

**AN ACTION RESEARCH TO INCREASE ASSISTED  
DELIVERED BY MIDWIFERY TRAINED PERSONAL THROUGH  
REORIENTATION AND CONTINUOUS QUALITY IMPROVEMENT OF  
ANTENATAL CARE SERVICES IN JIGME DORJI WANGCHUCK  
NATIONAL REFERRAL HOSPITAL, THIMPHU,  
BHUTAN**

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Thesis Title : An Action Research to Increase Assisted Delivered by Midwifery Trained Personal Through Reorientation and Continuous Quality Improvement of Antenatal Care Services in Jigme Dorji Wangchuck National Referral Hospital, Thimphu, Bhutan


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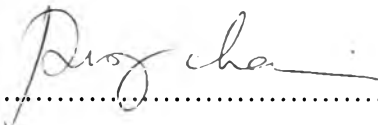
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## ABSTRACT

Conscientious control of variance with the benchmark e.g. WHO Standard of Midwifery Practices (Regional Publication, SEARO, No.38.1999) and National Standards of Midwifery Practice for Safe Motherhood, are the steps towards quality improvement in delivery of antenatal care services in the National Referral Hospital (NRH), Thimphu, Bhutan. This study tries to define Variance at the process level, how the care is delivered and some of the components in the antenatal care, which have direct effects on the care, received by pregnant women.

Evidence base content and visit in itself is very essential for effectiveness of antenatal care. Many control trials have proved that reduction of few numbers of visits do not have much adverse effect on women. Inclusion of any new diagnostic methods in the contents ought to be supported by such control trials.

Similarly provision of care without any deviations in standards, and being more proactive than routinely approach, supportive and friendly to women will be factors to determine the quality of antenatal care. Through this study, by continuous quality improvement and the concept of health workers as agent of change, it is expected that more number of antenatal attendees will seek for help from midwifery-trained personals to assist her delivery. It will also improve the referral system within the units like maternity wards and antenatal care and will enhance overall hospital productivity.

The proposed intervention of continuous quality improvement in the areas of variance in the standards, identified through participatory problem solving approach will develop action plans, implement the solutions, and document changes, in cyclical phases through self-reflection. The study will be for two years and will be conducted by ten permanent staffs of the hospital. This will improve knowledge of the staff about variance control and will bring the current practices closer to the best practice. The approach will be to find out the alternatives within one's resource and solving the problem which is closer to the home i.e. doing what is doable within one's means first and approaching further ones the last. The instruments will be antenatal audit tools, client exit interviews questionnaires, and secondary data extraction. These will be used twice, once before the study and once afterwards during evaluation. Other than these, number of antenatal attendees seeking assistance from trained deliveries will be another indicator and the performance of staff and changes in the attitude. The research duration will be for two years beginning from January 2003 to end of December 2004. The project is budgeted at US \$.16 210. The fund can be secured through regular health research budget.

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## TABLE OF CONTENTS

	<b>Page</b>
<b>ABSTRACTS</b> .....	iii
<b>ACKNOWLEDGEMENT</b> .....	v
<b>TABLE OF CONTENTS</b> .....	vii
<b>LIST OF TABLES</b> .....	xi
<b>LIST OF FIGURES</b> .....	xiii
<b>ACRONYMS AND ABBREVIATIONS</b> .....	xiv
<b>CHAPTER I Introduction</b> .....	1
<b>CHAPTER II Essay Quality Antenatal Care : A Reason to Ensure Skilled Attendant at Births</b> .....	7
2.1 Introduction.....	7
2.2 Pregnancy and well being.....	10
2.3 Burden of the maternal illness.....	12
2.4 Lifetime time risk.....	14
2.5 What are the causes of the maternal death?.....	18
2.6 The urgency for actions.....	20
2.6.1 International commitment.....	21
2.6.2 Country health sector.....	23
2.6.3 Community.....	24

2.6.4	Motivation for Self-care.....	26
2.7	Intervention Meaning Action–What tools?.....	29
2.8	What is Antenatal Care?.....	33
2.8.1	Delivery Point and Providers of ANC in Bhutan.....	35
2.8.2	Visits .....	36
2.8.3	Contents .....	39
2.8.4	Scientific Basis and Utility of ANC.....	41
2.9	Antenatal Care and Trained Deliveries.....	49
2.10	Referral system and continuum of care.....	52
2.11	Quality and ANC services.....	55
2.12	Current Situation in Maternal (Antenatal) Care services in Bhutan.....	58
2.12.1	Accessibility and some strategic approaches in Bhutan.....	60
2.13	Conclusion.....	62
	References.....	64

<b>CHAPTER III</b>	<b>Proposal : Action Research to Increase Assisted Delivery by Midwifery Trained Personals Through Reorientation and Continuous Quality Improvement of Antenatal Care Services in National Referral Hospital, Thimphu, Bhutan</b> .....	<b>72</b>
3.1	Introduction.....	72
3.2	Rationale.....	76
3.3	Research Questions.....	79
3.4	Objectives.....	79
3.4.1	General objective.....	79
3.4.2	Specific objective.....	79
3.5	Methodology.....	80



3.5.1	Method.....	80
3.5.2	Study population.....	86
3.5.3	Instruments.....	87
3.5.4	Data Analysis.....	87
3.6	Study Period.....	88
3.7	Study Setting.....	88
3.8	Monitoring.....	89
3.8.1	Evaluation.....	89
3.9	Activity Plan.....	90
3.10	Budget.....	91
3.10.1	Budget justification.....	92
	References.....	94

