to serve as an apex body for technical assistance.

Established in 2006, the National Health Systems Resource Centre's mandate is to assist in policy and strategy development in the provision and mobilization of technical assistance to the states and in capacity building for the Ministry of Health and Family Welfare (MoHFW) at the centre and in the states. The goal of this institution is to improve health outcomes by facilitating governance reform, health systems innovations and improved information sharing among all

stake holders at the national, state, district and sub-district levels through specific capacity development and convergence models.

It has a 23 member [Governing Board](#), chaired by the Secretary, MoHFW, Government of India with the Mission Director, NRHM as the Vice Chairperson of the board and the Chairperson of its Executive Committee. Of the 23 members, 14 are ex-officio senior health administrators, four from the states. Nine are public health experts, from academics and management experts. The Executive Director, NHSRC is the Member Secretary of both the board and the Executive Committee. NHSRC's annual governing board meet sanctions its work agenda and its budget.

The NHSRC currently consists of eight divisions – Community Processes, Public Health Planning, Human Resources for Health, Quality Improvement in Healthcare, Healthcare Financing, Healthcare Technology, Health Informatics and Public Health Administration.

The NHSRC has a regional office in the north-east region of India. The North East Regional Resource Centre (NE RRC) has functional autonomy and implements a similar range of activities.

## **VISION**

We are committed to facilitate the attainment of universal access to equitable, affordable and quality healthcare, which is accountable and responsive to the needs of the people of India.

## **MISSION**

Technical support and capacity building for strengthening public health systems in India.

## **POLICY STATEMENT**

NHSRC is committed to lead as professionally managed technical support organization to strengthen public health system and facilitate creative and innovative solutions to address the challenges that this task faces.



In the above process, we shall build extensive partnerships and network with all those organizations and individuals who share the common values of health equity, decentralization and quality of care to achieve its goals.

NHSRC is set to provide the knowledge-centered technical support by continually improving its processes, people and management practices

### **GOVERNING BOARD**

- **Chairperson- Ms. Preeti Sudan**  
Secretary

Department of Health & Family Welfare

- **Vice Chairperson- Shri Manoj Jhalani**  
Additional Secretary & Mission Director (NHM), D/H  
&FW Ministry of Health & Family Welfare

- **Member Secretary- Dr Rajani R. Ved**  
Executive Director, National Health Systems Resource Centre

### **DIVISIONS**

- Community Processes
- Public Health Planning
- Human Resources for Health
- Quality Improvement in Healthcare
- Healthcare Financing
- Healthcare Technology
- Health Informatics
- Public Health Administration

### **Quality Improvement:**

Universal access to care under NRHM, implies universal access to quality care.

The Quality Improvement at the Public Health facilities looks into organization of the work processes critical to health care delivery, which helps in ensuring that investments made in term of money, material and human resources are optimally used to realize

expected outcomes. It helps in delivering quality services those are safe and satisfying to users leading better utilization of facilities.

NHSRC's mandate is to make quality improvement an inherent part of service delivery at public health facilities. The NHSRC has implemented pilot programmes that build an approach for ensuring that every public health facility would have a quality assurance program in place. In such an approach every facility is assessed and scored against explicit quality standards and after achieving a certain benchmark gets certified by an external agency. Given the nation's diversity in both health systems development and subjective readiness for assuring quality of care, the quality approach needs to ensure essential norms for facility management, regulatory compliances, clinical protocols & guidelines but at the same time be flexible enough to accommodate variable (essential & Desirable) standards of quality certification objectively and provide scope for innovations.

**DEPARTMENTS VISITED/WORKED:**

I have worked in Quality Improvement Division as fellow where our major focus was on to provide technical support to the states in ensuring that investments made in term of money, material and human resources are optimally used to realize expected outcomes. It helps in delivering quality services those are safe and satisfying to users leading better utilization of facilities.

