

Maternal Health Scenario in the slums of Meerut, Uttar Pradesh: Implications for Program and Policy

MNCH Study in Meerut Slums

Collaborative project of: UHRC, JHU and CSMMU (KGMU)

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Outline of presentation

- Background
- Antenatal Care
- Place of delivery/attendance at delivery
- Postnatal Care
- Complications during pregnancy, delivery and postnatal period
- Program implications

Background

Background

India

- India accounts for ¼ of the global burden of maternal deaths ¹
- This comes to nearly 136,000 maternal deaths every year ¹

Uttar Pradesh

- UP accounts for large no. of maternal deaths of India (21,450) ²
- UP houses nearly 11 million urban poor (NSSO, 61st Round).
- Of the urban poor population of UP, only 2% receive complete ANC³

1. UNICEF: www.unicef.org/india/health_1341.htm

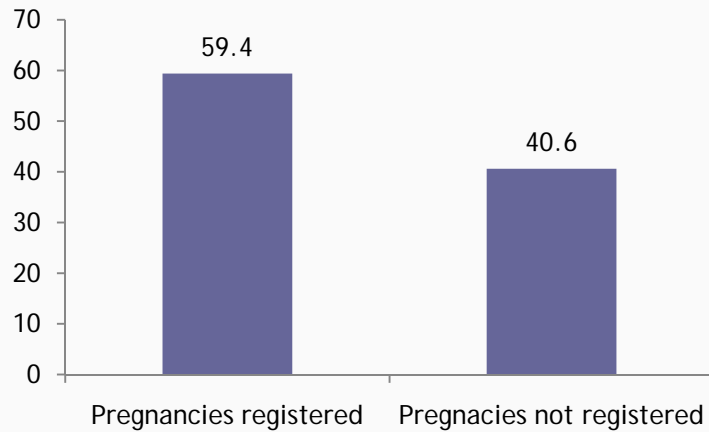
2. Info change India: <http://infochangeindia.org/200703246453/Other/Features/Tackling-maternal-mortality-in-MP.html>

