SAFETY IN MATERNAL HEALTH CARE (SMHC)

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GREETINGS FROM MGIMS

RESPECTFUL MATERNITY CARE:
THE **UNIVERSAL RIGHTS** OF CHILDBEARING WOMEN

Category of Disrespect and Abuse [i]		Corresponding Right
1.	Physical abuse	Freedom from harm and ill treatment
2.	Non-consented care	Right to information, informed consent and refusal, and respect for choices and preferences, including companionship during maternity care
3.	Non-confidential care	Confidentiality, privacy
4.	Non-dignified care (including verbal abuse)	Dignity, respect
5.	Discrimination based on specific attributes	Equality, freedom from discrimination, equitable care
6.	Abandonment or denial of care	Right to timely healthcare and to the highest attainable level of health
7.	Detention in facilities	Liberty, autonomy, self-determination, and freedom from coercion

Great Initiative for women

The White Ribbon Alliance
For Safe Motherhood

The International Childbirth Initiative (ICI)

The 12 Steps (summary version) to Safe and Respectful MotherBaby-Family Maternity Care

Step 1 **Treat every woman and newborn with compassion, respect and dignity,** without physical, verbal or emotional abuse, providing culturally safe and culturally sensitive care that respects the individual's customs, values, and rights to self-expression, informed choice and privacy.

Step 2 **Respect every woman's right to access and receive non-discriminatory and free or at least affordable care** throughout the continuum of childbearing, with the understanding that under no circumstances can a woman or baby be refused care or detained after birth for lack of payment.

Step 3 **Routinely provide the MotherBaby-Family maternity care model integrating the midwifery scope of practice and philosophy** that can be practiced by all maternity care professionals in all settings and at all levels of care provision.

Step 4 **Acknowledge the mother's right to continuous support during labour and birth** and inform her of its benefits, and ensure that she receives such support from providers and companions of her choice.

Step 5 **Offer non-pharmacological comfort and pain relief measures during labour** as safe first options. If pharmacological pain relief options are available and requested, explain their benefits and risks.

Step 6 **Provide evidence-based practices beneficial for the MotherBaby-Family** throughout the entire childbearing continuum.

Step 7 **Avoid potentially harmful procedures and practices that have insufficient evidence of benefit outweighing risk for routine or frequent use** in normal pregnancy, labour, birth, and the post-partum and neonatal period.

Step 8 **Implement measures that enhance wellness and prevent illness** for the MotherBaby-Family, including good nutrition, clean water, sanitation, hygiene, family planning, disease and complications prevention and pre-and-post natal education.

Step 9 **Provide appropriate obstetric, neonatal, and emergency treatment** when needed. Ensure that staff are trained in recognizing (potentially) dangerous conditions and complications and in providing effective treatment or stabilization, and have established links for consultation and a safe and effective referral system.

Step 10 **Have a supportive human resource policy** in place for recruitment and retention of dedicated staff, and ensure that staff are safe, secure, respected and enabled to provide good quality, collaborative, personalized care to women and newborns in a positive working environment.

Step 11 **Provide a continuum of collaborative care** with all relevant health care providers, institutions, and organizations with established plans and logistics for communication, consultation and referral between all levels of care.

Step 12 **Promote breastfeeding and skin-to-skin contact,** refer to the 10 Steps of the Baby-Friendly Hospital Initiative and integrate into practice, training, and policies.

Please access the full ICI at **www.internationalchildbirth.com** to read the full 12 steps and to learn more about the background, principles and aims of the initiative.

SEPTEMBER 2020

UNIVERSAL RIGHTS OF WOMEN

1. **Be free from harm and ill treatment –**

   TALKS OF HER SAFETY

2. Right to information, respect for her choices, preferences and companionship
3. Privacy and confidentiali
4. Dignity and respect
5. Equality , freedom and

UNIVERSAL RIGHTS OF WOMEN

6. Right to healthcare

7. Liberty, autonomy and

self-determination

8. Right to be with parents or guardians

9. Right to identity and nationality

10. Right to adequate nutrition and clean water

WHAT IS THE NEED OF HOUR FOR SAFE MATERNAL HEALTH CARE?

RESPECTFUL MATERNITY CARE (RMC)
THE NEED OF THE HOUR

IS RESPECTFUL MATERNITY CARE ALSO SAFE MATERNAL HEALTH CARE - ARE THEY SYNONYMOUS?

DEFINITION OF RMC

- **Respectful Maternity Care** (RMC) - recognized as essential strategy for improving quality and utilization of **maternity care**
- Respectful Maternity Care is a universal human right
- RMC encompasses the principles of ethics and **respect** for women's feelings, dignity, choices, freedom from ill treatment and coercion and consideration for personal preferences

  including option for companionship

DEFINITION OF RMC

- World Health Organization (WHO) defines good quality maternal and newborn care as care that is ‘safe, effective, timely, efficient, equitable and **people-centred’**
- Respect, dignity and emotional support using effective communication is an important yet overlooked aspect of maternity care
- Good quality care recognized as an important factor in promoting institutional deliveries and improved birth outcomes