## **CHAPTER 1**

### **Introduction**

Quality in Public Health care came into focus with the launch of the RCH in 1997, with one of its main objectives as improvement of Quality. Ninth Five Year Plan (1997-2002) and National Health Policy (2002) also brought Quality into focus, and raised concern about the Quality of services provided at the public health facility. Tenth year plan (2002-2007) has major focus on 'improvement, efficiency of the existing health care system, quality of care, logistic and drugs supplies and logistics and promotional of rational use of drugs.

IPHS (Indian Public Health Standards) guidelines launched in 2005 and later revised in 2005. IPHS norms for Physical infrastructure, services, HR, Drugs, Diagnostics and Equipments at Public health facilities. There is no in-built system of quality certification under IPHS. The requirements of IPHS guidelines for Urban PHC exist, for supporting state.

#### **Key Features of National Quality Assurance Programme**

- Institutional Framework
- Explicit Quality Assurance Standards
- Continuous Assessment
- Health System Driven Approach
- Capacity Building
- Progress Assessment on Specific key Performance indicators
- Certification
- Incentivisation

Launch of NHM (National Health Mission), there was substantial increase in number of Institutional Deliveries.. However, this increase in the numbers has not resulted into commensurate improvements in the key maternal and new-born health indicators. It is estimated that approximately 46% maternal deaths, over 40% stillbirths and 40% newborn deaths take place on the day of the delivery. A transformational change in the processes related to the care during the delivery, which essentially relates to intrapartum and immediate postpartum care, is required to achieve tangible results within short period of time. Prerequisite of such approach would also hinge upon the health system's preparedness for prompt identification and management of maternal and newborn complications. Delivery of such transformed care would not only need availability of adequate infrastructure, functional & calibrated equipment, drugs & supplies & HR, but also meticulous adherence to clinical protocols by the service providers at the health facilities.

Maternal Health is “a good indicator that health system works” (International Federation of Gynaecology and Obstetrics, FIGO, 2011). Adequately addressing maternal health demonstrates the robustness of the quality of services provided by a public service delivery system. In the last couple of decades, there has been notable decline in Maternal Mortality in India. MMR decreased 301 (SRS, 2001-2003) to 212 per 100,000 live births (SRS, 2007-2009). Likewise, in the state of Bihar, the Report of the Registrar General of India, Sample Registration System (SRS) states that MMR has reduced and its 208 maternal deaths per one lakh live births fixed for 2015 after the National Sample Registration System (SRS) survey 2011- 2013. In India, like many other countries, the most common direct medical causes of maternity death are sepsis, haemorrhage, obstructed labour and unsafe abortion. However, indirect causes are delay in accessing healthcare during pregnancy, childbirth.

In 2005, the National Rural Health Mission (NRHM) initiated Janani Evam Bal Suraksha Yojana (JBSY) to promote institutional delivery and reduce maternal mortality in India by preventing the common direct medical causes of maternal deaths. The programme resulted in increase of institutional deliveries in India from 47 % (DLHS-3, 2007-08) to 73 % (Coverage Evaluation Survey, 2009). There has been a considerable increase in the number of institutional deliveries in Bihar as well, particularly in government facilities. Today, nearly 50% of deliveries that take place in the state are institutional compared to 22% five years ago. Importantly, the GOI 12th five years plan aims to provide all women during pregnancy and childbirth with institutional care, so services of good quality can be provided at the time of delivery at zero expenses.

In Bihar, the increase in institutional deliveries was dramatic in 2008-9, the first year of the JBSY programme. However, the increasing trend seems to be plateauing. In comparison to the previous year, whilst there was a 36.3% increase in 2008/09 the increase in 2011/12 was 3.3%. To sustain the positive trend the quality of services provided in public and private sector institutions becomes imperative. Timely intervention and the quality of services received in a facility's labour room and maternity ward is key to motivating women to opt for institutional delivery, especially at public sector health institutions.

