

Reproductive and Child Health (RCH)

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SIOs

At the end of one hour didactic lecture, the student should be able to:

- Enumerate various activities under RCH programme-including their components related to health of women
- Describe facilities & component of obstetric care.

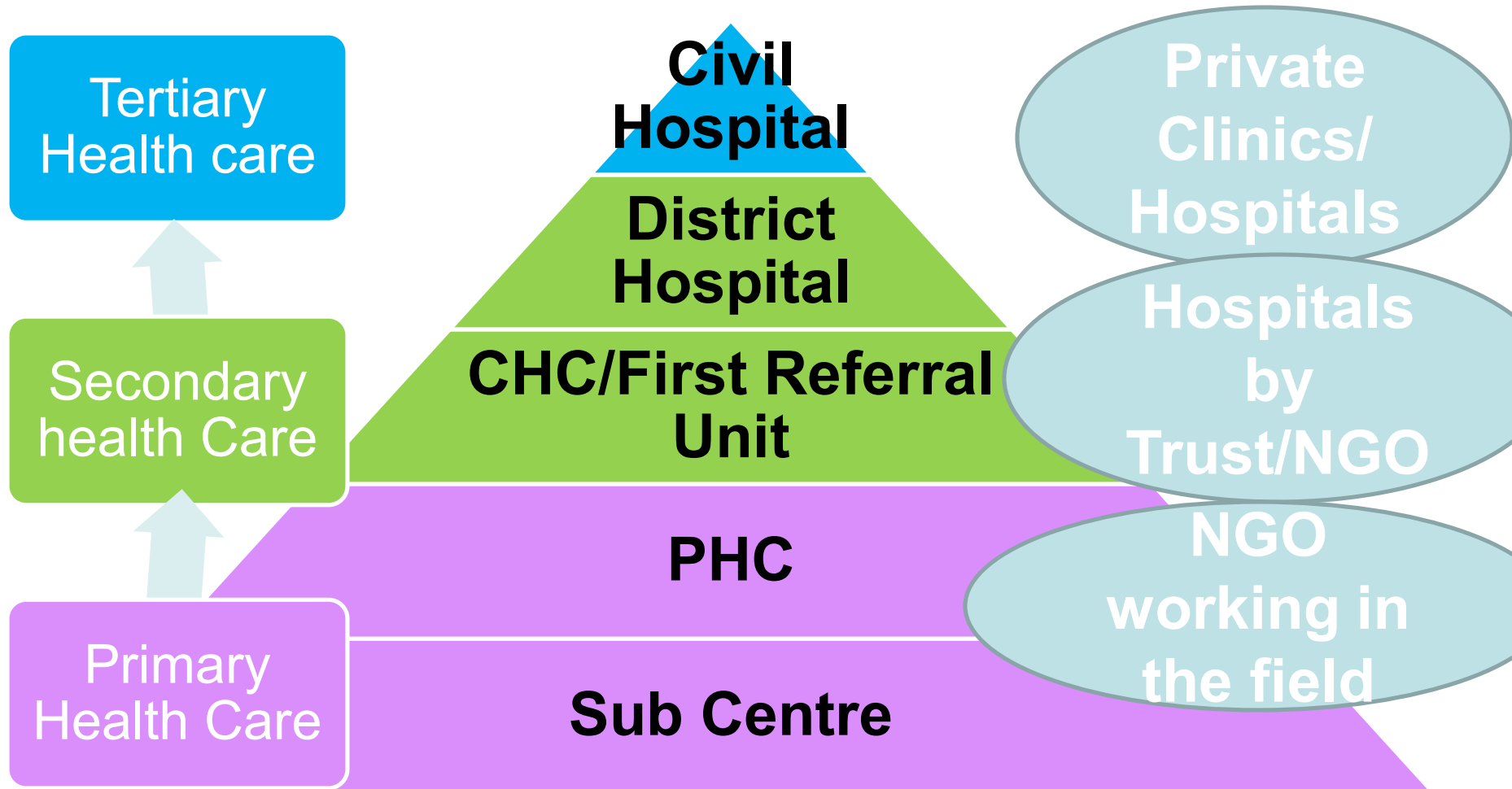
COMPONENTS OF RCH II

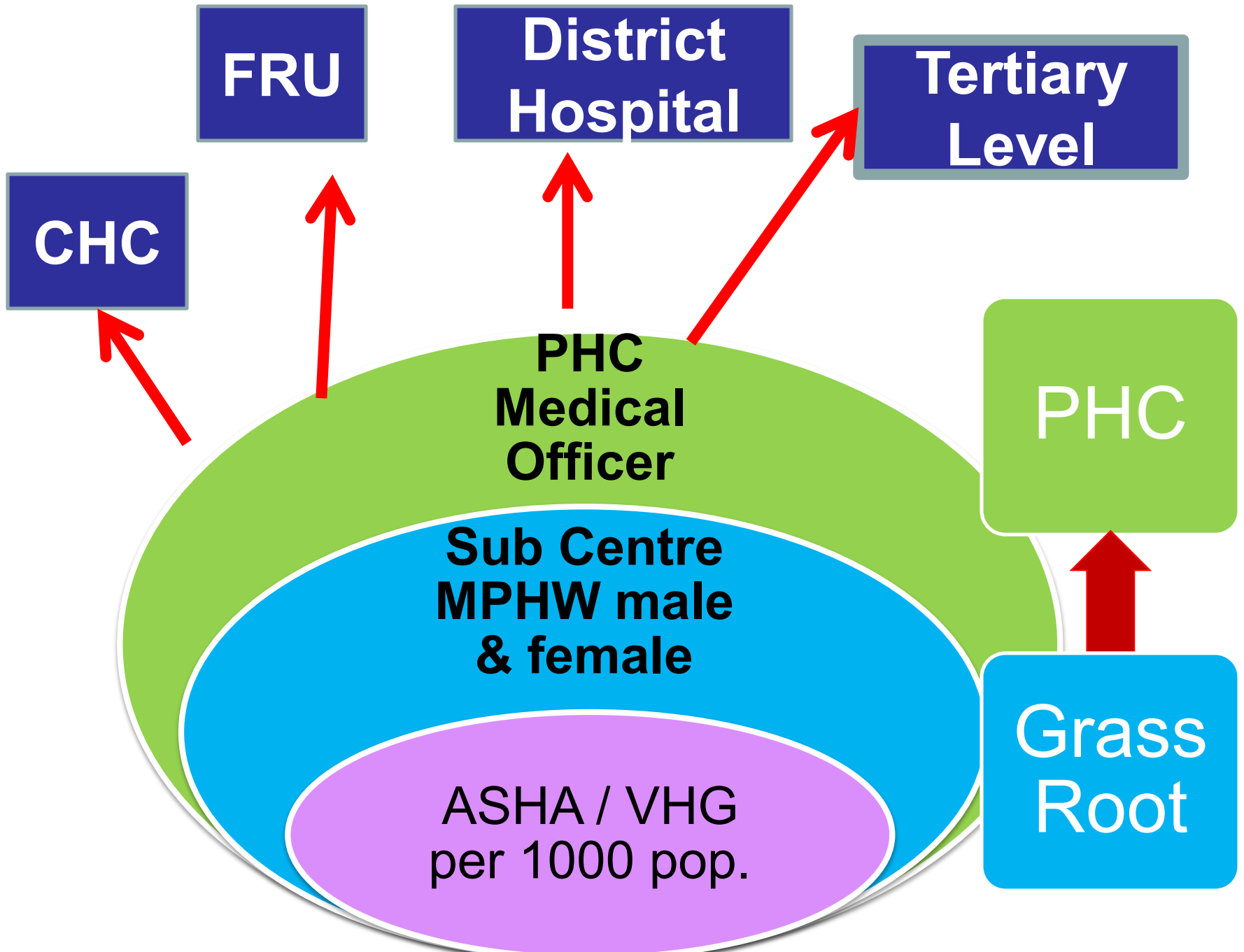
1. Population stabilization
2. Adolescent health
3. RTI/STI: treatment and control
4. MTP
- 5. Maternal health**
6. Urban health
7. Tribal health
8. Newborn care
9. Child health
10. Other priority areas: targeting of services, strengthening service delivery, infrastructure and maintenance, supply of drugs and equipment, strengthening of health care providers

Maternal health

- Levels of health care services for maternal health
- Integrated package of services for mother

