Post Graduate Institute of Medical Education & Research

Respectful Maternal Care Advocacy in Punjab

REPORT 2019-20

Department of Community Medicine and
School of Public Health, PGIMER

Centre for Catalyzing Change
Formerly CEDPA India

THE WHITE RIBBON ALLIANCE
HEALTHY MOTHERS

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Executive Summary

Introduction

Pregnancy and childbirth is one of the most awaited and cherished moment in a woman's life. This period of nine months is full of hope and dreams for a new life but also a time of intense vulnerability for the childbearing woman. Hence, the concept of "safe motherhood" is beyond a mere concept of maternal mortality and morbidity. It is physical as well as psychological safety encompassing respect for women's basic human rights. Globally, the number of maternal deaths has declined in the past two decades and India has also progressed on this front (World Health Organisation[a], 2016) but with the access to maternal health care services, the quality of care should not be undermined. It has been found that high institutional birth is inadequate to reduce maternal mortality ratio without improving quality of care at health facilities (Randive, Diwan, De Costa, 2013). While the National Rural Health Mission has succeeded in improving access to maternal health facilities for women in India, much needs to be done to improve the experience and quality of care in institutional facilities (Nair & Panda, 2011). To improve maternal health outcomes, the quality improvement initiatives in maternity care are indispensable (Sarin, et al., 2017).

Evidence all over the world suggests that disrespect, abuse, perceived poor quality of care and fear of discrimination during childbirth are key barriers to women seeking facility based care (Bohren, et al., 2014; Kujawski, et al., 2015). Studies and reports globally (Bohren, et al., 2015; Chadwick, Cooper, & Harries, 2014; McMahon, et al., 2014; Human Rights Watch, 2011; D'Ambruoso, Abbey, & Hussein, 2005) have also documented mistreatment, neglect, abuse and disrespect that women face in healthcare institutions. In 2010, Bowser & Hill classified disrespectful and abusive care into seven categories i.e. physical abuse, non-consented clinical care, non-confidential care, non-dignified care, discrimination, abandonment and detention in health facilities. In 2011, the White Ribbon Alliance published a document on the rights of childbearing women- Respectful Maternity Care Charter: The Universal Rights of Childbearing Women (White Ribbon Alliance, 2011). In 2014, WHO published a statement to reaffirm every woman's right to dignified and respectful care (World Health Organisation, 2014). In 2015, a systematic review by Bohren, et al. (2015) supplemented it highlighting a failure to meet professional standards of care, poor rapport between women and providers, and health system constraints. In 2016, WHO published new guidelines to improve quality of care for women in institutional maternal healthcare. This statement placed focus on ensuring respectful and dignified care (World Health Organisation[b], 2016). Respectful maternity care is a universal right of a childbearing woman and Governments all over the world are supporting this initiative.

Background

The project on Respectful Maternity Care Advocacy in Punjab was initiated in December 2016, when researchers at the School of Public Health (SPH), PGIMER with support from White Ribbon Alliance India (WRAI) and MacArthur Foundation undertook a qualitative research study on Respectful Maternity Care in one district of one north Indian state. In the first stage,

evidence for prevalence of disrespect and abuse was gathered from the state. A Masters in Public Health student, under the guidance of the Principal Investigator and Co-Principal Investigator of the WRAI and Mac Arthur Foundation funded research study, undertook a mixed methods research into Respectful Maternity Care in another state of northern India. Together, these studies gathered evidence on RMC at the primary, secondary and tertiary care level. On 25th January 2018, a stakeholders' meeting was organized by SPH-PGIMER and WRAI in Chandigarh. The stakeholders' meet saw participation from stakeholders from two states and one union territory in north India of the heads of department of gynaecology and obstetrics of government medical colleges, staff of government nursing college, government maternal health program officers, government doctors, academicians, students and civil society members.

The evidence generated was a huge impetus in leading forward a movement on respectful maternity care in India. The Government of India started a policy initiative on quality improvement of the labour rooms across country through “Laqshya” program making respectful maternity care an integral part of it. The call to action after generating evidence on disrespect and abuse in the state led to the formation of second phase of the project.

The second phase of the project started in June 2019 with a participatory action research approach. This approach emphasizes participation and action wherein through collaboration and reflection the changes needed can be made. Concerned stakeholders participated to formulate certain interventions in order to curb the practice of disrespect and abuse in the facility. The intervention site chosen was Department of Obstetrics and Gynaecology, PGIMER, Chandigarh. This report provides a detailed account of the interventions, the actions proposed and taken during this phase of the project. The primary target group of this project were the Doctors, Residents and Nurses in the Department of Obstetrics and Gynecology, PGIMER. The secondary target group included Security Staff and Sanitation and Hospital Attendants deputed in the Department of Obstetrics and Gynecology, PGIMER. Hence, efforts were made to involve all the service providers who come into the contact of the patient and their families.

Orientation & Consultation Meetings

a. Consultation meetings with consultants and facilitators

A number of consultation meetings were held regularly to understand the concerns of various stakeholders. Given below is summary of the meetings held during 2019-20 and the action taken.

The objective of the consultation meeting with the consultants, facilitators and respective incharges was to brainstorm and pinpoint the areas of concern to formulate intervention programs and workshops for the necessary behavioral change among service providers.

Consultation meetings were held on the following dates:

- 13th July'2019
- 17th July'2019
- 31st July'2019
- 18th September'2019
- 14th October'2019
- 6th November'2019
- 4th December'2019
- 18th December'2019
- 12th March'2020

A brief summary of each meeting is presented date-wise in the pages that follow.

Consultation Meeting 13 July 2019

Participants:

Dr.Manmeet Kaur, Professor, Health Promotion, Dept. of Community Medicine and School of Public Health, PGIMER, Chandigarh

Dr.Madhu Gupta, Professor, Dept. of Community Medicine and School of Public Health, PGIMER, Chandigarh

Ms. Inayat Kakar, Former Senior research fellow, Dept. of Community Medicine and School of Public Health, PGIMER, Chandigarh

Dr.Guneet Singh, Senior research fellow, Dept. of Community Medicine and School of Public Health, PGIMER, Chandigarh

Discussions Points

Discussion on IEC Material - A booklet in English and Hindi on the ante natal care was proposed, also a need was felt to give an orientation to the pregnant woman on the self management techniques like breathing exercises during labour. For self reflection, need to prepare a self evaluation checklist and making a video, where doctors in emergency ward are trying to evaluate what good or bad happened and reflecting upon it was discussed. Plans to hold the first workshop on training of trainers (TOT) on respectful maternity care was discussed and a meeting for the same with the Head of the Department of Obstetrics and Gynaecology, PGIMER was deliberated upon. A need to get in touch with the resource persons - Dr Nomita Chandiok to coordinate for the upcoming workshop in August.