#### **LaQshya “ Achieving tangible result within 18 months”**

LaQshya as of late reported and propelled by Ministry of Health and Family welfare, went for enhancing nature of care in Labor room and maternity OT. The program enhance nature of watch over pregnant ladies in Labor room and, maternity OT. Obstetrics Intensive Care Unit (ICUs), and High Delivery Units (HDU). The Program being executed at all medicinal schools clinic, District Hospital. To begin with Referral Unit (FRU), people group Health Center (CHC) and advantages each pregnant ladies and new conceived at office level.

LaQshya will lessen maternal and infant Morbidity and mortality, enhance nature of care amid conveyance and quick baby blues period and upgrade recipients' fulfillment and give Respectful Maternity Care (RMC) to every single pregnant lady.

This program goes for executing 'quick track' intercession for accomplishing substantial outcome in year and a half. Under activity, multi-pronged technique has been received such enhancing framework up-degree, guaranteeing accessibility of fundamental types of gear, giving satisfactory HR, Capacity working of medicinal services specialists and enhancing quality process in labor room and maternity OT.

To reinforce basic care in Obstetrics, committed Obstetrics ICUs, at medicinal universities healing center level and Obstetric HDUs at region Hospital are operationlized under LaQshya program.

The quality change in Labor room and OT will be surveyed through NQAS (National Quality Assurance Standards). Each office accomplishing 70% score on NQAS will be confirmed as LaQshya ensured Facility. Marking of LaQshya confirmed offices will be done according to the NQAS Score. Office scoring 90%, 80%, 70% will be given Platinum, Gold and Silver Badge as needs be. Office accomplishing NQAS affirmation, characterized quality pointer and 80% fulfilled recipients will be given motivating forces of Rs 3 lakh, Rs 2 lakh for restorative universities Hospital, District Hospital and FRUs.

Our nation has made considerable progress in enhancing maternal survival as maternal Mortality proportion (MMR) has diminish from 301 (2001-2003) to 167 in (2011-13), amazing decrease of 45% of every 10 years.

India additionally dedicated to guaranteeing safe parenthood to each pregnant ladies in the nation.

**Scope of the Study-** The study aims at the overall initiative is to gather baseline data of all five facility and improve the status and functioning of labour rooms and maternity OT.

**General Objective-** To analyze and find the gaps that exist in labour rooms and Maternity OT in Bihar State through LaQshya Assessment.

**Specific Objectives-**

- ✓ To collect baseline data of all functional labour rooms and Maternity OT using LaQshya Checklist standard tool.
- ✓ To develop detailed and focussed action plans for each facility that would address gaps and help take preventive action to enhance the quality of services provided in labour rooms and OT.



## **CHAPTER 2**

### **Review of Literature**

1. The study was directed by Friday O, Edoja O and Osasu on the subject "Evaluation of contamination control rehearses in maternity units in Southern Nigeria". 12% of maternal passings in Nigeria is because of Puerperal sepsis. Because of this the investigation was directed. To date, little think about the foundation healing center factor that incline pregnant ladies to puerperal disease that is prompt mortality. The examination was to research the nature and example of existing arrangements and practices identified with contamination control in maternity mind in Edo state, south-south Nigeria. The consequence of the investigation propose the requirement for enhanced record keeping strategy, the improvement of fitting strategies and conventions for disease control and staff preparing on contamination control in maternity mind office in Edo state. A general wellbeing training and backing system to make mindfulness on clean conveyance puts as an approach for diminishing maternity horribleness and mortality and manufacture political will for actualizing relate exercises is additionally direly required.

2. The examination was led by Mehta R, Mavalankar DV, Ramani KV, Sharma S, and Hussein J on the theme "Disease control in conveyance mind units, Gujarat state, India: a requirements appraisal." Women in India go to wellbeing offices for labor, halfway because of motivating forces paid under Government programs. Utilization of wellbeing offices can reduce the danger of disease contracted in unhygienic home conveyances, yet poor contamination control hones in labor rooms and conveyance units make puerperal sepsis and other contamination labor. The investigation was directed to discover and give information on strategy and

practices identified with disease control in labor room and maternity OT in Gujarat, India. The investigation of current methodology of contamination control in wellbeing offices in Gujarat uncovered a requirement for enhanced data framework, conventions and strategies and for preparing. Boosting the conduct of ladies to utilize wellbeing offices for birth by means of government plans may not guarantee safe conveyance.