Health Care Service in India





FRU

**District
Hospital**

**Tertiary
Level**

CHC

**PHC
Medical
Officer**

PHC

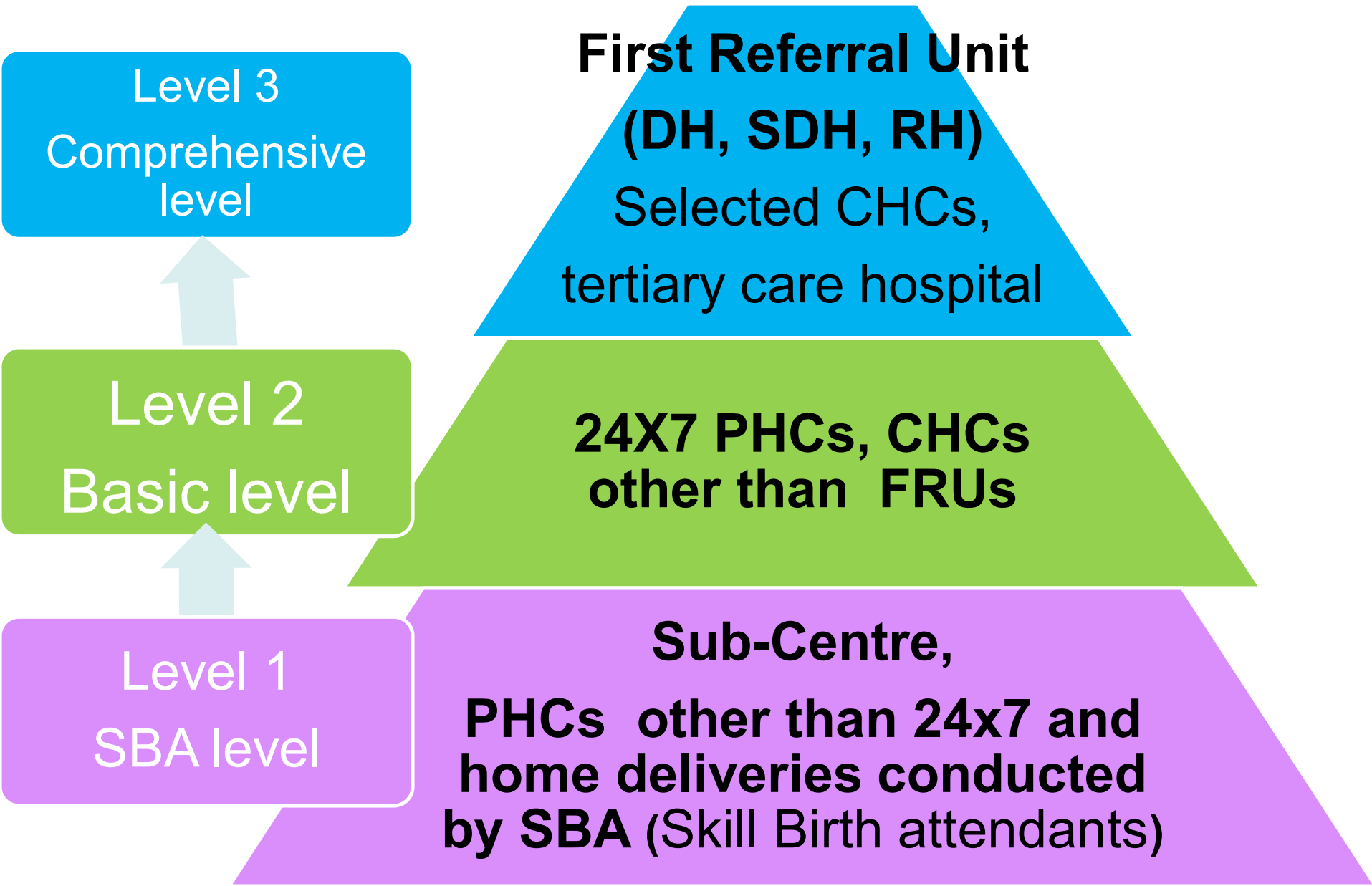
**Sub Centre
MPHW male
& female**

**ASHA / VHG
per 1000 pop.**

**Grass
Root**

Maternal & Newborn health care Services by Gvt. Of India

Framework



Maternal health

- Levels of health care services for maternal health
- **Integrated package of services for mother**

