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COVERAGE AND QUALITY OF HOME AND HEALTH FACILITY BASED, MATERNAL AND NEWBORN POST PARTUM / POST NATAL CARE (PPPC) SERVICES IN KRISHNAGIRI DISTRICT, TAMIL NADU, SOUTH INDIA - A COMMUNITY BASED ASSESSMENT

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ABSTRACT

Introduction

Having achieved MDG 4, Tamil Nadu Government is keen to reduce IMR to below 15/ 1000 live births by 2015. Birth Asphyxia (26%), congenital anomalies (20%), Post Asphyxial deaths (14%) and Neonatal Sepsis(11%) account for 70% of neonatal mortality. With 99% institutional deliveries and >95% women staying in health facilities for 48 hours after delivery, the nearly 62% of Birth Asphyxia and 70% of Neonatal Sepsis deaths within 48 hours and after 7 days of delivery respectively, questions the quality of PPPC services. We conducted a study to assess the coverage and quality of home and health facility based PPPC services and describe associated factors in Krishnagiri district.

Methods

Adopting a community based cross sectional study and cluster sampling design, we included recently delivered mothers (28 - within 48 hours; 225 after 8-12 weeks of delivery) and, all available health care providers, from the 15 selected clusters (PHCs). Interviewing mothers and health professionals we collected data on: coverage/ quality of PPPC services, and associated factors e.g. staff, funds, equipment, awareness of danger signals, supervision, time allocation for PPPCs. We calculated proportions, Prevalence Ratios at 95 % Confidence Intervals.

Results

Sixteen percent of mothers received no PN visits. Only 56%, 53% and 36% mothers received PN visits as per IMNCI, GOTN and GOI guidelines respectively; 37% mothers and 18% newborns received all recommended services; 100% mothers unaware of danger signals; nil supervision/documentation of PPPC services; only 12% VHNs aware of IMNCI recommended PN visits.

Conclusions

Both home and health facility based PPPC services need to be strengthening. We recommended refresher training in IMNCI, Skilled Birth Attendant and Essential Newborn Care for VHNs, SHNs, MOs, SNs, monitoring of training quality, supportive supervision and establishing routine postnatal clinics in all PHCs.

KEYWORDS: Post Partum, Postnatal, Infant Mortality, Neonatal Deaths, Supportive Supervision