Shorapur Maternal Obstetric Monitoring Program

CSR

Narayana Health Ltd

September 2017
Shorapur Taluk: a glance

- Yadgir district is the 2nd smallest district in Karnataka and has been identified by the Ministry of Health and Family Welfare as a High Priority District for the implementation of focused health care interventions. Shorapur Taluk was identified as the site of intervention.
- Total population : 4,12,291 (Male- 2,08,173, Female-2,04,118)
- 980 females per 1000 males
- Child Sex ratio : 952 females per 1000 males
- Total literacy is 46.1% (Male - 60.9% , Female – 39.1%)
- Percentage of SCs and STs to total population is 40.2%
- Total Fertility Rate:
  - Crude Birth Rate: 24.22
  - Number of ANC’s per month: 1325
- Of these, around 20% of high risk ante natal cases (ANC) or 200-250 cases are referred to higher centres in adjoining Districts
- 5 to 10% of all live births are referred for paediatric emergency management.

*2011 census, Yadagiri – District Statistical Officer Report
Problem Statement

• Owing to lack of data entry operators, power cuts as well as interrupted connectivity, entry into maternal and child tracking system at PHC level is done by staff on a weekly basis. Consequently entries of HRP cases in not on a real-time basis and does not capture a large spectrum of high-risk conditions.

• Average vacancy of 76% across all specialist posts. Owing to lack of OBGYN at the Taluka hospital, HRPs from most PHC and CHC’s are referred to adjacent districts.

• A baseline survey conducted by the NH CSR team found that 43% of pregnant women surveyed didn’t know warning symptom/ signs during pregnancy, delivery as well as after delivery.

• 100 % of women surveyed had got their USG examination done in private facilities, thereby incurring significant out-of-pocket expenses since the entire District did not have a government nominated radiologist.

• 30% of the pregnant women surveyed had iron supplementation on irregular basis.

• Our study found that anaemia was responsible for 80% of high risk pregnancies.
Situation on the ground

- Poor access to care in remote locations
- Shortage of doctors and minimally equipped midwives
- Need for early identification of high-risk pregnancies
- Difficult to share non-electronic patient data
- Inefficient workflows

- Need to improve ANC high-risk identification
- Lack of digital tools to facilitate high risk identification
- Multi-pronged approach to increase awareness to high risk pregnancy
Intervention for High Risk Pregnancy

- NH Radiologists would conduct ultrasound for all the pregnant women.
- NH Obstetricians would visit the Taluk Hospital to clinically evaluate all High Risk pregnant women.
- Periodic ANC survey’s with focus on high risk pregnancies, referral rate of pregnant women as well as utilization of USG services by pregnant women.
- Conceptualised high-risk pregnancy form.
- Initiated aggressive follow up of severely anemic cases for blood transfusion.

Logistics & Coordination

- Improve the existing infrastructure towards treatment and early referral of high-risk ANC cases.
- Coordinate with designated District and Taluk officials from NHM for all necessary or appropriate government consents.
- To have local transport enabled for referral of all ANC.
- To identify local specialists ready to serve on per-case basis.

Capacity Building

- Training of concerned stakeholders on MOM software.
- Training of frontline healthcare workers on signs and symptoms of high risk pregnancy.
- Communitisation activities.
- Outreach activities focus on health and anaemia in reproductive age group.
- Regular meeting with village stakeholders to communicate importance of focus on maternal health.
- Early referral to Taluk Hospital would ensure reduction in intra-partum complications.
Technology Interventions implemented

- Capture of High Risk Pregnancy data by DEO
- Entry of details on MOM portal
- Uploading of USG images to portal
- Data linked through unique identifiers
- Aggregate data viewed remotely by NH OBGYN
- Scoring of ANC cases by OBGYN
- Follow up of HRPS
- Outcomes of delivery charted

Entry of data at Taluka Hospital by DEO

Server for data entry of:
1. New case registration
2. Delivery report
3. Ultrasound

OBGYN review the cases remotely MOM mobile apps or PC

Ultrasound
**Awareness**

- 20% increase in awareness of HRP symptoms
- Utilization of Ultrasound examination services from public facilities have increased from 0.4% to 7 %.
- Those who are aware of more than one government scheme increased from 58% to 100%.

**HRP detection**

- 20-50% increase in HRP detection in ANC OPD
- Out of 3353 scans, 415 ANC (12.4%) have been identified as high risk pregnancies. All 415 cases were referred to higher centres for early confinement
- 39 ANC underwent LSCS (9.4%) , 241 ANC underwent FTND
- No mortality in all of these ANC cases

**Intervention**

- 159 severely anaemic pregnant women treated –after follow up by project team
- The source of Iron & folic acid provision from both public and private facility has increased from 17% to 29.5%
- Regular communitisation activities with local healthcare workers and village officials

**MMR statistics**

- Shahapur
- Shorapur
- Yadagir
- Total

- 2014-15: 123
- 2015-16: 89
- 2016-17: 76.35
**Scaling the program:** Replicate the program across other districts, with success factors being first referral unit strengthening, increasing detection of high risk pregnancies and early referral of such HRP s to the District and Taluk hospitals. Focus on nutritional counselling & adolescent health would be crucial.

**Capacity Building:** While NH focused on USG & HRP evaluation of ANC s in the first phases, the scalability would rest on capacity building locally of medical of cers to be trained on the same.

**Regulatory support:** The PCPNDT legislation and recent amendment allows for training of medical officers for six months in an accredited institute for USG evaluation. NH would like to train medical officers in both USG evaluation of ANC s as well as HRP evaluation which would enable capacity building at site. This would be a critical success factor for the program.

**Enablers:** would be additional training and sensitisat ion of ANMs and ASHA workers with focus on nutrition in adolescence, inter-generational anaemia and maternal health evaluation periodically.

**Local collaborations:** liaising with local NGOs, SHGs, VHSN Cs would create synergies for the program
THANK YOU