Integrated package of services for mother & child

- Essential obstetric care (EOC) for all pregnant women
- Emergency obstetric care (EmOC)
- First Referral Unit (FRU)
- 24 hours delivery services at PHCs/ CHCs
- Referral transport through Panchayats

Essential obstetric care (EOC)

- Where
- To whom
- What – Package of services, Facilities

EOC- Where Available

At all levels of Health Care

- **Level 1-Subcentres/ PHCs**
(without 24X7 services)
- **Level 2- 24X7 PHCs, CHCs other than FRU**
- **Level 3- First Referral Units (FRUs)**
District hospital (DH), Sub DH, Selected CHCs, tertiary care hospital

Essential obstetric care (EOC) for **all pregnant women**

- **Antenatal**
- **Intra natal-Community level**
Health centre level
- **Post natal**

Essential obstetric care (EOC)

- **1st visit: Within 12 weeks**—preferably as soon as pregnancy is suspected—for registration of pregnancy and **first antenatal check-up**.
- **2nd visit:** Between 14 and 26 weeks.
- **3rd visit:** Between 28 and 34 weeks.
- **4th visit:** Between 36 weeks and term.

Antenatal Care

- Minimum ANC
- Desirable ANC
- Clinical Examination
- Lab investigation
- At risk mother
- Interventions-Prophylaxis & treatment

Minimum 4 ANC visit



Desirable/Optimum ANC visit

- Every monthly –Up to 6 months
- Every 15 days- 7th-8th Months
- Every weekly- 9 months onwards

This is for Uncomplicated gestation only
May be More if any risk is detected

III. Laboratory investigations

1. Pregnancy detection test
2. Haemoglobin estimation
3. Urine test -sugar and proteins
4. Rapid malaria test
5. Blood group, including Rh factor
6. VDRL/RPR
7. HIV testing
8. Blood sugar testing
9. HBsAg
10. Rapid malaria test (if unavailable at SC)



**At the
Sub Centre**



**At the
PHC**

Identification of At Risk Mother

PHAME

P- Prolong pregnancy (>14 days after EDD)
Previous Bad obstetric history-CS or instrumental delivery, PPH, Foetal loss

H-Height ≤ 140 cms
Hydramnios

A-Anemia, threatened abortion, Ante Partum Hemorrhage

M- Multiple pregnancy
- Malpresentation,
-Medical disorder-
CHD,DM,STD,TB,
hepatitis or jaundice.....

E-Elderly primi (≥ 30 years)
-Elderly multipara
-Eclampsia /Pre eclampsia

Prophylaxis & Disease detection (EOC)

- Tetanus Toxoid - 2 doses of with 4 weeks interval
- Anemia Control Prophylaxis-
 - 1 tablet (**100mg**. Elemental iron + 0.5 mgs. Folic Acid)-for all pregnant women
 - 2 tablet (each tab. -**100mg**. Elemental iron + 0.5 mgs. Folic Acid)-for anaemic women.
 - Severe anaemia needs referral.

Interventions During Antenatal visits

- Identify high risk mother
- Prophylaxis & Disease detection
- Counselling
- Complication readiness

Essential obstetric care (EOC) for **all pregnant women**

- **Antenatal**

- **Intra natal-** Community level
Health centre level

- **Post natal**

Community Level-

For those mother who prefer home delivery

- Promotion of deliveries by skilled birth attendant at sub centre or community level
- ANMs to administer obstetric first aid-
 - Clean surface
 - Clean hands
 - Clean cord tie
 - Clean cut (Blade)
 - Clean cord stump (no application)

Essential Ob care- At Health Centre- Level 1

- Normal delivery with use of partograph
- Active management of third stage of labour- oxicotic drugs
- Infection prevention – Antibiotics

- Minimum 6 hrs stay post delivery
- Counseling for Feeding, Nutrition, Family Planning, Hygiene, Immunisation
- Post natal check-up
- Timely identification of danger signs and complications, and referral of mother and baby

