

Summary of key findings: Quality of routine essential care during childbirth: clinical observations of uncomplicated births in Uttar Pradesh, India

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Methods

Study design: An observational study utilising prospective, structured, clinical practice observations during normal labour and childbirth

Study sites: 26 health facilities; 8 - private sector and 18 public sector facilities.

Study districts: Kanpur Nagar, Kanpur Dehat and Kannauj of Uttar Pradesh.

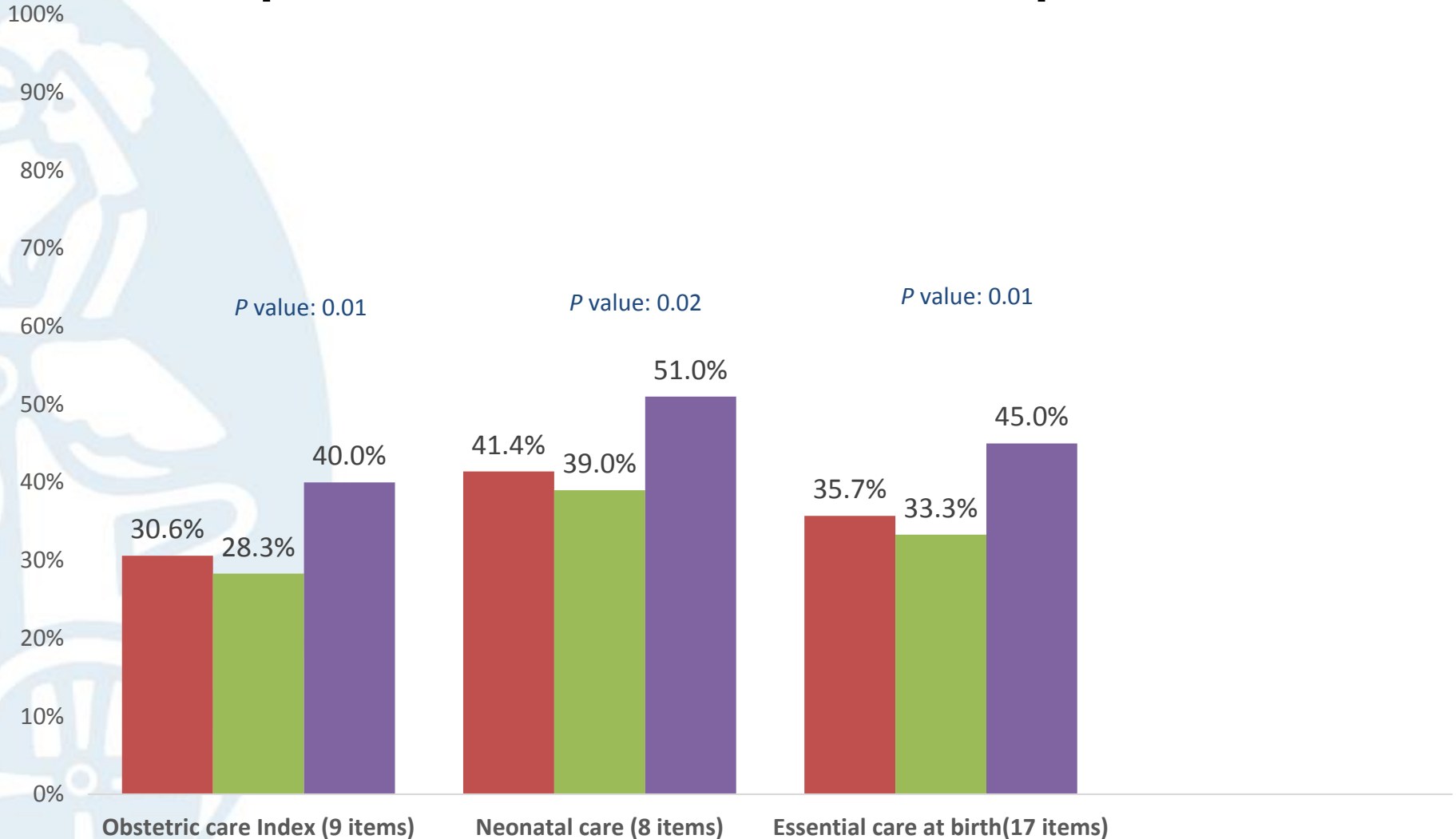
Power calculations: 80%- AMTSL, Partograph use and Oxytocics

Instrument: A structured data collection tool adapted after in-depth review of existing best practices during labour and childbirth

Pre-tested and piloted: 3 days – public sector; 4 days – private sector.

