


What about women who deliver at home ?

Ekjut / NAMHHR





Improving maternal and newborn health among tribal communities in Eastern India


THE EKJUT TRIAL

2005 – 2008
(A cRCT)


A collaboration between:

Centre for
International Health
and Development



Jharkhand & Orissa States




- 40 % in J&O live below the poverty line¹
- 63 % of women cannot read²
- 85 % home deliveries³

	India	ORISSA	JHARKHAND	Ekjut(BL)
MMR (per 100,000 livebirths) ²	301	358	371	510
NMR (per 1000 livebirths) ²	39	45	49	58

1.NFHS-3 (2003 data), India, 2. Indian Sample Registration System (2001-2003), 2006. World Bank, 2007.

Baseline findings from ekjut study...



- 73% tribal population
- 45% landless or with small land holdings
- 73% mothers with no schooling
- Only 26% had 3 or more ANC
- Only 15 % delivered in an institution
- Only 9.9 % had a postnatal check up

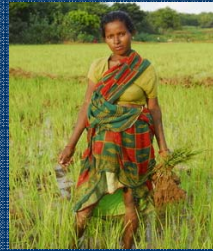
'responsibility on governments to address the social determinants of health, such as discrimination and inequality' - UN-SR

"The indicators must be disaggregated on suitable grounds, such as ethnicity, socio-economic status, and rural/urban residence." - UN-SR

Significant findings from analysis of maternal deaths(109/18449 livebirths)

- MMR - 591 in the three year period
- 61% maternal deaths happened at home, 30% died in a facility and 9% in transit;
- nearly a sixth - 18/109 (17%) of deaths due to malaria;
- nearly a third 33/109 (30%) deaths were among primigravidae;
- fewer deaths where health services were strong and backed by community mobilization

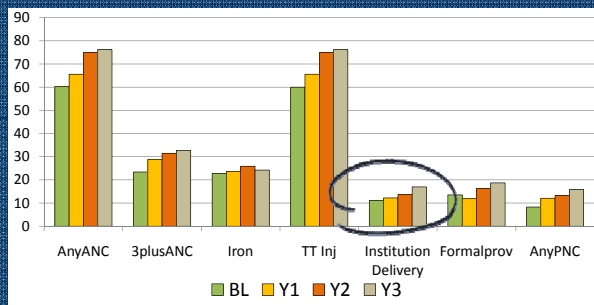
Of the (109) women who died...



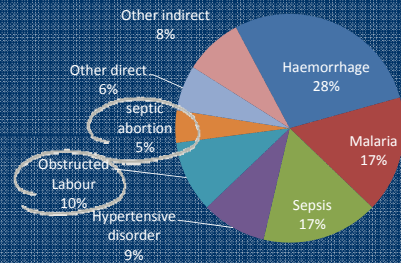
- < 20 years of age – 19.3%
- > 4 pregnancies – 32.1%
- 23.4% did not want the pregnancy

'One in three deaths related to pregnancy and childbirth could be avoided if all women had access to contraceptive services' –UN-SR

CARE SEEKING



Absence of specialist



'acute deficiency of specialists at the first referral unit/community health centre level in tribal areas 83 per cent of Rajasthan — of such units and centres did not have Obstetricians' -UN-SR
 'making safe abortion services accessible' –UN-SR

Absence of specialist

- In 15 cases where placenta was retained, it was manually removed by the TBA (6), quack (1), ANM(2) or a relative(1)
- Of the 23 cases attended by the 'quack', 6 of them gave 'hot injections'(oxytocics) that led to the death

'problem is that ANMs do not have the competencies of a skilled birth attendant' -- UN-SR
'high incidence of mortality and severe morbidity arising from abortions induced by people who are not properly trained.'--UN-SR

Community mobilization

	INTERVENTION MMR (MDs / live births)	CONTROL MMR (MDs / live births)
	518 (49 /9469)	668 (60/8980)
	INTERVENTION	CONTROL
Jharkhand	548 (36 /6569)	689 (41/5949)
Orissa	461 (13 / 2819)	662 (19/2870)

'Participation: All individuals and communities are entitled to be active and participate on issues relating to their health. In the context of maternal health, this includes women's participation in policymaking, implementation and accountability.' UN-SR

Community mobilization



A light touch approach of community mobilization will not work, but empowerment of women and building their agency will

'Community processes within the National Rural Health Mission are patchy' UN-SR

Health worker issues - Case study

'Balema's first child was delivered at the district hospital by C.Section and she refused to visit the same hospital the second time because of abusive behavior by the staff and delivered normally at home assisted by a TBA. Ten minutes after delivery she felt uncomfortable because she was bleeding profusely and wanted to be taken to a nursing home, but not the district hospital. She died soon after admission.'
 As told by her husband.

'Sometimes measures are introduced to increase women's demand for institutional deliveries before the necessary services and facilities are in place.'
'The degree to which health workers respect (and reflect) cultural difference, and how important it is that they always treat patients with politeness and dignity' UN-SR

Surveillance system

A key informant system of surveillance was set up to identify and interview 19030 mothers.

Verbal autopsies were conducted for 109 maternal deaths with closest relative and/or provider present at the time of death



'The registration of all maternal deaths, and a procedure for investigating the causes of all such deaths, are essential' –UN-SR

National Strategies - four cornerstone interventions-UN-SR

- family planning – non-existent
- skilled birth attendance - non-existent
- effective referral networks - non-existent
- emergency obstetric care - non-existent
- In some contexts, additional (not alternative) measures, such as community-based access to antibiotics and misoprostol, where supported by evidence, may have an important role to play

Recommendations from UN-SR-RH

- The survival, health, **well-being and dignity** of women and newborns must remain at the centre of all maternal health services and facilities.
- recommends that all states introduce, as a matter of urgency, a **system of maternal death review**.
- one way of addressing profoundly inequitable access to health professionals is to make it **mandatory for them to work in underserved areas**, for a limited period
- Success is possible with a **combination of home and institutional births**, attended by different categories of health workers, as long as women have access to emergency obstetric care staffed by skilled health personnel

Conclusion

- Improving infrastructure and communication to address the second and third delays
- Community mobilization to address first two delays and access 24/7 EmOC services
- Imperatives of modifying Janani Suraksha scheme to also strengthen antenatal period, better detection and management of malaria in endemic zones ('antenatal care serves numerous other critical functions, for e.g. it can help to ensure the prevention of HIV'-UN-SR)
- Prospective maternal VA especially in the most vulnerable and remote communities to guide safe motherhood programmes
- Address the issue of abortions by untrained practitioners

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