DEFINITION OF RMC

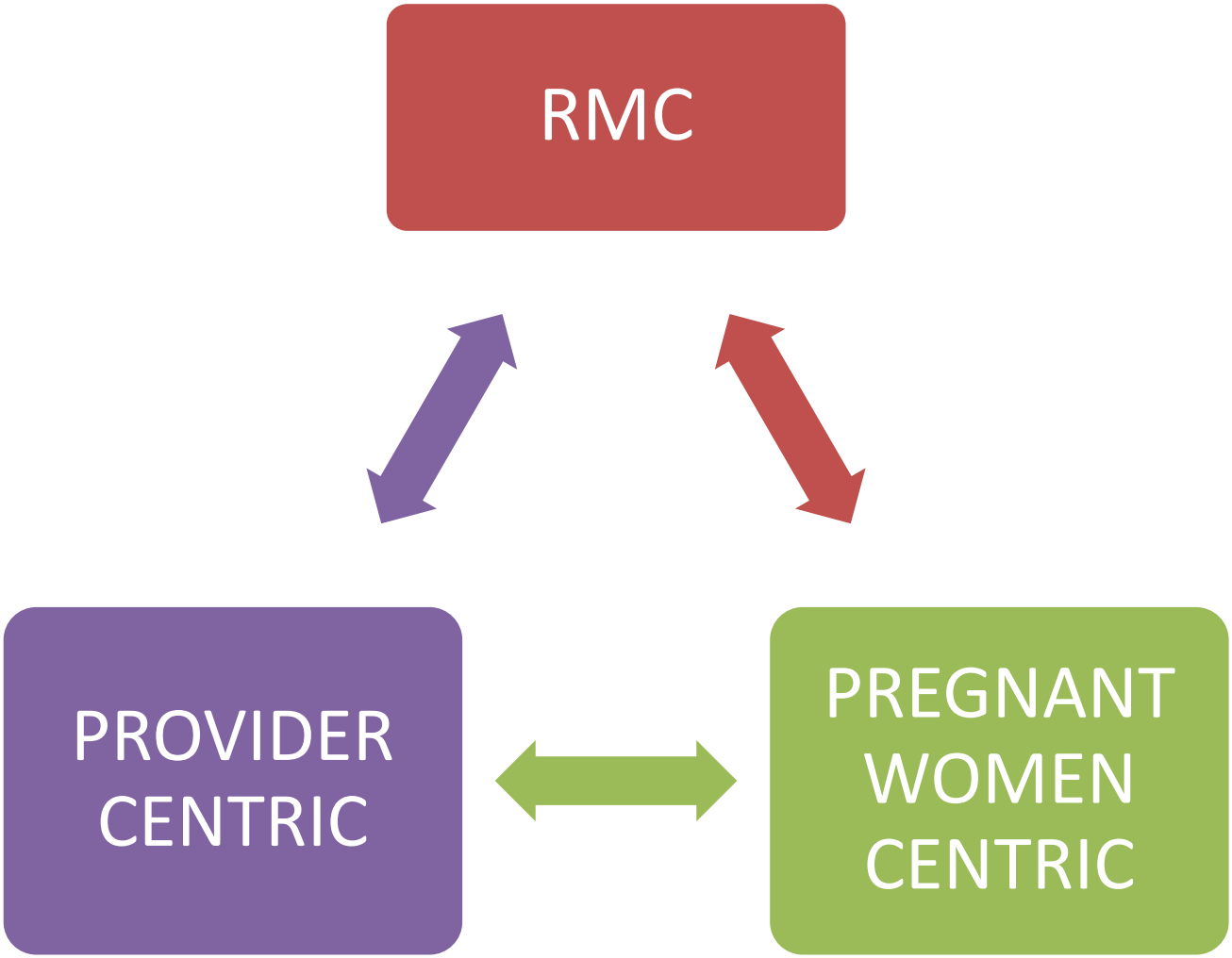
RMC is an attitude that permeates each word, action, thought and non-verbal communication

RMC Is All About The Will To

Change The Behavior For Good And About The Positive Attitude

AND WHERE THERE IS THE WILL THERE IS A WAY

DEFINITION OF RMC



KEY FEATURES DESIRED FOR SMHC

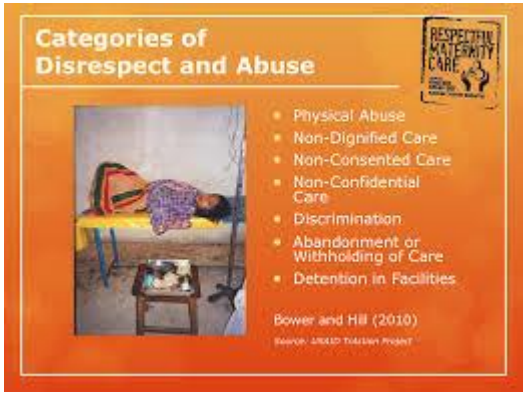
- Create Barrier-Free Environment
- Respectful Communication
- Respectful Quality of Care for RMC Services
- Supportive care to the woman during labour

CHALLENGES IN PROVIDING SAFE MATERNAL HEALTH CARE

- Structural resources
- Human resource
- Capacity and skills of providers
- Lack of acceptance, leadership, commitment, work culture amongst providers
- Financial constraints
- Cultural factors
- Poverty
- ATTITUDE

CHALLENGES IN IMPLEMENTING SAFE MATERNAL HEALTH CARE

- Lack of education
- Unawareness
- VAW
- Dependency and acceptance of any situation



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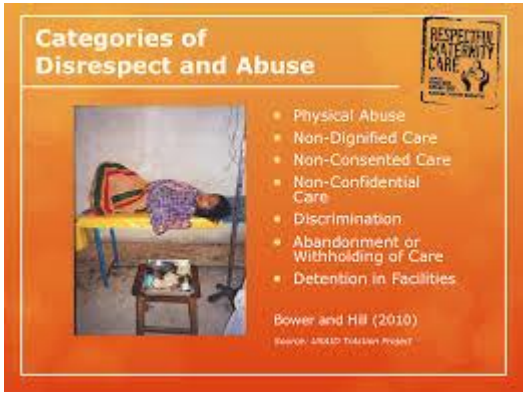


INTERVENTIONS FOR SAFE AND RESPECTFUL MATERNAL HEALTH

FIRST PILLAR IS "ATTITUDE "

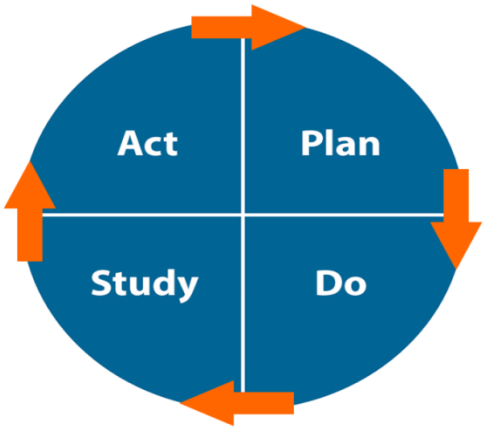
AND THEN THE THREE MAIN PILLARS

THE 3 PILLARS

- **INFRASTRUCTURE**
- **TRAINED HUMAN RESOURCE**
- **EVIDENCE BASED UPDATED PROTOCOLS WITH QUALITY IMPROVEMENTS**

WHAT ARE THE SOLUTIONS FOR PROVIDING SAFE MATERNAL HEALTH CARE?

- Acceptance
- SBAR
- Identifying the areas to be reformed
- Detailed analysis
- Plan to be implemented



WHAT ARE THE SOLUTIONS FOR PROVIDING SAFE MATERNAL HEALTH CARE?

- Implementation
- Feed backs of women, relatives, providers and Peers
- Modify and Re plan
- Re implement
- See the results
- Advocate

HOW DO WE START SMHC?