Action Taken

- The booklet by National Health Mission and UNICEF on Ante natal care procured (Appendice 7,8)
- IEC Videos – breathing exercises suggested for putting up at ANC clinic (Page no. 22)
- Making video of the emergency ward and of the doctors not suggested as feasible
- A meeting to discuss the Training of trainers (TOT) plan with the Chairperson of the department was fixed.
- Checklist for self evaluation for self reflection was prepared
- Meeting with Dr. Nomita Chandiok fixed

Consultation Meeting 17 July 2019

Participants:

Dr. Vanita Suri,
Head of the Department, Obstetrics and Gynaecology, PGIMER, Chandigarh

Dr. Pooja Sikka, Professor, Obstetrics and Gynaecology, PGIMER, Chandigarh

Dr.Guneet Singh
Senior research fellow, Dept. of Community Medicine and School of Public Health, PGIMER, Chandigarh

Discussion Points

Training of trainers workshop for one day was planned for the consultants, residents and nursing officers of the Department of Obstetrics and Gynaecology, PGIMER. The training workshop sessions were planned to split with Dr. Nomita addressing some of the sessions of consultants and residents while Mrs. Evelyn taking some sessions of nursing officers separately. Plan for the same to be scheduled tentatively for mid August.

Action Taken

- A date was fixed as per the convenience and availability of the concerned stakeholders and of the facilitators.
- Coordinated with the facilitators of the workshop – Dr. Nomita and Mrs. Evelyn and meeting to meet them in Delhi for further discussion fixed.

Consultation Meeting 31 July 2019

Participants:
Dr. Nomita Chandhiok
Consultant, Indian Council of Medical Research (ICMR), Delhi

Mrs. Evelyn P.Kannan
General Secretary, The Trained Nurses Association of India (TNAI), Delhi

Dr.Guneet Singh, Senior research fellow, Dept. of Community Medicine and School of Public Health, PGIMER, Chandigarh

Discussion with Dr. Nomita

The discussion was held on the content of the workshop, emphasizing more on the role plays, brainstorming sessions, amongst other activities during the workshop. The expected outcome of the workshop was planned as to develop a sense of ownership amongst the faculty making it as a mentorship program and formulating an action plan on how to carry it forward.

Discussion with Mrs. Evelyn

She shared her plan on giving an orientation to the nursing officers by sharing her life experiences as a midwife, community health worker, as a nurse in missionary hospitals and as a nursing teacher. The session would focus more on the sharing, discussion and reflecting upon the experiences on all the domains of respectful maternity care. The significance of nursing as a profession and how speaking politely, the verbal reassurance and the gentle touch means so much. Emphasis on monitoring mechanism and feedback will be there.

Action Taken

- The planning, initiation and implementation of the workshop was held.
- Logistics, resource material, proceedings of the workshop was taken care of.

Consultation Meeting 18 September 2019

Participants:
Dr. Pooja Sikka, Professor, Obstetrics and Gynaecology, PGIMER, Chandigarh

Dr.Guneet Singh
Senior research fellow, Dept. of Community Medicine and School of Public Health, PGIMER, Chandigarh

Discussion Points

Discussion on feasibility of having a birth preparedness clinic was done, wherein health education on birth preparedness and the whole process could be briefed to the patient. Once a month from 2.30-5pm, birth preparedness on lines of logistics issue they can encounter in PGI and familiarization with the room, location, security guards, blood bank can be done. Orientation to the high risk and low risk patients could be done accordingly with the help of medical social worker

Action Plan

- Proposal for birth preparedness prepared and sent for review (Page no. 39)
- Consent for birth preparedness clinic could not be given due to logistics, feasibility and workload issues

Consultation Meeting 14 October 2019

Participants:
Dr.Manmeet Kaur,
Professor, Health Promotion, Dept. of Community Medicine and School of Public Health, PGIMER, Chandigarh

Dr. Pooja Sikka, Professor, Obstetrics and Gynaecology, PGIMER, Chandigarh

Dr.Guneet Singh
Senior research fellow, Dept. of Community Medicine and School of Public Health, PGIMER, Chandigarh

Discussion Points

The discussion was held on making a proposal for request for the funds from the Ministry of Health and Family Welfare, Government of India. The need for having an assessment of the residents on their current knowledge on respectful maternity care was felt. A workshop exclusively for the residents was planned where interaction with them for atleast one hour on respectful maternity care can be done. The formulation of self evaluation checklists was done after review. Posters on respectful maternity care designed.

Action Plan

- For assessment of residents - Pre and post assessment questionnaires were administered in the resident s workshop held on 4.11.2019 (page no. 36)
- The posters were designed, printed and given to the department of obstetrics and Gynaecology for review.

Consultation Meeting 6 November 2019

Participants:
Mr. Ravi Dutt Sharma
Incharge, Hospital and Sanitation Department, PGIMER, Chandigarh

Mr. P.C.Sharma
Incharge, Security Department, PGIMER, Chandigarh

Dr.Guneet Singh

Discussion Points

A workshop for 50- 60 HA/SA staff workers and for the security guards deputed in the Gynaecology deptt was planned. Information on their shift timings and strength was taken from their respective incharge as well as feasibility of conducting the same. The major issues coming in the department and their concerns were discussed.

Action Plan

The list of HA/SA staff and security guards deputed in the Department of Obstetrics and Gynecology procured.

Planning for workshop of HA/SA staff workers and of security guards

Planning for workshop of HA/SA staff workers and of security guards

Consultation Meeting 4 December 2019

Participants:
Dr.Manmeet Kaur,
Professor, Health Promotion, Dept. of Community Medicine and School of Public Health, PGIMER, Chandigarh

Dr. Madhu Gupta
Professor, Dept. of Community Medicine and School of Public Health, PGIMER, Chandigarh

Dr.Guneet Singh

Senior research fellow, Dept. of Community Medicine and School of Public Health, PGIMER, Chandigarh

Discussion Points

Follow up on the proposal to the ministry requesting funds was held. Dr. Pooja Sikka took the initiative and discussed for its inclusion in the State PIP. The residents workshop report review was done. The need for a workshop for the security guards and HA/SA staff was felt and was planned on tentatively first week of December. A workshop on communication for the consultants, residents and nursing officers of the department to be taken by Dr. Gita Mehta from USA was deliberated upon.

Action Plan

- Funds from the Ministry – Dr Pooja had a discussion with Dr Goswami on same but due to certain glitches the proposal could not work out. Inclusion for the same in the budget of the Centre rather than of the State would have been more workable.
- Resident workshop sent for review
- Coordinated for workshop for security guards and HA/SA staff with their respective incharge
- Communication workshop with Dr.Gita was planned

Consultation Meeting 18 December 2019

Participants:
Dr. Pooja Sikka, Professor, Obstetrics and Gynaecology, PGIMER, Chandigarh

Dr.Guneet Singh
Senior research fellow, Dept. of Community Medicine and School of Public Health, PGIMER, Chandigarh

Discussion points

The Information, education and communication (IEC) material for display at the ANC clinic was discussed. The content of the same was decided to be procured from the National Health Mission, Govt. of India website. The date to hold a workshop on communication with Dr. Gita in January was shortlisted. The list of signages to be marked on the walls was narrowed down upon. Statement of Purpose (SOPs) of HA/SA staff and security guards to be procured before the training workshop.

