

## Research Article

# A Study on Evaluation of Laqshay in Andaman

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## I N F O

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## A B S T R A C T

**Background:** Respectful maternity care plays a major role in maintaining wellbeing of the mother and newborn, and ensures positive cognitive and emotional development of the babies later in life.

**Objectives:** Aim and objective of the study states to evaluate the implementation of respectful maternity Care and to evaluate the implementation of new born care guidelines in laqshay.

**Materials and Methods:** A cross sectional study was designed to meet the objectives on this study between January to April 2019 using a structured questionnaire.

**Result:** 95% of study population were not allowed to walk or change position during labour. Around 56.7% reported that direct pushing was done. Only 22% of mothers were allowed to choose their position of comfort. None were allowed to have a birth companion and all mothers were ensured privacy during labour.

**Conclusion:** Repeated counselling/ reinforcement to the staff members and surprise frequent visits by authorities concerned to the labour room will still improve the respectful maternal care.

**Keywords:** Babies, Laqshay, Maternity

## Introduction

Government of India has launched "LaQshya" (Labour room Quality improvement Initiative) to improve quality of care in labour room and maternity operation theatres in public health facilities. It's a multipronged approach focused at Intrapartum and immediate postpartum period.

There has been a significant increase in the number of institutional deliveries after the launch of the NHM. But this increase has not led to expected improvement in maternal and neonatal health indicators.

Approximately 46% maternal deaths, over 40% stillbirths and 40% new born deaths take place on the day of the delivery. Pregnant women often undergo rude and uncourteous treatment at the health facilities.

Respectful maternity care defined as "respect for women's autonomy, dignity, feelings, privacy, choices, freedom from ill treatment & coercion and consideration for personal preferences including option for companionship during the maternity care" not only contributes in ensuring positive outcomes for the mothers and new-borns, but also supports cognitive development of the babies later in the life.<sup>1</sup>

Laqshay program has been implemented by the Government of India under National Health mission to provide a transformed care during postpartum period to both mother and the newborn. Determinants impacting health and wellbeing of mothers & new-borns during the intrapartum & immediate post-partum period. Corrective actions including emotional support have been enlisted. This study has been planned to evaluate the changes in implementation of that transformed care.<sup>1,2</sup>

## Aims and objectives

Aim and objective of the study states:

- To evaluate the implementation of respectful maternity Care
- To evaluate the implementation of new born care guidelines in laqshay

## Materials and Methods

A cross sectional study was designed to meet the objectives on this study. The study was conducted between January to April 2019 in the Obstetrics unit at GB pant Hospital, ANIMS, Port Blair. Postpartum mothers on the day of their discharge (after getting their discharge summary) were interviewed using a structured questionnaire regarding the above-mentioned objectives. The Participants were briefed about the objectives of the study and data collected after obtaining a written informed consent. The participants were also assured of the confidentiality of the information.

The data collection tool used for the study was an interviewer administered questionnaire which comprised only of the components of the program. All data were

entered in excel spread sheet, analysed and interpreted in term of frequencies and percentages. SPSS software was used for find the associations between the variables. Ethical clearance for the study was obtained from the hospital Institution Ethics Committee before the commencement of the study.

## Result

Around 51% of study population were in the age group of 20-25 years. Around 80 % of study population were either Primigravida or second gravida (Table 1).

Table 2 shows that, 95% of study population were not allowed to walk or change position during labour. Around 56.7% reported that direct pushing was done. Only 22% of mothers were allowed to choose their position of comfort. None were allowed to have a birth companion and all mothers were ensured privacy during labour. Around 75% of mothers were motivated for early initiation of breast feeding. Around 60% reported that frequent vaginal examination was done. 30% of mothers reported they had encountered verbal and physical abuse during parturition. 4.42% were compelled to do out of pocket expenditure.

