

QUALITY OF CARE DURING CHILDBIRTH IN UTTAR PRADESH, INDIA February 2018

Maternal, neonatal health and maternity care in India

Despite a 59% decline in maternal mortality between 1990 and 2012, India still has one of the highest maternal mortality rates in the world. In 2015, there were 45,000 maternal deaths in India alone, which was higher than any other country apart from Nigeria. India also had the highest rates of neonatal mortality and stillbirths with an estimated 0.75 million neonatal deaths in 2013 and approximately 600,000 stillbirths in 2015.

There has been a huge increase in facility deliveries in the last ten years, and now three in every four births in India occur in health facilities. Maternity care in the public sector is provided through a structured network of primary, secondary and tertiary facilities. In the private sector, maternity care is provided by a heterogeneous collection of facilities that range from small maternity

homes to large multispecialty medical colleges and tertiary hospitals. According to India's National Family Health Survey-III (NFHS-4) 2016, 33% of women (48% in urban areas and 23% in rural areas) give birth in the private sector, often due to the perception that quality of care is better.

Quality of care in maternity facilities

The quality of care offered at maternity facilities not only affects pregnant women – both emotionally and physically – but also has an impact on the long-term health and survival of mothers and neonates. Good quality care during childbirth can lead to reductions in disability, maternal and neonatal mortality and stillbirths.

While increased rates of facility delivery are undoubtedly positive, the expected gains in terms of maternal and neonatal

health outcomes have not been achieved. One explanation for this is that the care women receive in facilities is not always of good quality.

Although much information exists on the quality of emergency obstetric care in India, there has been little research on the quality of normal labour and childbirth care, particularly in private facilities.

What is quality of care?

Quality of care is a multi-dimensional concept. It is care that is safe, effective, timely, efficient, equitable, and people-centred (Tunçalp 2015).

The Lancet's 2016 Maternal Health Series articulated that the provision of high quality evidence-based, respectful maternity care is paramount to reduce morbidity and mortality associated with childbirth.

Study methods

This study used clinical observations to describe and investigate the quality of care provided routinely, for uncomplicated labour and childbirth, in maternity facilities in Uttar Pradesh, India. In 2012–2013, Uttar Pradesh was the Indian state with the largest population and the second and third highest levels of maternal and neonatal mortality, respectively.

We selected high-volume public and private facilities providing 24-hour care. In the public sector we randomly selected a mix of community health centre and hospitals conducting at least 200 deliveries a month. In the private sector, we selected facilities seen as relatively high-volume, based on the local knowledge of the research team.

Field researchers collected data on 42 items of care for each observation. We then aggregated the items into 17 care practices – i.e. nine obstetric and eight neonatal – and scored each practice 1 if fully completed and 0 if not. Some practices were based on a single item and some were based on multiple items. Finally, summary scores for obstetric care, neonatal care and



Image credit: Pieter ten Hoopen/London School of Hygiene & Tropical Medicine/India/2016

overall essential care at birth – based on the relevant nine, relevant eight and all 17 clinical practices, respectively – were calculated as the percentage of the practices measured that were completed for each case.

Our assessments of quality of care encompassed not only the provision

of clinical care but also clients' experiences of care. We investigated both the application of evidence-based practices – including use of potentially harmful interventions – and woman-centred respectful care practices during the birthing process.

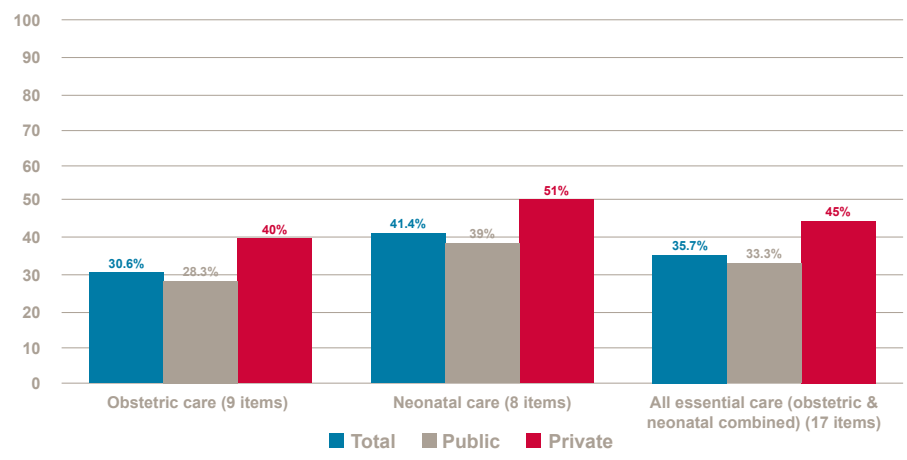


Key findings

Overall poor quality of care

- Quality of essential care during labour and childbirth was found to be deficient across our entire sample of facilities (mean: 35.7%)
- Overall, 45% of recommended clinical practices were completed among women giving birth in the private sector compared with 33% in the public sector ($P=0.01$)
- Private-sector clients received 40% of the recommended obstetric care practices and 51% of the recommended neonatal care practices – compared with 28% ($P=0.01$) and 39% ($P=0.02$), respectively, in the public sector
- Unqualified personnel (dais, other helpers, ASHAs, cleaners) were observed attending to 59% of all deliveries, 65% in the public sector and 41% in the private sector
- A number of life-saving clinical practices such as partograph use for monitoring labour, screening for pre-eclampsia/eclampsia and active management of the third stage of labour were rarely observed

Figure 1: Overall poor quality of care at the time of birth in maternity facilities



- The provision of women-centred, respectful maternity care practices was observed in just 4% of deliveries
- Poorer quality care was provided during weekends at maternity facilities

Private facilities provided marginally better care than public facilities

- The overall quality of care score was six percentage points higher ($P=0.03$) in the private sector than in the

public sector (95% CI: 1-11%) after multivariate analysis

- Measures for the prevention of maternal infection during childbirth and partograph use were observed significantly more frequently in the private sector than in the public sector
- Some practices such as the regular monitoring of fetal heart rate was observed much more frequently in the private sector (73%) than in the public sector (7%)

What could be done to improve the quality of routine essential care during childbirth?

Include the private sector in programmes to improve the quality of care

The private sector provides a substantial and increasing proportion of maternity services across the world, including in low- and middle-income countries. Research, programs, policy and advocacy efforts to improve quality of care at the time of birth should also include private sector facilities.

Measure quality gaps

A systematic national effort to measure and identify quality gaps during labour and childbirth is required, which includes the private sector.

Human resources for health

There should be further research to identify the reasons for unqualified personnel providing institutional maternity services in both public and private sector facilities.

Facility-level QI and accountability

Improving quality of care is difficult. We need to develop and evaluate tailored quality improvement and assurance initiatives at facilities in both sectors with regular auditing of the actual care processes and link these to functional accountability mechanisms.

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Related publication: Sharma G, et al., "Quality of routine essential care during childbirth: clinical observations of uncomplicated births in Uttar Pradesh, India." *Bull World Health Organ* 2017, 95:419-429; doi: <http://dx.doi.org/10.2471/BLT.16.179291>



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