

Quality of Care for the Maternal Complications at Selected Primary and Secondary Health Facilities of Bangladesh: Lessons Learned from a Formative Research

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Abstract : After having astounding achievements in reducing maternal mortality and achieving the target for Millennium Development Goal (MDG) 5, the Government of Bangladesh has set new target to reduce Maternal Mortality Ratio (MMR) to 70 per 100,000 live births aligning with targets of Sustainable Development Goals (SDGs). Aversion of deaths from maternal complication by ensuring quality health care could be an important path to accelerate the rate of reduction of MMR. This formative research was aimed at exploring the provision of quality maternal health services at different level of health facilities. The study was conducted in 1 district hospital (DH) and 4 Upazila health complexes (UHC) of Kurigram district of Bangladesh, utilizing both quantitative and qualitative research methods. We conducted 14 key informant interviews with facility managers and 20 in-depth interviews with health care providers and support staff. Besides, we observed 387 normal deliveries from which we found 17 cases of post partum haemorrhage (PPH) and 2 cases of eclampsia during the data collection period extended from July-September 2016. The quantitative data were analyzed by using descriptive statistics, and the qualitative component underwent thematic analysis with the broad themes of facility readiness for maternal complication management, and management of complications. Inadequacy in human resources has been identified as the most important bottleneck to provide quality care to manage maternal complications. The DH had a particular paucity of human resources in medical officer cadre where about 61% posts were unfilled. On the other hand, in the UHCs the positions mostly empty were obstetricians (75%, paediatricians (75%), staff nurses (65%), and anaesthetists (100%). The workload on the existing staff is increased because of the persistence of vacant posts. Unavailability of anesthetists and consultants does not permit the health care providers (HCP) of lower cadres to perform emergency operative procedures and forces them to refer the patients although referral system is not well organized in rural Bangladesh. Insufficient bed capacity, inadequate training, shortage of emergency medicines etc. are other hindrance factors for facility readiness. Among the 387 observed delivery case, 17 (4.4%) were identified as PPH cases, and only 2 cases were found as eclampsia/pre-eclampsia. The majority of the patients were treated with uterine massage (16 out of 17, 94.1%) and injectable Oxytocin (14 out of 17, 82.4%). The providers of DH mentioned that they can manage the PPH because of having provision for diagnostic and blood transfusion services, although not as 24/7 services. Regarding management of eclampsia/pre-eclampsia, HCPs provided Diazepam, MgSO₄, and other anti-hypertensives. The UHCs did not have MgSO₄ at stock even, and one facility manager admitted that they treat eclampsia with Diazepam only. The nurses of the UHCs were found to be afraid to handle eclampsia cases. The upcoming interventions must ensure refresher training of service providers, continuous availability of essential medicine and equipment needed for complication management, availability of skilled health workforce, availability of functioning blood transfusion unit and pairing of consultants and anaesthetists to reach the newly set targets altogether.

Keywords : Bangladesh, health facilities, maternal complications, quality of care

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