CHAPTER 5

PRESENTATION

On 8th May 1997, the overall view of the thesis study on the topic of "Emergency Obstetric Care: An Intervention for Reducing Maternal Mortality in Nepal" was presented to the thesis committee and thesis examiners. The presentation was divided into three parts: essay, proposal and the data exercise. In the essay part, I discussed about how I identified the problem related to maternal health in Nepal, clarified the problem and discussed about the alternative solutions to the problem. Then I identified the appropriate solution to the problem as Emergency Obstetric Care. Then I presented my proposal section, where I discussed about the implementation of EmOC in PHC of Morang District in Nepal. After Implementation, I presented an evaluation scheme to evaluate the on going process. The result of the pilot study, which was done in Panathnikom district to test the evaluation scheme and Indicators of the proposal, were presented and discussed. It was pointed out that these result cannot be generalized because of the geographical, cultural, socio-economic and political variations in different places.

The over-head transparencies were used for the presentation. The content of overhead-transparencies are shown in this section sequentially as presented to the thesis committee.

Emergency Obstetric Care: Intervention for Reducing Maternal Mortality in Nepal

CONTENTS

Proposed Basic EmOC Model

- Manpower
  - one medical officer
  - Staff nurse, Auxillary nusrse etc.
- Drugs
  - Antibiotics Injeteballe, Oxytocic,
  - Anticonvulsion, Dextrosaline
- Essential Equipments
  - Forceps and vacuums, suction Curatage, Sterile gloves, IV drips
- Coverage
- Record Keeping
- Referral
- Transportation
  - From PHC to distict hospitals

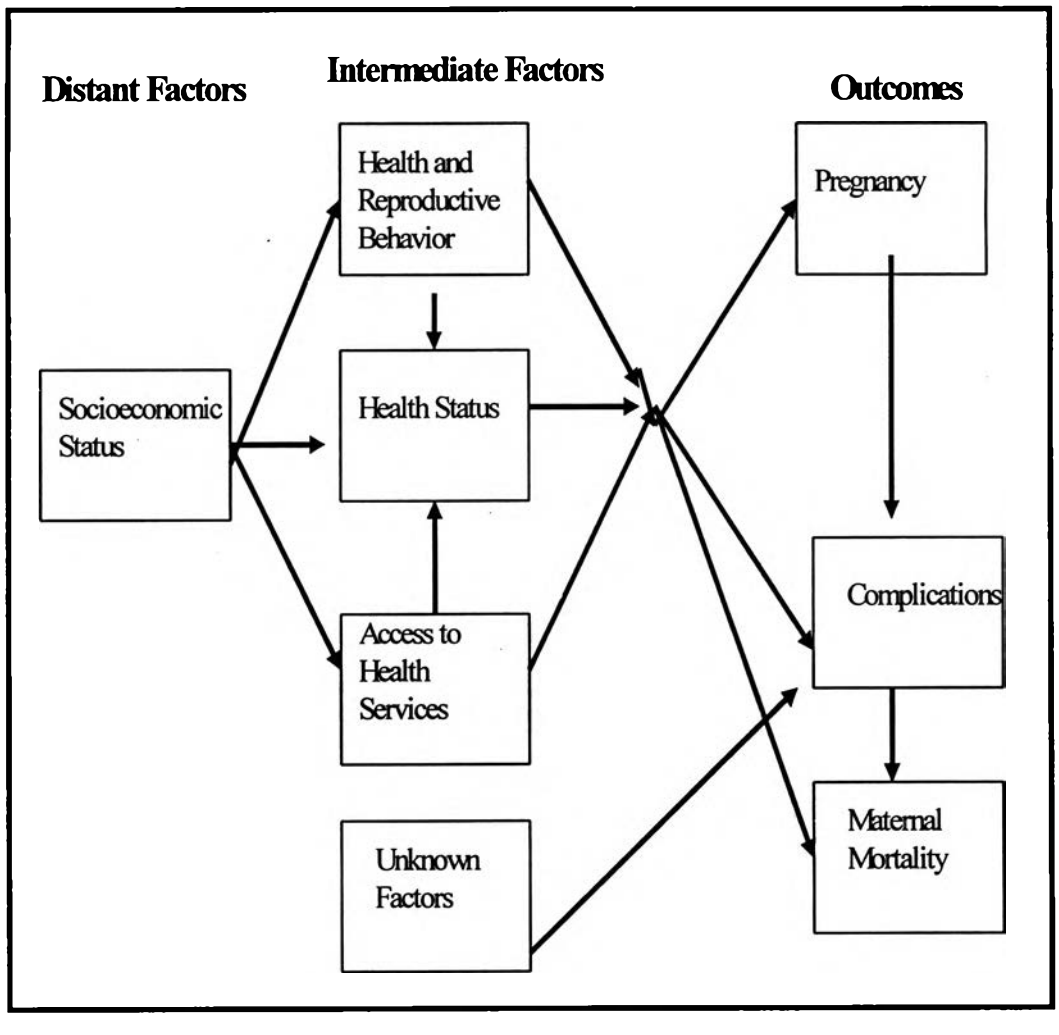
Sorce: WHO & UNICEF(Maine et al., 1996)