3. The Study was led by Cronin WA, Quansah MG and Larson E on the point of "Obstetric disease control in a creating nation." Infection has been recognized as a noteworthy reason for birth related mortality in Ghana. Aftereffect of two months perception of disease hones among the obstetric medical attendants and wellbeing specialists demonstrated that most did not rehearse fundamental tenets of asepsis. In the late spring of 1991, an undertaking executive, codirector, and a US nursing understudy watched contamination control practices of obstetric medical attendant and maternity specialists previously, amid, and after vaginal conveyances and Cesarean. Doctors endorsed anti-microbial prophylaxis past the point of no return and too ache for Cesarean area patients. 47% of the ladies in the region put herbs or flavors in the vagina inside seven days after conveyance, however the wellbeing laborers did not advise the released moms not to embed anything into the vagina. The medical attendants and birthing assistants did not give the ladies sufficient release guidelines about umbilical rope stump mind, yet ladies did not take their infants back to the office for such care.

4. The study was conducted by Therese Bramer and Evelina Tordsson on "Assessment of care in labour in a delivery ward in Gulbarga, India". In this study they study about the complications during pregnancy leading cause of maternal

deaths in India. The result of the study indicate that the care in labour room in this setting is managed according to scientific evidence to low extent.

### **CHAPTER 3**

#### **Research Methodology**

Convenience sampling has been adopted for selecting the sample and a total of 5 Health Facility were taken as a sample for the study. The study was conducted on five different Facility of Bihar namely: SDH Danapur, CHC Madanpur, Gardanibagh Hospital, PHC Keshariya and PHC Khagaul. The study basically aims at analysis of the gaps of these facilities based on their overall score and their scoring in 8 major areas of concern.

**Inclusion Criteria:** The study includes the facility with high loads of delivery and cover the large number of population.

**Study Type:** Descriptive

**Study Design:** The study design is Cross Sectional study.

**Sampling method:** Convenience sampling

**Study Population:** Five Health Facility of Bihar

**Study Area:** The study was conducted in five different segment of Health facility of Bihar- SDH Danapur, CHC Madanpur, Gardanibagh Hospital, PHC Keshariya and PHC Khagaul.

**Study Period:** 2 Months

**Tools of Analysis:** The LaQshya checklist was used as a tool for the analysis. The Labour Room and Maternity OT department wise scores of each of the facility were taken to analyze which Department scores the least. From this analysis we tried to find out which area of concern scored less out of all the 8 areas of concern in each facility wise. Microsoft Excel used for analysis.

