

CHAPTER: 16

FACILITY SURVEY OF DELIVERY POINTS IN PANNA DISTRICT, MADHYA PRADESH

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INTRODUCTION

The Indian government has displayed a dedicated commitment to reducing maternal and newborn mortality rates in the country. Substantial efforts have been invested in pursuing this objective through the implementation of the Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) strategic approach. Notably, India has witnessed significant enhancements in institutional delivery rates, attributed to initiatives such as Janani Suraksha Yojna, which aims to ensure access to evidence-based practices during childbirth. Despite these initiatives and the rise in institutional deliveries, achieving the desired reduction in maternal and newborn mortality remains challenging without ensuring high-quality intra-partum and immediate postpartum care at healthcare institutions [2,3].

The National Health Mission has underscored the importance of improving the quality of care during childbirth and concentrating on interventions for the mother-newborn dyad in this critical period, potentially leading to the saving of a majority of maternal and newborn lives. To ensure the availability and adherence to standards in service delivery, checklists have been formulated, covering protocols and practices in the labor room, Newborn Care Corner (NBCC), Maternity Ward, as well as the knowledge, training, and practices of personnel in the relevant departments. Monitoring staff, including MCH consultants, Nursing Mentors, and RBSK coordinators, are assigned the responsibility of utilizing and completing these checklists during their visits to these facilities. Their role involves providing supportive supervision to all staff and departments [1].

RESEARCH QUESTIONS

1. Were the labor rooms at delivery points in Panna district, Madhya Pradesh equipped with necessary elements such as essential equipment, skilled personnel, infrastructure, and

medications, as per the MNH toolkit and Supportive Supervision checklist criteria?

2. Were the essential resources operational, indicating active service delivery in Panna district, Madhya Pradesh?
3. What usage trends were observed in health services in Panna district, Madhya Pradesh?

RESEARCH OBJECTIVES

1. To assess the past condition of the accessibility of necessary inputs.
2. To examine the historical status of the effectiveness of essential inputs.
3. To define the historical trends in utilizing health services in the Panna district, Madhya Pradesh.

RESEARCH METHODOLOGY

The primary objective of conducting a situational analysis at the district level in the high-priority district of Panna, Madhya Pradesh, was to promptly identify deficiencies in the implementation of strategic Maternal and Child Health (MCH) services. This initiative aimed to establish a baseline for monitoring MCH progress, laying the foundation for target setting and strategies by the district administration. The study employed a mixed-method approach, using a Descriptive, Cross-Sectional design that included a closed-ended questionnaire-based survey. It took place over a 3-month period, from February 2017 to April 2017, with the purpose of assessing shortcomings in inputs (infrastructure, equipment, drugs, and trained personnel) in the labor rooms of delivery points in Panna district, Madhya Pradesh. The sample included 8 delivery points, comprising 1 Primary Health Center (PHC), 6 Community Health Centers (CHCs), and 1 District Hospital (DH). A total of 36 staff members were interviewed, including 25 Staff Nurses out of 42 and

11 Auxiliary Nurse Midwives (ANM) out of 24.

RESULTS & DISCUSSION

Ensuring the effectiveness of newborn resuscitation necessitated the presence of an operational ambu bag with readily available masks in sizes 0 and 1 at the radiant warmer. Additionally, it was vital for the labor room personnel to undergo appropriate training in the utilization of this equipment for newborns. The training of labor room staff was of utmost importance as a lack of knowledge about standard protocols and procedures could lead to errors that might be harmful to both the mother and the child. Adequate sterilization and proper management of biomedical waste were also vital to mitigate infection risks for both the mother and the newborn. It was mandatory to sterilize all instruments used during delivery and resuscitation, if necessary, to prevent infections. Additionally, adhering to proper protocols for disposing of soiled materials under Bio Medical Waste Management (BMWWM) guidelines was necessary for efficient processing.

CONCLUSION

The significant reduction of maternal and neonatal deaths could have been achieved if all protocols regarding infrastructure, equipment, drugs, and trained human resources had been strictly followed in accordance with established guidelines and standards. When combined, essential components, along with positive supportive supervision and efficient communication across all levels (block-district-state), are pivotal in providing satisfactory services to pregnant women. Merely planning and launching programs once are inadequate for attaining the goals or objectives of any program. Continuous monitoring and supervision are essential, commencing from the grassroots level up to the highest administrative level. This method is crucial for promptly identifying gaps, facilitating the planning of corrective measures, and implementing appropriate actions.

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