LaQshya: Labour Room Quality Improvement Initiative

Health is defined as physical, mental, and social well-being, and *not* merely the absence of disease and infirmity[1]. This calls for a widening of perspective in the domain of maternal health to incorporate the psychosocial and physical aspects of wellbeing, as well as the quality of care provided. This signifies a shift from a blinkered lens which tracks health only in statistics; this hence ensures that the rights women are entitled to as patients' are catered to, addressing the aspect of universal healthcare. Though government endeavours such as *Janani Surakshya Yojana* of 2005 have spurred institutional deliveries by almost 43%,[2] the mounting numbers of institutional deliveries have not translated better quality care for mothers. Disrespect and abuse during childbirth, which encompass physical, verbal, and even sexual abuse at time of childbirth, emerge to be a harsh reality in low resource urban and rural landscapes of the country. It is not uncommon for women to be beaten, verbally humiliated, and subjected to unnecessary medical procedures such as forced episiotomies in public health facilities of India, the notion of consent being virtually absent in this context. This is compounded by infrastructural inadequacies such as shortage of staff, untrained personnel, lack of medical equipment, and insufficient number of beds, and unhygienic conditions.

Recognizing the need to prioritize safe and respectful childbirth practices, the government of India in March 2018 launched *LaQshya – Labour Room Quality Improvement Initiative*[3], to be implemented nation-wide with the objective of reducing maternal and newborn mortality and morbidity, and enhancing the satisfaction of women availing of healthcare.

These guidelines are applicable to all government-run medical colleges, district hospitals, community health centres, sub-district hospitals, and first referral units. LaQshya aims to organize the infrastructure and protocol of labour rooms and maternity operation theatres according to *Labour Room Standardization Guidelines*[4] and *Maternal and Newborn Health Toolkit*[5] issued by the Ministry of Health and Family Welfare; the former revolves around the aspects of space, layout, equipment, consumables, human resources, and protocols with regard to labour rooms, whereas the latter focuses on helping programme managers and clinicians organize critical areas of maternal and newborn service provision such as planning and organizing of services, capacity development, and quality assurance among others. The LaQshya initiative is to be coordinated by the Maternal Health Division, and is to receive support from the Child Health Division and the National Health Systems Resource Centre (NHSRC). The funds for the programme shall be channelled through the National Health Mission (NHM) Programme Implementation Plan.

The LaQshya guidelines lay down a list of 'Dos' and 'Don'ts' in the labour room. The list of 'dos' include provision of privacy to pregnant women during childbirth, presence of a birth companion, providing women the freedom to choose the position they want to give birth in, using labour beds instead of tables, early skin-to-skin contact between the mother and baby, initiating breastfeeding within one hour of birth, and adherence to all clinical protocols for management of labour. The 'don'ts' include inducing or augmenting labour without sound clinical indications, verbally or physically abusing the woman in labour, insisting on a particular position for delivery, immediate clamping and cutting of the umbilical cord, separating the baby from the mother for routine care, and making the woman or her caregivers incur out-of-pocket expenditures.

Coming to the institutional arrangement for efficient implementation of the LaQshya guidelines, instructions have been put forth for the setting up of bodies at the national, state, district, and

health facility levels, which shall work in different capacities for the implementation of the guidelines, training and evaluation of staff, capacity development, and quality assurance of the standards of care imparted at health facilities. The process of improving the quality of care in labour rooms shall begin with a baseline assessment by the quality circles with appropriate support from the coaching team to gauge the current practices and quality of care. This shall be followed by structural improvements, i.e. upgradation of infrastructure and hiring and training of human resource personnel. Process related interventions shall include ensuring availability of adequate medical equipment and human resources, sensitising healthcare providers for delivery of respectful maternity care and close monitoring of language, behaviour and conduct within the labour room, creating an enabling environment for a natural birthing process, ensuring availability of triage area and functional newborn care area, ensuring availability of essential services such as running water, electricity, housekeeping an security, use of digital technology for record keeping and monitoring, and effective systems for feedback, monitoring and evaluation. The guidelines also propose a system to encourage and reinforce achievements of health workers through incentivisation and branding of health facilities according to the standards of labour room care achieved.

The activities are proposed to be executed in a phased manner. The preparatory phase lasting 2 months shall include the launch of the scheme and formation of the teams at different levels, and orientation. The assessment phase lasting 2 months shall include baseline assessments, gap analysis, action planning, and resource allocation. The improvement phase lasting 12 months shall involve carrying out the interventions for quality improvement, and the evaluation phase lasting 12 months shall comprise evaluation of the implementation of the LaQshya guidelines, and a national level dissemination of results.

The LaQshya guidelines which require a robust implementation rolled out in phases for efficient monitoring and course-correction, must be supplemented by adequate financing, and a sound monitoring and evaluation plan calling for accountability at each level of implementation for it to be truly effective and ensure quality care, respect and dignity to women during childbirth.

Durga V.

---

[1] *Constitution of WHO: principles*. *World Health Organization*. Retrieved 4 April 2018, from http://www.who.int/about/mission/en/

[2] Gupta, S., Pal, D., Tiwari, R., Garg, R., Shrivastava, A., & Sarawagi, R. et al. (2013). Impact of Janani Suraksha Yojana on Institutional Delivery Rate and Maternal Morbidity and Mortality: An Observational Study in India. *Journal Of Health, Population And Nutrition*, *30*(4). http://dx.doi.org/10.3329/jhpn.v30i4.13416

[3] National Health Mission. (2017). *LaQshya - Labour Room Quality Improvement Initiaitve*.

[4] Maternal Health Division of Ministry of Health and Family Welfare. (2016). *Standardization of Labour Rooms at Delivery Points*.

[5] Maternal Health Division of Ministry of Health and Family Welfare. (2013). *Maternal and Newborn Health Toolkit*.