

Patient Satisfaction Index as a part of Respectful Maternity Care in La Qshya accredited hospital in northcoastal AP

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ABSTRACT:

AIMS AND OBJECTIVES

The aim of this study is to assess the available standards for respectful maternity care in The Department of Obstetrics in KING GEORGE HOSPITAL, Visakhapatnam by evaluation of responses to a questionnaire given to birthing women.

METHODOLOGY

100 post operative patients satisfaction response taken from the patient feed back form in the NHM case sheets in the classical Donabedian framework in The Department of OBGY, KING GEORGE HOSPITAL. Assessment was done to find out the level of respectful maternity care provided.

CONCLUSION

The response of complete satisfaction regarding neonatal vaccination and medicines supplied was given by 100% of women. Very small proportion of patients were not satisfied with the behaviour of the hospital staff. Significant number of patients were not satisfied with the cleanliness of the hospital.

Evidence on women's perception of and satisfaction with the quality of maternal care help determine other aspects of care that need strengthening in developing countries. Service utilization and positive maternal & neonatal outcomes can be significantly enhanced by improving quality of facility deliveries.

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I. INTRODUCTION

The Birthing experience in a woman's life is a a very important time where she has to be treated with the care and respect deserving to her.

In India, The National Health Mission with the vision responding to the needs of the birthing woman and her baby, introduced "The LaQshya program", in all health centres to ensure respectful maternity care to all birthing women¹

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.

LaQshya was launched with the objective of reduction in the maternal and newborn mortality & morbidity due to occurrence of complication during and immediately after delivery, to improve Quality of Care during the delivery and immediate post-partum care, stabilization of complications and ensure timely referrals, and enable an effective two-way follow-up system to enhance satisfaction of beneficiaries visiting the health facilities and provide Respectful Maternity Care (RMC) to all pregnant women attending the public health facility. It is programmed to benefit every pregnant woman and newborn delivering in public health institutions².

Under the initiative, a multi-layered strategy has been framed such as concrete steps for infrastructure advancement, ensuring availability of essential equipment, providing adequate human resources, capacity building of health care workers and improving quality processes in the labour room³. The NQAS (National Quality Assurance Standards) will monitor quality improvement in labour room and maternity OT. The LaQshya program is being implemented at all Medical College Hospitals, District Hospitals, First Referral Unit (FRU), and Community Health Center (CHCs) and will benefit every pregnant woman and new-born delivering in public health institutions.

Respectful maternity care (RMC) is not only a crucial component of quality of care; it is a human right. In 2014, WHO released a statement calling for the prevention and elimination of disrespect and abuse during

childbirth, stating that “every woman has the right to the highest attainable standard of health, including the right to dignified, respectful care during pregnancy and childbirth.” WHO also called for the mobilization of governments, programmers, researchers, advocates and communities to support RMC. In 2016, WHO published new guidelines for improving quality of care for mothers and newborns in healthcare facilities, which included an increased focus on respect and preservation of dignity.

Promoting respectful maternal care (RMC) is being increasingly recognised as a critical element of strategies to improve the utilisation and quality of maternity

care, and that all women need and deserve respectful care⁵. RMC can be defined as an approach to care that emphasises the fundamental rights of women, newborns, and families, and that promotes equitable access to evidence-based care while recognising the unique needs and preferences of both women and newborns. The White Ribbon Alliance has defined seven domains of RMC using a rights-based approach; however, what constitutes RMC operationally (in terms of specific behaviours, practices, or standards) in research and programme implementation is often variable. To our knowledge, no efforts have yet been made to use an evidence-based approach to determine what constitutes RMC during childbirth in health facilities

The concept of “respectful maternity care” has evolved and expanded over the past few decades to include diverse perspectives and frameworks

“To enhance satisfaction of beneficiaries visiting health facilities and provide **RESPECTFUL MATERNITY CARE (RMC)** to all pregnant women attending the public health facility” is one of the 3 major objectives of **LaQshya** programme.

Cycle 2 of the 6 cycles of the rapid improvement events of **LaQshya** deals with the presence of birth companion during delivery, respectful maternity care and enhancement of patient satisfaction⁶.

II. Aims And Objectives

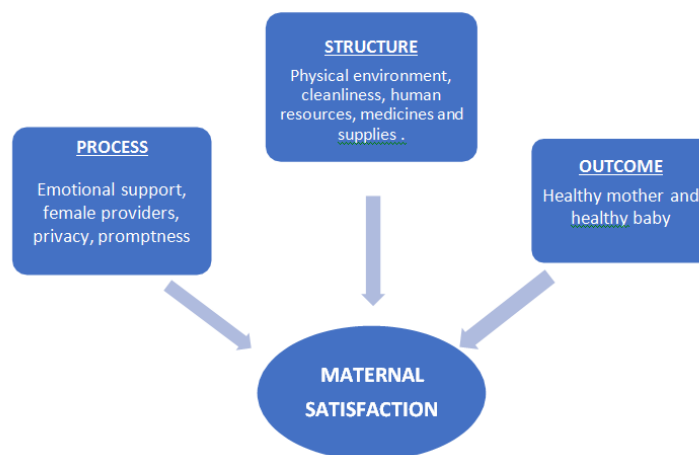
The aim of this study is to assess the available standards for respectful maternity care in The Department of Obstetrics in **KING GEORGE HOSPITAL**, Visakhapatnam by evaluation of responses to a questionnaire given to birthing women.

