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 $\frac{1}{4}$ 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 ANC$^3$

1. UNICEF: [www.unicef.org/india/health_1341.htm](http://www.unicef.org/india/health_1341.htm)
3. UHRC: Reanalysis of NFHS 3 2005-06 for UP based on wealth index quartiles
Maternal Health in Meerut: Antenatal care
About 60% of the pregnancies were registered

Of which 43% were registered with a private qualified medical facility
Of the registered pregnancies about 60% were registered by third month
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 women who received ANC approached private health facilities 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, indifferent 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
Around 70% deliveries were conducted at home
Majority of the institutional deliveries were conducted in private health facilities
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
Around 40% women received PNC; Half of them received from a private health facility
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%)
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.
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