Action Plan

- The content from NHM website was procured and handed over to the Incharge ANC clinic and to Dr. Pooja for review.
- RMC posters were displayed in the labour room
- SOP's procured from concerned departments
- For signages – the concerned department denied the significance of it in the Nehru building. For putting up at the ANC clinic, the consent is due.
-
-

Consultation Meeting 12 March 2020

Participants:
Dr. Pooja Sikka, Additional Professor, Deptt. of Obs and Gynae, PGIMER
Dr. Bharti Sharma, Consultant, Deptt. of Obs and Gynae, PGIMER
Dr. Guneet Singh, Senior research fellow, RMC Project, DMCSPH, PGIMER

Discussion points

A meeting to discuss on sustainability of respectful maternity care and a research study to be done in labour room to ensure its sustainability in the department was held. For the sustainability of RMC, identification and making unit heads as advocates from the Department of Obstetrics and Gynaecology, PGIMER was held. A formation of labour room RMC club/society in the department having a meet once in a month to set things in a lighter note was deliberated upon. It could further be extended to GMCH 32, GMH16 as RMC Chandigarh society. Editorial or Journal on RMC can also be introduced and also setting up a RMC fund where some money from every staff member of the department like Rs.100/- on monthly basis can be done. Setting up of Noise free labour room - Epidural to be given (pre requisites - an anesthesiologist, one dedicated room is needed). Steps to be taken to promote RMC in the labour room like modifying the name of labour room as Respectful maternity labour room, looking at the possibility of delivery tables to be modified for the squatting position, having an RMC clinic/Counselling/Bereavement room for pre-induction counseling room, medical social worker to be deputed/one psychiatrist/psychologist, SR/JR from DCMSPH on rotation basis was discussed.

Action Plan

Measures on sustainability could not be taken due to COVID19 pandemic

b. Preliminary observations at the Ante-Natal clinic (ANC) and Labour Room visits before the onset of interventions

ANC clinic

- No introduction by doctors/nurses/staff to the patient
- The health care providers do not introduce themselves unless they are asked by the patient
- No consent/ informing the patient about the process/steps to be taken

Observation of Labor Room

- Sharing of bed with other patient
- No choice of birthing position
- No choice of birthing companion (due to limited space, non-compliant patient companions, mobile usage - they shall start taking photos)
- Practice of skin-to-skin contact of child-mother within one hour of delivery not observed
- Put screens/curtains only when they get conscious of someone checking - it is not observed as a protocol
- Talking rudely to patients, new residents learn this kind of behaviour through peers
- Patients are not duly informed/not aware of their rights
- Lack of inherent passion, feel good factor behind doing the work due to lot of hectic work and study routines and workload
- Sanitation workers/ SA/HA workers They are most likely to get engaged in work when they are being observed.

D&A categories observed

- Privacy and confidentiality – Curtains were not drawn
- Lack of consented care - Episiotomy was done and the patient was not informed. It was done something very spontaneously.
- Lack of informed consent
- Verbal abuse

Systemic and other issues like space constraints, human resource shortage and lack of management of the human resource was observed. Solutions like any better way to filter the ANC patients? Detection of non-communicable diseases at the PHC levels would help reduce lot of workload. Lot of referrals from other govt. hospitals also needs to be looked into.

Participatory Programs

From the period of July 2019 till March 2020, five Training of Trainers Programmes were organized that brought insight into strengthening the mission of Respectful Maternal Care.

The Reports of each of these programmes are attached in Appendices.

Appendix

1. Training of Trainers on Respectful Maternity Care
2. Training of Residents
3. Training of Senior Nursing Officers
4. Training of HA/SA staff and Security officers
5. Training on Communication for residents, consultants and nursing officers

Key Recommendations

Respectful Maternity Care is a universal human right that is due to every childbearing woman in every health system around the world. Key recommendations that emerged during the workshops and discussions with the stakeholders were:

Systemic issues to be addressed:

- Supplies – Lack of supplies and the need for fixed and disposable resources. The need for an Ayushmaan dispensary
- Birth companion - suggested for female in advanced labor and for supervised female only. The need for sensitization of CLR team was felt and was held as an immediate concern.
- Concept of *Badhai* - To reduce money offerings by 50% in 6 months to the staff. It should be taken care of by the CLR sister incharge and to take assistance from resources like staff, security guard, patient, cctv camera. To act as watchdogs for complaints on any money offering as 'badhai' on birth of a child. A stringent punishment should be made and enforced for the ones who practice it.
- Funds - Innovative ways to generate funds for poor patients
- Forming a watsapp group with the name of "what is needed" and any need or lack of facility and resources should be communicated.
- Facility for patients - Information for the patients who need to know where to take things from. List of things can be made and displayed beforehand on what to be taken and from where in the facility.
- Wastage - To keep a tab and make efforts on avoiding stationary and paper being wasted.
- For HA/SA staff- Dress code differentiation should be there as per the unit in the department allocated

- Feedback - To place suggestion box for feedback from the patients

Infrastructural aspects:

- **Space constraints** - Lack of waiting halls. No space for drying clothes for mother's at the long stay of mothers. Bigger labour rooms are needed or two labour rooms can be made. Due to limitation of space and beds in the labour room and post-natal wards, pattern similar to AIIMS could be followed where ANC OPD is closed as only high risk patients are catered.
- **For privacy** - the use of curtains in OB II in CLR was suggested, 30-40% usage for females in active labor. Timeline for the same to be kept as 3-4 months and is a onetime activity.
- **IEC Material**
    - Posters - No violence policy, on birth companion, advantages of upright position for birthing and displaying birthing positions.
    - Smiling faces or emojies if allowed by the people managing the labour room
    - Nice instrumental very light music to be played in labor room.
    - LED display for post-partum patients on various self care practices. Doctors can make an impact through their own videos convincing, teaching and creating awareness among people. Videos can be made in Hindi and Punjabi and this can be played on the LCDs in the hall.
    - Handouts
- **Informed consent**
    - translation from English to Hindi and Punjabi
    - for information on important issues related to pregnancy, creating awareness on consent and for other procedures in the ANC.
    - to be put up at the notice boards
- **Signages** - Putting the right signage so that the patients are able to identify labs, and various rooms they may need to pay the visit to.
- **Additions** - Need for a squatting bar to try alternative birthing positions in the labour room. One room in the OPD where medical social worker can counsel and explain to the patient, a birth preparedness day/week can be implemented.

On Human Resource front:

- **SOPs** - Job roles are not defined, nurses
- **Protocols** for the same should be developed and to make sure that they are implemented. Terms of reference for medical social worker who can facilitate and help the residents with counseling the patients, filling up the consent forms and similar work.
- **SOPs** for every consent form on similar pattern to those observed in Aurangabad are needed.