Postnatal care

Home visits

by

MPHW-Female or ASHA

HOME DELIVERY

Postnatal Care



Post natal care ensures well-being of the mother and the baby



6 POST NATAL VISITS

1ST DAY,

7TH DAY,

14TH DAY,

21ST DAY,

28TH DAY,

42 DAY,

INSTITUTIONAL DELIVERY

Postnatal Care



Post natal care ensures well-being of the mother and the baby



6 POST NATAL VISITS

3RD DAY,

7TH DAY,

14TH DAY,

21ST DAY,

28TH DAY,

42 DAY,

SERVICE PROVISION DURING CHECK UPS

	Mother	Newborn
Ask	<ul style="list-style-type: none">● Heavy bleeding● Breast engorgement	<ul style="list-style-type: none">● Confirm passage of urine (within 48 hours) and stool (within 24 hours)● For convulsions, diarrhea and vomiting
Observe & Check	<ul style="list-style-type: none">● Pallor, pulse, BP and temperature● Urinary problems and perineal tears● Excessive bleeding (PPH)● Foul smelling discharge (Puerperal sepsis)	<ul style="list-style-type: none">● Activity, color and congenital malformation● Temperature, jaundice, cord stump and skin for pustules● Breathing, chest in drawing● Suckling by the baby during breast feeding

Counsel For

- Danger signs
- Correct position of breast feeding and care of breast and nipples
- Exclusive breast feeding for 6 months
- Nutritious diet and calcium rich foods
- Maintaining hygiene and use of sanitary napkins
- Choosing contraceptive method

- Keeping the baby warm
- No bathing on first day
- Keep the cord stump clean and dry
- Additional check up for the Low Birth Weight babies
- On importance of Routine Immunisation
- Danger signs in baby

Do

- Hb% estimation
- Give IFA supplementation to the mother for 3 months

- **Give Polio, BCG,**
- **Hepatitis B vaccine**

Facilities at level 1

- At home – clean surface and surroundings
- Partograph
- In home deliveries- SBA should be available for 4 hours after child birth.