Timeframe: 26th May to 8th July 2015.

Overall poor QoC across the entire sample of facilities

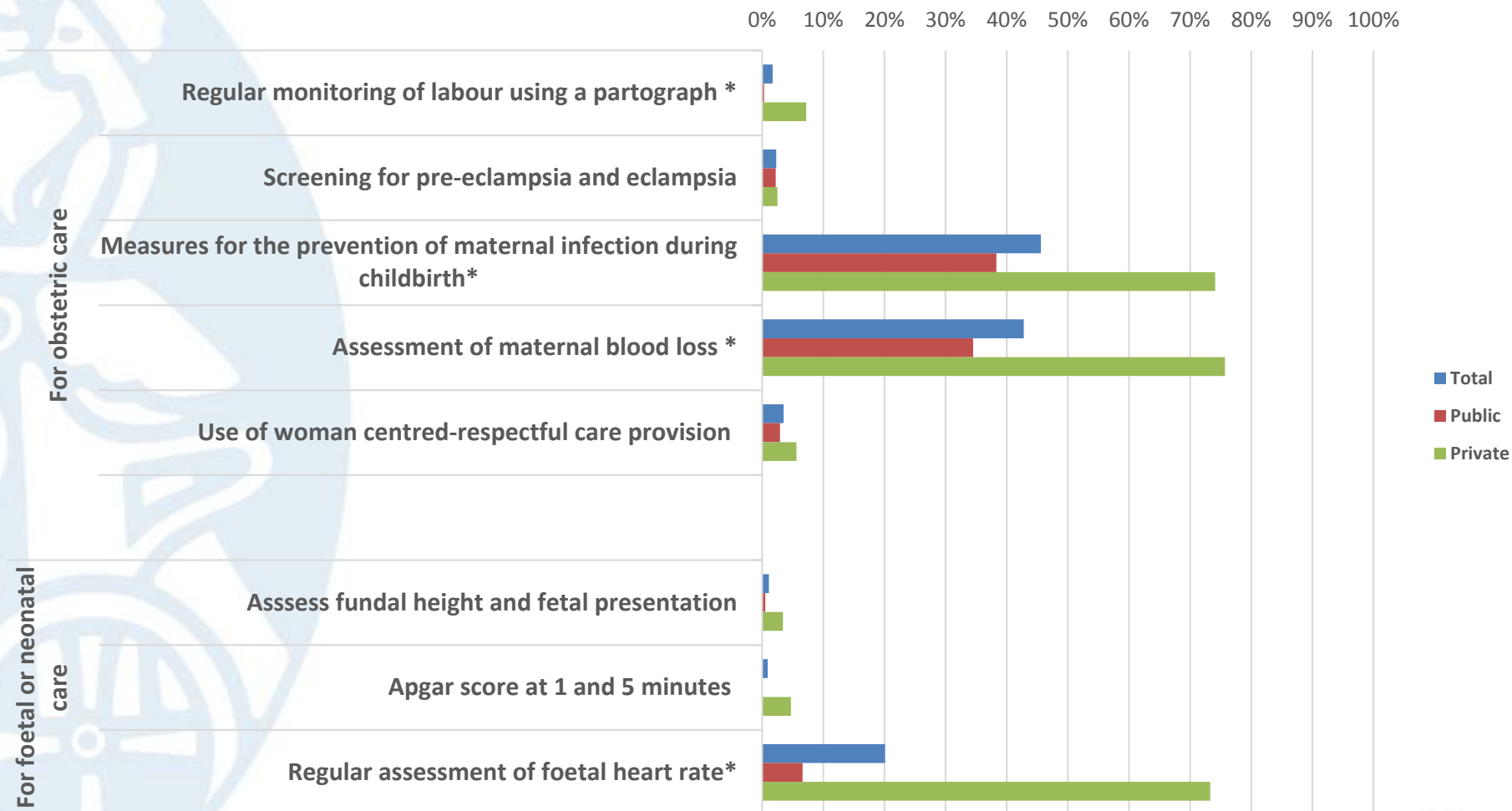


■ Total ■ Public ■ Private

