

Applying a framework for assessing the quality of maternal health services in urban India

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Abstract

This paper presents findings from the application of a framework for assessing the quality of care of institutional maternity services in an urban slum in India. The framework divides quality into two parts: the quality of users' experience of care and the quality of the provision of care. Data from public and private hospitals were collected via observation, exit interviews, provider interviews, review of hospital records, the mystery client approach and a household survey of 650 women in the immediate vicinity of the case study hospitals. Findings provide evidence that quality is far from optimal in both public and private facilities. Problems identified included a lack of essential drugs, women being left unsupported, evidence of physical and verbal abuse, and births occurring in hospitals without a health professional in attendance. The paper concludes that while many governments have explicit targets to increase institutional deliveries, many do not have explicit targets or even a commitment to assess and improve the quality of institutional services for childbirth.

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Introduction

Over 90% of women in India become mothers. Unlike medical conditions that affect sub-sections of the population, pregnancy in India affects almost all women quite predictably. At present over 60% of these women undergo childbirth without skilled assistance, and between 66% and 93% do not give birth in a health facility. A growing number of countries have policies that articulate their government's commitment to safe motherhood programmes. Increasing the proportion of births that

take place in institutions is often an explicit target. Such policies are motivated by the very high levels of maternal mortality currently experienced (WHO, 2005).

A policy emphasis on increasing the rate of childbirth in hospitals inherently assumes that institutions provide an optimal level of care. Recent evidence however, suggests that women receive and experience appalling care in some institutions in the developing world. There is growing evidence that avoidable factors, missed opportunities and sub-standard care contribute to deaths (Pattinson, 2003; Pitchforth, van Teijlingen, Graham, Dixon-Woods, & Chowdhury, 2006). Alongside the continued high levels of mortality and disability, worldwide evidence is emerging to show that the care process itself

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is dehumanized in many parts of the world. Studies show that staff are indifferent and uncaring; and that there is a lack of privacy, dignity and communication (Miller et al., 2003). There is evidence of dissatisfaction with services due to shortages of drugs and essential supplies, lack of commitment on the part of staff, poor quality of food and lack of cleanliness in the health facilities. Despite this, many women give total trust to health professionals and very rarely question the usefulness of many routinely applied procedures. Of particular concern is the growing evidence that problems of substandard care and the lack of satisfaction with quality of care contributes to the delay and non-use of services by women and their families (Mwaniki, Kabiru, & Mbugua, 2002).

This paper presents the findings of a situation analysis of quality of care within institutional maternity services within a slum area of an urban Indian metropolis. The findings are divided into two groups as suggested by a quality of care framework designed during the course of this study (Hulton, Matthews, & Stones, 2000). The first group concerns women's experience of hospital maternity care—including their impression of the human and physical resources; their understanding of the situation; the respect that they are accorded, their sense of dignity and equity; and the emotional support that they receive. The second group reflects key aspects of care provision by the facility, including the quality of human and physical

resources; the quality of their referral links and information management systems; the use of appropriate technologies in caring for women and hospitals' adherence to internationally recognized good practice. The dimensions of care in the framework are illustrated in Fig. 1. Owing to the need for open discussion of experiences and problems with clients and providers, for which an assurance of anonymity was given, the study locations are not identified in this paper.

Experience and provision: two sides of care

While the quality of the provision of care in facilities is fundamental to ensuring effective care, women's actual experience of care is a significant, but often neglected aspect of quality of care that contributes to maternity outcomes. If women's cumulative experience at a facility is such that it deters some from returning for a subsequent delivery, or leads to rumours to the same effect in the wider community, the actual quality of the provision of care for these women is academic.

Many research studies have focused on aspects of the provision of care ranging from shortages of human resources, inadequate skill mix, poor management, weak referral systems and lack of essential supplies and medicines and ineffective management information systems (WHO, 2005). While less attention has been paid to the experience of care, assessing care provision has been

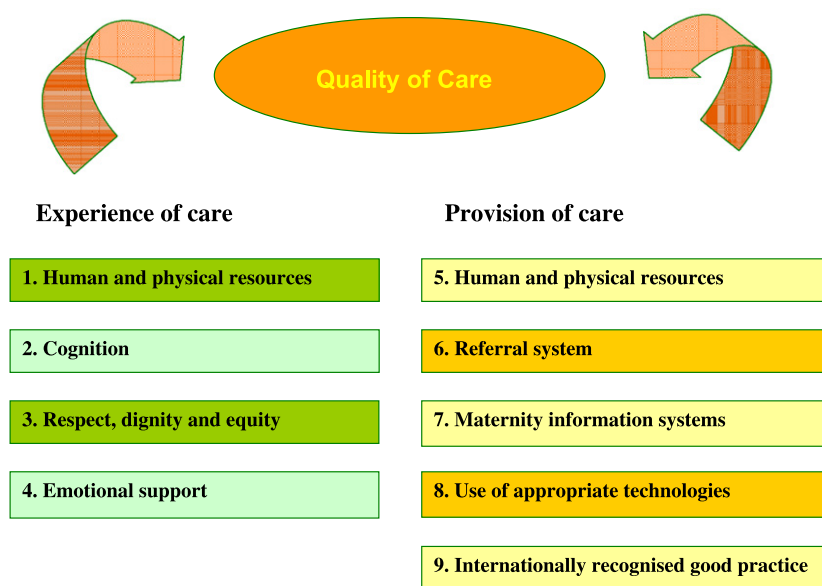


Fig. 1. A framework for assessing quality of care in maternity services.

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