- **Manpower**
    - Need of more manpower (shortage of HA/SA staff)
    - Kitchen HA staff to distribute food in the labour room like done in emergency and other wards.
    - Rotation of HA/SA staff in the labour room to be done after every six months (some are deputed there for years)
    - Need for more human resource like a counselor/medical social worker for explaining informed consent, lab. technician, ventilator technician.
    - Management of the human resource – increasing number of residents to be deputed in the labour room or making different teams.
    - A need for data entry operator who can help with the census work.
- **Teamwork**
    - Need for teamwork
    - Team rounds where doctors, nurses and health care workers work together as a team and address the issues concerned

On Behavioural Aspect:

The cultural and behaviorial changes are the biggest challenges to bring about sustainable changes in any organization. Therefore, there is a dire need to undertake regular intervention including:

- Behavioral and team management training and workshops (once every month or once in three months)
- Identification of local champions, personal aspirations, and positive attitudes.
- Every consultant to act as a mentor.
- A combined meeting of doctors and nursing staff was proposed so as to understand the problems faced by various categories of health care providers
- Self management
- Self monitoring- *why did I behave in a manner that I did?*
- The need for self evaluation and reflection
- To take an active and not a bystander role if one encounters disrespect and abuse by a colleague or anyone in the staff
- A resolve to change oneself through self evaluation when wrong and not showing anger at all even if it is one's own fault.
- Try doing your duty as per the protocol
- Developing a conducive environment for self awareness and reflection

Prevalent practices that need to be challenged and corrected

- Patient to be called by their name and not as 'beta' or 'beti'
- Stopping the practice of fundal pressure
- Inserting Copper-T without consent is a violation of reproductive rights and should not be followed. There should be informed consent for every procedure administered.
- Ensuring the birth rights of the childbearing woman and avoiding those terminologies that are anxiety provoking.
- Certain protocols of communication like greeting the patient or introducing when the patient arrives should be practiced.
- The unspoken assumptions and premises which are part of learning environment and how it affects our learning and educational abilities
- The need to create a safe learning environment where we can say I don't know is important
- Getting feedback from the patient, issues on learning and help them cope
- Acknowledging patient rights and understanding their issues, Gaining patient trust

These practices need to be incorporated

- Dissertation on birthing positions and birth companions can be done by the residents as part of their academics.
- Motivational training for the residents
- Communication to be more relationship oriented
- Lack of feeling for belongingness
- Self-evaluation and peer-evaluation practices on regular basis.

Interventions Implementation

Based on the outcome of the participatory programmes, certain interventions were implemented which included :

- Designing and Production of various IEC material including
    - Posters on RMC in English and Hindi
    - Booklet on Safe Motherhood in English and Hindi
    - Selection of videos for display in the ANC Clinic
    - Signage in ANC
    - RMC Charter in Punjabi
    - Oath/Prayer for RMC
    - Self-Evaluation Checklists for service providers
    - Pre- and Post-Assessment Questionnaire on RMC

Posters

Posters were designed for ANC clinic and Labour Room as reminders for service-providers and awareness for the patients. *Refer to Appendix 6*

Booklet

Booklet procured from National Health Mission and UNICEF, on safe motherhood for patients visiting ANC clinic for checkups. *Refer to Appendix 7 (English), and Appendix 8 (Hindi)*

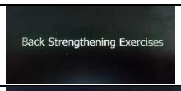
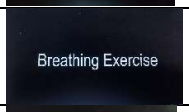
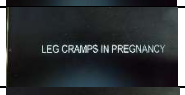
Videos

Information Education and Communication Video Display at the ANC clinic on already installed LCD screens.

S.No.	Video description	Duration	Video
1.	**Jaldbazi** (48hrs_Jaldbazi by Government of India)	30 seconds	
2.	**Abortion**	20 seconds	
3.	**Ante natal check ups** (ANC_Haveli by Government of India)	60 seconds	
4.	**Iron Folic Acid Tablet intake** by Government of India	30 seconds	

*Note: Some of the videos by Govt. of India advocating **Janani Shishu Suraksha Yojna** (JSSK) cannot be displayed as PGIMER is currently not running this scheme*

Maternity fitness exercises by Dr. Pradip Sarkar, Department of Physiotherapy, PGIMER, Chandigarh

1.	Back strengthening	2 minutes 11 seconds	
2.	Breathing	34 seconds	
3.	Neck exercises	2 minutes 15 seconds	
4.	Leg cramps	1 minute 32 seconds	
5.	Postpartum	1 minute 12 seconds	
6.	Side leg exercise	24 seconds	
7.	Straight leg exercise	27 seconds	
8.	Stretching	2 mins 2 seconds	

Signage

Several signages were proposed and are yet to be implemented for ANC Clinic, in order to help the patients and attendants to locate the ANC Clinic and other facilities for ease of access.

S.No.	Location	Missing information
1.		In the New OPD on second floor, the pillars are displaying room no.'s but are not directing where it is leading to. One is for Gynaecology and another for ANC clinic
2.		The corridor just next to the pillar also does not show which clinic it leads to. A board displaying information that it is an ANC clinic will be quite helpful for the patients.
3.		No indication for ANC, Gynae, Fertility clinic

4.		No indication for ANC, Gynae, Fertility clinic
5.		In the Gynae OPD- Anaemia posters, hand hygiene and posters related to fungus are displayed. Information related to contraception, breastfeeding and related topics to ANC not displayed.
6.		Signages in Endocrinology dept. depicting report room, patient assistance and public dealing. Name plates of similar kinds with information displayed can be kept in the space panel above the door like the one displayed here.

Respectful Maternity Care Charter in Punjabi

RMC Charter in Punjabi

ਗਰਭ ਅਵਸਥਾ, ਜਣੇਪੇ ਦੌਰਾਨ ਅਤੇ ਬੱਚੇ ਦੇ ਜਨਮ ਨਾਲ ਸਬੰਧਤ ਸਿਹਤ ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰਦੇ ਵਕਤ :

ਲੇਖ ੧: ਹਰ ਔਰਤ ਦਾ ਹੱਕ ਹੈ:
ਕਿ ਕਿਸੇ ਵੀ ਤਰਾਂ ਦਾ ਨੁਕਸਾਨ ਯਾ ਦੁਰਵਿਵਹਾਰ ਨੂੰ ਨਾ ਸਹੋ
ਕੋਈ ਤੁਹਾਨੂੰ ਸਰੀਰਕ ਤੌਰ 'ਤੇ ਤੰਗ ਯਾ ਪਰੇਸ਼ਾਨ ਨਹੀਂ ਕਰ ਸਕਦਾ

ਲੇਖ ੨: ਹਰ ਔਰਤ ਦਾ ਹੱਕ ਹੈ:
ਕਿ ਤੁਹਾਨੂੰ ਹਰ ਤਰਾਂ ਦੀ ਜਾਣਕਾਰੀ ਦਿਤੀ ਜਾਵੇ,
ਤਾਕਿ ਤੁਸੀਂ ਆਪਣੀ ਸਹਿਮਤੀ ਜਾਂ ਇਨਕਾਰ ਕਰ ਸਕੋ
ਅਤੇ ਤੁਸੀਂ ਡਿਲੀਵਰੀ ਦੇ ਸਮੇਂ ਮੌਜੂਦ ਸਾਥੀ ਦੀ ਚੋਣ ਕਰ ਸਕੋ
ਕੋਈ ਵੀ ਤੁਹਾਡੇ ਇੱਛਾ ਅਤੇ ਸਹਿਮਤੀ ਤੋਂ ਬਿਨਾਂ ਤੁਹਾਡੇ 'ਤੇ ਦਬਾਅ ਨਹੀਂ ਪਾ ਸਕਦਾ ਜਾਂ ਕੁਝ ਵੀ ਕਰ ਨਹੀਂ ਸਕਦਾ

