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Research Article,

Post Natal Care Visits of Recently Delivered Women in Uttar Pradesh, India.

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Abstract:

The current article of Uttar Pradesh (UP) is about the ASHAs who are the daughters-in-law of a family that resides in the same community that they serve as the grassroots health worker since 2005 when the NRHM was introduced in the Empowered Action Group (EAG) states. UP is one such Empowered Action Group (EAG) state. The current study explores the actual responses of Recently Delivered Women (RDW) on their postnatal visits that are linked to safe MCH practices. From the catchment area of each ASHA, two RDWs were selected who had a child in the age group of 3 to 6 months during the survey. The response profiles of the RDWs on these visits are reflected upon to give a picture that represents the entire state of UP.

The relevance of the study assumes significance as detailed data on the modalities of postnatal visits of their recent delivery are not available even in large scale surveys like National Family Health Survey 4 done in 2015-16. The current study gives an insight in to these visits with a dual approach i.e. timing of the visit in days & about the designation of the person who did the visit. The current study is basically regarding the summary of this two-fold approach for each of the three postnatal visits.

When post-natal visits are done poorly both in quantity & quality, it does impact the Maternal Mortality Rate & Ratio (MMR) & there by influencing the Neonatal Mortality Rates (NMR) in India and especially in UP through the emergence of unsafe Maternal & Neonatal practices in the postdelivery stage. The current MM Rate of UP is 20.1 & MM Ratio is 216 where as it is 122 in India (SRS, 2019). The SRS report also mentions that the Life Time Risk (LTR) of a woman in pregnancy is 0.7% which is the highest in the nation (SRS, 2019). This means it is very risky to give birth in UP in comparison to other regions in

the country (SRS, 2019). Similarly, the current NMR in India is 23 per 1000 livebirths (UNIGME, 2018). As NMR data is not available separately for states, the national level data also hold good for the states and that's how for the state of UP as well. These mortalities are the impact indicators and such indicators can be reduced through long drawn processes that include effective and timely post-natal visits to RDWs in making their post-natal stage safe. This is the area of post-natal visit detailing that the current study throws out in relation to home visits after delivery.

A total of four districts of Uttar Pradesh were selected purposively for the study and the data collection was conducted in the villages of the respective districts with the help of a pre-tested structured interview schedule with both close-ended and open-ended questions. The current article deals with six close ended questions with options, two for each of the three visits. In addition, in-depth interviews were also conducted amongst the RDWs and a total 500 respondents had participated in the study.

Among the districts related to this article, the results showed that 93% in Gonda district and 97% in Banda district and all the RDWs in the other 2 districts replied that their first postnatal visit was after the first day of delivery. All the RDWs in Saharanpur, 98% in Barabanki, 95% in Gonda and 94% in Banda replied that ASHA had done the first postnatal checkup. Regarding second post-natal visit, what was more striking here was that 36% in Barabanki district did not receive any checkup, 26% in Gonda district and 20% in Banda district did not receive second postnatal visit/checkup. None of the RDWs of Saharanpur replied that they did not receive second postnatal checkup. It was also found that the ASHAs in Barabanki district and Banda district did not prioritize to focus on the second postnatal visit for all the RDWs.

Regarding the third postnatal visit, it emerged that those RDWs who did not receive second postnatal visit also missed out on the third postnatal visit. Further, it was also seen that the ASHAs of Barabanki and Gonda districts demonstrated poor performance for the third postnatal visit of RDWs.

Key words :RDW, ASHA, Post Natal, Mapdier

Introduction:

As RDWs were selected from the catchment area of the ASHAs in the four districts, the following section briefs out the details on ASHAs.The ASHAs were recruited by the Local Self Governance from their own communities as per the guidelines set by NHM. Subsequent to the roll out of guidelines at the central level, the state of UP also rolled out the recruitment of ASHAs through the setting up of State Program Management Unit of NHM at state level and the District Program Management Unit (DPMU) at district level. These DPMUs helped set up the Block Program Management Unit at the block level. These units got in touch with the Panchayati Raj Institutions which was part of LSGs and these PRIs represented by the Gram Pradhans or the village panchayat head nominated the ASHAs from the respective communities. They attached the ASHAs with the public health system at the block level to work as ASHAs who are incentive based workers. (GOUP, PIP, NHM, 2008).