**Table 1. Distribution of study population according to age group and gravida status**

Age group (years)	Primigravida No (%)	Gravida 2 No (%)	Gravida 3 No (%)	>3 No (%)
<20	38(20.54)	21(14.78)	0	0
20-25	113(61.08)	69(48.60)	12(24)	1(14.28)
25-30	29(15.68)	21(14.79)	5(10)	3(42.86)
30-35	4(2.16)	27(19.02)	21(42)	1(14.28)
>35	1(1.08)	4(2.81)	12(24)	2(28.56)
Total	185	142	50	7

**Table 2. Distribution of the Study population according the Respectful Care Objectives of LAQSHAY Program**

S. No.	Parameter assessed	Yes		No	
		Frequency	Percentage	Frequency	Percentage
1.	Encouraged you to walk, change position in labour room	19	4.95	365	95.05
2.	Did direct pushing	218	56.77	166	43.23
3.	Allowed to choose position of comfort for birthing	22	5.73	362	94.27
4.	Allowed to have a birth companion during labour	0	0	384	100
5.	Was motivated and assisted in early initiation of breast feeding	287	74.73	97	25.27
6.	Frequent vaginal examination was done	231	60.15	153	39.85
7.	Privacy was provided during intrapartum period	384	100	0	0
8.	Was the baby placed on your abdomen	104	27.08	280	72.92
9.	Verbal and physical abuse during intrapartum	118	30.72	266	69.28
10	Did few out of pocket expenditure	17	4.42	367	95.58

## Discussion

Worldwide, about 140 million women give birth every year. Whilst much is known about the clinical management of labour and childbirth, less attention is paid to the post-partal medical advice, so as to make women feel safe, comfortable and positive about the experience.

Recent years WHO and Indian government emphasises on respectful maternal care not only for ensuring positive outcomes for the mothers and new-borns, but also supports cognitive development of the babies later in the life.

Providing RMC is a human right-based approach to reduce maternal morbidity and mortality. RMC can improve the experience of labour and childbirth, thereby assuring equality of health.<sup>2-4</sup>

In spite of all the measures taken, still 95% of mothers were not allowed to walk or change position. Only 22% of mothers were allowed to choose their position of comfort. Gupta et al<sup>5</sup>, in his systematic review has clearly demonstrated the need for choosing their own position of comfort. Salvatore et al<sup>6</sup> in Italy and Jonge et al<sup>7</sup> from Netherlands have also demonstrated similar results.

Though WHO Recent evidence suggests that direct pushing has no added advantage compared to spontaneous delivery,<sup>8</sup> 57% of mothers reported direct pushing.

A meta-analysis done on 51 studies from 22 countries, showed that labour companions contribute significantly in supporting mothers, by providing good care and assistance during the process of parturition and aid in bridging communication between mother in labour and the health care providers.

Birth companions provide emotional support and encouragement to maintain mobility during labour, along with non-pharmacological pain relief measures like massage and meditation.<sup>9,10</sup> Inspite of which none were allowed to have a birth companion.

Initiation of breast feeding within one hour of birth gives the newborn the best chance to survive, grow and develop to their full potential, making it an irreplaceable element of essential newborn care. Early initiation and better breastfeeding practices could save the lives of more than 800,000 children under 5 every year, the vast majority of whom are under six months of age. Beyond survival, there is growing evidence that breastfeeding boosts children's brain development and provides protection against overweight and obesity.<sup>11,12</sup> In our study, 25% of mothers reported late initiation of breast feeding. 97 mothers reported that initiation of breast feeding was delayed. Of these 97 mothers around 85% underwent caesarean section and hence the initiation was delayed.

In spite of repeated training and counselling, 30% have

reported verbal and physical abuse and 60% reported frequent vaginal examination. WHO recommendation insists on restricting the frequency and total number of vaginal examinations. This is particularly crucial in situations where there are other risk factors for infection (e.g. prolonged rupture of amniotic membranes and long duration of labour).<sup>13</sup>

## Recommendation

Even after two years of implementation of Laqshay, still few parameters has to been improved. Repeated counselling/ reinforcement to the staff members and surprise frequent visits by authorities concerned to the labour room will still improve the scenario.

**Conflict of Interest:** None

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