- PHASE 1 – Select the changes what are feasible, acceptable and cost effective
- PHASE 2 – Discuss then in details with the team and divide the responsibilities.
- PHASE 3 – Involve local and district administration
- PHASE 4 – Implement and see pilot changes
- PHASE 5 – Feedback and modifications
- PHASE 6 – Results and their dissemination
- PHASE 7 – Be the advocate
- PHASE 8 – Policy formation/changes with stakeholders

HOW DO WE PROVIDE SAFE MATERNAL HEALTH CARE?

LEADERSHIP

TECHNICAL AND NON TECHNICAL SUPPORT

HAND HOLDING

ADMINISTRATIVE SUPPORT

FINANCIAL SUPPORT

EVIDENCE BASED PROTOCOL IMPLEMENTATION

TEAM WORK AND TEAM EFFORT

WHAT ARE THE COMPONENTS OF SMHC ?

- Begins with –

ANTENATAL CARE

- Friendly recommended infrastructure**/ New/ modified**
- Attitude and behaviour
- Early registrations – **not missing even one single pregnancy**
- **Reducing waiting time**
- Planning for recommended antenatal visits and **ensuring their appropriate delivery –**

  – Evidence based protocols

WHAT ARE THE COMPONENTS OF SMHC ?

- Identifying high risk pregnancy **and do the intricate birth planning with family**
- Antenatal counseling – **BPCR, PPTCT, FP, ABP, Existing Beneficial Government Guidelines etc**
- **Respect, dignity, privacy , confidentiality, language and communication with women and families**
- **FULL ANC UNDER ONE ROOF**
- VAW / Social issue to be addressed

WHAT ARE THE COMPONENTS OF SMHC ?

INTRANATAL CARE -

- **Appropriate** infrastructure as recommended by Government guidelines
- Counseling for **ALTERNATIVE BIRTHING POSITIONS**
- **Consent**
- **CHOOSING BIRTH COMPANION AND MAKING THEM AWARE OF THEIR RESPONSIBILITIES – SUPPORTIVE CARE**
- **Ideal LR Protocol** followed in each stage of labour, following the concept of **LDR**
- **Safe birthing checklist and Partogram**
- Supportive care
- **Good practices**

ROLE AND RESPONSIBILITY OF BIRTH COMPANION

- Support, encourage & reassure woman throughout labour
- Help her breathe and relax, rub her back, provide sips of water as allowed, wipe her brow with a wet cloth and other supportive actions
- Inform her about progress of labour
- Speak to medical professionals on behalf of the mother
- Help to initiate breast feeding immediately after birth
- Support mother in providing newborn care
- Keep baby warm, well covered & close to mother
- Counseled to inform heath care provider if she observes any danger signs

DON'TS FOR A BIRTH COMPANION

- Do not give any medicine without doctor's advice
- Do not encourage the woman to push
- Do not give any advice to expectant woman other than that given by the health worker
- Do not keep woman in bed if she wants to move around
- Do not administer any local herbs or medicines

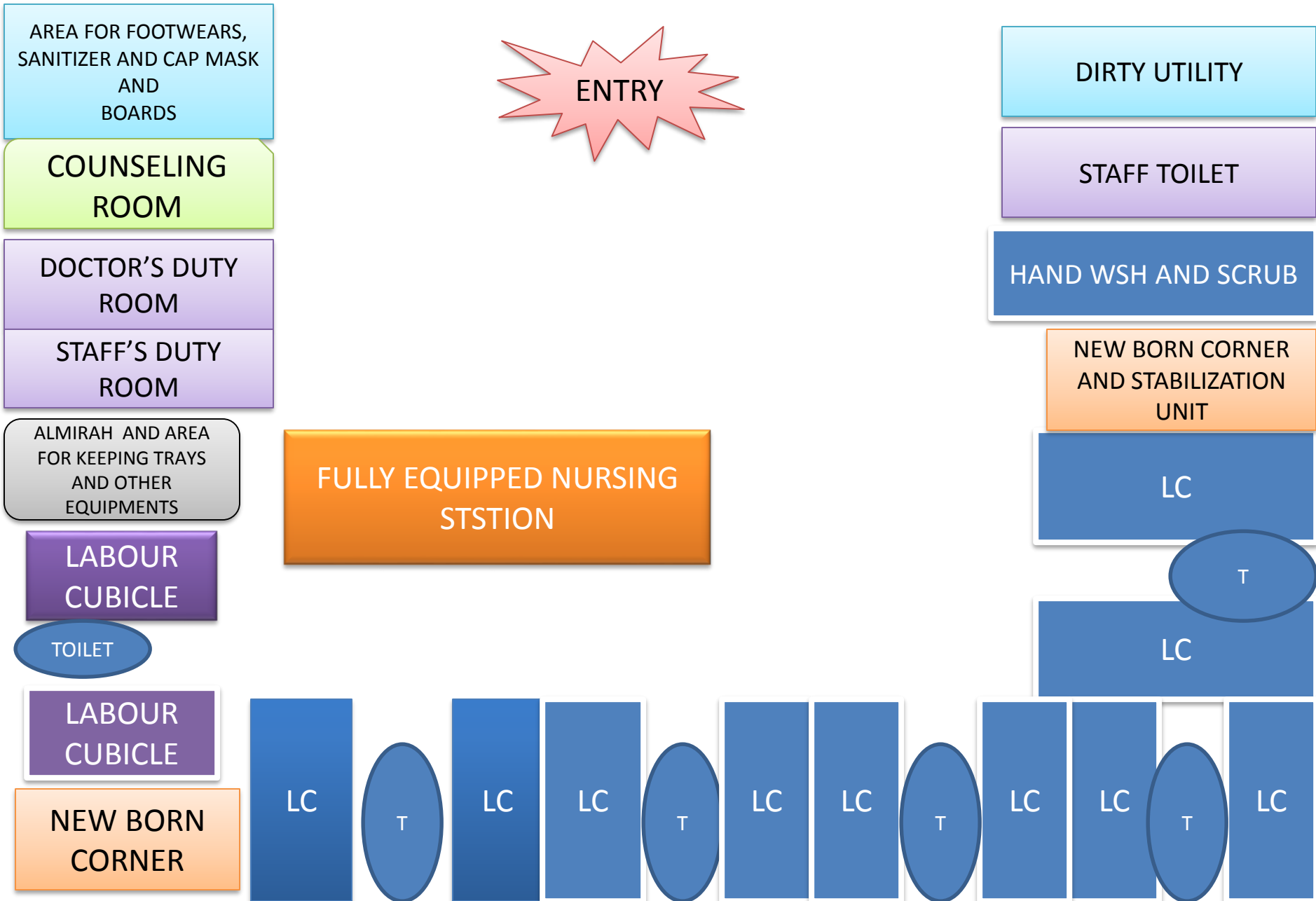
ADVANTAGES OF BIRTH COMPANION

- Helps in coordinating care
- Prevents baby swapping and theft
- Provides emotional support to patient, assists her for personal needs
- Helps in early initiation of breast feeding
- Associated with less pain during labour
- Increases chances of normal labour
- Improves overall birthing experience

WHAT ARE THE COMPONENTS OF SMHC ?

