CHAPTER I

INTRODUCTION

Pregnancy is a very special event in whole of womanhood irrespective of her class, creed or colour. The dividing line between Health – Illness is very thin and unpredictable in pregnancy. Despite being a physiological phenomenon, it demands extra care, in the form of physical, psychosocial and spiritual support.

In our part of the world given the vulnerability due to poor nutrition, too early and too frequent pregnancies compounded by poverty and illiteracy and harsh and hazardous environment, risk to life is very high. This calls for the need for extra care for a woman during her pregnancy. A proactive and evidence-base ***antenatal care*** within the framework of quality of health care especially the obstetric care with adequate referral system will help reduce the risk of maternal deaths. Hence family planning- antenatal care- safe delivery practices, regular postnatal care and childcare packaged together is known to be cost effective and efficacious intervention must be adopted in full.

This we can say from very ideal point of view where the clients feel the need for such a service and the providers are ever willing and all resources as well as overall system has the capacity to provide the such services. So while addressing the antenatal care we need to consider all the factors that affect clients' (demand side) perception and from the providers' (supply side) the context in which a system functions. These will have to match with the technology; here it implies to the antenatal care.

Studies show that capitalizing on improvement opportunities at every point in the system brings about efficient service delivery. Providers' knowledge to control variance with the standards or standard operating procedures is crucial. This requires a conscientious effort on regular basis. It leads to the sustained quality improvement. Everyone in the clinic needs to follow what is within the standards and the system should not allow any deviations both at the individual and system levels.

The contents and visits of antenatal care should be evidence base. These together will make the antenatal care more responsive to the needs of the pregnant woman. And the proportions of assisted deliveries among the antenatal attendees are bound to increase.

The content of this thesis is divided into three parts; Introduction, Chapter I, chapter II- Essay; chapter III-Proposal; and chapter IV-Data Exercise. Presentation, Chapter V, and chapter VI is annotated Bibliography. One part leads to other but chapters separate the details.

Chapter II, the essay part, discusses and provides an overview of problem of pregnancy. This chapter tries to analyze the factors on three sides of the care i.e. the clients, providers and the technology. Clients' whole context and individual's willingness or motivation for the self-care, on the providers side development context, policy and constrains within which the system functions at the given point of time. Then is the antenatal itself whether the components of care are based on scientific evidences and suitable for us. The antenatal care contents are directed towards identifying risk factors in pregnant women like preeclampsia, anemia, and pre-existing medical conditions and treating them before it is too late. The main purpose of antenatal care is for the outcome of healthy mother and child at the end of that pregnancy.

Antenatal care by itself does not have much role in the reduction of maternal deaths, as predictive value of antenatal care as screening test is very low, hence in order that antenatal care is effective all pregnant women should deliver by trained midwives. This means that facilities to provide obstetric care needs to be in place. Further more antenatal service should lead to increase utilization of such facility already in existence. This would require minimum deviation or variance from the protocol or the standards, which is used as benchmark in delivering the care. So this chapter puts forward argument for the need to minimize variance through continuous processes of identifying the improvement opportunities leading to quality improvement in all aspects of antenatal care including effective referral system.

Chapter III is the proposal section. The idea of increasing number of antenatal attendees to deliver assisted by trained midwives through continuous quality

improvement will be tested through participatory action research in National Referral Hospital, Thimphu, Bhutan.

This participatory action research will be of two years duration. The permanent staffs from the antenatal clinics, maternity ward, pediatric ward, one senior medical officer attached with the reproductive care unit and a gynecologist will conduct the research. They will identify variance or deviation from the standards as in the midwifery standards (WHO's midwifery standards). They will first do analysis of the care received vis-à-vis actual practices. This set the steps for process of collecting information, developing plan, implementing and evaluating the process, which are in the reiterative manner. Using the instrument data will be collected before the research including the staff performance and at the end of second year to evaluate the change brought about by the processes. Monitoring will be done every month during monthly meetings and implement findings in the process.

The instrument will be standard antenatal audit tools, exit interview questionnaires, along with focus group discussion, in-depth interview and secondary data analysis. The data so obtained will be analyzed by SPSS-10.

Chapter IV is the data exercise, a rapid appraisal in the antenatal care services and maternity care in the National Referral Hospital, Thimphu. The objective of this data exercise was to assess current practice of hospital based antenatal care. The exercise was carried out by using following instruments, secondary data extraction from antenatal records from the year 1998 to 2000 (n= 4691 cases) and maternity

register for the same duration as in the antenatal record n= 5929. The antenatal record was to look at the risk assessment and referral trends, and maternity register analysis was done to find out the number of admission, the usual causes of obstetric admissions and referral mechanism between the antenatal and the postnatal clinics. Client exit interview (n=50) to find out satisfaction level and the perception of the antenatal mothers at that point of time. Focus Group Discussion (n=10) was done to find out the staffs' perception and the problem in the clinic. Delivery observation (n=35) for the practices and the staff reaction conducted in the delivery room. ANC clinic observation was with same group as those of exit interview mothers (n=50) for ways the care was provided. In-depth interview was with of one postnatal mother who had completed series of antenatal care and delivered in the hospital recently.

The findings of the rapid evaluation appraisals were to be correlated to the quality of care looking at current practices and the midwifery standards as benchmark. The variance and 'very routine' approach to the antenatal care would require further probe into the reasons. So that better changes can be brought about faster, without having to wait for results of researches, which can be very practical, that staffs can do themselves and have ownership of the research. This would help increase the antenatal attendees to opt for the trained deliveries.

Chapter V is the presentation, which contains slides, introduction of title, some operational definitions, the problem, overall global scenario, factorial analysis, followed by findings of data exercise and the proposed project.

Chapter VI gives annotated bibliography of literatures which supported idea of approach to problems from chapter II to IV, and the solutions alternatives. These helped to analyze the factors affecting the clients and identifying strengths, weaknesses, threats and opportunities in the system to develop the strategies for interventions. Research methodology and rationale of approach were main components of the bibliography.