



## CASE STUDY

### Reducing post-partum haemorrhage in Ghuman Community Health Centre, Punjab, India

#### Summary

The Ghuman Community Health Centre in Gurdaspur District caters to a population of about 40,000. On average, the centre attends 15 deliveries each month. In the absence of an attending physician, deliveries are conducted by the staff nurses. In this scenario, post-partum haemorrhage could not be managed within the facility. While the nurses routinely administered prophylaxis to women immediately after delivery, many women still had bleeding and were then referred to higher-level facilities. An improvement team was formed and tested the idea of keeping pre-loaded syringes of oxytocin near the delivery table for immediate administration after delivery. This approach worked well, and the team decided to make it a routine practice for all deliveries done at the facility.

#### Introduction

Due to its poor health indicators, Gurdaspur, located in the northern part of Punjab, was identified as one of the five high-priority districts of the state as a part of the Government of India's reproductive, maternal, newborn, child and adolescent health (RMNCH+A) initiative.

The Community Health Centre (CHC) at Ghuman in Gurdaspur caters to a population of about 40,000. On an average, 15 deliveries take place every month at this facility. In the absence of an obstetrician or surgeon, deliveries are typically conducted by the staff nurses, sometimes with assistance from the medical officer (MO), a general physician. While there were two MOs at the Ghuman CHC, the facility head position was vacant so the administrative work was distributed between these two MOs, affording them very limited time for clinical tasks. In this scenario, post-partum haemorrhage (PPH) could not be managed within the facility. Staff nurses routinely administered methylergometrine intramuscularly to women immediately after delivery as prophylaxis against PPH. Despite this, many women still had bleeding and needed to be referred to higher-level facilities.

**Table 1: Members of the Ghuman Quality Improvement Team**

Name	Designation
Sewa Singh	Senior Medical Officer
Gurpreet	Medical Officer
Ritupuneet Kaur	Medical Officer
Baljinder Kaur	Staff Nurse
Krishna	Staff Nurse
Harjinder Kaur	Staff Nurse
Rajwinder Kaur	Staff Nurse
Varinder Kaur	Staff Nurse
Kuljit Kaur	Staff Nurse
Satinder Kaur	Staff Nurse
Sukhjot Kaur	Staff Nurse

#### Intervening to reduce post-partum haemorrhage

In March 2014, the male MO from this CHC received classroom training on quality improvement (QI) by the USAID ASSIST Project. Motivated by this experience, he committed to initiate quality improvement work in his facility. With facilitation from ASSIST, he formed a QI team in his facility that was composed of

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nursing staff and the two medical officers. The QI team selected reduction of PPH using oxytocin for the active management of the third stage of labour (AMTSL) as their immediate QI aim.

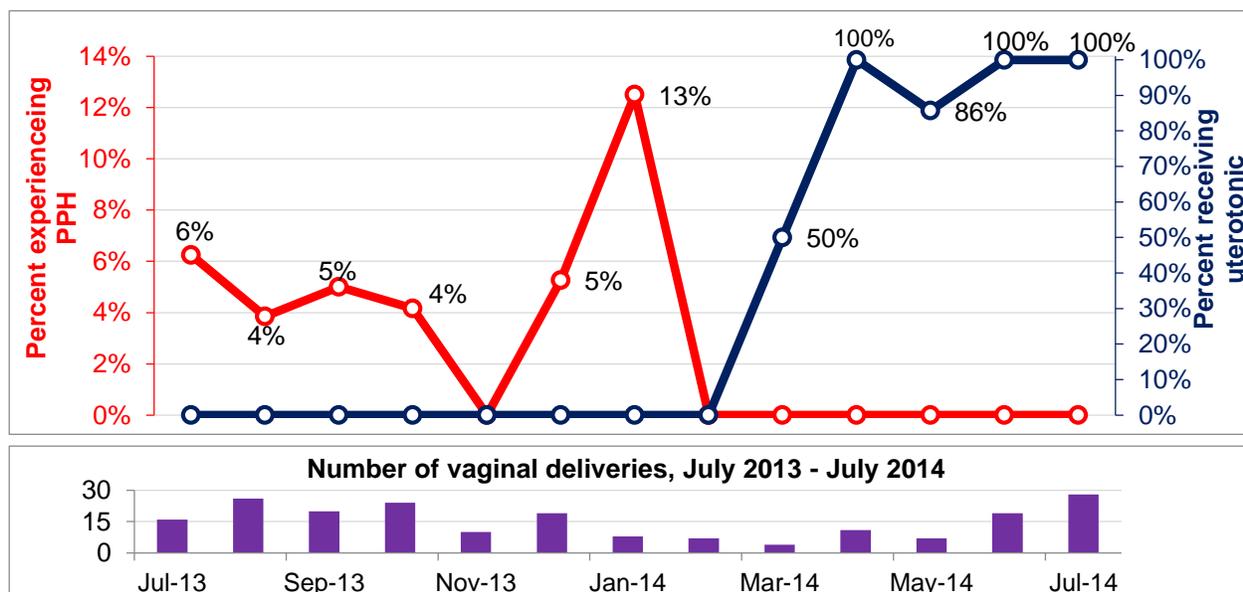
As a first step towards achieving their aim, the team tested the idea of keeping pre-loaded syringes of oxytocin near the delivery table for immediate administration after delivery. This approach worked well, and the team decided to make it a routine practice for all deliveries done at the facility. With a 100 percent response in the first two months, their performance dropped to 86 percent in the following month. During their QI meeting, they discovered that there was a missing record in the case sheet of one of the seven women who had delivered that month. On further examination, the concerned nursing staff confessed having missed recording the administration of injection, which she did give to the woman, as the recording of such information was not a routine practice in the facility.

Based on inputs received from ASSIST staff, the team decided to review the drug supplies on a monthly basis to ensure adequate availability of essential drugs at all times. Furthermore, to ensure that documentation of oxytocin is complete and not missed for any woman, the team stamped each medical with a box in which to record the information, which served as a reminder for all staff for administering and recording oxytocin and vitamin K for all women and babies at the facility.

### Results

In July 2014, while reviewing case sheets of women, the team discovered that all women had received oxytocin. Much to the team's delight, there was no case of PPH at the facility since February 2014 (Figure 1), while it had previously been common to have at least one such case every month.

**Figure 1: Proportion of women receiving oxytocin within one minute of delivery and proportion of postpartum haemorrhage in Ghuman CHC, July 2013 – July 2014**



The team members were delighted. Satinder Kaur, nursing staff at the CHC says, “PPH following delivery was a big challenge for us, especially with the absence of a gynaecologist and blood bank facility at our CHC. We never thought that one simple measure of routine administration of injectable oxytocin could make such a difference.” The team also appreciated that using oxytocin shortened the third stage of labour for most women. The members are motivated and more confident as a team now as they look forward to take up more challenges for improvement work at their facility.

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