## CHAPTER 4

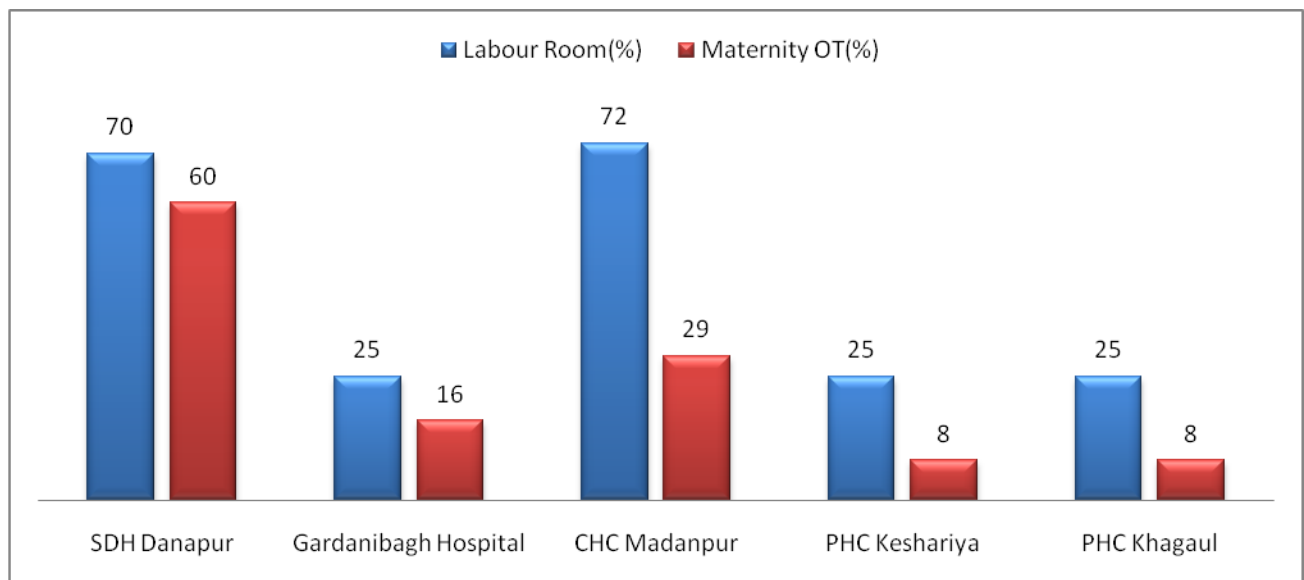
### ANALYSIS:

The layout of the LaQshya checklist is attached as Annexure 1 at the end of the report.

LaQshya is all about improving Quality of Care around birth

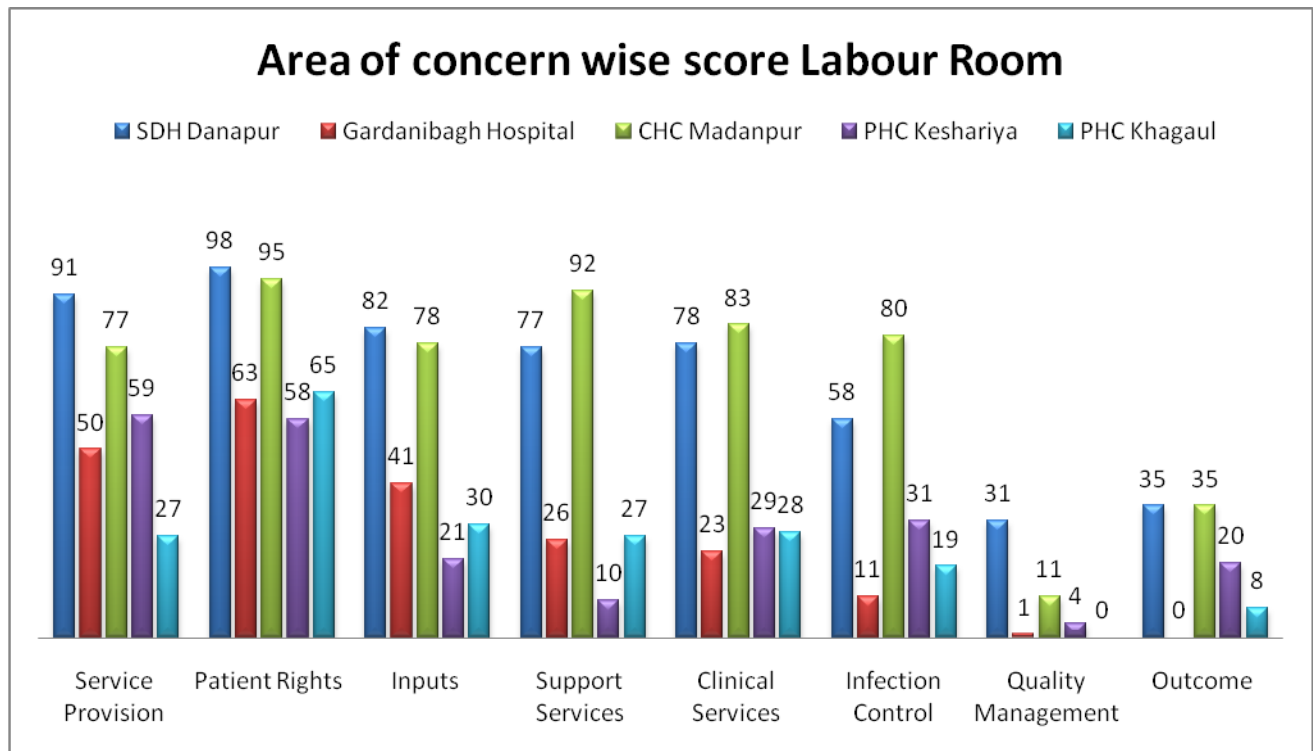
- Quality Certification of Labour Room and/or OT
- Attainment of 75% of Facility level targets
- At least 80% beneficiaries are satisfied with the care