Magnitude of the Problem

- **At present**: Nepal's maternal mortality rate (MMR) is 515 per 100,000 live births (Malla and Pradhan, 1994)

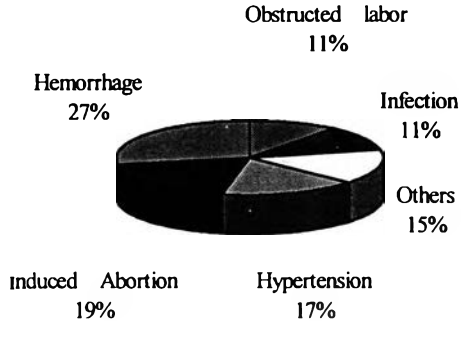
- **Target**: By year 2001, to reduce MMR to 400 per 100,000 live births (Malla and Pradhan, 1994)

The Analytical Framework



(Source: Safe Motherhood Programs, 1993)

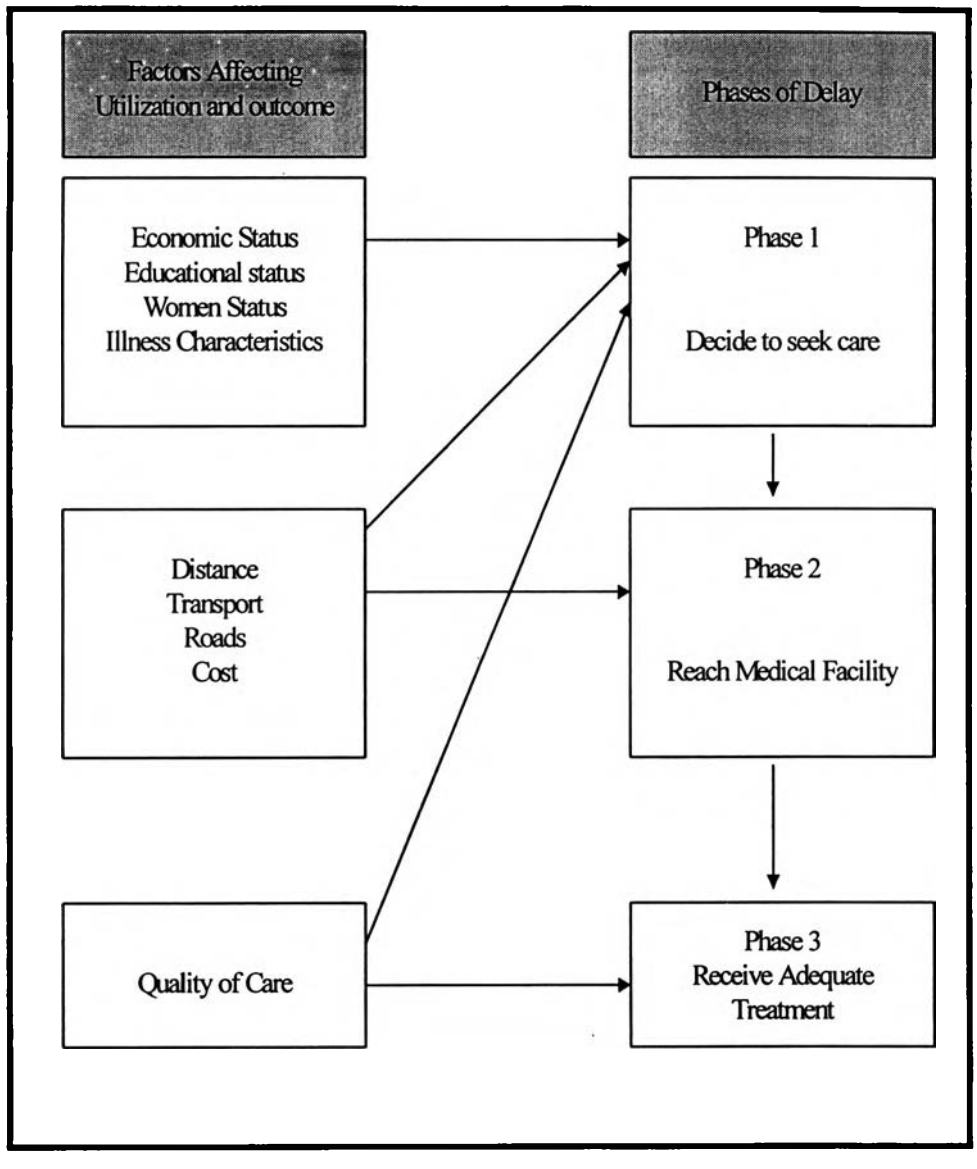
Figure 2.3: Medical Causes of direct obstetric deaths in developing countries



