Editorial

Rural Obstetrics — A Realistic problem in India

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In India, a vast population resides at rural areas. The Irony of the fact that in spite of all useful efforts taken from the department of health and welfare, obstetrical care is still done by unskilled persons in the majority till date.

Government of India accepted the programme " Health for all by 200 AD". Unfortunately this programme is still remain in paper with rural obstetrics remaining unchanged.

Percentage of rural obstetrics in India — 80% of all obstetrics done in our country is rural obstetrics .Accordingly 25 millions pregnant women need care for safe mother hood and 20 millions deliveries to be conducted in a year - very hard and enormous job.

In a developing country like us, an women is at risk of three hundred times more of morbidity and mortality in pregnancy and child birth compared to an women in developed country. Number of women die in a year in America is equal to number of women die in India in a week. Thus rural obstetrics is a genuine chapter to look nearly and sincerely in near future.

Maternal Mortality & morbidity in rural Obstetrics :-

Recent modernization of medical science and advent of higher antibiotics is now in our hand. Though the maternal, Mortality & Morbidity in rural obstetrics is alarming. In 1998 the mortality rate is 407 per and morbidity is 2060 per 1 lac delivaries. If we sub divide the reasons it will be as follows:-

(1) Due to Sepsis – 28%, (2) Due to Haemorrhage – 24%,
(3) Hypertension – 20%, (4) Medical disorder in pregnancy- 11%,
(5) Anasthetic & Operative complication- 17%.

Factor responsible for these complications in rural obstetrics —

(1) Illiteracy
(2) Social & Religious Stigma
(3) Non availability and non utilization of Scientific facilities available
(4) Lack of proper motivation
(5) Lack of proper transport facility and communication gap.
(6) Lack of proper hygiene and nutrition

An interesting study was conducted in 2012 KEM Hospital, Pune which says that

- 24% expectant mother who needed to be refer in a better hospital, died at home
- 19% expectant mother died on their way to hospital.
- 10% expectant mother died due to lack of proper facility or due to improper handling by untrained Quacks & Dhais.
- 47% arrived at right obstetrical centre out of those 42% were late to come at this centre and died within 12 hrs of admission.

These above picture definitely forced us to look and to evaluate the proper preventive and curative measures to arrest the unwanted health hazards in rural obstetrics.

Despite a 5 (five) decade old Family Welfare Program India still continue to contribute a quarter of the Global Estimates maternal Morbidity & Mortality. Quality Maternal Health Care have long been ignored in the Indian Public Health System. Thus the launch of the National Rural Health Mission (NRHM) that quality care has been accorded due to recognition in the National Health Progamme.

This programme aims to examine the scenario, the quality of care in maternal health over the last decade and scope for further improvements. WHO estimates indicate that out of 530000 Maternal death globally in each year, 117000 (22%) occur in India.

In addition to these millions suffer pregnancy related morbidity and contribute 21% of the disability adjusted life year lost due to the maternal condition. Public health initiative over the last 2-3 decades have helped India to improve this condition.

On the contrary after such policies still crucial indications like Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) have stagnated at around 400 per 100000 live births and 60 per thousand live births respectively.

The National Rural Mission which was launched in April, 2005 " To provide accessible, affordable, and quality health care to the rural sections especially in vurnerable Population". This ambition goes to reduce the (MMR), from existing ratio to 100 per 10000 ratio life birth.

The national Family Health Survey-3 (NFHS)-3 conducted in 2005 -3 represented that only 62.4% for every married women respondents living in urban areas who are receiving antenatal care as per (WHO) recommendation compared to 27.7% of rural women. This picture will have to change at least 60% of rural population should get obstetrical care as per WHO recommendation.

Future ways to improve rural obstetrics : —

(1) Centre with proper well equipped facility and facility of minimum caesarean section delivery and blood transfusion facility to be available in every sub-division zone, preferably in primary health care system. This is the main slogan of RCH II programme at present.

(2) Basic Investigation Facilities to be available at rural based level.

(3) Proper transportation facility to shift the expectant mother from a lower centre to a higher centre.

(4) Basic education & health knowledge to every carrying mother.

(5) Trained dhais, Quacks, health Assistant. Untrained persons should be identified and their proper trainings to be arranged.

(6) Every dhais, Quacks, etc should have DHAI KIT having basic materials for home delivery as we cannot ignore home delivery in our present scenario. They should have proper knowledge to identify the high risk cases and should know which cases they should deal and which cases they should refer to higher centre.

(7) Regular antenatal care at primary level preferably at home with availability of basic medicines for pregnant women at their door step.

(8) Adequate family planning advices.

(9) Adequate knowledge regarding age of marriage, proper spacing proper nutrition & hygiene.

(10) Awareness programs at regular basis in rural areas involving political, Social and educated persons of the zone. Here of the zone, different club secretaries and teachers can play a vital role.

We must acknowledge that rural obstetrics cannot looked at separate angle at present. It is very much related with the socioeconomic scenario of our state and the country as well. The infrastructure of health system of rural areas is based on the complex of primary & subsidiary health centres. It was expected that by the end of seventh plan period in 1990, rural health centres should have established to cover the entire rural areas. Since deliveries by trained dhais etc are crucial in reducing maternal mortality, Government of India under took a scheme to train total dhais and health workers which involves huge amount of money. But persistent reduction of health budget and want of a realistic health systems are effecting this scenario of rural obstetrics as well.

More birth rate, higher fertility rate, more still birth & neonatal death etc. defiantly ask us to share more responsibility in this spheres. Because the concept of the right of any expected mother to deliver a child to be mentally, physically and emotionally well being cannot be over looked. The concept of obstetrics as a social as well as a biological science impels us to accept more responsibility to protect the basic right of a pregnant women and their outcome of future generation. It is real truth that when a woman moves rightly, the family as well as the country moves rightly.

Thus the rural obstetrics need total involvement of persons at home upto the highly skilled medical personalities. It starts at home and end in an obstetrical centre. New born is like a beautiful rose and its pleasant presence makes us healthy, hearty and cheerful.