**Showing below Facility wise overall scores of the Departments Labour Room and Maternity OT:**



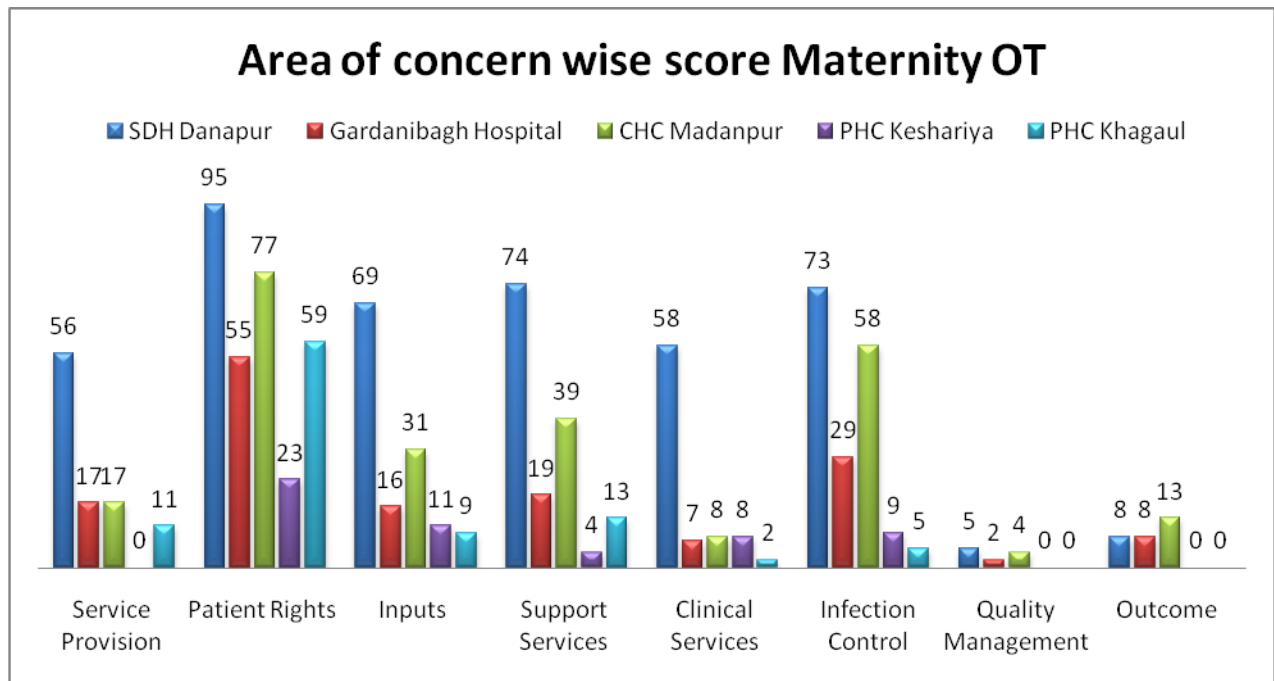
This bar depicts Labour room and Maternity OT departments, The facility of Bihar score less in the department of Maternity OT (24.2). However, CHC Madanpur score highest score in Labour room with 72% and lowest score to Gardanibagh Hospital, PHC Keshariya and Khagaul. Highest score in Maternity OT is of SDH Danapur with 60%, and lowest score to PHC Keshariya and Khagaul with 08% only.