ਲੇਖ ੩: ਹਰ ਔਰਤ ਦਾ ਹੱਕ ਹੈ:
ਜਣੇਪੇ ਦੇਖਭਾਲ ਦੌਰਾਨ ਗੋਪਨੀਯਤਾ ਅਤੇ ਪਰਦੇਦਾਰੀ
ਕੋਈ ਵੀ ਤੁਹਾਨੂੰ ਜਾਂ ਤੁਹਾਡੀ ਨਿੱਜੀ ਜਾਣਕਾਰੀ ਦੂਜਿਆਂ ਨੂੰ ਦੱਸ ਨਹੀਂ ਸਕਦਾ

ਲੇਖ ੪: ਹਰ ਔਰਤ ਦਾ ਹੱਕ ਹੈ:
ਕਿ ਉਸਨੂੰ ਮਾਣ ਅਤੇ ਸਤਿਕਾਰ ਦਿਤਾ ਜਾਵੇ
ਕੋਈ ਵੀ ਤੁਹਾਡਾ ਅਪਮਾਨ ਨਹੀਂ ਕਰ ਸਕਦਾ ਜਾਂ ਅਪਮਾਨਜਨਕ ਭਾਸ਼ਾ ਨਹੀਂ ਬੋਲ ਸਕਦਾ

ਸਾਰੇ ਅਧਿਕਾਰ ਅੰਤਰਰਾਸ਼ਟਰੀ ਪੱਧਰ ਵਿੱਚ ਸਥਾਪਤ ਮਨੁੱਖੀ ਅਧਿਕਾਰ ਤੇ ਅਧਾਰਤ ਹਨ ਜਿਵੇਂ –
ਯੂਨੀਵਰਸਲ ਦੇਕਲਾਰਾਸ਼ਨ ਓਫ ਹਿਊਮਨ ਰਾਇਟਸ;
ਯੂਨੀਵਰਸਲ ਦੇਕਲਾਰਾਸ਼ਨ ਓਫ ਬਿਓਐਥਿਕਸ ਐਂਡ ਹਿਊਮਨ ਰਾਇਟਸ; ਥ ਇੰਟਰਨੈਸ਼ਨਲ ਕੋਵਨੰਤ ਓਨ ਇਕੋਨਾਮਿਕ , ਸੋਸ਼ਲ ਐਂਡ ਕਲਚਰਲ ਰਿਆਘਟਸ; ਥ ਇੰਟਰਨੈਸ਼ਨਲ ਕੋਵਨੰਤ ਓਨ ਸਿਵਲ ਐਂਡ ਪਾਲਿਟਿਕਲ ਰਿਆਘਟਸ ; ਥ ਕੌਨਵੈਂਸ਼ਨ ਓਨ ਥ ਐਲਿਮਿਨੇਸ਼ਨ ਓਫ ਆਲ ਫੋਰਮਸ ਓਫ ਦਿਸਕ੍ਰਿਮੀਨੇਸ਼ਨ ਅਗੈਂਸਟ ਵੁਮੈਨ ; ਥ ਦੇਕਲਾਰੇਸ਼ਨ ਓਫ ਥ ਐਲਿਮਿਨੇਸ਼ਨ ਓਫ ਵੋਇਲੈਂਸ ਅਗੈਂਸਟ ਵੁਮੈਨ; ਥ ਰਿਪੋਟ ਓਫ ਥ ਆਫ਼ਿਸ ਓਫ ਥ ਯੂਨਾਈਟਡ ਨੇਸ਼ਨਜ਼ ਹਾਈ ਕਮਿਸ਼ਨਰ ਫੋਰ ਹਿਊਮਨ ਰਾਈਟਸ ਓਨ ਪਰੇਵੇਂਟੇਬਲ ਮੈਟਰਨਲ ਮੋਰਟੈਲਿਟੀ ਐਂਡ ਮੋਰਬੀਡੀਟੀ ਐਂਡ ਹਿਊਮਨ ਰਾਈਟਸ; ਐਂਡ ਥ ਯੂਨਾਈਟਡ ਨੇਸ਼ਨਜ਼ ਫੋਰਥ ਵਲਡ ਕਾਨਫਰੰਸ ਓਨ ਵੁਮੈਨ , ਬੀਜਿੰਗ। ਜੇ ਜ਼ਰੂਰਤ ਪਏ ਤਾਂ ਰਾਸ਼ਟਰੀ ਯੰਤਰਾਂ ਵਿਚ ਜਣੇਪੇ ਦੌਰਾਨ ਇੰਨਾ ਦਾ ਖਾਸ ਜ਼ਿਕਰ ਵੀ ਕੀਤਾ ਜਾਂਦਾ ਹੈ।

ਸੁਰੱਖਿਅਤ ਜਣੇਪਾ ਮੌਤ ਅਤੇ ਅਪੰਗਤਾ ਦੀ ਰੋਕਥਾਮ ਤੋਂ ਵੱਧ ਹੈ।
ਇਹ ਹਰ ਔਰਤ ਦੀ ਮਨੁੱਖਤਾ, ਭਾਵਨਾਵਾਂ, ਵਿਕਲਪਾਂ ਅਤੇ ਤਰਜੀਹਾਂ ਦਾ ਸਤਿਕਾਰ ਹੈ।
ਸਤਿਕਾਰਯੋਗ ਜਣੇਪਾ ਦੇਖਭਾਲ
ਗਰਭਵਤੀ ਮਾਂ ਦੇ ਵਿਸ਼ਵਵਿਆਪੀ ਅਧਿਕਾਰ।

ਲੇਖ ੫: ਹਰ ਔਰਤ ਦਾ ਹੱਕ ਹੈ:
ਕਿ ਉਸਨੂੰ ਸਮਾਨਤਾ, ਬਿਨਾ ਕਿਸੀ ਵਿਤਕਰੇ ਤੋਂ ਅਤੇ ਉਚਿਤ ਦੇਖਭਾਲ ਮੁਹਈਆ ਕਰਵਾਈ ਜਾਵੇ
ਕੋਈ ਵੀ ਚਾਹੇ ਤੁਹਾਨੂੰ ਪਸੰਦ ਕਰਦਾ ਹੈ ਯਾਂ ਨਹੀਂ, ਇਸ ਅਧਾਰ ਤੇ ਤੁਹਾਡੇ ਨਾਲ ਕਿਸੀ ਵੀ ਤਰਾਂ ਦਾ ਵਿਤਕਰਾ ਨਹੀਂ ਕਰ ਸਕਦਾ

ਲੇਖ ੬: ਹਰ ਔਰਤ ਦਾ ਹੱਕ ਹੈ:
ਕਿ ਸਿਹਤ ਸੰਭਾਲ ਅਤੇ ਸਿਹਤ ਦੇ ਉੱਚਤਮ ਪ੍ਰਾਪਤੀਯੋਗ ਪੱਧਰ ਤੱਕ ਉਪਚਾਰ ਮਿਲੇ
ਕੋਈ ਵੀ ਤੁਹਾਨੂੰ ਜਣੇਪਾ ਦੇਖਭਾਲ ਪ੍ਰਾਪਤ ਕਰਨ ਤੋਂ ਰੋਕ ਨਹੀਂ ਸਕਦਾ ਜਿਸਦੀ ਤੁਹਾਨੂੰ ਜ਼ਰੂਰਤ ਹੈ.

