JSS Maternal Health Program
Updates from 2015 - 2016
The Program

The National Family Health Survey in its NFHS-3 report revealed that the rate of deaths due to pregnancy related complications in Chhattisgarh were amongst the highest in the country. In addition to abject poverty, which leads to a high prevalence of poor nutrition among expecting mothers, most areas of Chhattisgarh face the lack of adequate maternal health services. This prompted JSS to create a model maternal health care program in 54 forest villages with the aim that “no mother or child should die during childbirth”.

The following comprise round-the-year objectives of the maternal health program,

- Registering all pregnant women in the village
- Identifying high-risk pregnancies ahead to time
- Providing safe delivery services & surgical intervention when necessary
- Capacity building of traditional birth attendants

Within JSS, the program is managed by seven Maternal Care Health Workers (MCHW), who are supported by other healthcare workers to run 12 antenatal clinics (ANC) every month, across 3 clusters covering 54 villages.

During her first visit to the ANC, the expecting mother undergoes a full physical examination and her health history is recorded by senior health workers and MCH coordinator. The laboratory exam records standard pathology tests like HbSAg, VDRL, Blood Grouping, Urine Analysis, Blood Count, Hb Electrophoresis, and also tests for pathogens like HIV and malarial parasite.
In the subsequent visits the mothers undergo a physical exam and test for Hb count, along with urine protein & sugar (urine protein is especially to rule out pre-eclampsia). During the period of pregnancy the MCHWs administer Iron, Folic Acid and Calcium supplements, Tetanus immunization, instructions on proper nutrition, family planning, self-care, delivery and parenthood to the mothers. Health workers also visit the mothers at their homes on a regular basis. JSS also provides post-partum care, wherein MHCWs monitor mothers and newborn children up to 42 days, and conduct regular check-ups, record vital statistics, provide counselling regarding on breast-feeding issues, and post-partum family planning.

Case Study

Tilaidabra, a village in core area of Achanakmar Tiger Reserve, 85 kilometres away from Bilaspur city having 95% baiga tribes which comes under PVTG. Most of the people living in this isolated area earn money by sailing materials made of bamboo. In same village where nearest public health facility is 8-10 km away, a 19 years old female named Sonmati Baiga delivered a healthy baby boy.

Sonmati Baiga, a 7th standard passed Baiga women gives all credits to her family especially her husband, village health worker (VHW) of JSS and trained traditional birth attendant (TBA) for her safe delivery. Due to poor public health facilities and poor support from mitanin (ASHA Worker) she was not able to visit nearby local PHC for her Ante Nata Care (ANC) check-up. During this time, Pachobai, a trained VHW from same village convinced her to come in ANC clinic run by JSS in Achanakmar village, 20 km away. Being in a remote area, JSS provided transportation charges to her and her companions. She completed 5 ANC visits (3 in 2nd trimester and 2 in 3rd trimester) in Achanakmar ANC. In clinic she was thoroughly examined and investigated every month. She took Iron folic acid and calcium supplementation for 5 months. She received only one dose of tetanus toxoid as for second one she reached late in Anganwadi. She fed well during her ante natal period by family and also received RTF from Anganwadi.

On 18th of April she started labour pain which was aggravated in late night. A VHW, traditional dai was present during her labour pain. A 3.2 kg baby boy was delivered safely by VHW. Baby immediately cried forcefully, dried and wrapped well. VHW used delivery kit developed by us for safe delivery. In third stage of labour, she received 3 tablets of misoprostol which is uterotonic drug helps to control post-partum bleed. Hence there was no post-partum haemorrhage. Breastfeeding was started half an hour post-delivery. Post-delivery the family members dug a hole in the same room and buried the Placenta in the same room which is traditional practice.

Although contraindicated and despite of denying by VHW, due to cultural practice, family member gave bath to newborn with warm water after half hour post-delivery. Also umbilical stump was pulled by family member in third day after delivery. This is tradition in tribal to pluck cord stump early and give heat burns
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She was regularly followed up for 42 days by Maternal and child health worker who in every visit taking weight, temperature measurement, general examination of child and BP & temperature of mother. Post-partum she did well. MCHW regularly gave counselling to her and her relatives about exclusive breastfeeding and immunization. Post-partum she received iron and calcium supplement. With the support of her family and regular post-partum visits by MCH worker along with VHW, Sonmati’s son is now thriving well.

**Activities Update:**

As of 2016, expecting mothers from the 54 program villages regularly attend maternal health clinics. Additionally many women from non-program villages also participate in the program.

From September 2015 to May 2016 there were 556 births in the program area. There was 1 maternal death, 9 stillbirths and 11 neonatal deaths. 49 out of the 556 births needed a C-section. As of May 2016, 293 (62%) births happened at home with the assistance of a Trained TBA, of which more than 65% were safe deliveries. 23% of births happened in other health facilities such as the government sub-centres or the community health centre. JSS’s referral centre at Ganiyari provides surgical and other emergency inpatient care to those who need these services. About 15% of all pregnancies in May were delivered at the Ganiyari referral centre. The overall rate of C-sections was fairly low, at 8% across all deliveries over the past 6 months. Apart from the 15% referred deliveries at Ganiyari, over 500 babies were delivered at the Ganiyari hospital. These were mainly from the neighbouring villages.

High risk mothers are counseled about the need for hospital delivery and special care/ medications as required. They are also introduced to the local TBA, who has been trained by JSS with specific skills in emergency obstetrics for situations when there are no other options except home deliveries. TBAs are trained to handle unexpected complications have to be handled such as postpartum hemorrhage. Approximately 5% of all pregnant women develop an obstetric complication that could potentially be life threatening, and through this programme JSS attempts to provide expert care to these women so that zero maternal deaths happen.
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Data Charts: