**Quality of Care in Obstetric and Neonatal Emergencies Baseline Survey- 2014**

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**Background**

Complications during pregnancy and childbirth such as haemorrhage, sepsis, abortion complications, pre-eclampsia and eclampsia, and prolonged/obstructed labour are the leading causes of death and disability among women of reproductive age in developing countries. The aim of this survey was to establish baseline values primarily new phase of HSSP by measuring output and outcome indicators, particularly in the areas of maternal and neonatal health, health facility quality improvement system and local governance.

**Methods**

The survey was conducted in ten HSSP implemented districts (in intervention sites: CEmONC, BEmONC and strategically selected birthing centers) namely Dhading, Jumla, Bardiya, Surkhet, Dailekh, Accham, Doti, Dadeldhura, Baitadi, Kailali. This survey used a blend of quantitative and qualitative methods. A total of 132 health facilities (including 2 referral health facilities), 120 exit RDW and 93 health service providers (Skilled Birth Attendant) were interviewed from the 10 districts using structured questionnaire. Likewise, to gather qualitative information, 10 in depth interviews were conducted with public health nurses. In addition, ten each FGDs were conducted with FCHVs, adolescents of 10 to 19 years and mothers from mother's groups. A five-day training programme was conducted for 20 field researchers and study team. All quantitative data from the questionnaire was double entered by a team of trained data clerks using statistical software *Census and Survey Processing System*, known as ‘CSPro’, while qualitative data were managed by the use of Atlas.ti software.

**Results**

Over 79% health facilities provided Family Planning (FP) services to adolescents, 24% provided medical abortion, and 9% provided forceps delivery service. Adolescent friendly services were implemented in all Basic Emergency and Obstetric Neonatal Care (BEmONC) sites, 91% Comprehensive Emergency and Obstetric Neonatal Care (CEmONC) sites, and 25% Birthing Centers (BCs). CEmONC sites (91%), BEmONC sites (83%) and BCs (56%) had private room for Antenatal Care (ANC), Postnatal Care (PNC) or counseling services. Likewise, 73% CEmONC sites, 70% BEmONC sites and 62% BCs had sufficient delivery room. Also, 65% BEmONC sites, 60% CEmONC sites and 38% BCs had separate counseling room for adolescents. More than half (54%) CEmONC sites, 87% BEmONC sites and 99% BCs lacked essential supplies for normal delivery. Around half (45%) CEmONC sites, 96% BEmONC sites and 98% BCs lacked essential supplies for complicated delivery. Nearly 73% CEmONC sites, 9% BEmONC sites and all the BCs lacked essential supplies for newborn care. Over a quarter (27%) CEmONC sites, 52% BEmONC and 95% BCs lacked complete stock of contraceptives. Nearly 73% CEmONC sites, 96% BEmONC sites and none of the BCs did not have complete stock of EONC. Over a quarter (27%) CEmONC sites, 9% BEmONC sites and 4% BCs reported having appropriate infection prevention measures in place. All BEmONC sites and 64% BCs had at least one Skilled Birth Attendant (SBA).

**Conclusions**

Should the quality of CEmONC sites, BEmONC sites and BCs be improved, undoubtedly adolescents and married women of reproductive age will benefit utmost.

**Keywords:** adolescents; BEmONC sites; CEmONC sites; health facilities; health service providers; maternal and neonatal health.