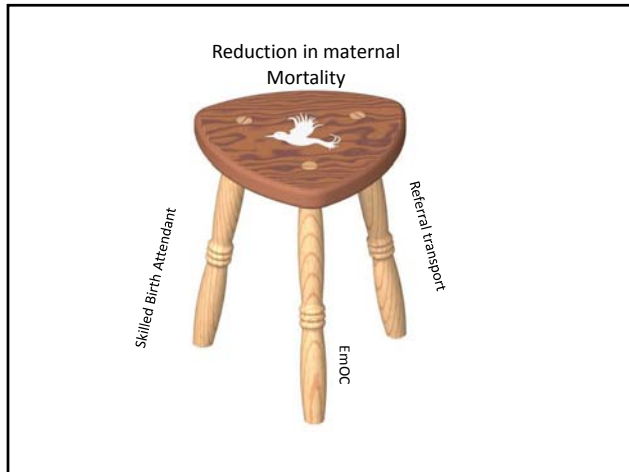


# Emergency Obstetric Care



Standards for basic and comprehensive EmOC	
FOR A FACILITY TO MEET THESE STANDARDS, ALL SIX OR EIGHT FUNCTIONS MUST BE PERFORMED REGULARLY AND ASSESSED EVERY THREE TO SIX MONTHS.	
<p><b>Basic EmOC Functions</b> Performed in a health centre without the need for an operating theatre</p> <ul style="list-style-type: none"> <li>IV/IM antibiotics</li> <li>IV/IM oxytocics</li> <li>IV/IM anticonvulsants</li> <li>Manual removal of placenta</li> <li>Assisted vaginal delivery</li> <li>Removal of retained products</li> </ul>	<p><b>Comprehensive EmOC Functions</b> Requires an operating theatre and is usually performed in district hospitals</p> <p>All six Basic EmOC functions plus:</p> <ul style="list-style-type: none"> <li>Caesarean section</li> <li>Blood transfusion</li> </ul> <p>It is recommended that for every 500,000 people there should be at least four facilities offering Basic EmOC and one facility offering Comprehensive EmOC (appropriately distributed).</p>

- ### EmOC : Observations from SR report
- Total need for Obstetricians 6000, available in the private sector 20,000.
  - Shortage of anaesthetists in the public sector
  - Inequitable distribution of specialists
  - Govt is training GPs in CEmOC and Life Saving Anaesthetic Skills
  - Anaesthetists refusing to work with such trained medical officer; MO trained in LSAS don't have Obstetricians and required equipment and supplies to work with

### EmOC recommendation in SR report

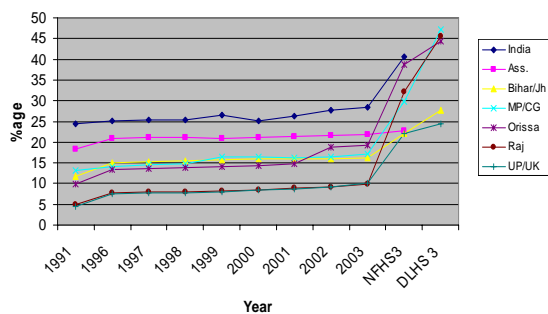
- To follow an EmOC Plus approach
- Use Eight Indicators recommended by International Handbook at the district, state and national levels.
- The 'Plus' – set up an independent body to monitor the indicators and for accountability



### The eight indicators

- Availability of EmOC services
- Geographical Distribution of EmOC services
- Proportion of all births in emergency obstetric care facilities
- Meeting the need for emergency obstetric care:
- Caesarean sections as a proportion of all births
- Direct obstetric case fatality rate
- Intrapartum and very early death rate
- Proportion of deaths due to indirect causes in EmOC facilities

**Institutional Delivery**



**CHC status -31/12/2008**

	Bihar	MP	Ori	Raj	U P	Assa m
<b>No Of CHC - RHS 2007</b>	70	270	231	337	386	100
<b>No Of CHC - 24 x7</b>	70	173	73	337	55	100
<b>Selected for upgradation to IPHS</b>	66	96	231	128	100	103
<b>Physical upgradation completed</b>		0	4	44	50	79
<b>Working as FRUs</b>	27	12		44	23	33

### CHC status -31/03/2010

	Bihar	MP	Ori	Raj	U P	Assam
<b>No Of CHC - RHS 2007</b>	70	270	231	349	515	103
<b>No Of CHC - 24 x7</b>	70	270	131	368	372	108
<b>Selected for upgradation to IPHS</b>	135	96	231	237	100	103
<b>Physical upgradation completed</b>		1	16	150	50	99
<b>Working as FRUs</b>	27	21	13	66	83	36

### Conditions for EmOC – DLHS3

	Bihar	MP	Ori	Raj	UP
CHCs having Ob/Gyn	43.9	20.8	88.2	31.5	29.9
CHCs having functional OT	86.4	70.7	59.4	60.3	88.5
CHCs designated as FRUs	87.9	61.4	53.7	52.7	55.8
CHCs offering caesarean section	13.6	8.1	8.3	9.6	3.2
CHCs having 24*7 new born care services	63.6	52.9	28.3	46.5	40.1
CHCs having blood storage facility	0	3.9	8.3	7.9	0.7

Short-fall	Assam	Bihar	Ori	Raj	UP	MP
Obs/Gyn	41	49	148	235	384	291
Tribal area	23	0	31	28	NA	90

### The Story of One EmOC situation



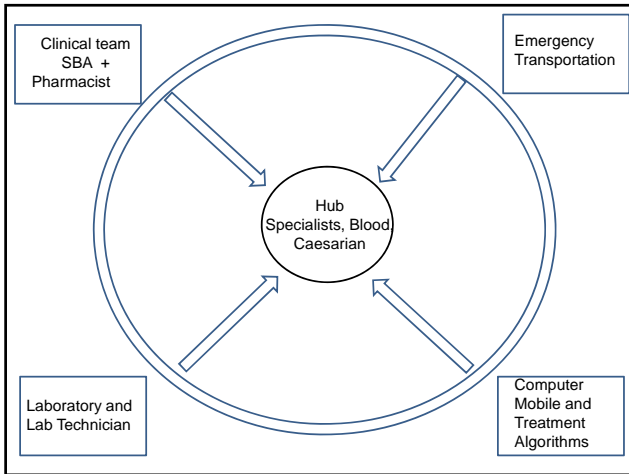
9<sup>th</sup> Nov. 1.30 am

9<sup>th</sup> Nov. 1.00 am



### EmOC : Thinking Creatively

- |                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>What do we have</b></p> <ul style="list-style-type: none"> <li>• Communication systems have improved – mobile, IT, roads, transportation</li> </ul> <p><b>What we don't have</b></p> <ul style="list-style-type: none"> <li>• Personnel , Specialists</li> </ul> | <p><b>Some Ideas</b></p> <ul style="list-style-type: none"> <li>• Avoid dispersion of personnel</li> <li>• Task shifting – get the task done by those who are least 'competent' to do so.</li> <li>• Move ideas first, women next, specialists the least</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



Thank you