CHAPTER: 15

STUDY TO EXPLORE REFERRAL MECHANISM OF PREGNANT WOMEN IN KANDHAMAL DISTRICT, ODISHA

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INTRODUCTION

Many women lose their lives every day as a result of difficulties connected to pregnancy or delivery. In 2013, most of these deaths occurred in underdeveloped countries, where the maternal mortality ratio is 14 times greater than in developed countries. An estimated 289,000 maternal deaths occurred worldwide in 2013, which equates to around 800 women losing their lives every day. Hemorrhage became the main cause of maternal deaths based on statistics from 2003 to 2009 [1]. Direct obstetric causes accounted for 59% of maternal fatalities in India [2]. A referral is any procedure whereby healthcare professionals at lower levels of the health system, who are not equipped to manage a particular clinical condition, seek guidance from more qualified or better-equipped professionals to manage or assume responsibility for a specific episode of the clinical condition in a patient [3]. All three delays may be addressed with an efficient referral system. Families may elect to seek care sooner rather than later if the system is dependable and reasonably priced (the first delay). Reducing the second delay—getting to care—can be accomplished by having access to effective transportation services. When medical personnel are informed ahead of time about a patient's condition and impending arrival, they can react correctly and quickly (the third delay) [4].

RESEARCH OBJECTIVES

1. To investigate the facility-based referral process for pregnant women in the Kandhamal district of Odisha.
2. To evaluate the institutional readiness for providing essential obstetric care services with certainty in the Kandhamal district of Odisha.
3. To examine the views of pregnant women regarding the availability and quality of services in the Kandhamal district of Odisha.

RESEARCH METHODOLOGY

The sampling approach employed in this study was purposive sampling, with a dual methodology for quantitative and qualitative investigations. For the quantitative aspect, key informants and service providers at the facility level were interviewed, including ANMs at sub-centers, medical officers or staff nurses at primary health centers (PHCs), and specialists/medical officers/staff nurses at community health centers (CHCs) and district hospitals (DHH). This approach aimed to gather essential information. In the qualitative study, pregnant women from selected blocks who had delivered their child at DHH and utilized its services during delivery in the months of January and February were individually interviewed. The sample size for the study involved the assessment of all delivery points in the selected blocks (six in number) for cross-sectional data collection on referred cases and checklist for facility assessment. This purposive sampling, conducted as an on-the-job study, involved the random selection and interview of 61 women who delivered their child at DHH and utilized its services during the months of January and February.

RESULTS & DISCUSSION

Systematic referral mechanism was not in practice at any of the facility visited. Documentation of the referred cases at any level was not found satisfactory. Referral details were not complete. Poor quality of data on referrals of pregnant women was found in the system. No reporting mechanism at block/district level was in place. Patients were referred without the referral slips. Availability of manpower infrastructure and other consumables was also below the required level. The available human resource and infrastructure was underutilized. Absence of feedback or follow up of referred patients at all the facilities visited. Only half of the patients could avail the transportation services. The patients who travelled from home to reach the nearest facility and then were referred to higher facility faced more delay in receiving the services. A number of factors such as the distance traveled, the skill set of Community Health Center (CHC) staff, and the point of care all influence the survival of women and infants within the referral system.

The quality of services offered at district hospitals is being negatively impacted by the increasing demand and excessive utilization of resources.

CONCLUSION

The findings of a research carried out in Kandhamal showed that there was no comprehensive referral mechanism in place for pregnant women. Documentation of the referred cases and reporting to higher levels was not in place. A feedback mechanism and follow-up of patients referred were absent. Referral details were partially recorded, due to which reasons for referral were not found. Transportation services were not available in time. The facilities assessed needed to be strengthened to provide assured basic emergency obstetric care. The non-availability of trained manpower, required infrastructure, and consumables resulted in reduced utilization of the nearest facility services. Delays in decision-making, reaching the facility, and receiving the services were observed.

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