Like India, UP also went through the CHW scheme in 1970s through the introduction of Village Health Guide in 1977 (5^{th} Plan GOI, 1974-79) and the concept was ratified further in the Alma Ata conference of 1978 on primary health care. On the other hand, with the introduction of Integrated Child Development Services in 1975 (5th Plan GOI, 1974-79) the Angan Wadi Workers were in place as CHWs in phases. Simultaneously, local Traditional Birth Attendants were in place since 1977 as CHWs (5^{th} plan, GOI, 1974-79).

Thereafter, the multipurpose male and female health workers came in to place through the Child survival and Safe Motherhood program in 1992 (Yearly Plan, GOI, 1992). Besides the sporadic efforts of NGOs putting in place CHWs through their small efforts in definite geographic areas, the cadre of Basic Health Workers were put in by the health system from 1992 till 2005 (GOI, 2005). Gradually the CHWs came here to stay with the introduction of ASHAs in 2005 through the introduction of NRHM (GOI, 2005). As per GOUP, there were 1, 50,000 ASHAs in UP in 2019. The selection of RDWs in this study is dependent on the ASHAs.

Studies on RDWs in UP have not covered on responses related to the post-natal visits in days separately for the three post-natal visits. The details of the responses of RDWs where the name/designation of the personnel who made the visit are not mentioned in many studies mentioned below including large-scale surveys like NFHS 4. The current study reflects on these two aspects of each of the post-natal visit in detail through the profile of actual responses given by the RDWs.

RDWs & Post Natal Care in UP:

The current study done in 2017 is unique in the sense that it examines the responses of RDWs and their families in the catchment area of ASHAs regarding post-natal visits. The study delves into the timing of the visits in days followed by the name or designation of the personnel who did the visit. These responses of RDWs are influenced by the home visits during the post-natal stage made by the health personnel like ASHAs to these RDWs who are the respondents. The following paragraph outlines the importance of post-natal care for all the RDWs.

The neonatal deaths were also related to the maternal deaths. In UP, 216 mothers died per 100000 live births whereas mothers died in India (SRS, 2019). Half of these deaths occurred in the neonatal period (INAP, GOI, 2014). This means during the first month after delivery, 50% of all maternal deaths happen. Further, this precarious situation makes the new-born more vulnerable as the maternal death became a barrier towards maintaining the vital indicators of warmth and breast feeding of the new-born. To address the problem of maternal deaths, GOI initiated the MAPDIER (Maternal and Perinatal Death Inquiry and Response) process in 2007 so that we can know the cause of death and prevent such deaths in future (Chatterjee P, 2007). Currently, this process is the Maternal Death Review as mentioned in the maternal health section of the PIP of NHM of Government of UP for 2019-20. These deaths can be prevented by the timely visits of the health personnel to the homes of RDWs. This is exactly the subject discussed in this article.

The report of NFHS 4 of UP mentions that 62% of mothers had a postnatal check after their most recent birth & 59% of mothers had a postnatal check within two days of their last birth. Further, 69% of births in public health facility & 89% of births in private facility received a postnatal check within two days of birth compared with only 23% of home births (NFHS 4, 2016). Thus, we see the risks of a home birth as these births received less percentage of postnatal visits.

The breakup of postnatal visits in UP by ASHAs is mentioned in an evaluation study of ASHAs. As per the ASHAs, 42.4% Eligible Women (EW) were visited immediately after delivery, 55% of EW was visited twice a week, only 2% of EW was visited after a week and a mere 0.6% of EW were visited within a month (GOUP, 2013).