ਲੇਖ ੭: ਹਰ ਔਰਤ ਦਾ ਹੱਕ ਹੈ:
ਖੁਦਮੁਖਤਿਆਰੀ, ਸਵੈ-ਨਿਰਣੇ ਅਤੇ ਜ਼ਬਰਦਸਤੀ ਤੋਂ ਆਜ਼ਾਦੀ
ਕੋਈ ਵੀ ਤੁਹਾਨੂੰ ਜਾਂ ਤੁਹਾਡੇ ਬੱਚੇ ਨੂੰ ਕਾਨੂੰਨੀ ਅਧਿਕਾਰ ਤੋਂ ਬਿਨਾਂ ਹਸਪਤਾਲ ਵਿਚ ਰੋਕ ਨਹੀਂ ਸਕਦਾ।

ਜਣੇਪਾ ਦੇਖਭਾਲ ਦੌਰਾਨ, ਔਰਤਾਂ ਦਾ ਨਿਰਾਦਰ ਅਤੇ ਦੁਰਵਿਵਹਾਰ ਕਰਨਾ ਮੁਲ ਮਨੁੱਖੀ ਅਧਿਕਾਰਾਂ ਦੀ ਉਲੰਘਣਾ ਹਨ।

ਵੱਧ ਜਾਣਕਾਰੀ ਲਈ , ਲੋਗ ਇਨ ਕਰਯੋ :
www.whiteribbonalliance.org/respectfulcare

Instrumental Music in the Labour Room

As proposed intervention, the instrumental music is to be installed in the labour room on lines of Aurangabad. The procurement and installation of the speakers is in the process. However, since the present delivery room and nursery were adjacent, separated only by a door, the main entrance of both being the same, it was being considered that playing of music might disturb the critically ill newborns.

Checklists for service providers

Three checklists for service providers as a self evaluation measure, after pre-testing and interaction with the users.

The checklists were:

1. a. Self-Evaluation Checklist (DURING ANTE NATAL CARE)
   b. Consolidated Results of the Self-Evaluation
   c. Self analysis as per consolidated results
2. a. Self-Evaluation Checklist (DURING LABOUR AND CHILDBIRTH)
   a. Consolidated Results of the Self-Evaluation
   b. Self analysis as per consolidated results
3. a. Self-Evaluation Checklist (CARE DURING POSTNATAL CARE)
   b. Consolidated Results of the Self-Evaluation
   c. Self analysis as per consolidated results

Ia. SELF EVALUATION CHECKLIST (DURING ANTENATAL CARE)

Sr. No. ____ Date: _____

Name of the staff member and designation: _____

Instructions: Reflect upon two patients who were under your care. Use one column for each patient

S. No.	VERIFICATION CRITERIAS	Put tick mark "✓" on behaviour observed and cross "x" on not observed	
		1st	2nd
1	I introduced myself to woman and her companion		
2	I encouraged woman and her companion to ask questions		
3	I responded to questions with promptness, politeness, and truthfulness		
4	I explained what is being done and what to expect throughout labor and birth to the woman and her companion		
5	I obtained consent or permission prior to any procedure		
6	I gave information on status and findings of examination.		
7	I provided essential care to the woman		
8	I did not share client information with others without her permission		
9	I used curtains or other visual barrier to protect woman during exams, procedures		
10	I did not show disrespect to woman based on any specific attribute		
11	I did not Insult Intimidate Threat Coerce a woman or her companion		
12	I spoke to the woman in a language that she could understand		
13	I touched or demonstrated care in a culturally appropriate way		
14	I called the pregnant mother by her name		
15	I did not Slap Hit Push the woman under my care		
16	I did not detain/force a woman against her will		

I. b. CONSOLIDATED RESULTS FOR SELF EVALUATION CHECKLIST

Standard Domains	PERFORMANCE STANDARDS	For TWO patients, total no. of ✓
1	The woman is protected from physical harm or ill treatment. *(Score for item no.s-13, 15)*	
2	The woman's right to information, informed consent, and choice/preferences is protected. (Score for item no.s- 1,2,3,4,5,6)	
3	Confidentiality and privacy is protected. (Score for item no.s-8,9)	
4	The woman is treated with dignity and respect (Score for item no.s- 11, 14)	
5	The woman receives equitable care, free of discrimination *(Score for item no.s- 10,12)*	
6	The woman is never left without care. (Score for item no.s- 7)	
7	The woman is never detained or confined against her will. *(Score for item no.s- 16)*	
Total		

1c. SELF-ANALYSIS AS PER CONSOLIDATED RESULTS

PERFORMANCE STANDARDS	Are you satisfied with your own performance on respective standard? Yes/No. Give reasons	What can you do to make it better?
Patient's right to free from physical harm and ill treatment		
Patient's right to be informed, respect for her choices and preferences		
Patient's right to privacy and confidentiality		
Patient's right to dignity and respect		
Patient's right to equality, freedom from discrimination and equitable care		
Patient's right to healthcare and highest level of attainable health		
Patient's right to liberty, autonomy, self determination and freedom from coercion		

2. a. SELF EVALUATION CHECKLIST (DURING LABOR AND CHILDBIRTH)

Sr.No.: _____ Date: _____

Name of the staff member alongwith designation: _____

Instructions: Reflect upon two patients who were under your care. Use one column for each patient

S.No.	VERIFICATION CRITERIA	Put tick mark "✓" or cross "x" whichever applicable	
		1st	2nd
1.	I introduced myself to woman and her companion		
2	I touched or demonstrated care in a culturally appropriate way		
3	I encouraged woman and her companion to ask questions		
4	I responded to questions with promptness, politeness, and truthfulness in a language and manner that she could understand		
5	I explained what is being done and what to expect throughout labor and birth together with giving periodic updates		
6	I obtained consent or permission prior to any procedure		
7	I did not discriminate on the basis of woman's religion, caste, age, language, HIV status economic status, educational level or any other attribute		
8	I did not:insult,		
	intimidate,		
	threat,		
	coerce a woman or her companion		
9	I allowed woman and her companion to observe cultural practices as much as possible if not contraindicated		
10	I used curtains or other visual barrier to protect woman during exams, birth, procedures		
11	I ensured that the staff who is only involved in the care of the woman should be allowed in the labour room.		
12	I came quickly when woman called		
13	I did not leave the woman to deliver by herself		
14	I did not fail to monitor the woman in labor and to intervene in life-threatening situations.		
15	I allowed the woman to move about during labor (if medically allowed)		
16	I allowed woman to assume position of choice during birth		
17	I did not deny food or fluid to women in labor unless medically necessary		
18	I did not: pinch slap push hit the woman under my care		
19	I did not push on the abdomen to force the baby out or use excessive physical force to pull the baby out		
20	I did not perform episiotomies without indication		
21	I did not perform postpartum surturing of episiotomy cuts without the use of anaesthesia (if at all)		
22	I did not ask the woman or her companion to clean the labour bed/floor after delivery.		
23	I did not separate woman from her baby unless medically necessary		
24	The facility does not have a policy to detain woman who do not pay.		
25	I did not demand money on the delivery of the child.		
26	I did not demand payments for services provided to be free under government schemes such as free blood, free delivery, free medicines, free food etc.		

