

Glimpses of Institutional Maternal careWest Bengal

Dr. Sebanti Ghosh
Association for Social and Health
Advancement (ASHA)

West Bengal - the state

- 4th most populated state with highest density of population
- Better performing state
- State figure of CBR, CDR, TFR, IMR & MMR better than national average
- Institutional delivery at 43% slightly higher than national average of 40.7%(NFHS III)

**Challenge – Inequities in service provision/uptake
disparities in maternal  health outcomes**

Murshidabad District

- One of the backward & underserved districts
- HDI ranking 15th position out of 19 districts
- Minority concentrated districts -63% Muslims
- Low female literacy rate -48%
- > 61% girls married below 18 yr
- Population served per bed 4914
- Only 41% institutional deliveries

Study area

- 6 villages across 3 contiguous minority blocks in the backward Jangipur subdivision
- Study blocks underserved & poor performing
- Area characterized by inadequate service provision facilities
- Study sample
 - **87 women had delivered during the study time** period January – March 08 in a population of 15,000
 - ***Only 3 women delivered in institutions***

Profile of women interviewed

- All 3 women located in remote rural areas
- All were home based beedi workers
- Muslim women
- Two women were illiterate belonging to BPL families
- One woman had passed class X & family was APL
- Two women young 20 years of age & primigravida
- One woman 40 year old & multi-gravida

Experiences with quality of care

Antenatal care

- **Delayed registration** at or after 5th month
- **Place** – Subcenter within 1km of residence
- **ANC – less than 3 checkups ,only TT & Iron tablets given**
- No weight check, BP check, abdominal examination
- No counselling on birth preparedness /complication readiness

Experiences with quality of care

Delivery related care

- **All women had planned home deliveries**
- Women taken to hospital after complications developed & persisted (**1st delay**)
- **Place** – Govt . Facilities of SDH in two cases, Hospital for beedi workers (Gol) in one case
- No delay in admission in two cases
- In one case woman taken to PHC and then referred to SDH – **delay in PHC for check up**

Experiences with quality of care

- Two young primigravida women - **normal deliveries with episiotomies** - live births
- Elderly multi gravida had **CS** - stillbirth
- Advised to **buy medicines/fluids from outside**
- **Behaviour rude** - abusive language, no explanation given
- Only the elderly woman expressed behaviour reassuring during CS
- Nurses/Ayahs given money to ensure good behaviour
- **Episiotomy stitches became infected** for one woman

Experiences with quality of care

Post natal care

- Discomfort related to episiotomy continued over 6 wks
- **No postnatal visit by ANM**
- For infected episiotomy stitches treatment sought from local unqualified practitioner

Continuum of care – inadequate

No role of ANM during delivery , referral & postnatal period

Transportation

- **Family members arranged local transport** – taxis to take the women from home to the hospital
- In one case where the woman was referred from PHC to SDH, transport arranged by family members & **no ambulance available**
- **Considerable delay in arranging transport (2nd delay)**
- Distances covered 15-25 km
- Road condition poor

Costs & affordability

Services for all women (APL & BPL) during pregnancy & childbirth in Govt. facilities free

- For CS at SDH – expenditure Rs 5000/- mainly on medicine followed by transport; family BPL & took loan for entire amt.
- For ND at SDH – expenditure Rs 1500/- mainly on medicines; family BPL & took some loan to meet the cost
- For ND at special Hospital for beedi workers –Rs 3200/- mainly on medicine ; APL family could afford the cost

JSY & RT issues

- Of the two BPL women one woman was eligible for JSY (state guidelines)
- She received partial payment & it was delayed
- Money not used for her care
- Both BPL women eligible for Referral Transport benefit but only one woman received cash assistance but was less than her expenditure

Emerging concerns

- Poor quality of Antenatal care
- PHCs at sub block level inadequate infrastructure, logistics & manpower to deliver even BEMOC
- Access to quality EmOC care is limited in tin the poor and backward areas.
- Quality of delivery care poor – behaviour of service providers non responsive
- Weak referral mechanism
- Problems in arranging transport in remote areas & high cost

Emerging concerns

- High expenditure during child birth
- Postnatal care coverage is very poor.
- Payment related to JSY often delayed
- No adequate mechanisms to ensure quality and review facility functioning
- Community esp. women no say in monitoring service quality at govt. institutions

Areas for future research

- Probes to understand wider social, cultural & economic barriers to access for vulnerable women including minority women
- Design and develop mechanisms to ensure participation of women in RKS & monitoring service quality of local health facilities

Recommendations

Policy level

- Strategic focus on increasing coverage of effective, quality maternal health interventions in vulnerable areas
- Regulatory standards should be in place for government facilities for ensuring quality.
- Up-scaling of quality assurance program with strong community component
- Incorporating a gender & rights based perspective

Recommendations

Programme implementation level

- Improving quality of antenatal care
- Improving quality & coverage of post natal care
- Institutional strengthening at block/sub block level
- Strong monitoring mechanisms to review facility functioning & service quality
- Encouraging active role of RKS & community groups to ensure accountability

THANK YOU

&

***Look forward to HEAR YOUR
COMMENTS***