III. Methodology

100 post operative patients satisfaction response taken from the patient feed back form in the **NHM** case sheets in The Department of **OBGY**, **KING GEORGE HOSPITAL**. Assessment was done to find out the level of respectful maternity care provided.

The questionnaire has the classical **Donabedian** framework that categorizes the dimensions of care into Structure, Process and Outcome which as used in many studies assessing patient satisfaction.

Other elements not specific to the framework, such as receiving of **JSY** money has also been included in the patient feedback form



THE DONABEDIAN MODEL FOR QUALITY OF CARE

The **Donabedian model** is a conceptual model that provides a framework for examining health services and evaluating quality of health care. According to the model, information about quality of care can be drawn from three categories: “structure,” “process,” and “outcomes.” Structure describes the context in which

care is delivered, including hospital buildings, staff, financing, and equipment. Process denotes the transactions between patients and providers throughout the delivery of healthcare. Finally, outcomes refer to the effects of healthcare on the health status of patients and populations.

(WHO)-Recommended Quality of Care Framework and the Donabedian Model continues to be the dominant paradigm for assessing the quality of health care

The model is most often represented by a chain of three boxes containing structure, process, and outcome connected by unidirectional arrows in that order. These boxes represent three types of information that may be collected in order to draw inferences about quality of care in a given system

Donabedian developed his quality of care framework to be flexible enough for application in diverse healthcare settings and among various levels within a delivery system.

అర్జుదారు అభిప్రాయం		
(ఆసుపత్రిలో ప్రసూతి సేవలు అందుకున్న మహిళ క్రింది సమాచారం గురించి ఫిర్యాదు పెట్టిలో వేయవలెను)		
సేరు :	అర్జుదారు పేరు :	అర్జుదారు సంస్థ : (RCH)
ఆసుపత్రి పేరు :		
1. ప్రసవం అయిన తరువాత చిడ్డకు నిటమిన్-కె ఇంజెక్షన్ ఇచ్చారా?		ఇచ్చారు లేదు
2. చిడ్డకు పుట్టిన ఒక రోజులోపు పోలియో చుక్కలు, BCG టీకా మరియు హెపటైటిస్ బి టీకా ఇచ్చారా?		ఇచ్చారు లేదు
3. చిడ్డకు పుట్టగానే తల్లిపాలు (మురుపాలు) పట్టించారా?		అవును లేదు
4. ఆసుపత్రిలో ఉన్నప్పుడు మీకు భోజనం పెట్టారా?		పెట్టారు లేదు
5. ఆసుపత్రిలో మీకు మందులు ఇచ్చారా?		ఇచ్చారు లేదు
6. ఆసుపత్రి పరిశుభ్రంగా ఉందా?		ఉంది లేదు
7. ఆసుపత్రికి రావడానికి 108 ఉపయోగించారా?		అవును లేదు
8. ప్రసవం అయిన తరువాత ఇంటికి వెళ్ళడానికి ఆసుపత్రివారు వాహనం సమకూర్చారా?		ఇచ్చారు లేదు
9. ఆసుపత్రిలో పిబ్బంది ప్రవర్తన మీ నట్ల నిలా ఉంది?		బాగుంది బాగోలేదు
10. J.S.Y. డబ్బులు అందుకున్నారా?		అవును లేదు
11. ఆసుపత్రిలో ఉన్నప్పుడు మీరు మందులకు, పరీక్షలకు గాని ఇతర దేనికైనా డబ్బులు ఖర్చు పెట్టారా?		లేదు పెట్టాము
12. అర్జుదారు సంతకము లేదా వేలిముద్ర		

National health mission case sheet for patient’s opinion on hospitalhealth care services provided

IV. Results

POSTOPERATIVE

1. VIT K injection after delivery to new born	100%
2. BCG, OPV, Hep b on day 0 to new born	100%
3. Breast feeding immediately after delivery	79%
4. Diet	92%
5. Medicines	100%
6. Cleanliness of hospital	62%
7. Transport to hospital (108 service)	75%
8. Transportation to home	95%
9. Behaviour of hospital staff	71%
10.JSY money	85%
11. Usage of money for other purposes	68%

V. Discussion

The response of complete satisfaction regarding neonatal vaccination and medicines supplied was given by 100% of women. Very small proportion of patients were not satisfied with the behaviour of the hospital staff. Significant number of patients were not satisfied with the cleanliness of the hospital.

Evidence on women's perception of and satisfaction with the quality of maternal care help determine other aspects of care that need strengthening in developing countries. Service utilization and positive maternal & neonatal outcomes can be significantly enhanced by improving quality of facility deliveries.

In India, the scheme of monetary incentive for institutional delivery has accelerated the rate of institutional deliveries. On contrary, service quality is strained on account of over crowding, especially in referral facilities like KGH

VI. Conclusion

Conducting patient satisfaction surveys at periodic intervals (3 months) and preparation of action plans for the areas contributing to low satisfaction of patients would be important to enhance patient satisfaction, strengthen the concept of respectful maternity care and sustain the positive impact of laqshya program.

Therefore, health institutions should give due emphasis on creating awareness of health care providers on the standards and categories of RMC, and consider those identified factors for intervention. Additionally, monitoring and reinforcing accountability mechanisms for health workers to avoid mistreatments, and supporting them to provide the service with respect and compassion during labor and childbirth. Further research involving observation is also recommended to get more information about RMC services

Respectful maternity care (RMC) is an approach centered on an individual, based on principles of ethics and respect for human rights, and promotes practices that recognize women's preferences and women's and newborns' needs¹. RMC is a universal human right that is due to every childbearing woman in every health system.

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