The postnatal visits are crucial in the sense that during these periods, the mothers not only suffer physically but also mentally. India started its mental health program in 1982 & has progressed well with the passage of Mental Health Bill 2017 under the National Mental Health Program (GOUP, PIP, NHM, 19-20) yet maternal mental health needs more focus. Postpartum psychiatric

disorders are of three categories viz. postpartum blues, postpartum psychosis & postpartum depression. Globally, the prevalence rate of blues is 300-750 per 1000 births, for psychosis it is 0.89 to 2.6 per 1000 births & for depression it is 100-150 per 1000 births. Dealing with blues needs only reassurance while psychosis is a severe disorder needing hospitalization & depression needs treatment (Ravi U P et.al, WHO, 2017).

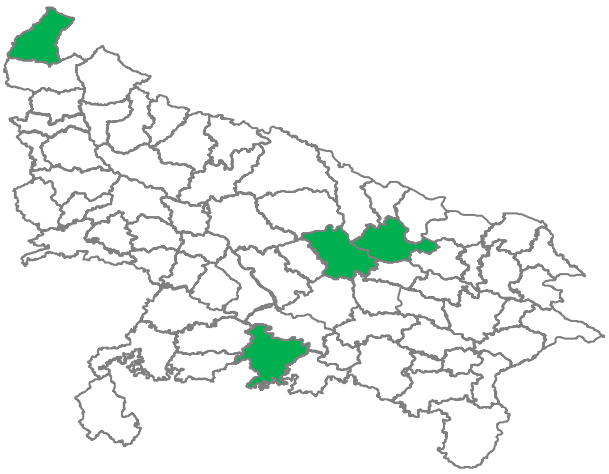
Thus, it is seen that except one study, the breakup of the postnatal visits is not mentioned in other studies. Further, these visits if prioritized can reduce physical as well as mental ailments of the mothers through early identification & referral. This aspect further substantiates the relevance of this article.

Research Methodology:

Using purposive sampling technique, four districts were chosen from the four different economic regions of UP, namely Central, Eastern, Western and Bundelkhand. Further, the Government of UP in 2009 categorized the districts as per their development status using a composition of 36 indicators. Purposefully, the high developed district chosen for the study is Saharanpur from the western region, the medium developed district chosen for the study is Barabanki from the central region, the low developed district chosen for the study is Gonda from the eastern region and the very low developed district chosen for the study is Banda from the Bundelkhand region (GOUP, 2009). In the next step, purposefully two blocks were selected from each of the district and all the ASHAs in these blocks were chosen as the universe for the study. From the list of all the ASHAs in each of the two blocks, 31 ASHAs were chosen randomly from each block for the study. In this way, 62 ASHAs were chosen for the study from each of the districts. In Gonda district, 64 ASHAs were selected to make the total number of ASHAs for the study to 250. From the catchment area of each ASHA, two Recently Delivered Women (RDW) were chosen who had a child in the age group of 3-6 months during the time of the data collection for the study. In this way, 124 RDWs from three districts and 128 RDWs from Gonda district were chosen thus a total of 500 RDWs were selected for the study.

The following figure shows the four districts of UP in the map of the state of UP.

Figure 1:



The data was analyzed using SPSS software to calculate the percentage and absolute values of three post-natal visits as replied by RDWs using their detail responses regarding the timing of the visit in days followed by the designation of the personnel who did the visit. These visits are in relation to the recent delivery of the respondents. The quantitative data related to these three visits were seen as per the response of the RDWs. All these responses form the basis of the ensuing results and discussion section given below.

Research tool:

The RDWs were interviewed using an in-depth, open-ended interview schedule which had five sections that included a section on various components of Natal & Post Natal Care. The six tables are from the section four of the tool that comes under the stage after delivery. The section 4 of the tool deals with Natal and Post Natal care. They were asked about the timing of post-natal

visit in days & the designation of the personnel who did the visit. There are three pairs of tables related to three post-natal visits. That's why in each pair, the first table is about RDWs reply about the visit in days & the second table is regarding the designation of the personnel who did the visit. Five hundred research tools were used for the study to interview 500 recently delivered women who had a child in the age group of 3 to 6 months during the survey. The following section details out the results and discussions related to the study.