2b. CONSOLIDATION RESULTS (CARE DURING LABOR AND CHILDBIRTH)

STANDARD NUMBER	PERFORMANCE STANDARDS	For two patients, total no. of	
		✓	X
1	The woman is protected from physical harm or ill treatment. (Score for item no.s- 2, 17, 18, 19, 20, 21, 23)		
2	The woman's right to information, informed consent, and choice/preferences is protected. (Score for item no.s- 1, 3, 4, 5, 6, 15, 16)		
3	Confidentiality and privacy is protected. (Score for item no.s- 10, 11)		
4	The woman is treated with dignity and respect (Score for item no.s- 8, 9)		
5	The woman receives equitable care, free of discrimination *(Score for item no.s- 7)*		
6	The woman is never left without care. (Score for item no.s- 12, 13, 14, 22)		
7	The woman is never detained or confined against her will. (Score for item no.s- 24,25,26)		
Total			

2c. SELF ANALYSIS AS PER CONSOLIDATION RESULTS

PERFORMANCE STANDARDS	Are you satisfied with your own performance on respective standard numbers? Answer for each in detail	What can you do to make it better?
The woman is protected from physical harm or ill treatment.		
The woman's right to information, informed consent, and choice/preferences is protected.		
Confidentiality and privacy is protected.		
The woman is treated with dignity and respect		
The woman receives equitable care, free of discrimination		
The woman is never left without care.		
The woman is never detained or confined against her will.		

3a. SELF EVALUATION CHECKLIST (CARE DURING POSTNATAL CARE)

Sr.No.____Date: _____

Name of the staff member alongwith designation: _____

Instructions: Reflect upon two patients who were under your care today. Use one column for each patient

S. No.	VERIFICATION CRITERIA	Put tick mark "✓" or cross "x" whichever applicable	
		1st	2nd
1.	I introduced myself to woman and her companion		
2	I encouraged woman and her companion to ask questions		
3	I responded to questions with promptness, politeness, and truthfulness		
4	I explained what is being done and what to expect throughout labor and birth to the woman and her companion		
5	I obtained consent or permission prior to any procedure		
6	I gave information on status and findings of examination.		
7	I provided essential care to the woman		
8	I did not share client information with others without her permission		
9	I used curtains or other visual barrier to protect woman during exams, procedures		
10	I did not show disrespect to woman based on any specific attribute		
11	I did not insult,		
	intimidate,		
	threat,		
	coerce a woman or her companion		
12	I spoke to the woman in a language and manner that she could understand		
13	I touched or demonstrated care in a culturally appropriate way		
14	I did not :slap		
	Hit		
	push the woman under my care		
15	I did not detain/force a woman against her will		

III b. CONSOLIDATION RESULTS (CARE DURING POSTNATAL CARE)

STANDARD NUMBER	PERFORMANCE STANDARDS	For two patients, total no. of	
		✓	X
1	The woman is protected from physical harm or ill treatment. (Score for item no.s-13, 14)		
2	The woman's right to information, informed consent, and choice/preferences is protected. (Score for item no.s- 1,2,3,4,5,6)		
3	Confidentiality and privacy is protected. (Score for item no.s-8,9)		
4	The woman is treated with dignity and respect (Score for item no.s- 11)		
5	The woman receives equitable care, free of discrimination *(Score for item no.s- 10,12)*		
6	The woman is never left without care. (Score for item no.s- 7)		
7	The woman is never detained or confined against her will. (Score for item no.s- 15)		
Total			

3c. SELF-ANALYSIS AS PER CONSOLIDATED RESULTS (DURING POSTNATAL CARE)

PERFORMANCE STANDARDS	Are you satisfied with your own performance on respective standard numbers? Answer for each in detail	What can you do to make it better?
The woman is protected from physical harm or ill treatment.		
The woman's right to information, informed consent, and choice/preferences is protected.		
Confidentiality and privacy is protected.		
The woman is treated with dignity and respect		
The woman receives equitable care, free of discrimination		
The woman is never left without care.		
The woman is never detained or confined against her will.		

Pre and Post assessment questionnaires

The following questionnaire was administered to the residents of Department of Obstetrics and Gynaecology during the workshop on Respectful Maternity Care on 04.11.2019.

On an average the residents scored 67% on the pre assessment questionnaire while the scoring was 71% on the post assessment questionnaire.

Due to ongoing workshops and frequent reminders by seniors, the residents of department were aware about the concept and basic domains of respectful maternity care.

Training of Trainers (TOT) on Respectful Maternity Care (RMC) for residents of Department of Obstetrics and Gynaecology, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh

Pre and Post-assessment Questionnaire

Instructions: *Following are certain questions on respectful maternity care. Kindly choose any* ***single best answer*** *to each question*

1. **Respectful Maternity Care is:**
a. A global problem
b. Occurs in low, medium and high income countries
c. A violation of human rights
d. b) and c)
e. All of the above

2. **Confidentiality is important in family planning and reproductive health care, but not in maternity care.**
a. True
b. False
c. Don't know

3. **Some examples of respectful maternity care include:**
a. Speaking to the woman in her own language
b. Taking the consent of the woman before administering any procedure
c. Protecting the woman from information about herself, her condition and her care
d. a) and b)
e. All of the above

4. **While we must value each woman and treat her kindly, we cannot and do not need to respect each woman.**
a. True
b. False
c. Don't know

5. **Choice of companion during labor and birth:**
a. May be a good idea, but has never been shown scientifically to improve maternal or neonatal outcomes
b. Is not advisable due to hygiene concerns
c. Is not mandatory or encouraged by any of the Government of India policies
d. Is an example of respectful maternity care
d. a) and d)

6. **Fear of disrespect and abuse may sometimes be a more powerful deterrent to the use of skilled birth care than geographic and financial obstacles.**
a. True
b. False
c. Don't know

7. Respectful maternity care means that: _____
a. Women have access to hospitals and doctors for primary care
b. Women are protected from information about themselves or their care when danger signs, or dangerous conditions, appear
c. Women are empowered to become active participants in their care
d. a) and b)
e. a) and c)
f. All of the above

8. Women-friendly care is life-saving as studies have shown that women may refuse to seek care from a provider who "abuses" them or does not treat them well, even if the provider is skilled in preventing and managing complications.
a. True

b. False
c. Don’t know

9. When seeing patients, what is more appropriate for addressing them:
To call them by their names
To call them by the bed number assigned to them
To call them Madam/Shrimati as a suffix to their name
a) and c)
None of the above

10. As a service provider, you should:
Smile and greet them
Speak politely with the patients
Avoid medical jargon while communicating with the patients
Give respect, be more empathetic, show care and concern
All of the above
None of the above

Proposal on Birth Preparedness

It was being conceptualized considering the needs of the pregnant woman when she comes to the ANC for her regular check ups and investigation.