UHRC: Reanalysis of NFHS 3 2005-06 for UP based on wealth index quartiles

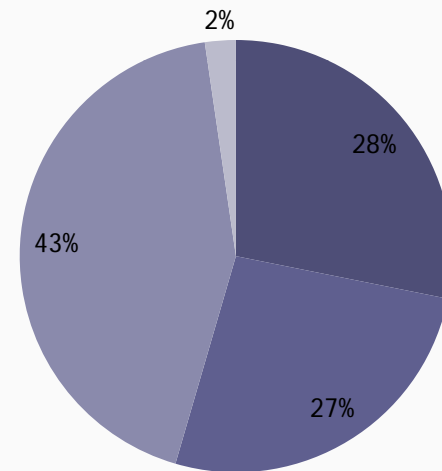


Maternal Health in Meerut: Antenatal care

Registered pregnancies and place of registration

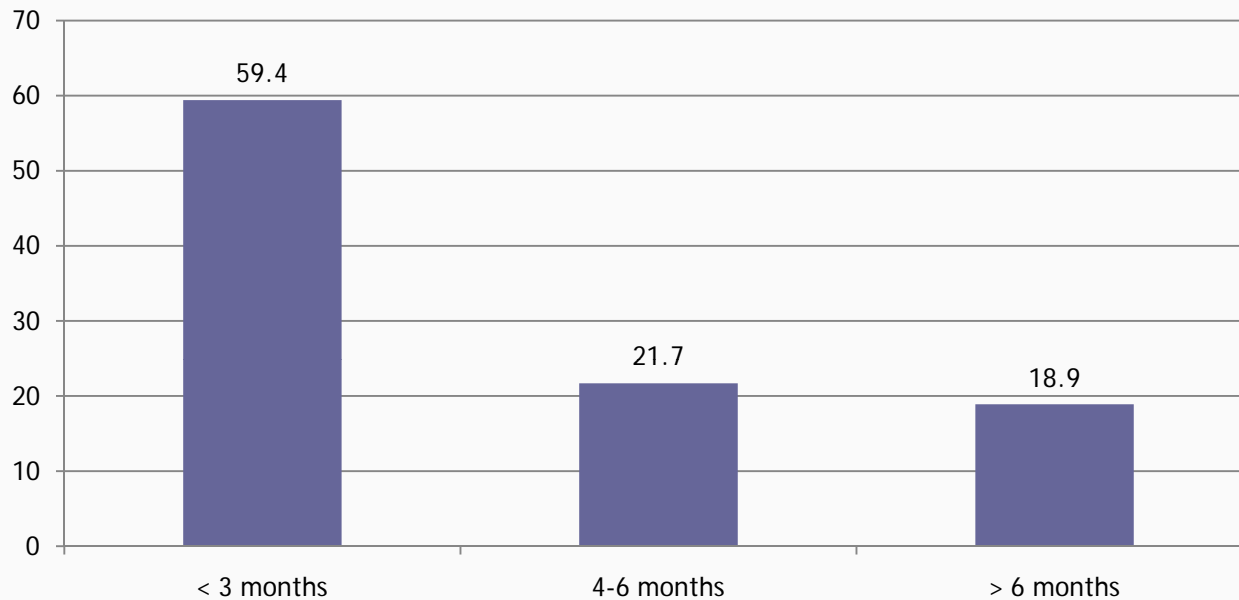


■ Govt Facility
■ Pvt qualified Medical Facility
■ NGO
■ Pvt unqualified Medical Facility



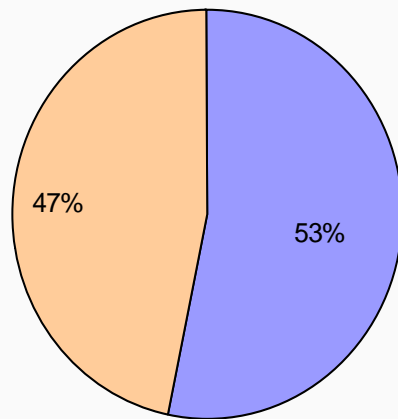
- About 60% of the pregnancies were registered
- Of which 43% were registered with a private qualified medical facility

Time of registration of pregnancy

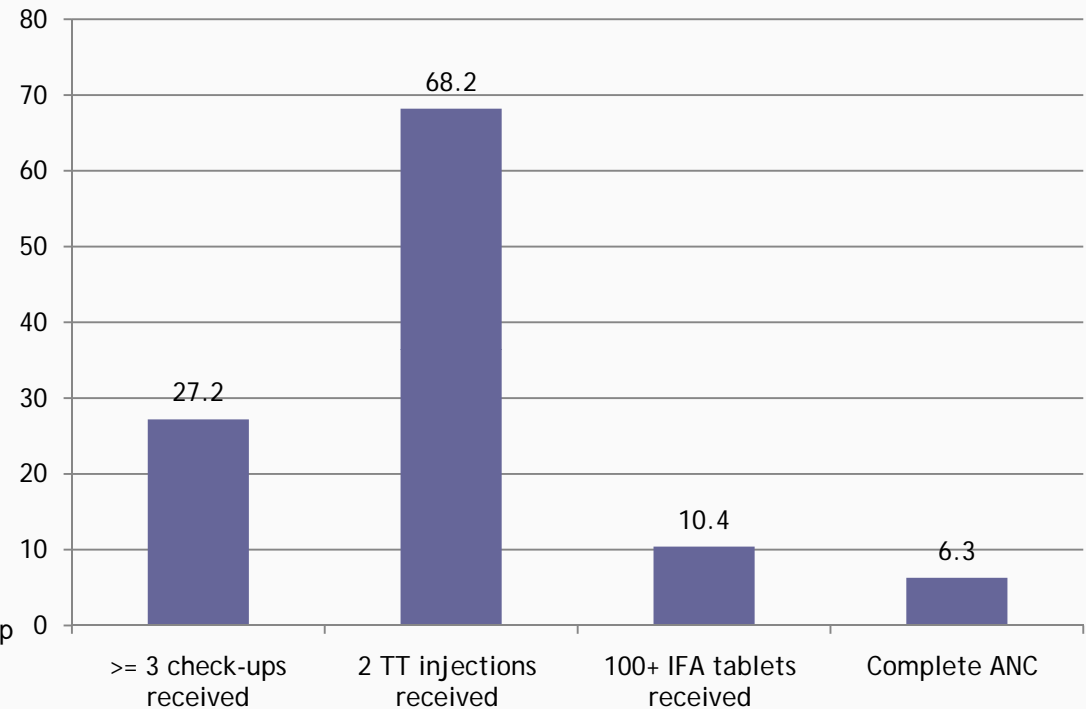


Of the registered pregnancies about 60% were registered by third month

Antenatal Coverage



■ Women who received any ANC check up
■ Women who did not received any ANC check up