- Providing a **safe & great birthing experience** by keeping the baby attached skin to skin
- **Pre check on availability** of equipments, instruments and consumables
- **Infection prevention practices and BMW management at all levels**
- **No abusive language, No loose talks, Respect, dignity, privacy, confidentiality**
- **Language and communication with women and families**

AN IDEAL LDR SET UP - INTERIOR



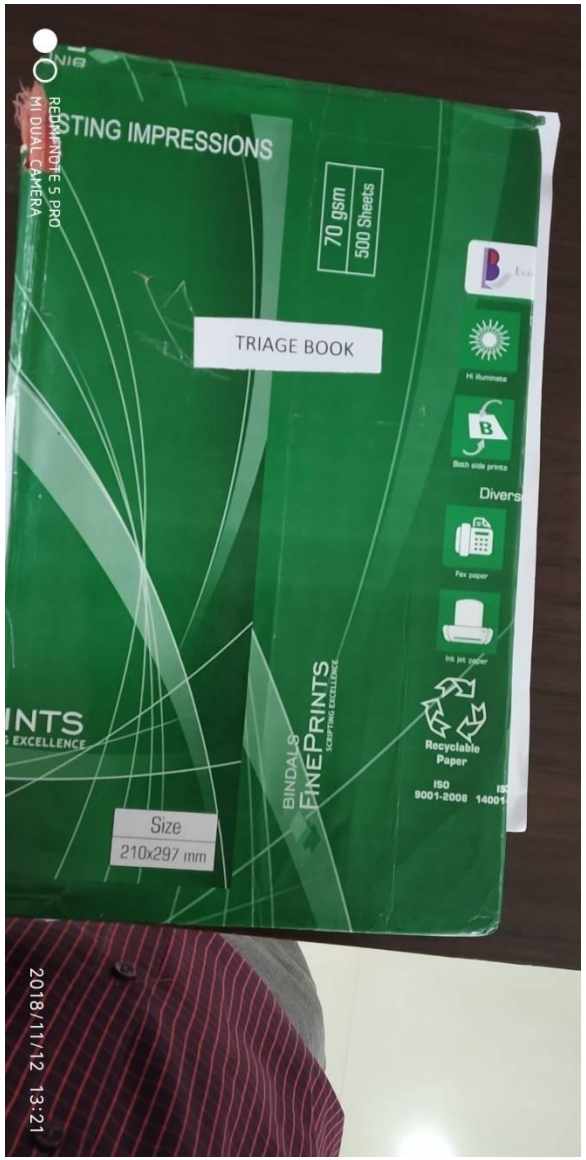
WHAT ARE THE COMPONENTS OF SMHC ?

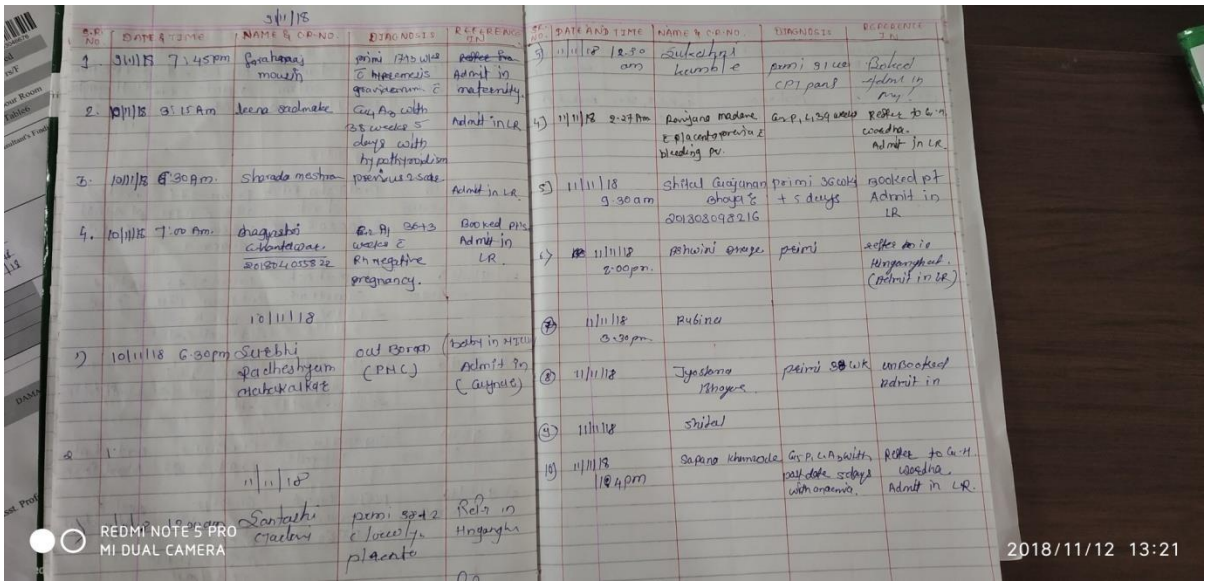
- POST NATAL PERIOD –
- **Carefully** monitoring fourth stage of labour
- Encouraging initiation of **early breast feeding**
- Keeping **mother baby as a unit**
- **KMC** in complex situations
- **Appropriate** Post natal check ups
- **Tender loving care**
- Feedback before discharge
- APPROPRIATE DISCHARGE PAPER
- **Follow ups**

