



Nurse Seema's Story

How quick thinking, conviction and the right skills saved a new mother

Leela[i] (25) hurried to the KVR hospital, Uttarakhand when she went into spontaneous labor, where she delivered a healthy baby girl on a breezy August evening.

Leela, a second time mother, was elated and counting her blessings when she noticed the nurses around her moving with unusual urgency. Soon, what should have been the happiest day of her life quickly escalated into a life and death situation

Nurse Seema, who was managing post-delivery procedures noticed that the uterus failed to contract even after 30 minutes. She immediately identified the early signs of Postpartum Haemorrhage (PPH), excessive bleeding after child-

birth, a complication she had learnt about during the Manyata trainings. She knew she had to act fast to prevent the patient from going into shock which would be life-threatening.

Since the attending doctor was unavailable, Nurse Seema was forced to act alone and backed by her training leapt into action to save the new mother.

The most common cause of PPH is uterine atony- a condition when the uterus fails to contract adequately after the delivery of the baby. PPH contributes 38% of all maternal deaths in India and one quarter of all maternal deaths globally with majority of the deaths occurring within 4 hours of delivery.

[i] Name changed for confidentiality



The state of Uttarakhand records high maternal mortality rates- at 103 maternal deaths per 100,000 live births[1], stemming from the shortage of trained staff and infrastructural challenges due to the hilly terrain.

STEPS TAKEN BY NURSE SEEMA



She immediately raised the call for help to alert her supervisors and the doctor about the patient's condition as there were only two staff present at the time.



She checked Leela's vitals and counselled her on the seriousness of her condition and interventions that would follow.



Seema then began to administer oxygen to the patient and checked for trauma in the vaginal tract.



Following that she started Leela on 20ml Oxytocin in a two large bore IV cannulae.



When the excessive bleeding continued, she sent a blood sample for testing and arranged for a blood transfusion and continued massaging the uterus to stop the bleeding.



As part of the skill drills, the nurses are taught to administer 125ug Carboprost in such cases. She immediately applied her training and eventually successfully stopped the bleeding.



With the team's help and support, Leela was stabilized. The nurses further monitored the condition of the patient and

provided her with all the care a new mother must be given.

They counselled her, making her more aware about her condition, and precautions she will have to take for days the next 48 days.

Around two days later, Leela was discharged from the hospital along with her newborn. Before leaving she expressed her immense gratitude to Nurse Seema and the team for saving her life. Leela used to think that giving birth to her daughters would be the most memorable experiences of her lifetime, but now she felt that getting to spend time and making memories with her children, was even more precious.

PPH is excessive bleeding after childbirth and is generally defined as blood loss greater than or equal to 500 ml within 24 hours of birth. Severe PPH is defined as blood loss greater than or equal to 1000 ml within 24 hours. Globally, 14 million mothers are affected by PPH each year. Although most deaths are preventable, PPH causes approximately 70,000 deaths each year, 99% of which occur in low and middle income countries.

"Through the Manyata training sessions we aim to build the relevant skills and confidence in our nurses to handle life-threatening complications such as PPH and eclampsia. This ensures last-mile delivery of high-quality maternal health services in underserved regions such as Uttarakhand."

-Dr Priti Kumar,

Manyata Lucknow CSE Lead