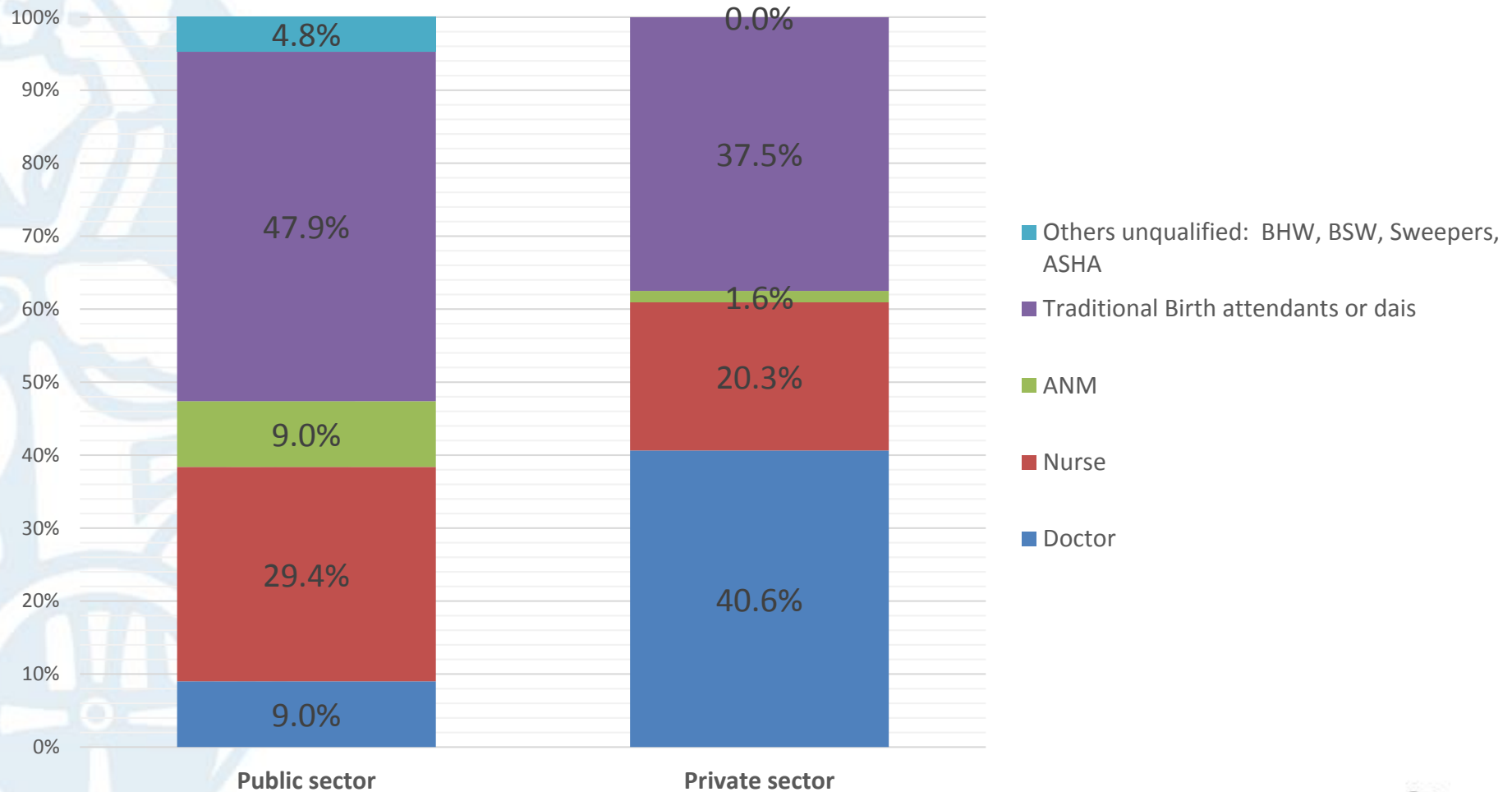
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Significant differences in obstetric and neonatal care indicators across public and private sectors