Results and discussions:

This section has six tables in 3 pairs. In each pair, the first table is about RDWs reply about the timing of the post-natal visit in days followed by the table that mentions the designation/name of personnel who did the visit. As there are three visits mentioned here, there are six tables. All the tables are regarding information on postnatal visits related to their recent delivery.

Table 1- Postnatal care of RDWs:

Names of districts & Number of RDWs surveyed (n= 500)	Banda (n= 124)	Barabanki (n= 124)	Gonda (n= 128)	Saharanpur (n= 124)
Percentage of RDWs replying on the timing of the first postnatal checkup in days				
Within a day/24 hours after delivery	0.0	0.0	2.3	0.8
In days or after 24 hours after delivery	96.7	100	92.9	99.1
Could not recall	3.3	0.0	7.1	0.9

The table showed the postnatal care of RDWs. The first part of the table was about the post- natal visits to the RDWs. Only 2% RDWs in Gonda and 1% RDW in Saharanpur told that their first postnatal visit was within a day after delivery. 3% in Banda, 7% in Gonda and 1% in Saharanpur told they were not able to recall the visit. That meant 93% in Gonda and 97% in Banda and all the RDWs in the other 2 districts replied that their first postnatal visit was after the first day of delivery.

Table 2:

Percentage of RDWs replying on the personnel who did the first postnatal checkup				
Names of districts & number of RDWs surveyed (n=500)	Banda (n=124)	Barabanki (n=124)	Gonda (n=128)	Saharanpur (n=124)
ASHA	93.5	97.5	94.5	100
AWW	0.0	1.7	3.1	0.0
ANM/Nurse	6.5	0.0	2.4	0.0
Government doctor	0.0	0.8	0.0	0.0

All the RDWs in Saharanpur, 98% in Barabanki, 95% in Gonda and 94% in Banda replied that ASHA had done the first postnatal checkup. 3% in Gonda and 2% in Barabanki told that AWW did the first visit. 2.4% in Gonda and 6.5% in Banda replied that ANM did the first visit. Only 1% in Barabanki replied for the Government doctor.

Table 3:

Percentage of RDWs replying on the timing of the second postnatal checkup after first month of delivery in days				
Names of districts & Number of RDWs surveyed (n=500)	Banda (n=124)	Barabanki (n=124)	Gonda (n=128)	Saharanpur (n=124)
1-7 days	73.3	64.5	36.7	80.7
8-15 days	4.8	0.0	35.1	19.3
More than 15 days	0.0	0.0	1.5	0.0
Could not recall	1.6	0.0	0.78	0.0
No	20.3	35.5	25.92	0.0

visit/check up done				

For the second postnatal visit, RDWs were asked to tell how many days after the first month of delivery the second visit took place. Postnatal visits were done till 42 days after delivery. Majority of the RDWs in the 4 districts replied that the visit was done after 1-7 days after delivery. 81% in Saharanpur, 73% in Banda, 65% in Barabanki and 37% in Gonda told that the second visit was1-7 days after delivery. 35% in Gonda, 19% in Saharanpur and 5% in Banda replied that the second visit was within 8-15 days. Only 2% in Gonda replied that their visit was done after more than 15 days of delivery. 2% in Banda and 1% in Gonda could not recall about the visit. What was more striking here was that 36% in Barabanki did not receive any checkup, 26% in Gonda and 20% in Banda did not receive second postnatal visit/checkup. This showed the poor performance of ASHAs on postnatal visits which they did not prioritize after the delivery.

