

Home based obstetric care: How much safer ?

Manohar Joshi

Abstract

Objective: To find out the obstetric care management and the consequences of home based delivery assisted by skilled birth attendants or quacks from registered delivery of referral cases in Bhim Hospital, Siddharthnagar, Rupandehi district, Nepal.

Methods: This is a retrospective and descriptive study of the clients who were referred to and from Bhim Hospital, Siddharthnagar for obstetric conditions during the past four years (2058-2061).

Results: A total number of 3174 women were cared during these 4 years (2058-2061). A decreasing tendency in hospital deliveries were noted during the same period of four years (2058-2061).

The numbers of cases being referred from the community were seen to increase every year from 4.6% in the first years to 19.8% in the fourth year. Out of the 380 cases referred 188 were complicated obstetric cases. Among them 48 women were delivered by ventouse while 140 women had to be re-referred for operative delivery to district hospital having caesarean facility. This was sheer wastage of time. Holding back the laboring women in villages for the benefit of incentive; provided by Government to promote home based delivery care was speculated to be one of the reasons why women were brought so late.

Conclusion. In view of women's benefit and to limit unnecessary dilly-dallying in between, it is rather better to refer difficult obstetric case from the community directly to the district hospitals, equipped with extended comprehensive emergency obstetric care (CEOOC) services, escaping various ladders of referral thus saving time. Instead a concept of birthing center to be emphasized more than home based delivery.

Keywords: Birthing center, extended CEOOC services, ventouse delivery in the community.

Introduction

Obstetric is a practice of medicine before the medicine era, since the reproduction of the human being started. This is a moment of joy but turns to be sorrow in many families. Birth is a natural phenomenon, occurring spontaneously with different consequences and we are trying to make it safer. Our main motto must be targeted to healthy outcome of the mother and child for healthy population.

Nepal is a country practicing 'home based delivery' in all most about 90% of the population in the rural villages. But the city dwellers also are not the exception. They too have inadequate antenatal visit, availing the services only for tetanus toxoid shots. However, the Government's main policy is to maximize institutional

deliveries made possible by awarding incentives for the first two children only, multi-gravidas, who may not be interested in going to hospital as she is barred from the incentive is attended by skilled birth attendant. Home based facilities are utilized by any women if she preferred home delivery for some personal reason too. With this scenario, this paper gives some insight to the increasing tendency of home based delivery at Rupandehi district.

Objective of the study

Main objective of this paper is to bring out the maternity audit of Bhim Hospital, Siddharthnagar and secondly to expose the behavior of women in the community regarding safe delivery practices.

Correspondence

Manohar Joshi, MD

Consultant Family Physician

Email: drmanoharjoshi@yahoo.com

Methods

This is a retrospective, descriptive study conducted during four consecutive years July 2001 – July 2005 (2057-2061) at Bhim Hospital, Siddharthnagar. All the deliveries conducted in this hospital were analyzed including those cases that were received from the community after complications. All the cases that were referred to facilities having extended emergency obstetric care were also recorded; as this hospital can only provide obstetric services limited to vacuum delivery and forceps extraction, and not cesarean section. There is also additional facility for MVA and blood transfusions. Descriptive analysis of the data is presented.

Results

Total numbers of labor cases during the 4 years period was 3174. This included 380 (11.9%) cases referred to the center as complicated obstetric cases from the community.

There were total of 3174 deliveries in the last 4 years period having spontaneous delivery in 2896 (91.2%). The number of deliveries at Bhim hospital was seen to be rather decreasing from 28% to 24% which is in the contrast to Government's strategies aiming at increasing hospital delivery (Table1). The complicated cases it received from the community is increasing over the years: from as low as 44 up to as high as 152. The referrals from the community were cases of retained placenta, post partum hemorrhage (PPH), prolonged labor, malpresentations and pregnancy induced hypertension (PIH)/ eclampsia.

Out of the 380 cases; spontaneous delivery occurred in half of them (192) and assisted instrumental delivery by ventouse in 48 (1.5%). Thus achieving vaginal delivery in 240/380 cases in total. Still a significant number of cases 140 (27%) had to be referred to the hospital equipped with extended comprehensive emergency obstetric care facilities (CEOC) such as caesarean section because of obstructed labor and non-progress of labor.