Unqualified personnel frequently provide care across both public and private sector facilities



Quality of care for normal childbirth was found to be better in the private sector and on weekdays

	Coefficient (95% CI)	P value
1. Type of birth attendant		
a. Unqualified birth attendants	Base	0.61
b. Qualified birth attendants	0.01 (-0.02 to 0.04)	
2. Facility sector		
a. Public	Base	0.03
b. Private	0.06 (0.01 to 0.11)	
3. No. of deliveries at facility in 2014		
a. < 2000 deliveries per year	Base	0.77
b. 2000 to 2999 deliveries per year	0.01 (-0.05 to 0.06)	
c. >3000 deliveries per year	-0.02 (-0.08 to 0.05)	
4. Day of admission		
a. Monday- Friday	Base	0.03
b. Saturday or Sunday	-0.03 (-0.06 to 0.003)	





Thank you!

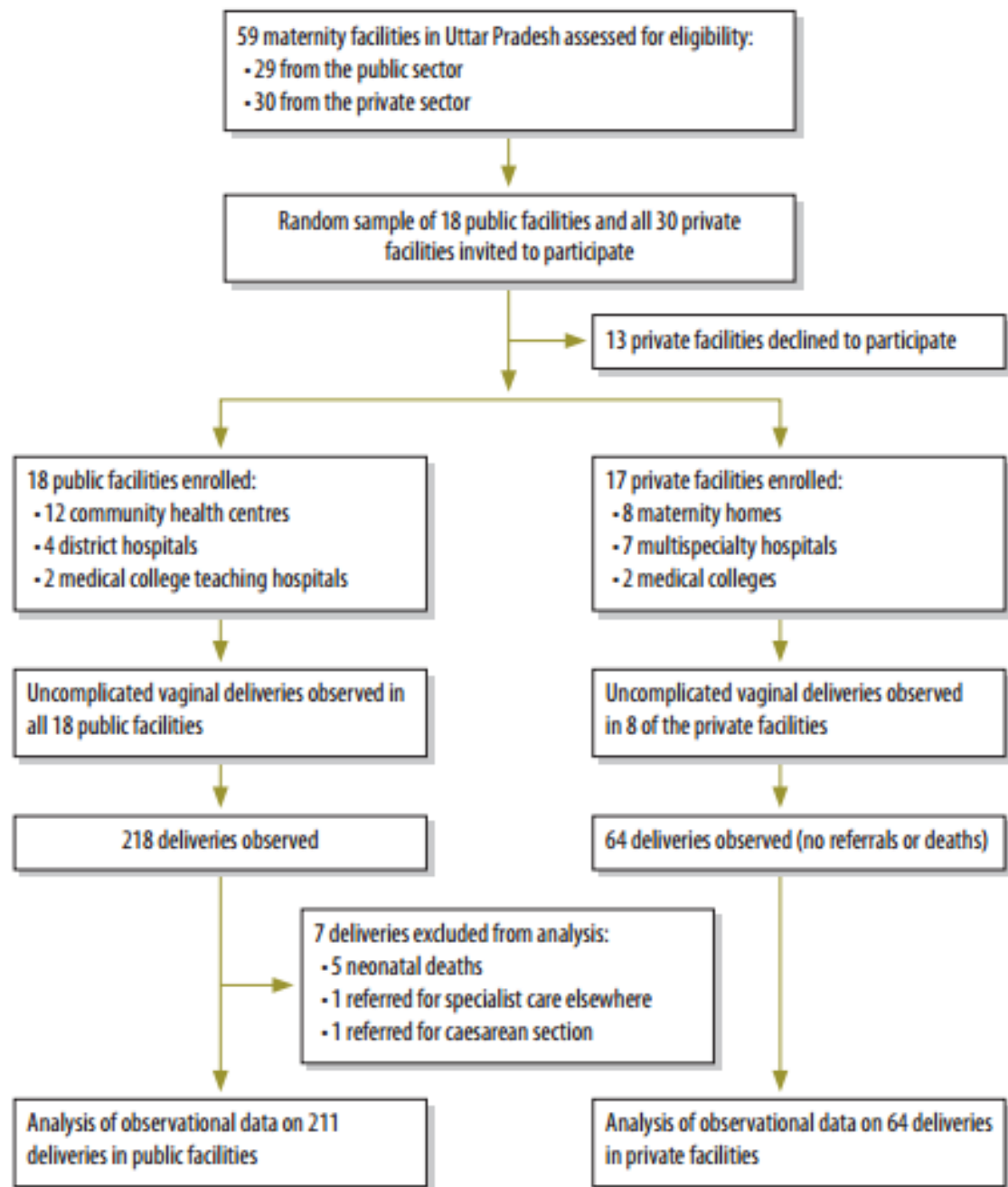
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Supplementary slides



