

Beyond Delivery: Assessing Postpartum Care and Complications in District Mirzapur, Uttar Pradesh, 2011

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BACKGROUND

In order to improve the health of its rural population, particularly that of poor women and children, the Government of India launched the National Rural Health Mission (NRHM) in 2005. The Janani Suraksha Yojana (JSY) was introduced as part of NRHM. The scheme notionally integrates cash assistance with antenatal care, delivery and post-partum care, however large district level surveys have shown that the focus is primarily on promoting institutional deliveries.

The postpartum period defined as the time just after delivery of the placenta and through the next six weeks, is especially critical for women because experts estimate that upto two-thirds of all maternal deaths occur in the postnatal period (Ronsman 2006 Lancet). According to 2009 District Level Health Survey (DLHS) in Uttar Pradesh (UP) institutional delivery is 22% and 33.8% women only had a postnatal check-up within two weeks of their delivery. Also, the percentage of women in UP who faced post-delivery complications (48.2%) was higher than the all India figure which stood at 36.8%. Further an analysis of the DLHS 3 data shows that women from the poorest, marginalized and vulnerable sections who need both postnatal care and treatment for postnatal complications the most, are the ones who are least likely to get it.

STUDY OBJECTIVES

The specific objectives of the study were:

1. To document the customs and traditional practices of postpartum care at the household level.
2. To trace the referral pathways commonly utilized, in case women suffer from postpartum complications.
3. To compare the postpartum care received in institutions against NRHM guidelines and to identify the role of public health system in the management of postpartum care and complications.

STUDY SETTING

This study was conducted in Rajgarh block in District Mirzapur located in the state of Uttar Pradesh, which has

31.1 % of its population living below the poverty line as per 2001 National Human Development Report of the Planning Commission. The state also has a high maternal mortality ratio (MMR) of 359 per 100,000 live births (SRS, 2007-09) as against national MMR of 212. Rajgarh block is spread over an area of 4952.5 sq km with a population of 2,15, 652 spread across 77 Gram Panchayats. Some relevant information related to the district is given below.

Table 1
Key indicators of Mirzapur and Uttar Pradesh

Place	Literacy rate		Sex ratio (%)	ANC registration (%)	3 ANC visits (%)	Institutional delivery (%)	PNC within 2 weeks
	Male	Female					
Mirzapur	80.8	58.8	900	64.1	4.7	20.9	29.5
UP	79.3	59.3	908	64.2	21.9	22.4	33.8

Besides having one PHC/CHC, Rajgarh has 5 sub centres (SC) and 3 upgraded SCs. A total of 181 ASHAs work with 37,740 women in the reproductive age group in the block, of whom 7,069 women have been targeted for ANC (CHC Rajgarh records, 2010).

METHODOLOGY

This study is an exploratory study which used purposive sampling. The study included women who had a delivery, service providers and women in general.

Sample: Forty women who had home deliveries and institutional deliveries (20 in each type) between the reference period of Diwali 2008 to 1st week of January 2011 (fifteen days prior to data collection) were interviewed. The sample was equally split between women who live in villages situated within easy access and difficult access to Rajgarh PHC.

Data collection: Four Focus Group Discussions (FGD) were conducted among the women belonging to the two types of areas (two in each area). Additionally in-depth interviews were conducted with 3 ASHAs, 1AWW and 1ANM in these selected villages. Interviews were also conducted with 2 staff nurse, 1 medical officer (MO) and the medical superintendent (MS) of Rajgarh PHC/CHC. The FGD guide and interview schedules were prepared and pretested before data collection. The data was collected by the principal investigator in January 2011.

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Ethical review: Ethical clearance for the study was obtained from the Institutional Ethics Review Committee of School of Public Health SRM University. Data collection was done after seeking informed consent and explaining the purpose of the study to all respondents.

Limitations: Given the small sample that was studied, making generalizations is beyond the scope of this study. Also in some cases, women may have found problem in recalling.

FINDINGS

The respondents of the study can be considered to be among the most marginalized in terms of their socio-economic background, and hence the most appropriate to review the fulfillment of NRHM's primary purpose.

