# Impact of a midwifery led model with minimal medical interventions on birth outcomes in rural Jharkhand

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#### INTRODUCTION



- Jan Chetna Manch, Bokaro (JCMB) rural based NGO
- Based in Bokaro Jharkhand
- Registered as a society in 1994
- Established women's SHG cooperative – 9000 members in 600 groups







#### CHETNA MAHILA SWASTHYA KENDRA



- Women's Health Centre the 'Chetna Mahila Swasthya Kendra' – established by JCMB in 1997
- Responding to women's demands
- 20 bedded centre
- 24/7 childbirth care
- OPD 5 days a week







#### **CMSK TEAM OF WOMEN**

- Nursing staff 11, Trainees 5, CHWs 8
- All from the same community they serve
- 6 months basic theoretical and practical training
- Followed by on the job experience and training inputs from medical practitioners, obstetricians, paediatricians and neonatologists
- Low staff turnover, high motivation









#### **COMMUNITY OUTREACH**

- 8 Community Health Workers
- Link the CMSK to the community
- Visit 100 villages each month
- 2000 home visits of pregnant women
- 75 community based health guides – Swasthya Sakhis







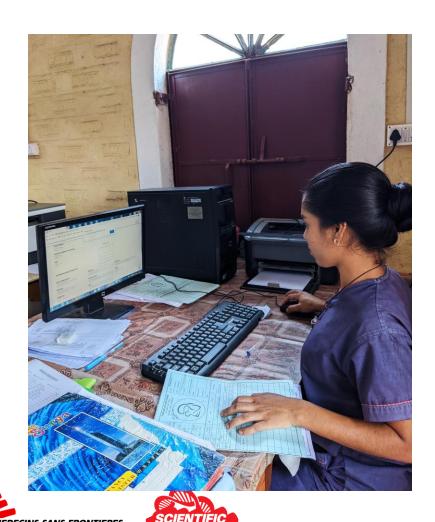
### WHY THIS RESEARCH WAS UNDERTAKEN



- Can rural women be trained to provide quality health care?
- Data is needed for ourselves so that we can improve our services



#### **METHODS**



- Retrospective analysis of routinely collected data in the CMSK
- Robust MIS installed in 2016
- April 2016 to March 2024 7249 women came for childbirth
- 7065 delivered in the WHC



#### **RESULTS**

- No maternal deaths
- 5.5% c section rate (Including all women admitted and referred)

#### **Details**

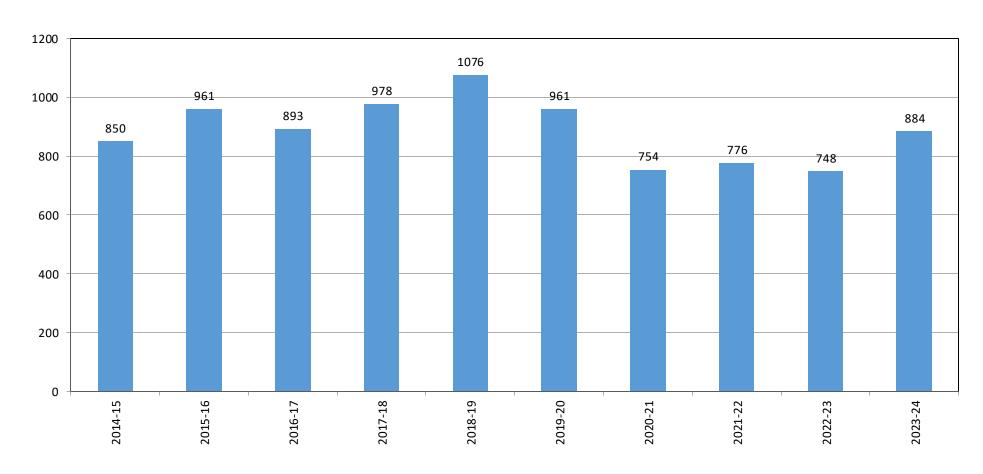
- 6.3% induced
- 12.2% augmented
- 6.4% vacuum deliveries
- 1.9% had PPH (more than 500 ml blood loss)
- 0.1% (8 women) had eclampsia
- 1.6% of neonates had APGAR scores less than 7 at 5 minutes
- Very Early Neonatal Death Rate (< 7 days of birth): 10 per 1000 (70 babies)







## Childbirth – 2014 to 2024









#### CONCLUSIONS

- Involving the community in the provision of childbirth care can bring about positive birth outcomes for poor women in low resource settings
- Less medical interventions leads to less complications, low C-section rates and no maternal mortality







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