Table 4:

Percentage of RDWs replying on the personnel who did the second postnatal checkup				
Names of districts & Number of RDWs surveyed (n=500)	Banda (n=124)	Barabanki (n=124)	Gonda (n=128)	Saharanpur (n=124)
ASHA	79	65.3	97	90.3
AWW	0.0	0.0	1.5	0.0
ANM/Nurse	0.0	0.0	1.5	0.0
Private doctor	21	34.7	0.0	9.7

Around 97% in Gonda, 90% in Saharanpur, 79% in Banda and 65% in Barabanki replied that ASHA did the second postnatal visit. Only 1.5% in Gonda replied for AWW and another 1.5% in Gonda for ANM/nurse. 35% in Barabanki, 21% in Banda and 10% in Saharanpur replied for private doctor. It was found that the ASHAs in Barabanki and Banda did not prioritize to focus on the second postnatal visit for all the RDWs. That's why RDWs were seeking the care of a private doctor.

Table 5:

Percentage of RDWs replying on the timing of the third postnatal checkup after first month of delivery in days				
Names of districts & Number of RDWs surveyed (n=500)	Banda (n=124)	Barabanki (n=124)	Gonda (n=128)	Saharanpur (n=124)
1-10 days	25.8	4.8	11	10.4
11-20 days	50.7	56.5	51.3	74.3
More than 20 days	0	1.6	11	15.3
Do not recall	1.6	1.6	0.0	0.0
No second visit (includes 'do not recall of table 3)	21.9	35.5	26.7	0.0

The third postnatal visit data showed that 26% in Banda, 11% in Gonda, 10% in Saharanpur and 5% RDWs in Barabanki replied that their third postnatal visit was done 1-10 days after first month of delivery. Most of the RDWs had their visits in 11-20 days after delivery. The related percentages in 11-20 days category were 74% in Saharanpur, 57% in Barabanki and 51% each in Gonda and Banda districts. 15% in Saharanpur, 11% in Gonda and 2% in Barabanki replied that their visit was 20 days after the first month of delivery. 2% RDWs each in Banda and Barabanki said they could not recall the visit. Those RDWs who did not receive

second postnatal visit also missed out on the third postnatal visit.

Table 6:

Percentage of RDWs replying on the personnel who did the third postnatal checkup				
Names of districts & Number of RDWs surveyed (n=500)	Banda (n=124)	Barabanki (n=124)	Gonda (n=128)	Saharanpur (n=124)
Government doctor	0.0	0.0	29	0.0
ANM/Nurse	0.0	0.0	0.78	0.0
ASHA	76	64	34	90
AWW	0.0	0.8	4.6	0.0
Private doctor	24	35.2	31.62	10

Regarding the personnel doing the third postnatal checkup, the data showed that only the Government doctor did the third checkup for 29% of RDWs in Gonda. In Gonda only 1% RDW received the checkup from ANM/nurse. AWW did the visits for 1% in Barabanki and 5% in Gonda. Private doctor did the checkup for 35% in Barabanki, 32% in Gonda, 24% in Banda and 10% in Saharanpur district. In all the 4 districts, ASHA did the visit for 90% in Saharanpur, 76% in Banda, 64% in Barabanki and 34% in Gonda districts. The ASHAs of Barabanki and Gonda demonstrated poor performance for the third postnatal visit of RDWs.

Conclusions:

The above results showed that except for Saharanpur district, rest of the three districts lagged behind in the postnatal visit profiles mentioned in this article. The dissemination process for the universalization of focus on postnatal visits in all pregnancies are very critical especially for home deliveries which gets the least postnatal visits as mentioned above.

The effectiveness of postnatal visits leads to adaption of safe delivery practices. The visits are a part of the gamete of MCH & these should be planned & done for each pregnancy. All these efforts during the stage after delivery can significantly reduce the cultural obstacles & help improve maternal, neonatal, infant health & child health. As a result, reduction in MMR, NMR & Life Time Risk in UP & India will follow eventually as a process. As already mentioned above, there is a direct link between visits during postnatal period and reduction in post-natal deaths as half of maternal deaths occur during the first month after delivery. That's why there is a need to reinforce the benefits of these visits through studies.

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