- Around half of the women received any ANC check up.
- Only 6.3% received complete ANC*

*Complete Antenatal Care for a pregnant mother includes at least 3 antenatal check-ups, 2 doses of TT injection and consumption of 100 IFA tablets prior to the expected date of delivery

Components of Antenatal Check-ups

- Components being covered under antenatal check-up included
 - Abdominal examination (41.8%),
 - BP measurement (32.1%),
 - Urine (27.6%) and blood test (21.4%)
 - Weight measurement(24%),
 - Height measurement(4.8%)

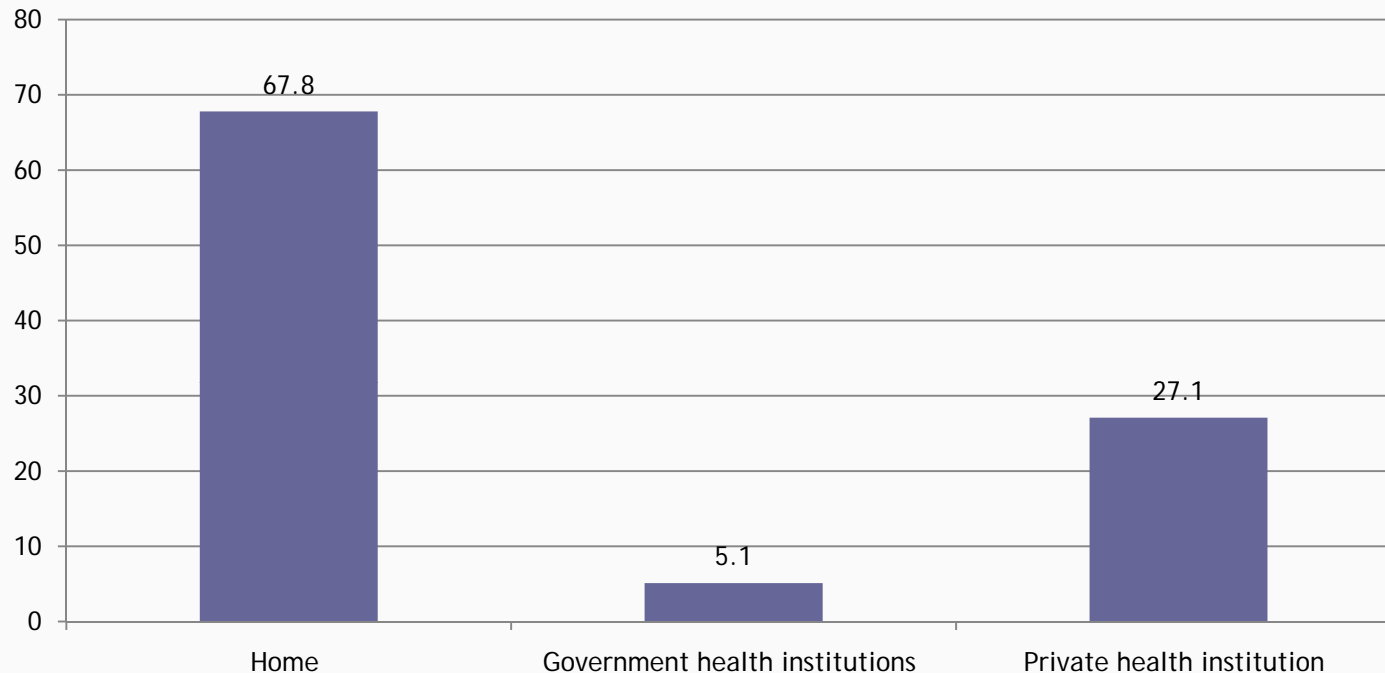
Care seeking during the antenatal period

- 72.5% of who received ANC approached private health facility for antenatal check up and TT vaccination
- Main reason for not accessing the government health services were
 - Lack of or sub-optimal functioning of public health facilities
 - Shortage of staff especially a lady doctor, in-different attitude and lack of privacy
 - Shortage of medicines, diagnostic services
 - Weak referral services
 - Unsuitable service timings of the facility and long queues