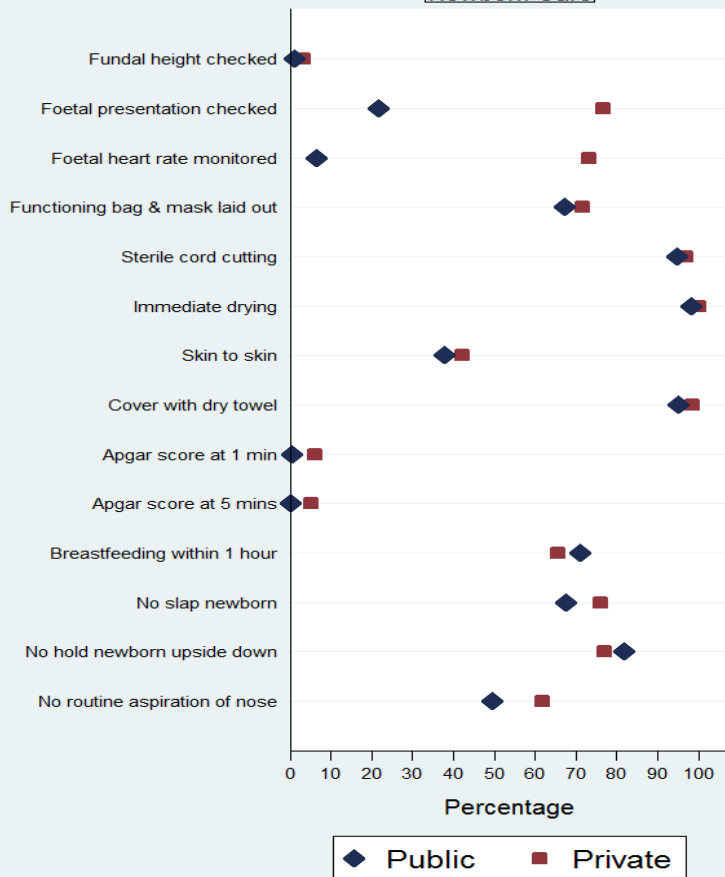


Frame work used to assess essential quality of care at the time of birth

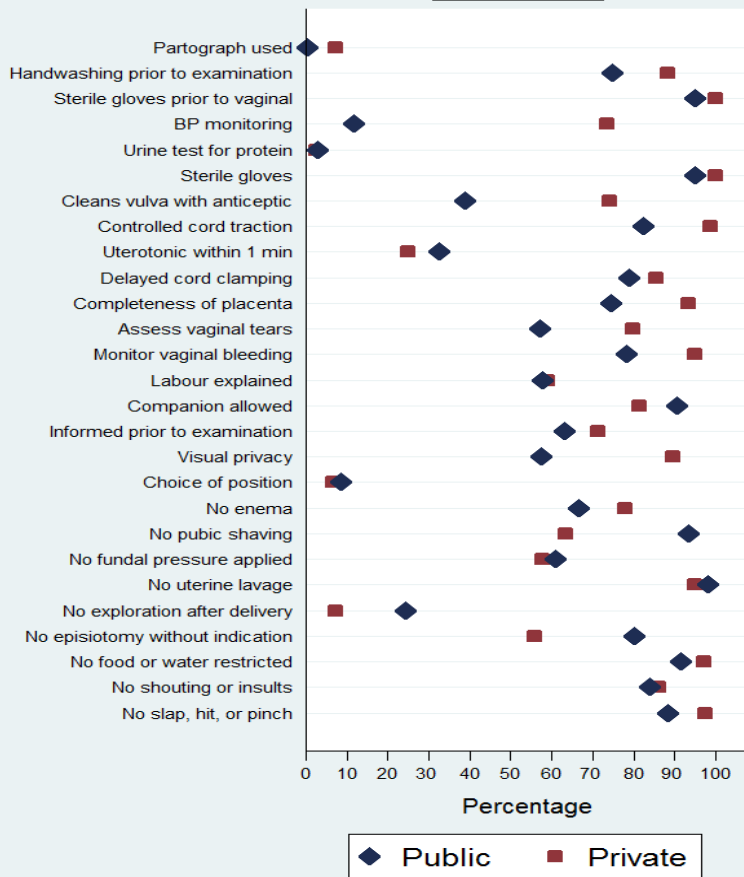
Timing	Obstetric care (9 items)		Foetal or neonatal care (8 items)	
	Clinical practice	Observed items	Clinical practice	Observed items
On admission and during first stage of labour	Regular monitoring of labour using a partograph	Is labour monitored regularly with partograph?	Check fundal height and fetal presentation	Is fundal height checked and is fetal presentation checked?
	Measures for the prevention of maternal infection during admission	Are hands washed before examination and are sterile gloves put on before vaginal examination?	Regular monitoring of fetal heart rate	Is fetal heart rate monitored at regular intervals?
	Screening for pre-eclampsia and eclampsia	Is blood pressure monitored and urine tested for proteins?		
From second stage of labour to completion of childbirth	Measures for the prevention of maternal infection during childbirth	Are sterile gloves put on before vaginal examination and are vulva and perineum cleaned with antiseptic?	Health workers prepared for resuscitation if required	Is ventilation bag available and is neonatal mask available and laid out?
	Active management of the third stage of labour	Is uterotonic given within minute of birth, is the cord clamped and is their controlled cord traction?	Neonatal cord care	Is cord cut with a sterile instrument?
	Assessment of maternal blood loss	Are the placenta and membranes checked for completeness, is the vagina checked for tears and is there monitoring of bleeding postpartum?	Appropriate thermal care of neonate	Is neonate dried properly; is skin-to-skin contact between neonate and mother initiated and is the neonate covered with a dry towel?
