CHAPTER: 08

USER EXPERIENCE OF PRASAV WATCH APPLICATION IN THE RAJASTHAN STATE

[1]Pooja
[1]Student, IIHMR University

[2]Dr. Gautam Sadhu
[2]Professor, IIHMR University

DOI: https://doi.org/10.52458/9788196919580.2024.eb.ch-08
Ch.Id:- IIHMR/GRF/EB/AHMHM/2024/Ch-08

INTRODUCTION

Maternal health encompasses the well-being of women during pregnancy, childbirth, and the postnatal phase. The entitlement to safe motherhood and childbirth is a fundamental right for every expectant woman, contingent upon the quality of care she receives throughout these critical periods. In India, an estimated 25 million children are born annually, constituting roughly 20% of global childbirths. As per UNICEF's findings, one infant succumbs to mortality every minute within this demographic [1] [3].

Over the years, there has been a notable decline in India's Maternal Mortality Ratio (MMR), decreasing from 130 per 100,000 live births in the SRS 2014-16 to 113 per 100,000 live births in the SRS 2016-18. Similarly, in the state of Rajasthan, the MMR has exhibited a decrease from 199 per 100,000 live births in the SRS 2014-16 to 164 per 100,000 live births in the SRS 2016-18. Comparing NFHS-5 to NFHS-4 for the Neonatal Mortality Rate (NMR), there has been a reduction from 29.5 to 24.9 per 1,000 live births for India, and for Rajasthan, the NMR has decreased from 29.8 to 20.2 per 1,000 live births. [2]. While there has been noticeable progress, it is evident that there is still a considerable distance to cover. The state of Rajasthan continues to significantly contribute to India's challenges with maternal and neonatal mortality rates. The well-being of millions of women in the reproductive age group has been a global concern for many years. The timeframe surrounding labour and the initial 24 hours post-birth is particularly crucial for both maternal and neonatal health.

Prasav Watch, initially known as ASMAN and developed collaboratively by various development partners, underwent a transition in ownership from the Government of Rajasthan and Madhya Pradesh to the Department of Medical, Health, and Family Welfare (DMHFW), subsequently adopting the name Prasav Watch. This tablet-based application serves as a digital tool designed for labor room service providers to monitor intrapartum and postpartum events, facilitating informed decision-making. Targeting labor room

service providers as users, the application systematically records information about women admitted for delivery in healthcare facilities, capturing key data points from admission to discharge. Critical information includes patient demographics, primary assessment, obstetric and medical history, investigations, general and abdominal examinations, PV examination, delivery notes, and post-delivery and postnatal care monitoring. The application also incorporates the WHO Safe Childbirth Checklist (SCC) as part of its features [4].

RESEARCH QUESTION

1. How did the labor room staff in the state of Rajasthan, India, perceive their experience with the Prasav Watch application?

RESEARCH OBJECTIVE

1. To explore the user satisfaction with the Prasav Watch application among labor room staff.
2. To assess the practicality of filling out case sheets using traditional paper methods versus digital methods among labor room staff.
3. To comprehend the behaviors, motivations, and requirements of labor room staff.

RESEARCH METHODOLOGY

The study was conducted across various healthcare facilities i.e. Primary Health Centres, Community Health Centres, Sub-District Hospitals, and District Hospitals within six districts of the Rajasthan state in India. The focus of the research was on labour room service providers. Inclusion criteria involved labour room staff members who utilized the Prasav Watch application at their respective facilities in Rajasthan, while exclusion criteria comprised facilities not using the Prasav Watch application in the state. The study duration spanned from May 2022 to June 2022, adopting a qualitative

assessment approach. The research was carried out in a total of seven healthcare facilities in Rajasthan, with a sample size of 60 labour room service providers selected based on convenience and their consent for participation. Despite some dropouts due to unavailability and unanswered calls, a final sample of 50 participants was interviewed and analysed for the study. Purposive sampling technique was used in this study.

RESULTS AND DISCUSSION

The respondents had a median age of 42 years, and on average, they used the Prasav Watch application for a duration spanning from 6 months to 1 year. The facilities surveyed included Primary Health Centres (PHC), Community Health Centres (CHC), and District Hospitals (DH). The average per month delivery load varied across the facilities, with PHCs handling 56 deliveries, CHCs 95 deliveries, and DHs 533 deliveries. The user experience analysis indicated a high usability rating for the Prasav Watch application, with 80% of respondents finding it helpful in decision-making and as a support tool for filling case sheets. Regarding the preference for case sheet filling, 66% of respondents preferred digital filling, while 34% still favoured the conventional paper-based method. Age analysis revealed that respondents favouring paper-based filling had a mean age of 49 years, suggesting a reluctance to adopt technology among an older demographic.

Analyzing the behaviors, motivations, and requirements of labor room staff, it was noted that 78% of participants found the time spent utilizing the Prasav Watch application in the labor room acceptable. The motivation for using the application was primarily attributed to its function as a decision support tool, as reported by 80% of respondents. In terms of training, 80% of participants had undergone formal training to use the application, while 20% utilized it without receiving formal training.

CONCLUSION

The Prasav Watch application was characterized by user-friendliness, with users expressing ease in its utilization. The application's utility was deemed high when employed systematically. Despite positive aspects, respondents reported barriers affecting its acceptance, including staff shortages, time constraints, patients' urgent need for discharge, internet connectivity issues, and occasional technical glitches. Noteworthy features of the application included a clinical decision support system, notifications, alerts, and an e-partograph. Although there was a need for improvements in response time for the e-ticketing function, the platform efficiently collected real-time, high-quality data during the peripartum period. This contributed to improved decision-making and, consequently, had an impact on maternal and neonatal outcomes.

REFERENCES

1. *World Health Organization. Maternal health [Internet]. Who.int. World Health Organization; 2019. Available from: https://www.who.int/health-topics/maternal*
2. *Release of NFHS-5 (2019-21) - Compendium of Factsheets | Ministry of Health and Family Welfare | GOI [Internet]. main.mohfw.gov.in. [cited 2022 Jun 29]. Available from: https://main.mohfw.gov.in/basicpage-14*
3. *Maternal and newborn health [Internet]. www.unicef.org. [cited 2022 Jun 29].*
4. *Prasav Watch Programmatic Dashboard [Internet]. prasav.nirogi.rajasthan.gov.in. Available from: https://prasav.nirogi.rajasthan.gov.in/programmatic_dashboard/*