## **CHAPTER IV      Data Exercise : A Rapid Assessment of Quality**

### **of Hospital Based Antenatal Care Services**

#### **in National Hospital, Thimphu, Bhutan..... 96**

4.1	Introduction.....	96
4.2	Rationale.....	97
4.3	Objectives.....	98
4.3.1	General objectives.....	98
4.3.2	Specific objectives.....	99
4.4	Method.....	99
4.4.1	Design.....	99
4.4.2	Tools.....	99
4.5	Setting.....	104
4.6	Study Duration.....	104

4.7	Analysis.....	105
4.8	Findings.....	105
	4.8.1 Quantitative.....	104
	4.8.2 Qualitative.....	121
4.9	Summary of Findings, Quality Indicators and Remarks.....	133
4.10	Discussion and Conclusions.....	136
4.11	Limitation.....	140
4.12	Lessons Learned.....	141
	References.....	143
 <b>CHAPTER V Presentation.....</b>		<b>144</b>
 <b>CHAPTER VI Annotated Bibliography.....</b>		<b>156</b>
 <b>Appendices.....</b>		<b>163</b>
	Appendix 1: Exit Interview questionnaires.....	164
	Appendix 2: ANC observation Forms.....	166
	Appendix 3: Delivery Observation Forms.....	167
	Appendix 4: High Risk Screening Form.....	168
	Appendix 5: Guidelines for Focus Group Discussions.....	169
	Appendix 6: Guidelines for In-depth Interviews.....	170
	Appendix 7: Approval and clearance letters.....	171
 <b>Curriculum Vitae.....</b>		<b>172</b>

## LIST OF TABLES

<b>Tables</b>	<b>Page</b>
Table 2.1: Shows the lifetime risk of maternal death.....	15
Table 2.2: Causes of the maternal death in order of occurrence.....	20
Table 2.3: Antenatal care vs deliveries with a skilled attendant.....	50
Table 3.1: Activity Plan.....	90
Table 3.2: Research activities budget outlay for two year (2003-2004).....	91
Table 4.1: Showing the time of initiation of visit.....	106
Table 4.2: High risk detected vs referred.....	107
Table 4.3: Total emergency and elective admissions.....	108
Table 4.4: Breakdown of reasons for emergency admissions of the total.....	109
Table 4.5: District and qualification, cross-tabulation for women.....	111
Table 4.6: Enjoy care provided by the nurse midwife.....	112
Table 4.7: Mothers' personal view regarding physical setting.....	113
Table 4.8: Mothers' gender preference.....	113
Table 4.9: Preference for doctors to midwife nurse.....	114
Table 4.10: Provider's ability to convince the clients.....	115
Table 4.11: Client's need for same individual for continuity of care.....	115
Table 4.12: Client's preference for place of delivery.....	116
Table 4.13: Client's perception of the waiting time in clinic.....	117
Table 4.14: Information regarding the preparation of labor.....	118
Table 4.15: Knowledge regarding next visit.....	119
Table 4.16: Access to antenatal class.....	120

Table 4.17: Knowledge regarding location of labor rooms.....	120
Table 4.18: Assessment of oedema.....	122
Table 4.19: Measurement of height.....	123
Table 4.20: Detection of urinary problem and diabetes mellitus.....	124
Table 4.21: Attitude of staff in the clinic while delivering service.....	125
Table 4.22: Summary findings.....	133

## LIST OF FIGURES

<b>Figures</b>	<b>Page</b>
Figure 2.1: Proportion of trained deliveries and lifetime risk.....	16
Figure 2.2: Shows inverse relationship between trained deliveries and maternal mortality.....	17
Figure 2.3: Factors influencing maternity care, conceptual framework.....	27
Figure 2.4: Some interrelationship in the complex system of lifestyle, environment, and health status. <u>Lawrence W.Green et.al.education</u> and lifestyle determinants of health and disease ch.7.vol.1. Oxford Text Book Of Public Health.....	28
Figure 2.5: Essential safe motherhood interventions.....	30
Figure 2.6: Three delay model.....	32
Figure 2.7: A conceptual framework antenatal care and pregnancy outcome.....	33
Figure 2.8: WHO Recommended contents, number and timing of visits.....	40
Figure 2.9: Continuity of maternal services & Intensity of Care.....	52
Figure 2.10: A framework for analysis of system performance.....	56
Figure 3.1: A conceptual framework for variance analysis.....	74
Figure 3.2: Showing cyclical inquiry while moving from actual to best practice.....	83

## ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immuno-deficiency Syndrome
ANC	Antenatal Care.
AN	Assistant Nurse
ANM	Auxillary Nurse Midwife
BHU	Basic Health Units
BHW	Basic Health Worker
CSO	Central Statistical Organization
EmOC	Emergency Obstetric Care
GDP	Gross Domestic Product
GNM	General Nurse Midwife
HIV	Human Immuno-deficiency Virus
IUGR	Intrauterine Growth retardation
IUFD	Intrauterine Fetal Deaths
LMP	Last menstrual period
LBW	Low Birth Weight (< 2500g ).
MMR	Maternal mortality/morbidity rates
NHS	National Health Survey
ORC	Outreach clinic
SEARO	South East Asia Regional Office(WHO)
UNICEF	United Nations International Children's Emergency Fund
UNFPA	United Nations Fund Population Activities
WHO	World Health Organization.

Abortion	expulsion of fetus before 20 weeks of gestation
Anemia	Hemoglobin below 9g/litre
Dzongkhag	District.
Neo natal	after birth to one month.
Perinatal	From 20 <sup>th</sup> week of gestation to one week after birth.
Preterm	Birth of child before 37 weeks of gestation.