CHAPTER: 06

STUDY ON INFECTION PREVENTION PRACTICES IN DELIVERY POINTS OF DINDORI DISTRICT OF MADHYA PRADESH

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INTRODUCTION

The National Rural Health Mission (2005-2012) aimed to enhance the availability and accessibility of maternal and child health services [1]. An integral component of the Mission was the sustained promotion of institutional deliveries, with increased rates achieved through financial incentives for health workers and women. Over the past 13 years, institutional delivery rates have steadily risen from 26% to 41% in 2005 [2]. Childbirth can introduce various infections, with puerperal sepsis being a particularly severe and life-threatening complication. In India, maternal deaths attributed to puerperal sepsis rank as the second most common cause, accounting for around 11% of all maternal deaths, following haemorrhage [3]. It is acknowledged that some cases of haemorrhage may also involve infection as a contributing factor [4]. According to a special survey of deaths conducted by the Registrar General of India (RGI) in 2001–03, the primary cause of maternal deaths was haemorrhage (38%), followed by other conditions (33%). Sepsis accounted for 11% of maternal deaths, while abortion, hypertensive disorders, and obstructed labor constituted 8%, 5%, and 5%, respectively [5]. Research indicates that the use of the partograph is highly effective in reducing maternal complications arising from prolonged labor, such as postpartum haemorrhage, sepsis, uterine rupture, and infant complications like anoxia, infections, and death. Predictors of maternal death highlight postpartum haemorrhage as the primary cause, contributing to one-fourth of total maternal deaths, and it can be prevented through appropriate management during labor [6].

Rationale

Demographic and health surveys indicate that most women do not undergo a postnatal examination, and 14% of women who gave birth in the past 5 years reported experiencing a significant fever during the postpartum period. Limited recent studies and insufficient information are available regarding infections occurring during childbirth.

RESEARCH OBJECTIVES

To assess infection control procedures and practices in health facilities

RESEARCH METHODOLOGY

The study employed a descriptive cross-sectional design conducted in District Dindori, Madhya Pradesh, over a three-month period from 8th February 2016 to 8th May 2016. The sample comprised 40 delivery points, including 2 L3, 8 L2, and 30 L1 delivery points. Participants included Specialists, Medical officers, Staff Nurses, and ANMs from identified level 2 and level 3 delivery points. Data collection involved two methods: semi-structured interviews with responsible health personnel and a walk-through observation of specific delivery care units. The interview and observation tools, developed based on existing Government of India guidelines, covered general information about infection control-related materials and procedures, as well as specific practices such as handwashing, non-touch techniques, and skin preparation.

RESULTS & DISCUSSION

Forty health facilities participated and there were forty respondents, one from each facility. There were no refusals. The respondents were medical doctors (25% medical officers) 35% and 45% were Staff nurses and ANM respectively. Almost all respondents had at least two years' experience in that particular health facilities. 36% staff of delivery point didn't wash their hands before procedures. 32% staff of dp's didn't use soap for hand washing.70% of staff still don't know about proper hand wash.20% staff of delivery point didn't use sterile gloves. 33% staff of delivery point didn't use autoclave machine for sterilization of instruments, Either because of Unavailability or its non-functionality. Only 20% staff did regular sterilization. Almost in all delivery point, deep buried placenta was done. Less than 50% of staff of all delivery points didn't use Hub cutter for disposing of used needle. Use of personal protective equipment is very low i.e 15%.

CONCLUSION

This examination of existing infection control protocols and practices during labor and delivery in health facilities in Dindori underscores the need for improved protocols, procedures, training, and research. Simply encouraging women to use health facilities for childbirth through government initiatives may not guarantee a safe delivery. In conclusion, the insufficient documentation of the risk of contracting infections during childbirth in health facilities in Madhya Pradesh and India underscores the importance of emphasizing infection control during delivery and addressing puerperal sepsis. This emphasis may contribute to the improvement of maternity care quality. Models of care designed to encourage the use of health services should be evaluated not only in terms of increased utilization but also in relation to the quality of care provided.

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