During her 36th week of pregnancy Urmila was travelling from her hometown, a small district near Jaipur for a family get together to Agra. During the course of the journey, she complained of abdominal pain, and soon started bleeding. The first thought that engulfed Urmila was about her unborn child’s safety. As per her family’s suggestion, she and her husband immediately headed towards Ravi Hospital in Agra.

As soon as this emergency case arrived at Ravi Hospital, it was assigned to Nurse Shalu, who had recently attended the Manyata training program. While completing Urmila’s paper work and following a rigorous documentation process using head to toe assessment method, Nurse Shalu discovered that this was a precious pregnancy for Urmila.

As a part of her training, she had learnt early identification and management of shock symptoms and knew if she didn’t think fast on her feet, this could lead to further complications. She immediately started stabilizing the patient and she reached out to the attending doctor and the head nurse, calling for help ensuring that the patient receives immediate attention.

As per the investigation done by the attending doctor Urmila was diagnosed with placenta abruption. She had a history of respiratory problem which further complicated the situation, causing fetal distress. She was shifted to the ICU.

Nurse Shalu took utmost care of Urmila by monitoring her condition, helping her in changing her dressings due to the excessive bleeding in a timely manner and answering her questions about the next steps.

At 36 weeks, Urmila delivered a premature baby boy.

Placental abruption is a serious condition in which the placenta separates from the wall of the uterus before birth. According to American Pregnancy Association (APA), 15% cases end in fetal death.

"Urmila believes, that Nurse Shalu was able to save her and her baby through instant vigilance, support and expertise, making sure that Urmila gets the quality care she deserves."
Trained staff plays a significant role in timely management and treatment making a difference between life and death of the mother and the baby. To address the inequities in access to skilled health workers in India, Manyata, provides trainings on evidence-based quality care standards to facility staff at private health care facilities. Through these capacity building trainings, the facility staff is able to act swiftly and make effective decisions during complications, saving the life of both the mother and the baby.

With at least 585,000 women dying each year by complications of pregnancy and child birth. India contributes to 15 per cent of the global maternal death toll. Despite an increase in institutional deliveries over the years, close to 44,000 Indian women die each year due to complications arising during childbirth.

According to the Lancet report, 70 per cent of these deaths can be prevented, if the mother and baby are attended by skilled health professionals. However, in India, of the 26 million births annually, only 43% are supported by skilled staff – risking lives of mothers and newborns.

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MATERNAL MORTALITY CONTINUES TO BE A GLOBAL BURDEN

KEY TAKEAWAYS

1. Trust between the doctor and nurses contribute in making the teams efficient and swift. This ensures that crucial time is not lost during complications. Manyata trainings reiterate on the importance of trust building between the doctor and nurses ensuring that a mother receives the quality care she deserves.

2. Nurses act as an intermediary between the patient and the doctor. It is imperative that they are able to think critically anticipating patient needs. Manyata trainings enable nurses to cultivate analytic thinking as well as develop soft skills.