Importance of Emergency Obstetric Care

- Most of the Obstetric Complications cannot be predicted or prevented, but they can be treated successfully (Maine, 1993).
- 15% of pregnant women develop serious complications, even if they are in good health and receive antenatal care (WHO, 1993).

The three delays model



(Thaddeus & Maine, 1994)

The Level at Which EmOC should be Implemented

Primary Health Center (PHC)

Reasons

- PHC is the closest facility in the community where obstetric emergency can be tackled, stabilized and referred
  - 90 percent of Women in Nepal deliver at home.
  - 93 percent of Women live in the rural area.

  (HMG/WHO, 1986)
- unless they have access to prompt and appropriate case management, maternal mortality remains high. (Main, 1994)

Evidence

- First level obstetric care (PHC) results in a reduction of 80-85 % in maternal mortality (Marilyn, 1996).
- Safe motherhood have stimulated the shifts in the delivery of health care from tertiary to primary levels.
- Health Center that provides EmOC services can prevent maternal deaths..(Maine et al., 1996)

The Prosposal

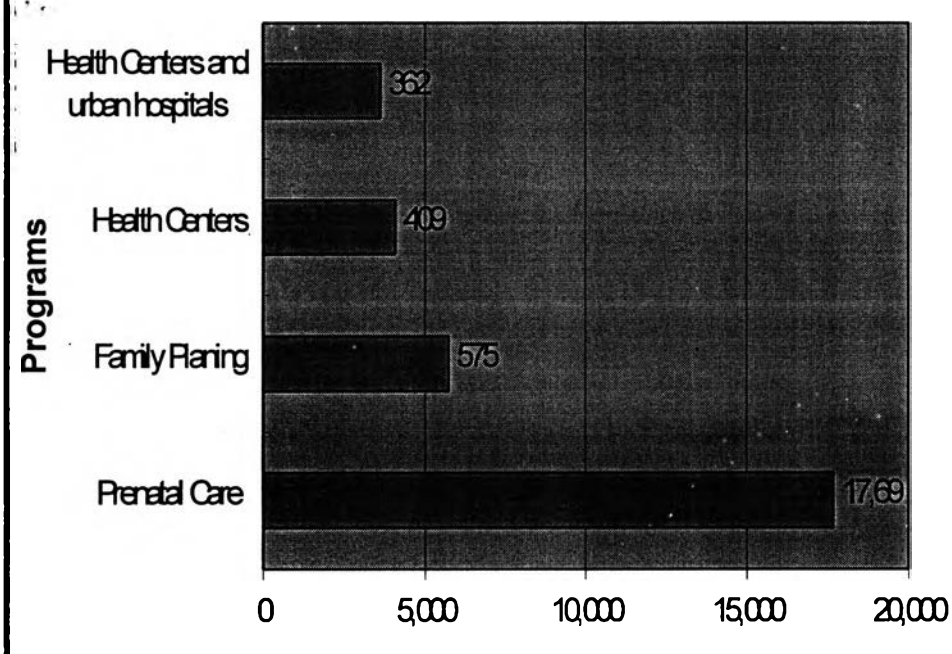
General Objective

- To implement basic EmOC in the PHC of Morang District and incorporate evaluation as an ongoing process in the delivery of basic EmOC service after six months.