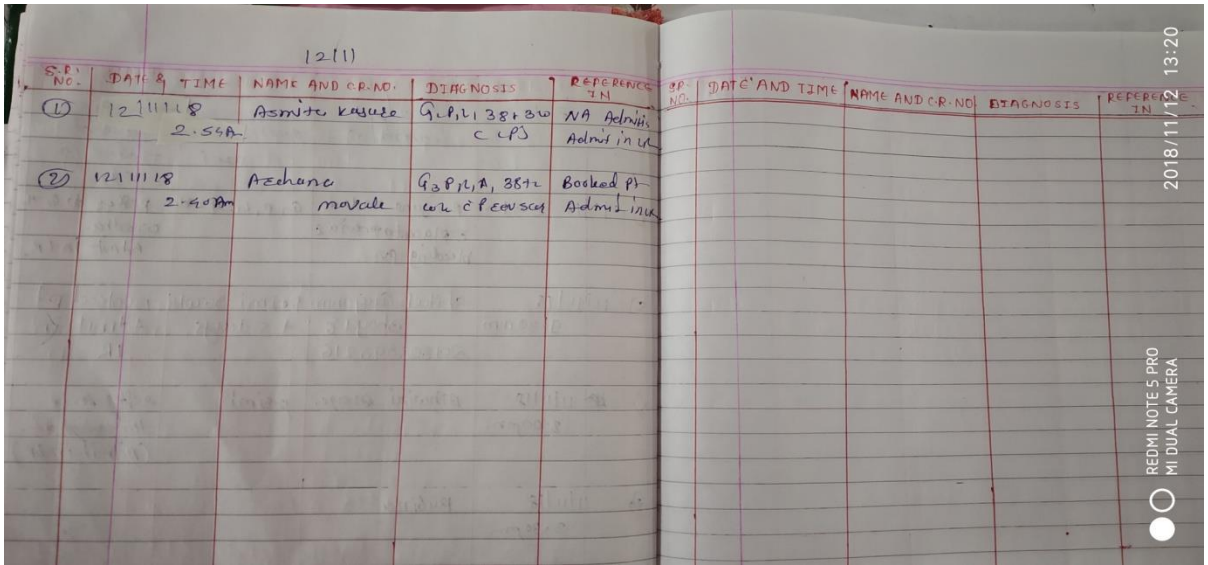
SMHC IN OBSTETRIC EMERGENCIES

- Infrastructure - **Triage, OBS –HDU/ICU**, OT etc
- **Helplines,** buzzers, bells etc
- **Emergency response team**
- Equipments, instruments and consumables – **Prepared kits**
- Transportation policy
- **Protocols** at place
- Check lists available
- **Debriefing**
- **Quality improvement** cycles

DOCUMENTATION – IN SMHC

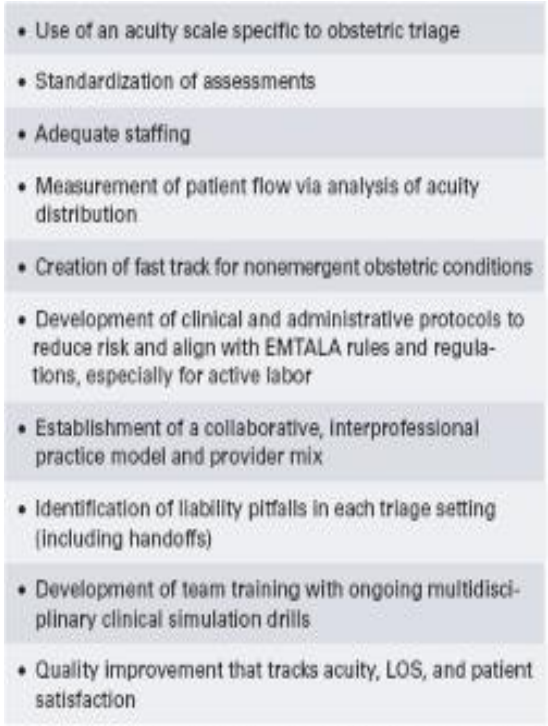






EVIDENCE BASED TECHNICAL & OPERATIONAL PROTOCOLS MANDATORY FOR SMHC

- Color code chart for priority
- Resuscitation guidelines – CAB/ABC
- Obstetrics emergency protocols
- PPH bundle/ Eclampsia bundle
- Infection prevention Protocols
- Emergency team division & responsibilities of each



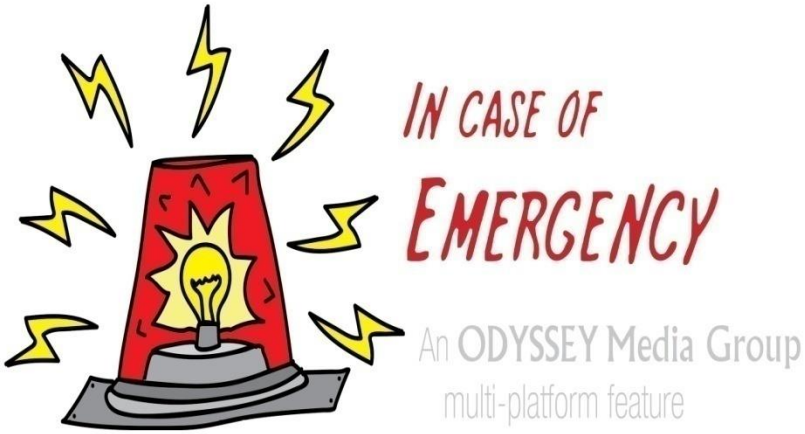
- Use of an acuity scale specific to obstetric triage
- Standardization of assessments
- Adequate staffing
- Measurement of patient flow via analysis of acuity distribution
- Creation of fast track for nonemergent obstetric conditions
- Development of clinical and administrative protocols to reduce risk and align with EMTALA rules and regulations, especially for active labor
- Establishment of a collaborative, interprofessional practice model and provider mix
- Identification of liability pitfalls in each triage setting (including handoffs)
- Development of team training with ongoing multidisciplinary clinical simulation drills
- Quality improvement that tracks acuity, LOS, and patient satisfaction

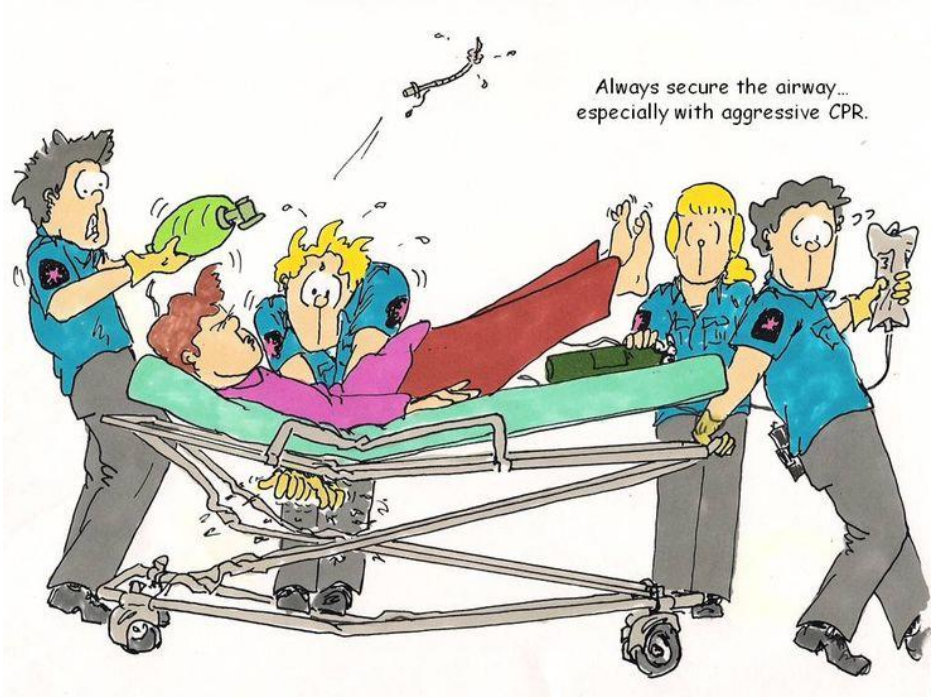
Sources: Angelini, D. J. (1999a); Angelini, D. J. & LaFontaine, D. (2013); Angelini, D. J. & Mahlmeister, L. (2005); Angelini, D. J., O'Brien, B., Singer, J., & Coustan, D. R. (2012); Glass, D. L., Rebstock, J., & Handberg, E. (2004); Kriebs, J. (2013); Paisley, S., Wallace, R., & DuRant, P. G. (2011); Paul, J., Jordan, R., Duty, S., & Engstrom, J. L. (2013); Smithson, D., Twohey, R., Rice, T., Watts, N., Fernandes, C., & Gratton, R. (2013); Ventolini, G. & Neiger, R. (2003)

