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The impact of a community based surveillance and monitoring system on the utilization of services for maternal and newborn morbidity in urban slums of Navi Mumbai, India

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Background: More than 14% urban slum women did not receive any antenatal care; 70% did not consume IFA, more than 15% delivered at home and 70% were not visited by a health care provider (NFHS-3, 2006)

Intervention and Objective: Community health workers undertaking monthly surveillance of health needs and danger signs during pregnancy, followed by timely referral, were aimed at increasing utilization of services for maternal and neonatal morbidity among women living in urban slums of Navi Mumbai, India.

Study Design and Methodology: Change in the clients' health seeking behavior was assessed among 200 randomly selected, recently delivered mothers, by:

- Comparing health utilization behavior in the last pregnancy (in the last one year) with the previous pregnancy.
- Comparing service utilization behavior across 3 levels of exposure to surveillance and monitoring – High, Low, None.

Results

Antenatal Care: Early registration for antenatal care (≤ 12 weeks) increased significantly in the last pregnancy compared to previous one (OR 2.09, 95% CI (1.38-3.18)). Utilization of minimum antenatal care increased significantly among women who received ≥ 4 surveillance visits as compared to those who had received ≤ 3 surveillance visits (OR 1.90, 95% CI (1.01-3.77))

Antenatal morbidity treatment: Respondents reporting at least one antenatal complication increased significantly in the last pregnancy as compared to the previous one [48.1% vs 38.4%

($p=0.000$)). Early detection and treatment of antenatal complications increased significantly among those who had a 'high' level of exposure to surveillance as compared to 'low' level of exposure (OR 1.81, 95% CI (1.02-3.4)).

Intra-natal care: A significant reduction in home deliveries was observed in the last pregnancy as compared to the previous one [17% to 8.7%, ($p=0.000$)].

Neonatal morbidity treatment: In the last pregnancy as compared to the previous one, there was an increase in the proportion of women who sought treatment for neonatal complications within 24 hours of their onset (OR 2.07, 95% CI (0.50-8.83)).

Conclusions: Monthly surveillance and monitoring results in a significant increase in utilization of maternal and neonatal services and coverage including reporting and timely utilization of referral services.