

ABSTRACT

Sri Lanka has a wide network of health institutions in which maternity services are provided. Ten percent of births occur annually in primary care level institutions in the Kalutara district. An assessment of quality of intrapartum care and immediate postpartum care in institutions where specialized services are not available is an important area to be studied. As this area has not received any attention, this study was undertaken to assess some aspects of quality of intrapartum and postpartum care provided to mothers and to carry out an intervention to assess the effectiveness of the programme to improve care.

A baseline assessment was made on the structure, process and outcome. Physical facilities available for providing care to mothers, knowledge on intrapartum and postpartum care was assessed and information on identified practices and skills of care providers was observed. Outcome of pregnancy, postpartum morbidity and mortality of mothers and newborn were studied in a sample of mothers delivering in these institutions.

Based on the findings of the baseline assessment, an intervention was carried out to improve knowledge, skills and practices on intrapartum and postpartum care among the care providers. Partograph was introduced to improve quality of care provided to mothers. A before and after study design was used to assess the effectiveness of the intervention in improving knowledge, skills and practices among the care providers.

Results showed that the general facilities for providing intrapartum care were satisfactory in all institutions studied. Most of the emergency drugs were available in the emergency tray. However, vital drugs and equipment necessary to manage common obstetric and neonatal emergencies were absent. None of the hospitals had plasma expanders for emergency use.

Availability of MBBS qualified doctors were not satisfactory and only 25% of the Medical Officers have had formal training in obstetrics. Only 25% of health staff had participated in any in-service training programmes. The study revealed the

need to improve the knowledge on care of mother during labour and care of the newborn. Baseline knowledge assessment indicated that the nurses had poor knowledge on care of the mother during labour while midwives had poor knowledge on care of the newborn baby.

Observation of skills in resuscitation of the newborn highlighted that the correct technique was deficient. Skills in delivery of a baby were satisfactory except for preparedness for delivery and care of the mother in labour. Routine activities carried out in the antenatal clinic was satisfactory although “other activities” carried out was not satisfactory.

Monitoring of a mother on admission to the ward was satisfactory although quality of monitoring a mother during labour was unsatisfactory. Postpartum complications such as PPH and retained placenta were managed without transfer to a higher level institution. Health education given on danger signs during postpartum period was poor. Most mothers were satisfied with the care received.

An in – service training programme was carried out to improve knowledge and skills found deficient and partograph was introduced as a tool for monitoring labour. There was a marked improvement in knowledge on care of the mother during labour and newborn baby which was seen in both nurses and midwives. Nurses showed a marked improvement for questions on labour whereas the midwives improved on care of the newborn baby. Post intervention results showed an improvement in skills in neonatal resuscitation.

Midwifery practices showed a marked improvement and there was a three fold increase noted on monitoring of the mother during labour. Health education given to mothers showed a marked improvement after the training programme.

The study revealed the need to improve knowledge, skills and practices of intrapartum and postpartum care. Regular in – service training programmes should be conducted annually to improve quality of care given to mothers. This study clearly demonstrates that by using the partograph, recording of events is routinely carried out and documented and its usefulness in improving quality of care in primary care level institutions where specialized services are not available.