EVIDENCE BASED TECHNICAL & OPERATIONAL PROTOCOLS MANDATORY FOR SMHC

- Emergency trays – 7 – **MNH TOOL KIT**
- Special beds
- Central suction oxygen
- List of triage equipments , instruments drugs and consumables
- Duty list of doctors and staff
- Checklists: Quality, handover, consumables, equipments
- Training protocols
- Performance charts and
- Monthly statistical sheets

EMERGENCY DRILLS





AUDITS IN MATERNAL HEALTH

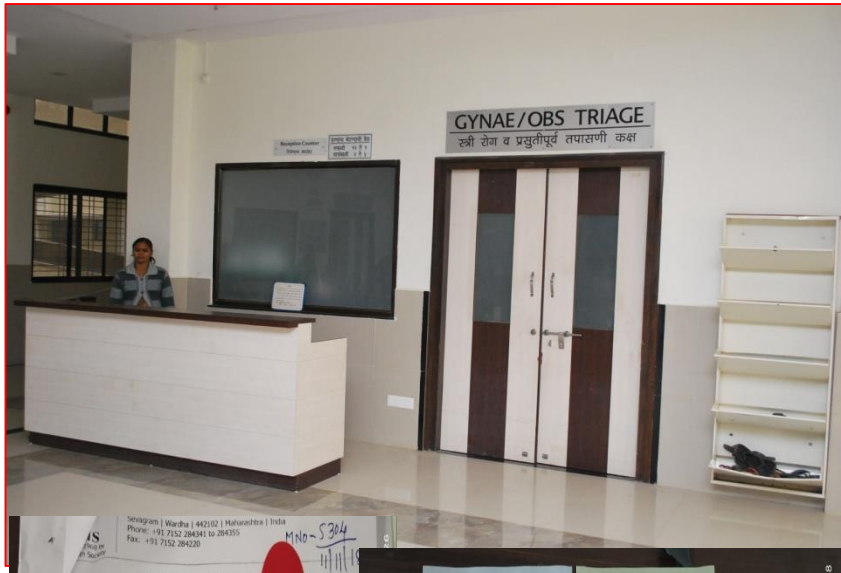
- Facility based MDSR & MNM audits
- CS audits
- SSIs audits
- Referral audits
- Others

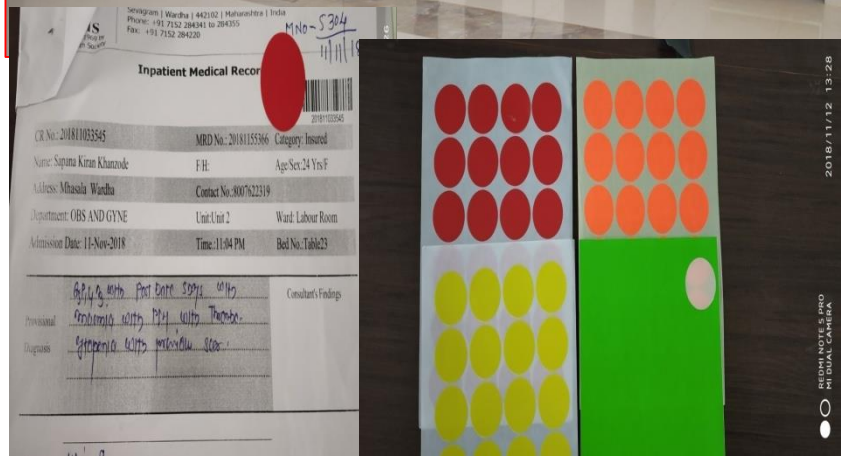
GOVERMENT OF INDIA EFFORTS

- Addressing gaps in care for pregnant women for accelerating pace of decline in MMR – **SUMAN, JSY, JSSK, PMMVY and PMSMA** and many others
- Improving quality of care by integrating respectful maternity care with all services around the intrapartum period – **LAQSHYA**
- Making childbirth a satisfying experience for mother, her family and health care providers- **MERA ASPATAL**
- **Nearly 400 MCH Wing sanctioned for SMHC**