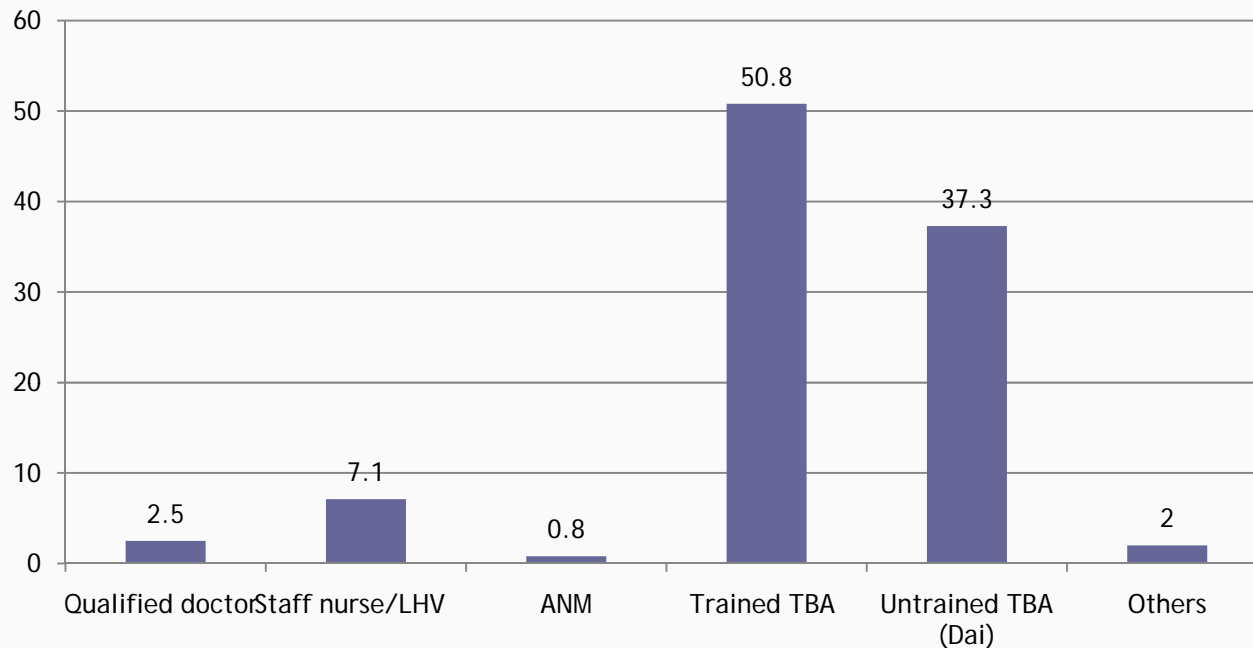
Maternal Health in Meerut: Delivery

Place of delivery



- Around 70% deliveries were conducted at home
- Majority of the institutional deliveries were conducted in private health facilities

Person conducting home deliveries



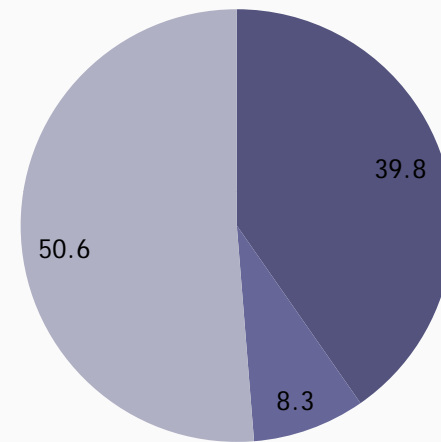
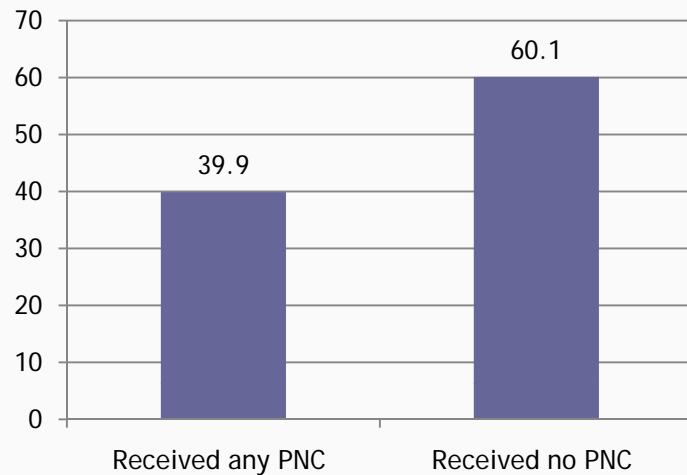
- Of the home deliveries:
 - Nearly ½ were conducted by a trained TBA
 - More than 1/3 conducted by untrained TBA
 - Only a few (2.5%) were conducted by qualified providers