Table 2 Socio-economic profile of respondents, Mirzapur, 2011										
Accessibility to PHC/CHC	Caste			Literacy				Type of family		Average income
	ST	SC	OBC	Non literate	Can sign	Primary	Secondary	Nuclear	Joint	
Difficult	19	1	0	16	2	3	0	9	11	3.91*
Easy	9	10	1	14	2	2	1	11	9	3.82*
Total	28	11	1	30	4	5	1	20	20	3.87

* Five families (three in the first and 2 in the second) earned between Rs. 9,000-12,000

1. Community's practices around postnatal care:

The study reveals that the same traditional methods of care of child and mother in the postpartum period were observed, irrespective of the place where the woman delivered (home

or hospital). A woman was believed to be impure/polluted for the first twelve days and was kept isolated from the family. Women were given special foods that the community considers being beneficial to help them regain strength and resist infections. Massaging is considered very important and is done for 6 to 21 days. Traditionally women could start work within the house after the 12th day; however with households increasingly becoming nuclear, women were forced to start working on the 6th day itself. Women start paid work depending on their economic status after 3 to 6 months or even a year.

2. Nature of postpartum complications and the community's preparedness:

Of the 40 women interviewed, 32 reported some complications (some with multiple complications), as given in Table 3. However, according to the staff of Rajgarh CHC,

"One or two in every hundred deliveries lead to postpartum complications."

Discussion with frontline workers revealed that depending on their financial

condition, families kept aside money for complications; however it was difficult for very poor families.

Regarding treatment for postpartum complications, the women approached different providers as indicated in Table 4. Explaining the reason for the low utilization of government facilities, a woman living in a village with difficult access said, *"The first point of contact for us in case of any health*

problem is the johala chaap doctor. He is readily available. Going to

Rajgarh is a big problem; it is so time taking and an entire day is wasted." The ASHA of this village also said, *"The most pressing problem for us is that of transportation. It is because of this lack of transportation that women find it difficult to reach a facility either to deliver or to treat any complications that arise."* Thus a combination of extreme poverty and lack of transportation facilities adversely affect the access that women have to health care.

Even when distance was not an issue other factors impacted the utilization of the PHC/CHC for treating postpartum complications. The women held that not only were very few medicines provided by the PHC/CHC, but they had no faith

Table 3 Nature of postpartum complications, Mirzapur, 2011	
Complication	No. of women
Lower abdominal pain	24
Bleeding	10
Dizziness and weakness	8
Other*	3

* Fever, foul smelling vaginal discharge and leg cramps

NRHM - PNC Guidelines:

Community level:

- Detailed guidelines issued to ASHAs elaborating their role in following up for post natal complications within first 7 days of delivery. Any complications are reported to the ANMs or MOs of CHC/ PHC for appropriate management.
- VHND for ANC / PNC service provision.

Facility level

- For institutional deliveries, guidelines have been issued to DWHs and FRUs for 48 hours stay at the facility to ensure first PNC follow up. Further, to ensure stay for 48 hours, separate JSY wards are being created.
- Counseling of pregnant women on PFP during ANC, delivery and PNC visits by ANM, FWCs, MO/ IC Counseling of pregnant women/ mothers of new borns on RI during ANC, delivery and PNC visits by ANM, FWCs, MO/IC

(Source: <http://www.upnrhm.gov.in/site-files/pip2011-12-proposed.pdf>)

Table 4 Providers approached for treatment, Mirzapur, 2011			
Accessibility	Informal providers/ Johala chaap	Private clinics	Government facility
Difficult	13	0	1
Easy	3	4	3

in the quality of the drugs that were given in the PHC/CHC. As a woman added, *“We go to private providers because their medicines work unlike the government ones”*.

3. Postnatal care in health care facilities

While a majority of the women reported that the nurse advised them to initiate immediate breastfeeding, only five women reported that the nurse had come to enquire about their health; however none of them were physically examined.

A well functional and effective referral system is very important for making the three tier primary health care systems to work and save lives of women facing obstetric emergency. However, the Superintendent of Rajgarh PHC/CHC on being asked to explain the protocol that was followed in case of any emergency stated, *“As such there are no government guidelines or protocol that exists. However, we have made our own protocol to deal with postpartum complications. If the staff nurse on duty is not able to control the complication, she contacts the MO in charge at that point of time. The MO then examines the woman and if he feels the need, then he refers the woman to the District Hospital in Mirzapur. We give the women a referral slip, which has to be signed by the MO on duty”*. It may be noted that the CHC have an ambulance but is not used often by poor patients as they find it expensive than the private transport.

Unprecedented increase in institutional deliveries has overloaded the PHC/CHC and has contributed to the further neglect of postpartum care. As stated by the MO *“In case of normal deliveries, we do not ask the women to come, as the OPD load is already so great, that it is difficult for us to tackle”*.