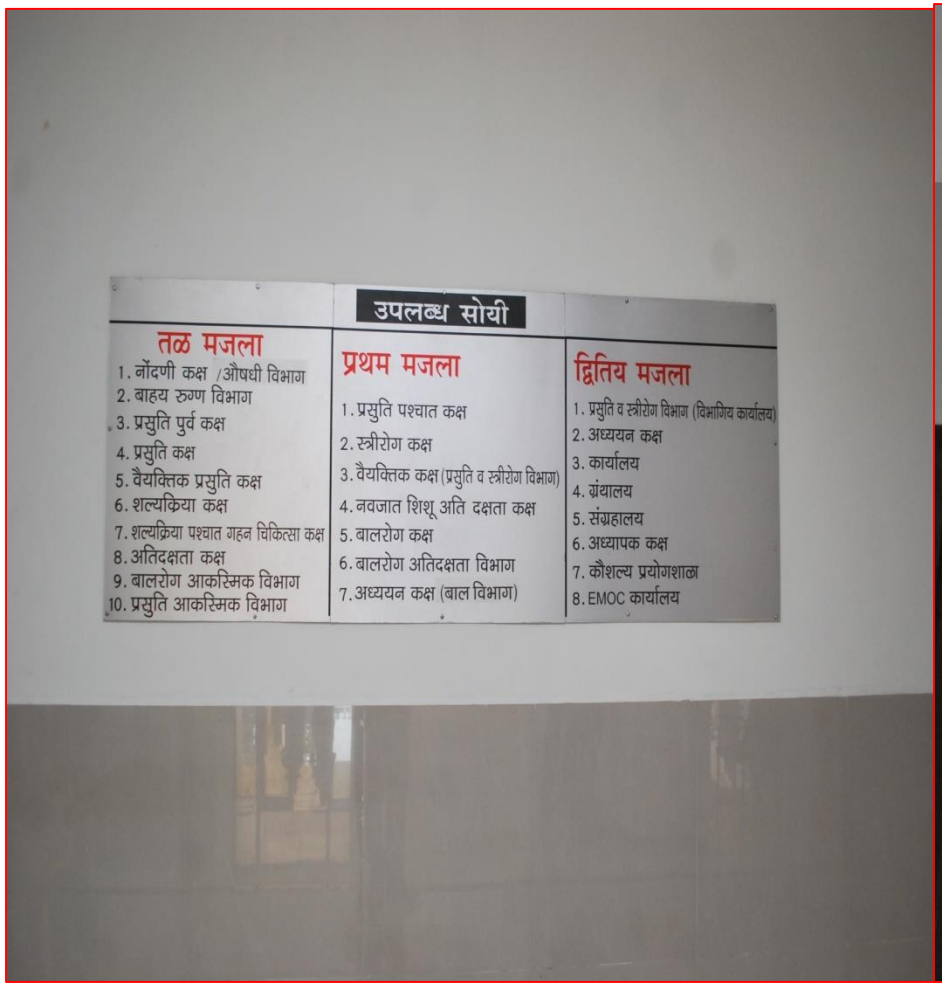
SHARING OUR EXPERIENCE ON SAFE AND RMC

- **INFRASTRUCTURE -** OBSTERTIC TRIAGE





SERVICES AVAILABLE



OPD WITH DIGITAL DISPLAY

ANTENATAL COUNSELING

OPD – INVESTIGATIONS, ICTC

ANTENATAL WARD- HIGH RISK AREA WITH CENTRAL OXYGEN , SUCTION

HIGH DEPENDENCY UNIT AND OBS ICU

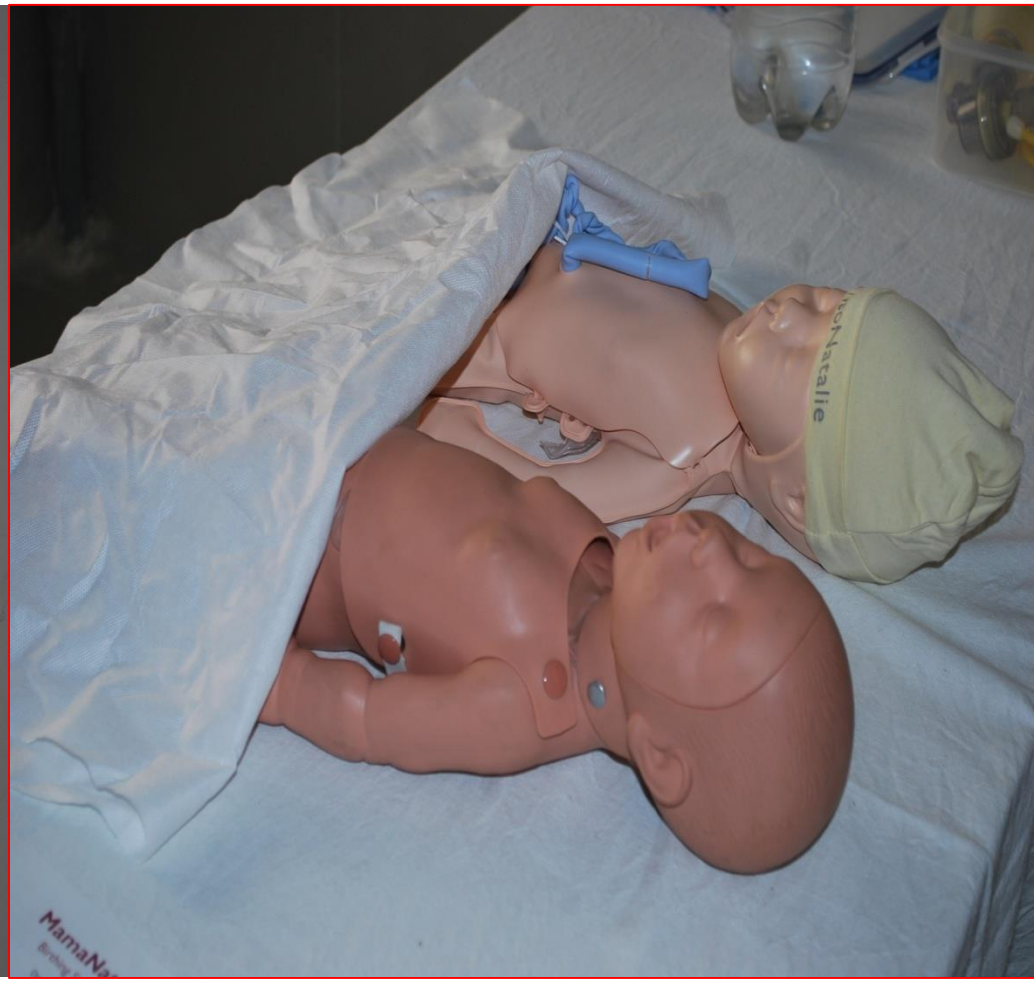
OPERATION THEATRE INTERIOR

LEVEL 1, 2 AND 3 NEONATAL ICU

POST NATAL WARD SKILLS LABORATORY

SUGGESTION BOX

SKILL STATION



PPH Emergency Response

AMTSL

CALL FOR HELP!

