

Tips on quality Organisation Of Maternity Wing

12 Steps for a manager



March 2009



Abbriviation

ANC	Ante Natal Care
ANM	Auxillary Nurse Midwife
BMO	Block Medical Officer
BMW	Bio Medical Waste
CHC	Community Health Centre
CS	Civil Surgeon
DH	District Hospital
DoHFW	Department of Health & Family Welfare
IMEP	Infection Prevention & Environment Protection
IPHS	Indian Public Health Standard
JICA/MP-RHP	Japan International Cooperation Agency Madhya Pradesh-Reproductive Health Project
LHV	Lady Health Visitor
LR	Labour Room
MCH	Maternal and Child Health
NRHM	National Rural Health Mission/Reproductive.
OPD	Outdoor Patient Department
PHC	Primary Health Centre
PNC	Post Natal Care
SN	Staff Nurse

Preface

With the introduction of NRHM and subsequently Janani Suraksha Yojna, quality of health services in the public health system is being given much importance. It is essential that the maternity wing, which is the most vibrant section in any facility, should be developed in a standardized pattern. In this document we are addressing organizing the maternity wing. It is being assumed that the ANC clinic and ANC/PNC wards are well established in the facility.

Although providing health care is a technical issue, but promoting standardized health care is more of a managerial issue. The 12 steps are developed keeping in consideration that there are people associated with the health programme who may not be health care providers themselves. Following this document will help them in proceeding systematically towards setting up a functional maternity wing.¹

There are supporting aids developed by JICA – MP RH Project which are requested to be used during this process. These are:

- Illustrated Guidelines to operationalise delivery care at District hospital, CHC/PHC
- Handbook on *Prasav mein dekhbhal*
- IMEP handbook
- Posters on Parameters of ANC checkup, Breast feeding, Kangaroo mother care, Wrapping the newborn, Handwashing, Bio-medical waste disposal, Standard Treatment protocol
- CD on Breast crawl (developed by Unicef Mumbai office)

While going through the steps, a manager may feel that (s)he is not confident to give the technical instructions to the facility staff. In this case, (s)he should take help of the facility in charge e.g. Civil surgeon/BMO or a knowledgeable nursing staff.

This booklet is developed jointly by DoHFW (M.P) and JICA/MP-RHP

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Step 1: Assess the capacity of the maternity wing

- Look around how much space is being used to provide delivery care in the facility. As per IPHS, standard Labour room size is 10x10 ft..
- Labour room should have a toilet attached to it.
- Get approximate number of daily delivery load in the particular facility, from the labour room records.
- Establish relationship between the space available and delivery load. If there are 5-6 deliveries per day, there is a possibility of two deliveries at a time. In that case the Labour room should have 2 tables.
- Observe if the staff and family members can move around freely in the labour room and wards. If there is difficulty in doing so, it indicates crowding.
- Maternity wing should not be situated in a secluded/isolated area. There should be enough security for the staff on-duty and the family members.
- Understand what are the related issue e.g. waiting space for attendants, availability of functional toilets for patients and staff, 2 staff on duty particularly on night duty etc.
- Explore possibility of additional/alternate space if the currently available space is inadequate.
- A separate staff duty room should be available so that it is easy for everybody to locate the staff in case of emergency.
- Register, records, cards, referral slip etc. used in the maternity wing should be available in the duty room.
- These should be filled by the staff on duty.

Step 2: Identify staff who is working in labour room

- Find out staff (by name) who is actually working in labour room. In many facilities ANM/LHV are deployed for outreach , OPD,MCH clinic only.
- List down the names of all the nursing staff who are posted within the facility or reside there although being responsible for outreach services or other SHCs.
- Map the cadre of the staff i.e Staff nurse, LHV, ANM, Ayah, Dai, Sweeper, counselor , birth companion etc who are involved in providing services in the maternity wing.
- Compare availability of nursing staff and ancillary with that of the delivery load. There should be 2 nursing staff posted exclusively in labour room at any point of time along with an ayah and a sweeper.
- Discuss with Civil Surgeon/BMO on fund availability for contractual hiring.

