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Adherence to evidence based care practice for child birth before and after a quality improvement intervention in health facilities of Rajasthan, India

Moti Lal Jain

State Institute of Health and Family Welfare, India

Background: After the launch of Janani Suraksha Yojana, a conditional cash transfer scheme in India, the proportion of women giving birth in institutions has rapidly increased. However, there are important gaps in quality of childbirth services during institutional deliveries. The aim of this intervention was to improve the quality of childbirth services in selected high case load public health facilities of 10 districts of Rajasthan. This intervention titled “Parijaat” was designed by Action Research & Training for Health, in partnership with the State Government and United Nations Population Fund.

Methods: The intervention was carried out in 44 public health facilities in 10 districts of Rajasthan, India. These included district hospitals (9), community health centers (32) and primary health centers (3). The main intervention was orientation training of doctors and program managers and regular visits to facilities involving assessment, feedback, training and action. The adherence to evidence based practices before, during and after this intervention were measured using structured checklists and scoring sheets. Main outcome measures included changes in practices during labor, delivery or immediate postpartum period.

Results: Use of several unnecessary or harmful practices reduced significantly. Most importantly, proportion of facilities using routine augmentation of labor reduced ($p=0$), episiotomy for primigravidas ($p=0.0003$), fundal pressure ($p=0.0003$) and routine suction of newborns ($p=0.0005$). Among the beneficial practices, use of oxytocin after delivery increased ($p=0.0001$) and the practice of listening foetal heart sounds during labor ($p=0.0001$). Some practices did not show any improvements such as dorsal position for delivery, use of partograph and hand-washing.

Conclusions: An intervention based on repeated facility visits combined with actions at the level of decision makers can lead to substantial improvements in quality of childbirth practices at health facilities.

motilaljain2001@yahoo.co.uk