Specific Objectives

- To provide components needed for the establishment of basic EmOC i.e. inventories of staff, facility , supplies and record keeping.
- To provide guidelines for referral of cases to district hospitals.
- To provide training for the staffs of health center in the management of emergency obstetric cases.
- Evaluate input, process and output indicators after six months of implementation.
- To take corrective actions.

Estimated cost per death prevented for various programs (in $).

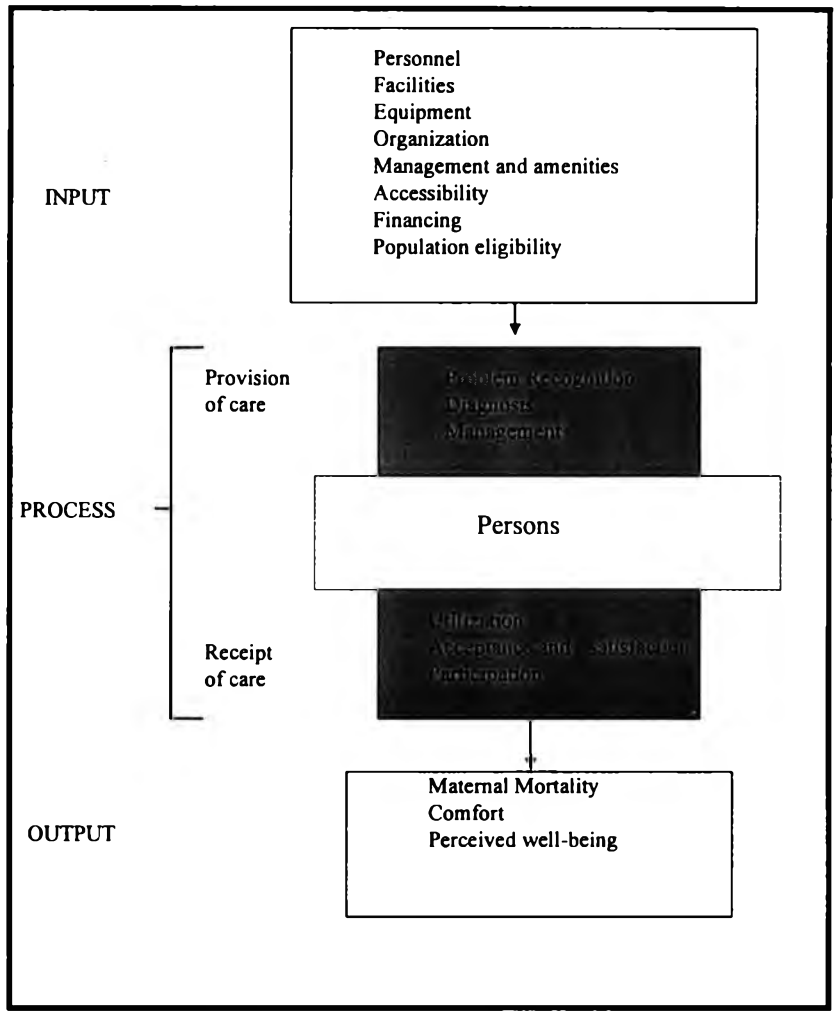


Type of Labor, by Obstetric History,Zaire

Type of Labour	Obstetric History		Total
	Bad	Good	
Obstructed	15	36	51
Not-Obstruct.	141	3,422	3,563
Total	156	3,458	3,614

Relative Risk : (15/ 156)/ (36/ 3,458) = 9.2
Sensitivity: 15/ 51 = 29%
False Positives: 141/ 156 = 90%
(Source: Deborah Maine, UNICEF Feb. 1993)

Input-Process-Output Framework



Source: Starfield, 1973