	Use of woman-centred respectful care practices	Is process of labour explained to the mother or support person at least once, is companion allowed to be with the mother during labour, is mother informed before vaginal examination, is visual privacy ensured and is mother asked about choice of position?	Assessment of Apgar score	Is the Apgar score assessed one minute after birth and is it assessed five minutes after birth?
			Initiation of early breastfeeding	Did the mother initiate breastfeeding within hour of birth?
	Avoidance of harmful or unnecessary interventions for mother	Is an enema given, is the pubic area shaved, is fundal pressure applied to hasten delivery of baby or placenta, is their uterine lavage after delivery, is there manual exploration of the uterus after delivery and is there use of episiotomy without any indication?	Avoidance of harmful or unnecessary practices for neonate	Is their routine aspiration of neonate's nose, is the neonate slapped and is the neonate held upside down?
	Avoidance of harmful or unnecessary health worker behaviour	Does the health worker restrict mother's fluid and food intake during labour, do they insult, shout or threaten the mother during labour and childbirth and do they hit, pinch or slap the mother during labour and childbirth?		

Weighted estimates from the assessment of the obstetric and neonatal care

Newborn Care



Obstetric Care



Variance between health worker and health facility

Essential care Index	SD (within)	SD (between)	ICC
a. Health workers	0.004	0.002	0.33
b. Health facility	0.005	0.002	0.27



Hawthorne effect