### Area of Concern wise score of Labour Room:



In this bar depicts 8 areas of concern wise score of Labour room. Patient Right (75) obtains highest score. Quality score less in labour room with (9.4). Quality management require set of interrelated activities that assure quality of services according to set of standards and strive to improve upon it through a systematic planning, implementation, checking and acting upon complications.

### Area of Concern wise score of Maternity OT:



This bar depicts the score of Maternity OT with 8 Areas of Concern. Highest scoring maternity OT area of concern is Patient Right (61.8) and lowest scoring is Quality Management with (2.2).



## **CHAPTER 5**

### **Discussion**

The bar graph given above shows the relation between the five different facility of Bihar i.e. SDH Danapur, Gardanibagh Hospital, CHC Madanpur, PHC Keshariya and PHC Khagaul. First, the discussion points on the Labour Room and maternity OT department wise overall score and performance of the facilities, Second Table show relations with areas of concern wise score of Labour room and OT.

Facility Department wise score - From the first bar graph, it was clear that the Labour room of CHC Madanpur score high and scored 72% and the Maternity OT of SDH Danapur score high with 60%. Facility SDH Danapur score well in both the departments.

**Now coming to the discussion points of the facility on the Areas of concern and why is it that the departments of different facilities scored less.**

The Maternity OT Department scored less in every facility. Under this Department, Quality Management and Outcome is the Area of concern which scored the least out of all the areas of Concern. In Bihar, out of the five facilities, four of the facilities lack in the Quality Management and Outcome Area and hence their score is negligible. And in the one facility the Quality Management and Outcome score is quite poor and needs improvement.

## **CHAPTER 6**

### **Conclusion**

Safe motherhood is one of the indicators of good functioning of a health system and ensuring quality delivery services is its vital component. Findings from the Labour Room and maternity OT Assessment study provides an indicative picture of the general condition of labour rooms and the provision of safe motherhood in Bihar. Comparing the findings of the assessment with standard guidelines we see many gaps regarding infrastructure, availability of equipments, availability of drugs & consumables. Record and registers are not being maintained. Ensuring biomedical waste management and infection control practices needs special focus & must be adhered to.

At baseline, the rapid assessment tells that the condition of labour rooms & OT appears to be a major obstacle to the success of maternal and child health programmes in Bihar. The ability and attitude to provide quality services whilst maintaining client dignity in labour rooms has to be a paramount consideration of public sector health managers and service providers

## **CHAPTER 7**

### **Recommendations**

On the basis of the findings followings recommendations can be suggested.

**LaQshya** Checklist is a versatile tool to assess the Labour room and Maternity OT as per their current status & it is the first step for improving the Quality of services provided by the facility on continual basis. All the gaps identified during assessment are required to be addressed.

**All identified gaps may be divided in two groups –**

- a.) Gaps where state level intervention is required for closure like HR, availability of drugs, consumables, Augmenting Lab services etc.
- b.) Gaps where facility level intervention is required for closure like to conduct patient satisfaction survey, to ensure right practices for infection prevention etc.

**Facility is getting low score in the area of concern Quality Management and Outcome. So special attention should be given by the facility to ensure compliance with the standards of Quality Management System and Outcome which includes the following functions:**

**Establishment of Quality Assurance Programme-** For timely and effective implementation of Quality Assurance, a team should be constituted. The team should ensure all the activities related to QA such as conduct of Monthly Review Meetings, Conduct of Internal Assessment of the Facility, Development of Quality policy and Quality objectives for the facilities and track the progress of the facility as per their facilities

**Conduct Patient and Employee Satisfaction Surveys-** PSS as per the format given in the Quality Standards may be used by the facility and same to be analyzed at laid down intervals to identify the two lowest performing areas for improvement and action plan be prepared for their closure. For Employee Satisfaction Survey, format given by the Delhi

Government or format used in other Quality Assurance Programs like NQAS may be used by the facility

**Development of the SOPs/Protocols/work instructions for critical processes of the facility-** Facility needs to identify the area where SOPs are required and facility may develop SOPs like some Protocols or work instructions may be converted into flow charts and displayed at the point of use.