Reasons for accessing TBAs

- Easy availability and access
- Perceived to have more experience
- Affordable
- Preference for a female birth attendant

Maternal Health in Meerut: Postnatal Care

Women receiving PNC and the place of receipt of PNC



■ Home ■ Government health facility ■ Private health facility

Around 40% women received PNC;


Half of them received from a private health facility

Person providing the postnatal care

- Over half (52.5%) of the service providers were qualified doctors followed by trained birth attendants (21.1%)
- Untrained providers including *dai* (16.7%)
- Lady health worker (9.1%)

Postnatal care services

- Of those who received PNC 34% underwent abdominal examination.
- Only 17% of the mothers received advice on diet, breastfeeding and newborn care
- Only 10% was counseled on post partum danger signs and family planning.



Maternal Health in Meerut:
*Complications during pregnancy, delivery and
post-natal period and Care seeking*

Complications during pregnancy and care seeking

- Common health problems reported during pregnancy included
 - severe fatigue (30%)
 - anemia (19%)
 - headache (16%)
 - swelling of the body (16%),
 - reduced fetal movement (5%),
 - Other complications (5%)
- However, treatment was sought more frequently for vaginal bleeding (83%), reduced fetal movement (78%), bad smelling vaginal discharge (69%) and anemia (61%)

Service provider for pregnancy complications

- Of those who sought care:
 - Almost 81.5% approached private sector
 - 12.6% in public sector
 - 5.7% in the home

Complications during delivery and care seeking

- Obstructed (30%) and prolonged labor (12%) were the key complications
- Of those who experienced complications during delivery treatment was sought by 92.2% mothers.
- Amongst those who received treatment, almost ½ sought care in the home, 5% in public sector and 44% in private sector.
- In the private sector, 56.6% approached qualified doctors, 19% unqualified providers and 24% trained TBA.

Complications during post natal and care seeking

- Abdominal pain after delivery (15%) was the major health concern and 70.9% sought some care.
- Around 17.7% sought care in the home, 7.7% in public sector and 74.6% in private sector.
- Within the private sector, 69.2% mothers approached qualified providers and 22% sought care from unqualified providers.

Reasons for not seeking care during complications

- Preventive healthcare was not perceived necessary in the absence of any complications
- Some other important reasons for poor health seeking included
 - limited knowledge of danger signs
 - multiple demands on the mother's time
 - limited decision making ability within the family
 - lack of family support
 - limited availability of money for preventive care



Maternal Health in Meerut:
Program Implications

Increasing registration of pregnancies and complete antenatal care

The study highlighted a major gap in the percentage of pregnancies getting registered (60%) and those receiving complete ANC (6%)

Important strategies could be

- Generate awareness among pregnant and elderly women in slum families
- Facilitate their encounter with a professionally qualified service provider

Promoting safe deliveries among slum women

Since proportion of home deliveries in slums is high (67.8%), it is imperative to initiate intensive efforts to ensure safe deliveries.

- Slum dais conducting deliveries should be identified and trained
- Effective utilization of existing schemes under RCH program including *Janani Suraksha Yojana* (JSY) to
 - Promote institutional deliveries
 - Ensuring access of cash benefits to slum women

Improving post partum care of mothers and newborns

Only 40% mothers availed postnatal care.

Postpartum care could be improved by

- Ensuring early contact with health provider for care during and after pregnancy and identification of danger signs
- Creating awareness among mothers regarding postpartum complications and importance of timely postnatal care
- Regular counseling by trained dais and slum based health volunteers can improve availing postnatal care

Behavior promotion

- Individual and group counseling with mothers, elderly women and/or key decision makers in the family to promote recommended practices.
- Effective use of IEC methods like pictorial cards, puppet shows to generate awareness among slum families

Increasing availability of and access to affordable maternal care facilities

Strengthen existing government health facilities:

- Up-gradation of facilities ensuring availability of diagnostic tests, regular supply of IFA tablets and other necessary medicines
- Recruitment of adequate staff including lady doctors, lab technicians and ANMs
- Regular technical and behavior training for staff
- Public-private partnerships could be forged to increase availability of services

Creative alternative health financing mechanism

- Alternative health financing program like subsidized health insurance schemes
- Risk pooling through community health funds to ensure financial support in cases of obstetric emergencies
- Voucher schemes that can enable poor women to access maternal healthcare services free of cost from accredited private health clinics