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ROLE OF 'MATERNAL ADVANCED HEALTH EVALUATION RECORD' (MAHER) IN PROMOTING INSTITUTIONAL DELIVERES

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ABSTRACT

INTRODUCTION : In India, both perinatal mortality and maternal mortality are high. This can be reduced by improving institutional delivers. With this in view, MAHER Card a scheme was started in Acharya Vinobha Bhave hospital, Sawangi in 2013 to facilitate more and more institutional delivers by providing subsides like free deliveries, blood investigations, sonography and subsidised rates of caesarian section.

METHODS : A retrospective study was done. Data of all the antenatal women who had visited obstetrics opd of AVBRH hospital were collected in past 3 years from June 2014 to June 2017 and among them women who have issued MAHER CARD and delivered in the institute were calculated.

RESULTS : The study showed that there was rising trend of deliveries significantly after the introduction of MAHER card in 2014 (16.4%). Those antenatal women who did not deliver in AVBRH but issued MAHER card did investigations including sonography and blood investigations thus helping in early assessment of high risk cases and implying that it benefited them financially as well.

CONCLUSION : MAHER card scheme has improved institutional delivery in the past three years substantially. It has also helped in early detection of maternal and fetal complications by improving rate of early investigations and sonography.

Keywords: MAHER, Institutional deliveries

1. INTRODUCTION

It is well established that giving birth in a medical institution under the care and supervision of trained health-care providers promotes child survival and reduces the risk of maternal mortality(1). In India, both perinatal mortality and maternal mortality are high. Seven out of every 100 children born in India die before reaching age one, and approximately 167 out of every one lakh mothers who become pregnant die of causes related to pregnancy and childbirth.(2) India accounts for more than one-fifth of all maternal deaths from causes related to pregnancy and childbirth worldwide.(3)

Overall, antenatal care is the strongest predictor of institutional delivery, a finding that has important programme implications. It suggests that it is possible to promote institutional delivery by promoting antenatal check-ups and associated counseling.

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Research consistently shows that high cost is an important constraint to service utilisation particularly for the poor.(4,5,6) In India studies show a very high expenditure on delivery care, and although the private setup is more expensive, the cost of public sector inpatient care services has increased since the 1990s . Hence, income is a major determinant of care seeking.(7)

With this in view, MAHER Card a scheme was started in Acharya Vinobha Bhave hospital, Sawangi in 2013 to facilitate more and more institutional delivers by providing subsides for maternal health care.

'Maher' also stands for 'mother's home' in marathi, giving this scheme a homely touch and tender care provided by the hospital staff helps the antenatal women develop love and affection.

This scheme includes a card named MAHER has to be issued by a pregnant woman visiting AVBRH OPD for the first time in her antenatal period. It costs 100/- rs.

The facilities included in this scheme are :

- Free institutional vaginal delivery (including medications)
- Free investigations for IPD patient including free ultrasonography
- Lower segment caesarean section at half the expense
- Diet free for the patient and the relative during the stay (breakfast,lunch,dinner)
- Subsidised sonography for OPD and free sonpgraphy for IPD
- Clothes to the new born .
- Emergency ambulance services 24x7
- Immunisation to the new born

2. AIM AND OBJECTIVES

Aim of the present study is to study the impact of MAHER card in increasing institutional deliveries.

3. OBJECTIVES

A. To determine how many pregnant women visiting AVBRH OPD have issued MAHER card.

B. To determine how many pregnant women who had issued MAHER card have delivered in AVBRH hospital.

C. To determine how many pregnant women who have issued MAHER card have not delivered in the same institution but have undergone investigations.

D. To determine the impact on number of institutional deliveries in AVBRH hospital after MAHER card introduction.

4. STUDY SETTING (MATERIAL AND METHODS)

- DURATION OF STUDY : JUNE 2016- JUNE 2017

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- PLACE OF STUDY : Department Of Obstetrics And Gynaecology JNMC , AVBRH, DMIMS, Wardha
- STUDY DESIGN : Retrospective study
- SAMPLE SIZE : Number of antenatal women visiting opd of AVBRH hospital in the duration of study.

Inclusion Criteria : All the antenatal women visiting AVBRH Obstetrics OPD

Exclusion Criteria: Emergency un-booked patients

5. METHODS

A retrospective study was done. Data of all the antenatal women who had visited obstetrics OPD of AVBRH hospital were collected in past 3 years from June 2014 to June 2017 and amongst them women who had issued MAHER CARD and delivered in the institute were calculated. Also the patients who had only carried out investigations after issuing the card but not delivered were also calculated. Feedback was taken from the patients asking them about the cost effectiveness and financial burden. Also, the number of deliveries before the introduction of MAHER card i.e between the year 2011 to 2013 was compared with the number of women who delivered after its implication i.e that is between the year 2014 to 16

6. OBSERVATIONS

Table 1 : Distribution of antenatal women (year wise) according to enrollment under the MAHER card scheme

Duration	Antenatal patients who Issued MAHER card	Antenatal women who did not issue MAHER card
2013-14	2786	434
2014-15	2880	565
2015-16	3121	353

Table 2 : Distribution of antenatal women (year wise) with MAHER card who delivered at AVBRH and those who had outside deliveries

Duration	Antenatal women who delivered at AVBRH after issuing MAHER card	Antenatal women who did not deliverer at AVBRH after issuing MAHER card but underwent investigations
2013-14	2628	350
2014-15	2565	497
2015-16	2976	323

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Table 3 : shows number of deliveries (in percentage) every year (i.e from 2011 until 2016)

Duration	Number of deliveries(%)
2011-12	1754(8.9)
2012-13	2187(11.1)
2013-14	2543(12.9)
2014-15	3193(16.3)
2015-16	3180(16.2)
2016-17	3218(16.4)
TOTAL	19583

This retrospective study compared number of deliveries in past six years, which showed that there was rising trend of number of deliveries significantly after the introduction of MAHER card in 2014(16.4%). Apart from deliveries , those antenatal women who did not deliver in AVBRH but issued MAHER card and did investigations including ultrasonography and blood investigations thus helping in early assessment of high risk cases and as well as had financial benefits . Also, the feedback taken from the patients revealed that they were benefited financially and were satisfied by the facilities and care provided by the MAHER card scheme.

7. CONCLUSION

MAHER card scheme has substantially improved the number of institutional deliveries at AVBRH in the past three years . It has also helped in early detection of high risk antenatal cases thereby reducing the maternal and fetal complications by improving rate of early investigations and sonography.

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