4. System's performance according to its own standards

According to the NRHM guidelines, a CHC must have an operation theater/labour room, a gynaecologist and blood storage facilities. However, Rajgarh CHC had no blood storage facilities, nor the capacity to conduct surgeries as there was no gynaecologist. The MS stated, *“We can only do a limited amount of treatment; therefore we refer all cases of complication to the district hospital in Mirzapur which is about 40 km away.”* In spite of existing NRHM guidelines, the study found

- Women had to buy most medicines needed during delivery and treating postpartum complications
- The average post delivery stay in the facility as reported by the women was a nights stay which usually translated into more than 24 hours but less than 48 hours.
- In the village with difficult access, the ASHA did not visit 9 out of 10 women who had delivered at home, although a post natal visit by the ASHA within 7 days of delivery to

track mother's health is recommended under NRHM.

- Discussing about the utilization of the ambulance (the PHC/CHC has an ambulance with a driver on contract) the staff said that the patients were charged Rs. 8 per km and had to pay for both ways and therefore it was not popular among patients as it worked out to be more expensive than a privately hired vehicle. Further, the MO shared, *“According to the NRHM guidelines, holders of red cards, are supposed to be provided with ambulance facilities free of cost. But I guess most patients do not know this, as there is no wall painting giving this piece of information”*.

CONCLUSION AND RECOMMENDATIONS

- There has been an increase in institutional deliveries, however women are not staying in institutions for the stipulated 48 hours for different reasons.
- There was very little post-natal care provided to women in institutions beyond breast-feeding advice
- There was no difference in routine postpartum care at the household level irrespective of place of delivery.
- The community had its own specific methods for routine post natal care which is aimed at better health for the mother and the child according to its own belief system. There was no understanding of this method of care by the health system
- The post natal visits by the ASHA were not regular and do not allow for the detection of post natal complications in time.
- In the case of postnatal complications women consulted health care providers but mostly informal and private providers.
- Designated Emergency Obstetric Care Centres are not adequately equipped nor the providers there adequately oriented to provide necessary postpartum care.

Postpartum follow-up and care by the public health system remains a much neglected area even though a majority of maternal deaths are expected in this period. The overall system ignores the need for postpartum care and this assertion is reinforced from a wall painting on the Rajgarh CHC building, which had detailed statistics related to the block and the number of women targeted for ANC; however it mentioned no number against the number of women targeted for postpartum care.

Recommendation

The success of NRHM and its components will be judged through its performance in difficult areas and among communities like the ones who were part of this study.

These recommendations are being made keeping the overall purpose of NRHM in mind:

Community level support

- Community practices around post natal care have to be documented and understood in terms of their helpful and harmful potentials. The helpful practices have to be reinforced so that community participation in health care delivery increases. The harmful practices, if any, need to be addressed also through health education. This can be done through ASHA or better still through the traditional birth attendant or Dai who continue to play an important role in deliveries, especially in areas whose access to health facilities is difficult.
- The importance of postnatal care needs to be emphasized in ASHA training and supportive supervision mechanisms. Within a performance based incentive framework, the ASHA needs to be compensated for visiting and referring women who have delivered within 48 hours and every week thereafter till 42 days.
- Increased importance should be given to postpartum period during training of ASHAs to enable them to recognize danger signs in this period and to immediately transport woman to facility.

System level support

- The compulsory institutional delivery policy for all deliveries needs to be reviewed and a continuum of care approach should be adopted. There should be greater emphasis on appropriate and timely care to all

women who face any emergency or complication during pregnancy, delivery and in the post natal period.

- Women who deliver in a health facility need to be provided all support so that they can stay for atleast 48 hours after delivery. Facility should be provided with electricity, water and toilets to make the stay possible if not comfortable.
- The existence of informal providers needs to be acknowledged and regularized. Informal providers/ johala chaap who are the first point of contact for poor rural women living in areas that are remote and poorly connected need to be registered and regulated. They also need to be given training on referral in cases of post natal complications. Their referrals need to be honored in the health facilities.
- There must be free ambulance to pick up and escort the woman and child back home after delivery, including for all cases of postpartum complications.
- All costs related to treatment of complications that may arise during delivery and postpartum period have to be provided free of charge to all women seeking such services.

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About the organization: SAHAYOG is a non-profit voluntary registered organization based in Lucknow, Uttar Pradesh whose mission is to promote gender equality and women's health from a human rights framework by strengthening partnership-based advocacy. It is a value based organization that upholds the values of Equity and Equality, Participation, Transparency and Effectiveness. Visit us at www.sahayogindia.org

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