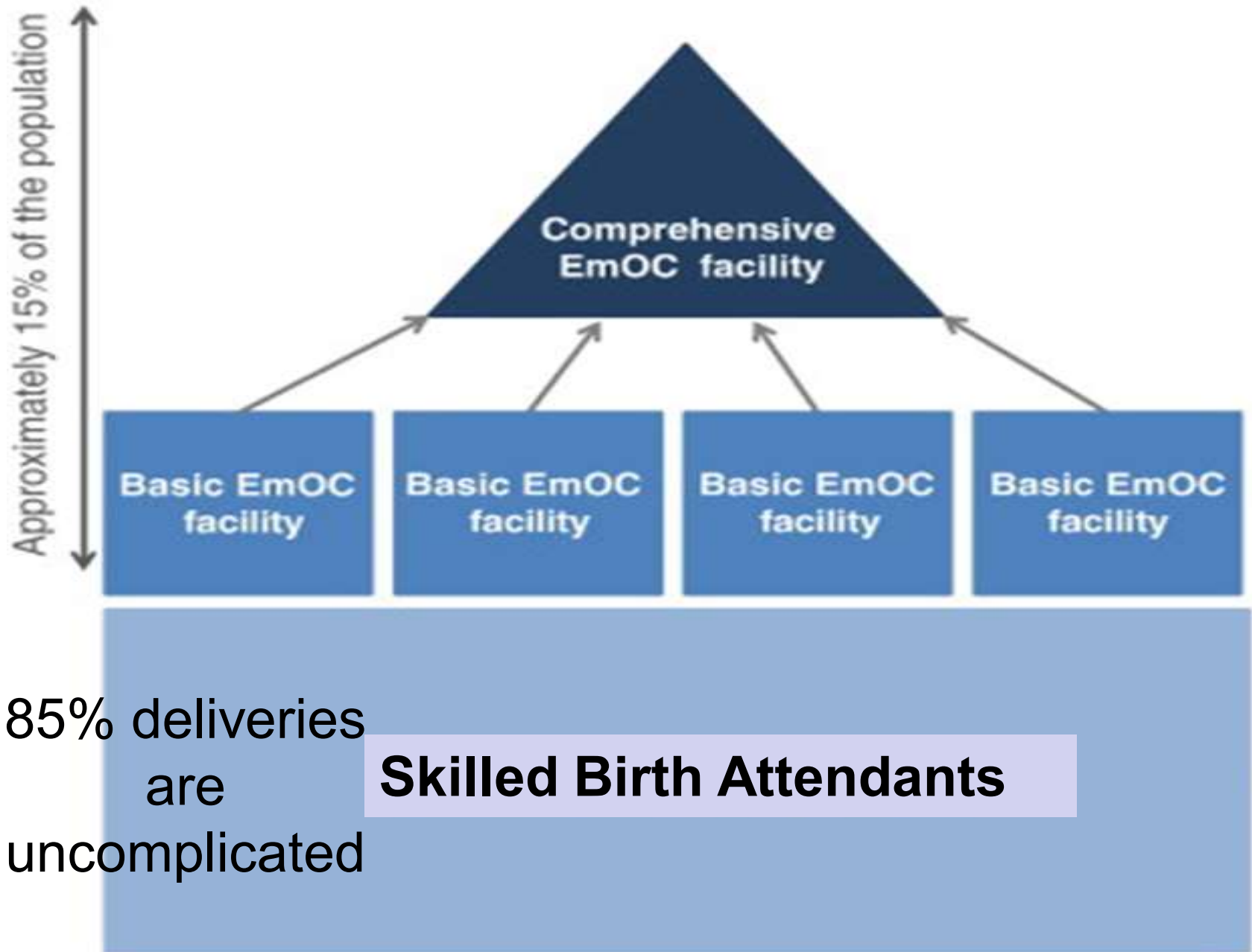
Facilities at level 1

Primary Health centre

- Partograph
- Facility for staying at least 6 hrs
- Labour table and newborn care corner to provide immediate care for all newborns.
- Referral facility- Ambulance
- Essential & emergency drugs
- Equipment- Home delivery kit, DDK

Integrated package of services for mother

- Essential obstetric care (EOC) for all pregnant women
- **Emergency obstetric care (EmOC)**
- First Referral Unit (FRU)
- 24 hours delivery services at PHCs/ CHCs
- Referral transport through Panchayats



Emergency Obstetric Care

EmOC

- **Basic Emergency Obstetric Care- BEmOC**
 - **Level 2-** 24 x 7 PHCs & CHCs other than FRU
- **Comprehensive Emergency Obstetric Care- CEmOC**
 - **Level 3-** FRUs, District hospital (DH), Sub DH, Selected CHCs, tertiary care hospital

Basic Emergency Obstetric Care- BEmOC

- Where
- To whom
- What – Package of services, Facilities

To Whom

- High risk antenatals & those mothers in whom chances of complication in new born is high
e.g. multiple birth, mal presentation, infection, LBW
- Complicated labour

Basic Emergency Obstetric Care- BEmOC

- Where
- To whom
- What – Package of services, Facilities

Basic EmOC

Essential Ob.Services (EOC)

+

-6 basic Em OC functions

-5 service *Availability*

Basic EmOC

Essential Ob.Services (EOC)

+

-6 basic Em OC function are

Administer parenteral

1-Antibiotics,

2-Oxytocic drugs

3-Anti-convulsants for pre/eclampsia

Devilery of

4- Placenta, 5- retained products

6-by Forceps/ Vacuum extraction

(Assisted vaginal delivery)

Basic EmOC

- **Availability of Services**

1. Availability of RTI, STI services
2. Safe abortion services
3. 24 Hrs. Delivery services
4. New Born care
5. Family Planning, Counselling services

Basic Emergency Obstetric Care- BEmOC

- Where
- To whom
- What – Package of services, Facilities

Facilities

- **All in Level 1 +**
- Minimum 6 beds
- Stay- 48 hours (Uncomplicated delivery)
- Vacuum extractor + newborn corner + stabilisation unit where most sick and LBW newborns are stabilised.
- For drugs, equipment and essential drugs

- 1-2 MO with BEmOC training, trained in F.IMNCI
- 3-5 Staff Nurses/ANM with SBA training and NSSK(round-the-clock presence)

Emergency Obstetric Care

EmOC

- **Basic Emergency Obstetric Care- BEmOC**
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 - **Level 3-** FRUs, District hospital (DH), Sub DH, Selected CHCs, tertiary care hospital

Comprehensive Emergency Obstetric Care- CEmOC

- Where
- To whom
- What services, Facilities

Comprehensive EmOC

Skilled health personnel who can provide

Full basic EmOC + **A B C**

- **A** -Admin. Of anesthesia
- **B**-Blood storage facility
- **C**-Cesarean Section, Care during emergency- new born & sick children

Comprehensive EmOC (Package of services: FRU)

A B C D E F I

Package of services: FRU

A -Admin. Of anesthesia

B-Blood storage facility

C-Cesarean Section

D-Delivery- 24 hours

- Normal & Assisted (Vacuum extraction)
- Manual Removal Of Placenta

E-ENBC, Emergency care of sick children

F-Full range of FP services-IUD insertion
Vasectomy and tubectomy

I- Immediate care of newborn, Incomplete
abortion-Suction & curettage, ICTC services

- stay – 48 hrs-(uncomplicated delivery),
3-7 days (complicated)

What kind of human resources & Facilities are required?