- Full compliance with BMW guidelines
- Proper mechanism should be there for internal audit.
- Convergence to all National Health Programmes.
- Clinical Protocol for treatment of Malaria need to be available/ displayed as per the checkpoint mentioned under the Quality Management. Also Clinical protocol for DOT should be available/ displayed at the point of use.
- Updated SOP should be available at point of use and it should adequately cover all the relevant processes of the department.
- Internal Assessment of the General Clinic need to be done at periodic interval.

## References

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**Layout of LaQshya Checklist (Labour Room)**

|                    | <b>Area of Concern - A Service Provision</b>           |   |  |       |  |  |
|--------------------|--|---|--|-------|--|--|
| <b>Standard A1</b> | <b>The facility provides Curative Services</b>         |   |  |       |  |  |
| <b>ME A1.14</b>    | Services are available for the time period as mandated | Labour room service is functional 24X7                    |  | SI/RR | Verify with records that deliveries have been conducted in night on regular basis                            |  |
| <b>Standard A2</b> | <b>The facility provides RMNCHA Services</b>           |   |  |       |  |  |
| <b>ME A2.1</b>     | The facility provides Reproductive health Services     | Availability of Post Partum IUD insertion services        |  | SI/RR | Verify with records that PPIUD services have been offered in labour room                                     |  |
| <b>ME A2.2</b>     | The facility provides Maternal health Services         | Availability of Vaginal Delivery services                 |  | SI/RR | Normal vaginal & assisted (Vacuum / Forcep ) delivery  |  |
|                    |  | Availability of Pre term delivery services                |  | SI/RR | Check if pre term delivery are being conducted at facility and not referred to higher centres unnecessarily  |  |
|                    |  | Management of Postpartum Haemorrhage                      |  | SI/RR | Check if Medical /Surgical management of PPH is being done at labour room                                    |  |
|                    |  | Management of Retained Placenta                           |  | SI/RR | Check staff manages retained placenta cases in labour room . Verify with records                             |  |
|                    |  | Septic Delivery & Delivery of HIV positive Pregnant Women |  | SI/RR | Check if infected delivery cases are managed at labour room and not referred to higher centres unnecessarily |  |

## Checklist for Operation Theatre

| Reference No. | ME Statement   | Checkpoint   | Compliance | Assessment Method | Means of Verification   | Remarks |
|---------------|--|--|------------|-------------------|---|---------|
|               | Area of Concern - A Service Provision                  |  |            |                   |   |         |
| Standard A1   | Facility Provides Curative Services                    |  |            |                   |   |         |
| ME A1.14      | Services are available for the time period as mandated | OT Services are available 24X7                             | 1          | SI/RR             | Check with OT records that OT services were functional in 24X7 and surgeries are being conducted in night hours |         |
| ME A1.16      | The facility provides Accident & Emergency Services    | Availability of Emergency OT services as and when required | 1          | SI/OB             |   |         |
| ME A1.17      | The facility provides Intensive care Services          | Availability of Maternity HDU/ICU services in the facility | 1          | SI/OB             |   |         |
| Standard A2   | Facility provides RMNCHA Services                      |  |            |                   |   |         |
| ME A2.1       | The facility provides Reproductive health Services     | Availability of Post partum sterilization services         | 1          | SI/OB             | tubal ligation  |         |
| ME A2.2       | The facility provides Maternal health Services         | Availability of Elective C-section services                | 1          | SI/RR             | Check services are available and are being utilized   |         |