The number of women treated in post abortion care service (PAC) has increased tremendously in these four years, the number of cases has risen from 10 to 74 in the last 4 years. Thus the total number of PAC services provided were 141 cases seen as an aggressive increase of 74 (53%) noted just in last one year alone (Table 3).

Discussion and Recommendations

In the present scenario of our country, there has been increasing number of trained midwives or TBA working in the community and assisting for home based spontaneous vaginal delivery, but without bringing down the numbers of complicated obstetric cases which appears to be increasing every year. Following are the assumptions:

- Trained health worker are able to recognize the complications but only at a stage when complications have been made over complicated making it more difficult to handle (Table 2).
- Community Health workers and SBA try to handle every cases of delivery by themselves, even up to the eleventh hour which may be because of the incentives they are provided by the government. At times these results in serious complication often difficult to manage, when this can barely be solved in the ordinary hospital thereby needing further referral to center equipped with caesarean section facility. This may unnecessarily delay the process and becomes unrewarding.
- Understood that the quality of care in the community is undoubtedly is sub-standard, next thing that comes to mind is that no one knows the actual events at home deliveries as to 1) who conducts them and/or 2) Is it really by a trained manpower ?

With the growing rise in the number of referrals from community which has more than trebled within the four years, it is difficult to speculate whether to appreciate skilled birth attendant (SBA) or not, since complicated

Table I. Number of Annual deliveries in Bhim Hospital annually

Fiscal Year	Obstetric cases		Complicated cases received from community	
	N	(%)	N	(% in relation to number of total cases)
057/058	907	(28)	42	(4.6)
058/059	716	(23)	64	(8.9)
059/060	786	(25)	122	(15.5)
060/061	765	(24)	152	(19.8)
4years	3174	(100)	380	(11.9% of 3174)

Table 2. Outcome of complicated obstetric cases received from the community

Referral received 380	Spontaneous vaginal deliveries 192 (50.5%)	Vacuum 48 (12.6%)	Referral to CEOC 140 (36.8%)
--------------------------	---	----------------------	---------------------------------

Table 3. Post abortion care services

Fiscal year	Manual vacuum aspiration	
	No	%
057/058	10	07.09
058/059	21	14.89
059/060	36	25.53
060/061	74	52.48
Total	141	100.0

cases have been made worse before they were referred. Indirectly this becomes extra physical and financial burden to the poor villager who needs to be referred to other better hospital with extended emergency obstetric care (EOC).

Thus establishment of caesarean facility would be worthwhile in our hospital as well as in hospitals in the rural setting of developed countries, because ventouse delivery can fail at times.¹⁻³ Even community workers and paramedical personnel should be trained time and again so that they do not keep difficult cases till the last moment to themselves for the incentives. Although Bangladesh⁴ experiences have indicated a good outcome, relying on TBA (traditional birth attendant) have not been very significant.⁵

Conclusion

Increasing tendency to home based delivery with the assistance of the trained health workers is a good option, which facilitates early recognition of the

complications, timely referrals for safe delivery. But the data produced above does not favor in this direction. Improper handling of each and every delivery cases which has caused innumerable obstetric complications propose a concept of birthing center be adapted interlinking community to hospitals thus promoting safer services instead of home based obstetric care.

References

1. Mooney SE, Ogrinc G, Steadman W. Improving emergency caesarean delivery response times at a rural community hospital. *Qual Saf Health Care.* 2007 Feb; 16(1):60-6.
2. Plauche WC. Vacuum extraction. Use in a community hospital setting. *Obstet Gynecol.* 1978 Sept; 52(3):289-93.
3. Yarrow C, Benoit G, Klein MC. Outcomes after vacuum-assisted deliveries. Births attended by community family practitioners. *Can Fam Physician.* 2004 Aug; 0:1109-14.
4. Bhuiyan AB, Mukherjee S, Acharya S, Haider SJ, Begum F. Evaluation of a Skilled Birth Attendant pilot training program in Bangladesh. *Int J Gynaecol Obstet.* 2005 Jul; 90(1):56-60.
5. Bailey PE, Szaszdi JA, Glover L. Obstetric complications: does a training traditional birth attendant make a difference? *Rev Panam Salud Publica* 2002 Jan; 11(1):15-23.