Cause of unhappiness from patient's perspective- No check ups, no investigation, no companion, after 28 weeks of gestation

Involvement of:

- Consultants of OBG
- SR, JR of OBG
- Teachers of NINE/Nursing Officer
- Medical social worker
- Professor of DCMSPH
- SD, JD of DCMSPH

Duration

- Once a month
- Every month – 1 day, 3 hours , from 2-5 pm at the ANC Clinic post OPD hours

Orientation on:

- What type of doctors you shall meet
- Blood bank
- How to cater to high risk and low risk patients
- Health education
- Logistic issues they shall face in PGIMER
- Warning signs of disease like anaemia, hypertension, diabetes
- IVGR

For Labour

- What needs to brought along from home, how much money will be needed, way to LR
- Situation at labour room and giving them orientation
- Informing about the crowded scenario beforehand
- Suboptical cues – for baby

Proposal on small meal program at ANC clinic

This scheme was conceptualized to give nutritious diet for the pregnant woman coming for their check up the OPD clinics. Considering the fact that they have to stand in que waiting for their turn, provision of food like "khichdi" from the PGI kitchen can be catered.

However, considering the logistics issue and any mishap like food poisoning can have detrimental issues, so the idea was dropped.

Proposal on prayer routine/oath taking by the staff in the labour room

A tentative prayer/oath was prepared on respectful maternity care to be observed by the staff in the labour room every morning:

I bow to the Almighty, (My Raam, Allah, My Christ, My Waheguru ji) and swear upon him that I will be mindful of the actions I do, the words I speak, the care I give.

I intentionally or unintentionally will never verbally or physically abuse a childbearing woman. I will treat every patient under my care equally without any discrimination, respect her privacy, will be there for her when she needs me and would not abandon her. Will take her proper consent before administering any procedure, inform her time and again of the examinations that needs to be done and the results of already done. I will ensure her dignity and would not detain her.

I will keep up to my patience and do my duty with utmost care, love and affection. For, I am the reason that I can bring a smile on somebody's face. I am a healer, I love my duty and I respect my co-workers and my patients.

Recommendations

Proposal to the Ministry

Proposal submitted to Dr Narendra Goswami (Senior Consultant, Ministry of Health and Family Welfare, Government of India) for JSSK kits and funds from the Ministry as per the following requirements:

Institutional deliveries at Obstetrics and Gynaecology Deptt., PGIMER, Chandigarh		
Rate of deliveries		Number of deliveries
Number of yearly deliveries		6,000-7,000.
Normal deliveries are 60% of total deliveries(out of 7000)		4200 deliveries
Cesarean deliveries are 40% of total deliveries (out of 7000)		2800 deliveries
Type of delivery		Cost per delivery
Normal delivery		Rs. 3000/-
Cesarean		Rs. 6,000-7,000/-
Estimate of costing annually		
Type of delivery	Costing	Total cost
Normal deliveries	4200 x 3,000	Rs. 12,600,000/-
Cesarean deliveries	2800 x 7,000	Rs. 19,600,000/-

Proposal to Director PGIMER

- Human resource shortage
- Referrals from other govt. hospitals
- Detection of non-communicable diseases can be done at the PHC levels
- Under Ayushman scheme, nothing is being provided for the patients.
- Need for Ayushman dispensary
- Procurement of medical supplies, no buffer stock
- No kits are given in the ward.
- Circular is released but no package is delivered
- HIV kits for testing are not being provided
- Fixed store for Gynae wards should be there.
- Funds for critically ill patients
- For heart patients – valve replacement for critically ill mothers.
- 15 patients per month on an average. But intervention/funds will be needed for 2 patients per month.
- Revolving fund – 3 Heads of the unit – Dr. Vanita Suri, Dr. Vanita Jain, Dr. Jaswinder
- In MBBS, RMC should be the first chapter in every book
- Terms of reference for each medical social worker
- Bigger labour room
- No waiting hall in maternity ward
- NICU ward should be out of the way of maternity ward
- Space is very less for postnatal beds
- Resuscitation space is not there
- Lack of waiting halls
- No space for drying clothes for mothers during their long stay in post natal wards

Proposal for the consideration to the Chairperson of Department of Obstetrics and Gynaecology, PGIMER

- Management of the human resource – increasing the number of residents to be deputed
- Working out the human resource (Making different teams – three teams, diving patients)
- Following pattern of AIIMS -ANC OPD is closed
- Making two labour rooms
- Any better way to filter the ANC patients?
- Missing signages at OPD
- To place suggestion box for feedback from the patients
- Last Tuesday review meeting of consultants and residents on RMC
- Self monitoring evaluation
- On privacy, the use of curtains in OB II in CLR, 30-40% usage for females in active labor. Timeline for the same to be kept as 3-4 months and is a onetime activity.
- Birth companion for female in advanced labor and for supervised female only.
- An oath towards RMC as a morning prayer
- Two washrooms, one area for PV examination is converted into a store
- To designate one room in the OPD for the medical social worker to explain the patient on birth preparedness
- Informed consent to be put up at notice boards
- Need for a squatting bar
- Dissertation on birthing positions and birth companions
- To stop practice of fundal pressure
- Identification of local champions, personal aspirations, and positive attitudes.
- Hunger is the cause of frustration – any strategy to ensure that the residents, consultants needs are fulfilled on this end?
- Motivational training for the residents
- Need for a counselor/medical social worker, lab. technician, ventilator technician
- Need for fixed resources (LS sutures shortage)
- There should be simple format/special format/ computerized entry…. 'Coz lots of documentation are there and patient care suffers. If patient is suffering in PPH, there is problem of gender documentation issue.
- Team building workshop is required on similar patterns like the ones done in NICU: leadership and management trainings
- Consent should be in Hindi/Punjabi
- Medical social worker guiding the patients on where to take things from

Proposal to the Chief Nursing Officer, PGIMER

- Need for Job profile of nurses

- Certain protocols of communication, when the patient comes – explaining the procedure
- To reduce money offerings by 50% in 6 months to the staff. It should be taken care of by the CLR sister incharge
- An oath towards RMC as a morning prayer
- Need for Team work
- Learning communication outside the classroom: Role play, teaching by simulation, inter-professional education models
- Need for empathy training, listening skills

Proposal to the HA and SA Staff Incharge

- Uniform with name of attendants and one should not cover it with dupatta.
- Job roles not defined – Need for SOP's
- Need for Team work
- Lack of feeling for belongingness
- Need of more manpower- shortage of HA/SA staff
- Dress code differentiation
- Kitchen HA staff to distribute food like done in emergency and other wards
- Need for change in self - feeling of empathy to be developed
- Warning for staff who indulges in 'Badhai' and strict punishment to be defined for the same
- Rotation of HA/SA staff to be done after six months (some are there for years)
- Need for more of such training and workshops (once every month or once in three months)

Security Department

- Job roles not defined – Need for SOP's
- Need for Team work

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Appendices

1. Training of Trainers on Respectful Maternity Care
2. Training of Residents
3. Training of Senior Nursing Officers
4. Training of HA/SA staff and Security officers
5. Training on Communication for residents, consultants and nursing officers
6. Posters
7. Safe Motherhood Booklet (English)
8. Safe Motherhood Booklet (Hindi)
9. Report of Meeting on Global Respectful Maternity Care Charter
10. Multimedia abstract submission at the 6th Global Health Symposium on Health Systems Research