PARAMEDICS IN RURAL OBSTETRIC CARE

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SUMMARY

Human loss of about 5000 perinatal deaths every day reflects poor obstetrical services available to masses in our country. Many people from many fields beyond the domain of medical profession have to come together if this problem of collosal human wastage is to be solved. But we cannot continue to be noncommital silent onlookers as most of the losses are preventable. From the present set up itself something must be attempted. We are trying to involve paramedics from present set up and resources to provide door to door antenatal care.

Base line data in the villages was collected with the help of Doctors and ANMs. A good rapport was existing between villagers and ANMs as immunization work is going on since, last some years by the same team. For further visits of four times a year only ANMs were involved. It was seen that community based perinatal mortality rate in base line data was 45.55/1000 births and with this little care of short duration with high risk approach perinatal mortality rate is

Perinatal mortality rates continue to be very high in our country. Human loss of about 5000 perinatal deaths every day is going uncared. We continue to be noncommital silent observers of this pregnancy wastage though most of the perinatal losses are due to avoidable factors. The perinatal mortality rates reflect the obstetrical services availables to masses. Majority of our population is rural but this population is very much away from obstetric clinics. Ignorance, illitracy, poverty, lack of communication and transport are added to the absence of maternal care. All these factors create obstacles in the way of availability of scientific maternal care. For solving this, all priorities must be pragamatized, social, political will need to be energised. It goes very much beyond the domain of medical profession. It involves so many people of other fields. But we cannot remain unmoved by this collosal human wastage. From the present set up itself something must be attempted. We should utilize the services of paramedics in real sense. We are trying the same and the results are very encouraging

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MATERIAL & METHODS

Small villages around Sevagram eastern Maharashtra (all about 20 kilometers from this place) are being covered. Total villages covered are 19, base line population was around 13000 in 1985-1986. It was very difficult to get proper information of all pregnancies from every woman of the village. So we took couples who were likely to have pregnancies (going to seek our help). These included newly weds, infertiles, primiparas, multiparas and women with bad obstetrical history in child-bearing age etc. Pregnancy outcome of each pregnancy of all the women was analysed. The data was collected by going house to house. The team in the beginning included doctors and auxiliary Nurse midwives from Family Welfare Department and Obstetrics & Gynaecology Department. The rapport with the villagers was already there as regular slide shows and immunization was being done in these villages by cluster approach for last 5 years. ANMS were retrained theoretically & practically about basic aspects of maternal care before sending them to field for this work. Since last 4 years they are going to each village 4 times a year for this work. Each ANM is responsible for specific villages. House to house visit is done by them early in the morning to detect, follow and give advice to all pregnant women and get data of all pregnancy outcome irrespective of place and fate. All women are advised hospital delivery, few come to our institute and they are followed in the hospital.

OBSERVATIONS

The analysis of base line data which was collected by medical officers of family welfare department, postgraduates of obstetrics & gynaecology and ANMs shows that there were 723 parous women included in data collection. These women had 1334 pregnancies 13.96% pregnancies had wasted, mean loss/couple was around 1.29 couple.

The retrained ANMs could detect 28.43% pregnancies in first trimester, 41.53% in second trimester and 30.03% were detected in third trimester (Table I). Outcome of each pregnancy and place of delivery of last 4 years has been

TABLE - I

DETECTION OF PREGNANCIES

Year	Total Number of Pregnancies	1st Trimester of Pregnancies (in %)	IInd Trimester of Pregnancies (in %)	IIIrd Trimester of Pregnancies (in %)
1986	172	19.18	43.03	37.79
1987	373	31.63	37.53	30.83
1988	124	32.25	45.96	21.74
1989	140	27.85	46.42	25.71
Total	809	28.43	41.53	30.03

analysed (Table II & Table III). Community based perinatal mortality rate was 45.55/1000 births in 85.86 and 24.84/1000 births at the end of 89.

DISCUSSION

Babies are being born all the time and every where but more than 80% deliveries of mothers deprived of antenatal care are conducted at home by trained/untrained dais and relatives. Three perinates are lost every minute accounting for 1.5 million perinatal deaths in our country/year (Singh 1988). It is an irony that though we do know that the major factors are preventable pretty little is being done to prevent this collosal loss of human life. We have the

TABLE II

WASTAGE OF PREGNANCIES

	Total Pregnancies	AB/100 Pregnancies	SBrate	NND Rate	PNMR (ENND)	PNMR (LNND)
Before maternal Care	1334	2.92	23.93	60.91	45.55	83.39
After Maternal Care	809	0.49	19.87	16.47	24.84	36.02

AB — Abortion
SB — Still Birth
ENND — Early Neonatal Death
PNMR — Perinatal Mortality Rate
LNND — Late Neonatal Death

TABLE - III

PLACES OF DELIVERY BEFORE AND AFTER VISITS

			PLACE OF DELIVERY		
		Total No. of Deliveries	MGIMS	HOME	OTHERS
Before Maternal Care	No.	1334	189	994	151
	%	10.34	14.16	74.51	11.31
After Maternal Care	No.	805	382	336	87
	%	5.27	47.55	41.73	10.80

* Others a Civil Hospital & PHC etc.

infrastructure base of health services with chains of subcentres, primary health centres, district provincial hospitals and apex teaching institutions/hospitals. But we do not seem to be really concerned to their effective function which can prevent this loss of human life. So inspite of available facilities, this preventable pregnancy wastage continues. We have attempted some help to these rural women by going to their door step as they were unable to come to us. We used existing staff & funds. The ANMs after having proper rapport with villagers were able to give them care, advice, were able to convince some of the high risks to come to hospital where they were followed by the same ANMs. The results seem to be encouraging. The base line data of small population surveyed (it was very difficult to get complete history from all the women) was analysed and compared with the data at the end of four years service.

After collection of base line data only ANMs were doing rural work with only four visits in a year in any given village. We know that rural women do not come for antenatal care. Doctors are not there in villages. So paramedics have a concrete role provided they have sound logistics and managerial skills and surveillance to ensure proper care and a proper channel. Kumar (1987) in Delhi also found in their work of two phases 76-77 and 81-82 that 90% of thei patients had no care. We know that proper antenatal care and advice itself brings down perinatal mortality. It was found by Pereira et al (1984) that as the number of antenatal visits increased the perinatal mortality rates reduced in their study of perinatal mortality & morbidity at Pune.. The whole system involves many fields beyond the domain of medical profession. To make a dent at this collosal human wastage one has to attack at ignorance, poverty, illiteracy, transport, communication problems etc. But rather being silent onlookers we physicians can do something. Paramedics play a real role here. Let all of us shake our conscience to elicit commitment to action. We should train, retrain paramedics and involve them in proper way in properly channelized system.

CONCLUSIONS

In this article the rural obstetric data is presented. Base line data of pregnancy outcome of pregnancies of 723 women from 19 villages around our institution was collected. We tried to give antenatal help at door step to rural women by the existing staff and resources. There has been a dent. The data analysed has been of short duration but we could bring down pregnancy wastage from 13.86% to 5.82% with the help of ANMs and few visits.

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