A B C D E F I

Facility at center for EmOC

- **Additional staff & Capacity building of existing staff**
- Facility up gradation for EmOC

Human resources

Medical Staff- Specialist

- Superintendent- OB Gy
- Anesthetist- consultancy
- Pediatrician- consultancy/contract base/
full time common between CHCs

Medical Staff:

Medical officer

– Minimum 4

- Trained in MTP, Manual removal of placenta, TL, Vasectomy
- In life saving anesthetic skills
- Training of MBBS MO in CS

Training is limited to the requirement of tackling emergency obstetric situations only

EmOC

Training of MBBS doctors

FOGSI has prepared a training plan of 16 weeks in all obstetric management skills including CS operation

Paramedical Staff:

- **Staff nurse/ANM,**
 - **pharmacist,**
 - **laboratory technician, PHN,**
 - **health assistant-male and female.**
-
- **Counselor (NACP)- HIV testing,**
ICTC (Integrated counselling & testing centre)

EmOC

- Capacity building of staff
- **Facility up gradation for EmOC**

Facilities

- Indoor-30 beds
- Labour room
- Fully functional Operation theatre- CS
- Post operative ward
- Cold storage for blood Transfusion bottles
- Special Newborn Care Unit-Area enmarked & equipped for new borne care in labour room & ward
- Laboratory services- & linkage services for HIV positive mothers

Facilities

- Ambulance
- 24 hours waste supply with drainage facility
- Arrangement of waste disposal
- Electricity- Generator
- Telephone connection

RCH-II strategic choices to ↓ MMR

- C EmOC is responsible for 33% reduction in MMR
- Safe abortion = 12% ↓ in MMR
- Active management of 3rd stage of labour = 8% ↓ in MMR
- Treatment of eclampsia = 4% ↓ in MMR

Obstetric Care Services

- Where-
- To whom
- What – Package of services, Facilities

**Level 1
SBA Level**

**Level 2
Institutional
(Basic Level)**

**Level 3
Institutional
(Comprehensive
Level)**

Level 1 SBA Level	Level 2 Institutional (Basic Level)	Level 3 Institutional (Comprehensive Level)
Delivery by SBAs (Sub-Centre, PHCs not functioning as 24x7 and home deliveries conducted by SBA)	24X7 PHCs, CHCs other than FRUs	FRU-DH, SDH, RH, selected CHCs)

Maternal & Newborn health care Services by Gvt. Of India Services

Services	Level 1	Level 2	Level 3
Essential Ob. Care	√	√	√
Basic emergency Ob care	—	√	√
Comprehensive emergency Ob care	—	—	√

Level 1	Level 2	Level 3
Facility for staying at least 6 hrs	Minimum 6 beds,	Minimum 30 beds,
Stay- In home deliveries- SBA should be available for 4 hours after child birth.	stay – 48 hrs (uncomplicated delivery)	stay – 48 hrs (uncomplicated delivery), 3-7 days (complicated)

PREVENTION OF MATERNAL MORTALITY

PREVENTION

- Mortality by Direct cause
- Mortality by Indirect cause

Indirect causes

1. Too early,
2. Too frequent
3. Too many children

1. Delay in taking decision to seek care
2. Delay in Reaching care
3. Delay in Receiving care

Promote

1. Women's status & empowerment
2. Early registration
3. Institutional deliveries
4. Improve acceptances of family planning method at proper time

1. Health facility
2. Quality of care
3. Transport

PREVENTION

- Mortality by Direct cause

Woman

- Antenatal
- Intranatal
- Postnatal

Health care services

Thank you

Website- RCH-

www.unicef.org/ Operational guideline of maternal &
Child Health, GoI, MoHFW 2010