Step 3: Assessment of equipment/ instrument available in maternity wing

- Observe what all relevant equipment/instruments you can spot in the labour room (Make a list as per Illustrated Guidelines developed by JICA project).
- Observe furniture, equipment, instrument which are lying unused in the facility. Facilitate to remove them.
- Visit the facility store to see what is available regarding furniture, equipment, medicine etc relevant to maternity wing.
- Discuss with the facility incharge regarding items those are available in the facility but lying unused. With his consensus, these can be shifted to the maternity wing.
- Identify how many instrument are in working condition and how many need repair or replacement.
- Discuss with the facility in-charge on availability of funds for repair maintenance of the supplies.

Step 4: Physical arrangement of labour room

- Ask the staff of maternity wing to collect the necessary equipment/ instrument in the labour room if possible..
- Orient them on the need of establishing 4 corners i.e observation corner, service station ,delivery room and new born corner.
- Discuss with the staff where these 4 corners can be established within the maternity wing.
- Facilitate actual establishment of these corners
- Refer to the Illustrated guidelines for DH/CHC/PHC (developed by JICA Project) to facilitate the establishment in a systematic and standardized way.
- Support the staff in preparation of duty roaster for the facility (Civil surgeon/BMO to be taken into confidence). All the nursing staff i.e. ANM/LHV/SN should be involved to provide services in the maternity wing. Duties for ANMs/LHVs responsible for the outreach as well should be fixed keeping in mind their field activities. A sample duty roaster is given on next page:

Duty roaster

Name of facility----- Roaster duration-----

		8 am- 2 pm		2 pm- 8 pm		8 pm - 8 am		
Day	Date	Labour room	OPD/MCH clinic or general ward	Labour room	OPD/MCH clinic	Labour room	General ward	Doctor on call (Name & Phone No.)
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Note: Duties will be changed only with prior permission
 Being absent from the duty without sanctioned leave shall be considered as absent
 Duties can be swapped mutually only with prior intimation to the Maternity wing in-charge
 Implementation of duty roaster is the responsibility of Maternity wing in-charge

Signed

CS/BMO

Signed

Maternity wing in-charge

- Duty roster should be displayed at the Labour room.
- Discuss the issue of nominating a Maternity wing In-Charge with CS/BMO. This will ensure smooth working and a fixed focal person for management.
- Help the staff in identifying the maternity wing in-charge in consensus with the Civil surgeon/BMO and the staff.
- Ensure availability of “handing over/taking over” register is maintained in the Labour room. A sample of it given below:

DATE:							
Shifts	Staff on duty	LR Details	ANC Ward	PNC Ward	Supplies	Referral	Remark
8 am – 2 pm							
2 pm- 8 pm							
8 pm – 8 am							

- Appraise the CS/BMO about the improvisations if he was not able to attend the discussion.

Note: The next steps are for actual establishment of the wing. It needs to be kept in mind that these steps have to be carried out in your presence and cannot be left for the facility staff to follow later. In the future visits, it should be followed that the modifications are being practiced. The box below shows which steps correspond to which service area.

Note: Steps corresponding to establishment of the “4 corners” are

Observation corner : Step 5

Service station : Step 6,7

Labour corner : Step 8,9,10

Newborn corner : Step 11,12

Step 5: Establishing the Observation corner

- Confirm with the staff space designated for the Observation corner.
- Orient the staff on the need of establishing this corner.
- Discuss with them the convenience in working by establishing this area.
- Refer the Illustrated Guidelines for DH/CHC/PHC part 1 to arrange items in this area.
- Listen to the suggestions given by the staff and improvise if needed.

Step 6: Arrangement of 5 trays in the labour room

- Ask the staff which trays should always be available in the labour room.
- Orient them on the essential 5 trays i.e. delivery tray, episiotomy tray, baby tray, medicine tray for delivery and emergency drug tray. As you can see this is the sequence of activities in the Labour room, hence they should be kept ready before hand.
- Allow them to put things in each tray as per their understanding.
- Share the standard list after they have finished organizing the trays and facilitate to rearrange it .
- Orient them on scientific name and use of each instrument/equipment. Take help of the Medical Officer here.
- Ask them to mark the missing things and put them in the respective trays.
- Help them in identifying the item which are not available in the facility. They should prepare a list of these items.
- Share the list of items with the Maternity wing incharge so that these can be made available.