First Response Bundle

Uterine Massage

IV Fluids

Uterotonics

Tranexamic Acid

SUPPORTIVE MEASURES

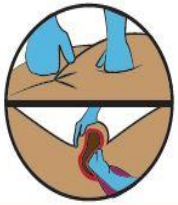
Treat tears

Empty bladder

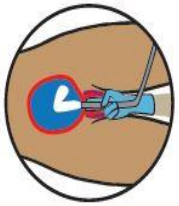
Empty uterus

Refractory PPH Interventions

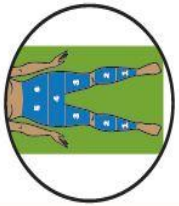
Compression



Uterine Balloon



Anti-shock Garment



SUPPORTIVE MEASURES

Transfusion

Referral

Surgery

ALTERNATIVE BIRTHING POSITIONS

PRELABOUR COUNSELING

BIRTH COMPANION

SMHC BY SYSTEM INTEGRATION AND COMMUNITY INVOLVEMENT

- **Non technical component of RMC**

❑ System integration

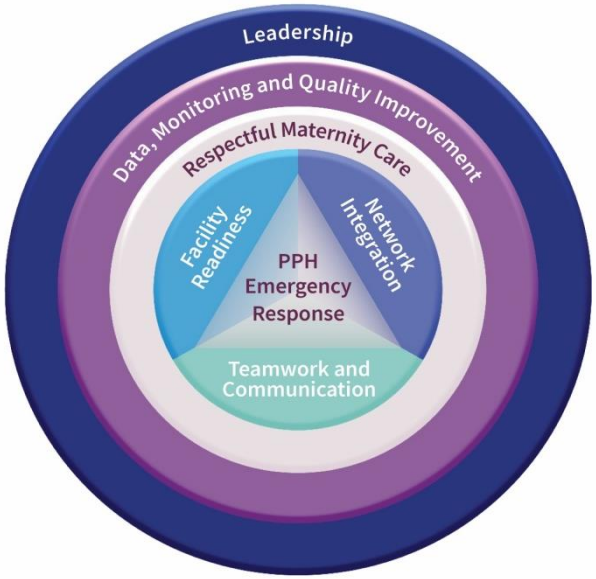
❑ Facility readiness – **referral protocol**

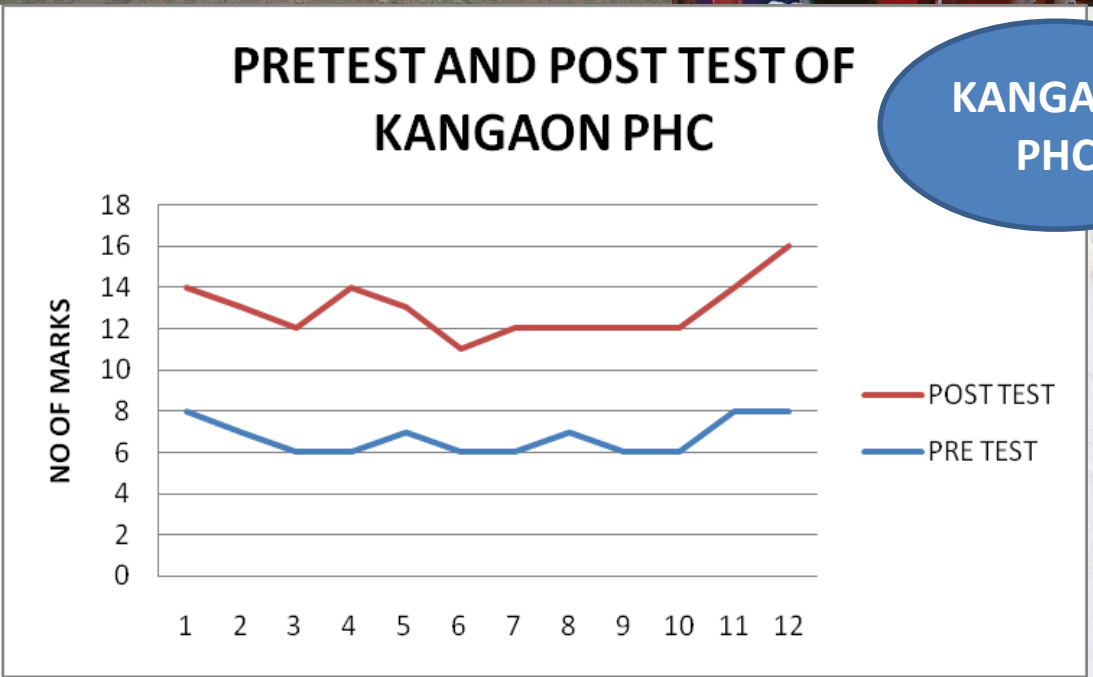
❑ Team work and communication

❑ Quality improvement

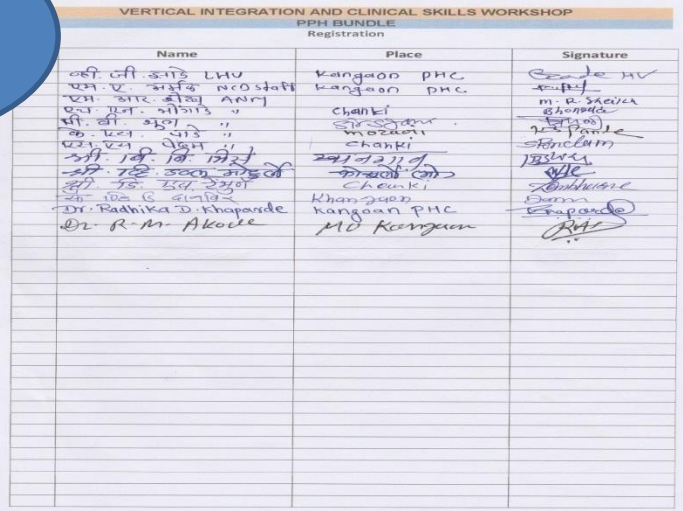
❑ Advocacy and branding

- **Technical component**





KANGAON PHC



VERTICAL INTEGRATION AND CLINICAL SKILLS WORKSHOP
PPH BUNDLE
Registration

Name	Place	Signature
वर्षा जी. झाडे LHV	Kangaon PHC	
एस. ए. अमृतकर NRO staff	Kangaon PHC	
एस. आर. वोरा ANM		
एस. एल. भोंगाडे "	Chanki	
पी. डी. मुळे "		
के. एस. पाटे "	Mozari	
एस. एस. पेंडाम "	Chanki	
	Chanki	
	Khangaon	
Dr. Pallavi D. Khaparde	Kangaon PHC	
Dr. R. M. Akole	MO Kangaon	

ANJI
PHC


VERTICAL INTEGRATION AND CLINICAL SKILLS WORKSHOP
PPH BUNDLE
DEPARTMENT OF
OBSTETRICS & GYNAECOLOGY


राष्ट्रीय
प्रशोष
आरोग्य
अभियान

OUR MOTTO TO PERSUE THE GOAL OF.....

RESPECTFUL MATERNITY CARE:

THE **UNIVERSAL RIGHTS**
OF CHILDBEARING WOMEN

THANK YOU