Does quality of delivery care differ between public and private health facilities in Madhya Pradesh, India?

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Indian situation

- Largest contributor to global maternal deaths
- Cash incentive program *Jannani Suraksha Yojana* (JSY) pays incentive to women on delivery at health facility
- Recent surge in facility births: Facility births increased from 34% in 2005 to 75% in 2013
• Quality of care during facility births is hence crucial to better outcomes

• Encouraging evidence on proportion of facility births but scare literature on quality of facility births
• Quality is a multidimensional concept
• Varying perspectives and methods of assessing QoC: technical, functional, managerial
• User experiences and views are important dimension of quality
• Highly technical elements of care are difficult to assess through user experiences, but some elements can be assessed so
• Exit interviews is a popular method to study user experiences
• Exit interviews method to assess delivery care practices at facility in Madhya Pradesh (MP) state of India

• MP is a central Indian state with poorer health indicators than national averages

• High proportion of facility births (80%) and majority are in public facilities
Study area: Three heterogeneous districts of MP

Design: Facility based cross sectional study

Study facilities: All facilities conducting min 10 deliveries/month (n=96 (73public +23 private))

Respondents: Women delivered at facilities during 5 days, interviewed at the time of discharge after delivery (n=997 (Facilities: Public 881 + 116 Private))
Measure of quality

- Selected practices of the WHO recommended standard delivery practices were assessed

- Following groups of practices were assessed:
  - Practices to be encouraged routinely
  - Practices to be discouraged routinely
  - Practices potentially harmful
Practices to be encouraged routinely

- Companionship
- Mobility
- Early breastfeeding
- Early rooming in

% of mothers

More prevalent in Public facilities
Practices to be discouraged routinely

More prevalent in Private facilities
Practices to be discouraged routinely

Practices not significantly different among public and private
Fundal pressure was similarly prevalent in public and private facilities.
Practices to be encouraged routinely
Practices to be discouraged routinely

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<tr>
<th>Practice</th>
<th>Primary</th>
<th>Secondary</th>
<th>Tertiary</th>
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<tr>
<td>IV fluids</td>
<td>20</td>
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<td>20</td>
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<td>Pubic shaving*</td>
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<td>Enema*</td>
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<td>Episiotomy*</td>
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<td>Supine position</td>
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<td>Abuse</td>
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<td>Fundal pressure</td>
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Conclusions

• Practices to be encouraged routinely are more prevalent in public facilities in MP

• Practices to be discouraged routinely are more prevalent in private facilities

• Practices do not differ by level of public facilities

• Quality of routine delivery care in public facilities is better than in private facilities in MP, both need considerable improvement
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