Step 7: Ensuring the infection prevention in the labour room

- Discuss with the staff what are the various practices of infection prevention to be observed in the labour room (hand washing, sterilization, using gloves/gown/cap mask, & color code waste bins).
- Ask them to arrange all the sterilization equipment items in the labour room,
- Help the staff to establish facility for hand washing.
- Orient them on all infection prevention techniques (starting from hand washing and proceeding to sterilization)
- Ask them to prepare the list of items/ supplies needed to practice infection prevention in the labour room.
- Share this list with the facility in charge so than he can make it available.
- Discuss with them how many drums are needed and containing what items (gloves, cap mask, gown, linen, instruments, gauze and pads, cotton, silk threads for suturing and cord tie).
- Demonstrate how to prepare each drum.
- Ask them to label indicating contents in each drum if the drums are already prepared.



Step 8: Establishing the Labour corner

- Look around the labour room and assess if 2 labour tables can be placed there.
- Ask the staff to move around in the labour room from one "corner" to the other. There should ease of moving around.
- Refer the Illustrated guidelines DH/CHC/PHC part 1 to arrange items in this area.
- Discuss with them the convenience in working by establishing this area.
- Listen to the suggestions given by the staff and improvise if needed.
- Display Standard Treatment Protocol posters in the labour room.
- Also display posters on newborn care, breast feeding, postnatal care and nutrition.
- To show short health education flims, TV should be made available.

Step 9: Usage of Partograph

- Observe if partograph is being plotted for each delivery case.
- Analyse the partograph, if plotted, is correctly done.
- Orient the staff on plotting of the partograph (use guidelines and case examples to make them understand)
- Give them case studies to practice plotting.
- Ask them to make arrangement near each labour table to hang the partograph.
- Inquire if the facility has sufficient quantity of printed partographs.
- Share the identified gaps with the facility in-charge so that he can bridge them.

Step 10: Demonstration of Infection Prevention procedures

- Ask them to do peer group demonstration of the following procedures one-by-one
 - Handwashing
 - Disinfection of latex gloves
 - Making sanitary pads
 - Putting waste in colour coded bins and respective bins.
 - Cleaning of vulva
 - Preparation of 0.5% Chlorine solution
 - Wearing and taking out gloves
 - Wearing sterile apparel
 - Preparing material to be autoclaved
- Ask others to observe each procedure closely.
- Refer to the *Prasav mein dekhbhal* skill checklist, BMW posters and IMEP handbook to monitor the correct steps for each procedure.
- Discuss which steps were not correct in the procedure (observers should share their views after the procedure is over and not interrupting in between)
- Orient them on correct step of each procedure.
- Ask them to demonstrate each procedure correctly once again.

Step 11: Orientation on Newborn care equipment

- Request the staff to bring all the needed equipment for newborn care in the maternity wing.
- Ensure that the electricity points are functional.
- Orient the staff on usage and maintenance of these equipment using the Illustrated Guidelines for DH/CHC/PHC part 2.
- Help them to list essential equipment which are not available in the facility.
- Help them to list out other related facilities to make the newborn corner operational e.g. sufficient electricity points, back up electricity support etc.
- Share the list with the facility in-charge so that he can make the things available

Step 12: Demonstration of Newborn care skills

- Ask the staff to demonstrate the following procedures one – by- one:
Wrapping a new born, Kangaroo mother care,
Breast feeding
- Ask the other staff to observe and share their views after the procedure is over.
- Discuss which steps were not correct.
- Demonstrate each procedure step-by-step explaining each one.
- Take them to the post natal ward and ask them to repeat the procedures on the admitted cases.
- Show CD on “Breast Crawl” if available.

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