INTRODUCTION TO SOCIAL OBSTETRICS

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Definition

- Study of relation between social and environmental factors and human reproduction, even in preconception and premarital period.

- It is a branch of preventive medicine

What does it deal with?

- Age at marriage
- Age at child bearing
- Birth spacing
- Family size
- Fertility pattern
- Level of education
- Economic status
- Role of woman in society

Evolution of the Concept

- The term was first used by WHO in 1966.
- The concept describes the influence of social factors like Levels of education, degree of literacy and the role of women in society on the process of reproduction.
- The success or failure of childbirth depends as much upon a wide variety of social influences as upon the skills and knowledge of doctors and nurses.

The Three Delays Model

- **Delay in decision to seek care due to**

- The low status of women
- Poor understanding of complications and risk factors in pregnancy and when to seek medical help
- Previous poor experience of health care
- Acceptance of maternal death
- Financial implications

Contd..

- **Delay in reaching care due to;**

- Distance to health centres and hospitals
- Availability of and cost of transportation
- Poor roads and infrastructure
- Geography e.g. mountainous terrain, rivers

Contd..

- **Delay in receiving adequate health care due to;**

- Poor facilities and lack of medical supplies
- Inadequately trained and poorly motivated medical staff
- Inadequate referral systems

RESEARCH ARTICLE

Contribution of social factors to maternal deaths in urban India: Use of care pathway and delay models

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Abstract

This paper uses care pathway and delay models to better understand the possible social reasons for maternal deaths in a city with good public and private health infrastructure. ˙

findings can inform programmes to reduce maternal mortality. During 2007–15, 136 maternal deaths were reported in Chandigarh, India. Using World Health Organisation's verbal autopsy questionnaire, interviews were conducted with primary caregivers of 68 (50%) of the 136 deceased women, as majority of the families had returned to their native places. We used process-tracing techniques to construct the care pathways and identify delays, and explored open-ended responses using thematic analysis. The mean age of the deceased women was 27 years, 51% resided in slums, 32% were primigravida, 25% had their deliveries assisted by traditional birth attendants, and 23% had Caesarean section. Eight percent died at home, and 54% died in tertiary level facilities. Post-partum

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haemorrhage (26.5%), and complications of puerperium (25%) and labour/delivery (14.7%) were the reported medical causes. Male child preference and norms for home delivery were identified as the distal socio-cultural causes. Individual and family level factors included: shame on multiple pregnancies; fear of discrimination from providers; past successful deliveries at home leading to overconfidence and not seeking institutional care; and lack of awareness about family planning, antenatal care, and danger signs of pregnancy.

Healthcare system factors were: non-availability of senior doctors at the time of consultation in the emergency that delayed initiation of immediate treatment, and lack of availability of life-saving equipment due to patient load. Empirical evidence was found on social causes of maternal deaths, which could have been prevented by appropriate actions at individual, family, societal, institutional and policy levels. This study identified potential preventable causes of primarily social origin, which could help in taking actionable steps at several levels to further reduce maternal deaths in India.

Basis

- Social obstetrics demands that the patient be treated as a human being, a member of a family and community whose various environmental and other factors influence her and her illness and therefore necessitate the consideration and understanding of these factors in planning her treatment by the doctor.

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- Integrating family planning services with general health care and more particularly maternal and child health care .

SCENARIO IN DEVELOPING COUNTRIES

- Influence of environmental factors on the organization, delivery and utilization of obstetric services by the community.

- Institutional deliveries-

Proportion of institutional deliveries

Institutional Deliveries

(as a % of total deliveries)

	NFHS 4			DLHS 4/AHS 3			CES			DLHS
	2015-16			2012-13			2009			2007-
State/UT	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Andhra Pradesh	91.6	89.7	96.5	88.5	85.9	94.8	94.2	94.3	94.0	71.8
Assam #	70.6	68.2	92.9	65.9	62.9	84.5	64.4	61.9	81.6	35.1
Bihar #	63.8	62.7	74.3	55.4	53.6	71.5	48.3	46.0	67.4	27.5
Chattisgarh #	70.2	66.8	83.3	39.5	35.4	58.4	44.9	40.5	62.6	18.0

Gujarat	88.7	85.5	93.4	na	na	na	78.1	73.1	86.5	56.4
Haryana	80.5	80.4	80.6	77.0	74.3	81.9	63.3	59.5	72.7	46.8
Jharkhand #	61.9	57.3	81.6	46.2	38.3	74.9	40.1	30.6	73.3	17.7
Karnataka	94.3	93.5	95.4	89.1	85.8	94.0	86.4	83.3	92.4	65.1
Kerala	99.9	99.9	99.9	99.6	99.7	99.8	99.9	100.0	99.7	99.4
Madhya Pradesh #	80.8	76.4	93.8	82.6	79.9	89.9	81.0	77.4	91.3	46.9
Maharashtra	90.3	86.7	94.8	92.0	88.8	95.7	81.8	74.4	92.0	63.5
Odisha #	85.4	84.7	89.7	80.8	79.8	86.9	75.5	74.4	81.8	44.1
Punjab	90.5	91.5	89	82.7	81.8	84.3	60.3	54.1	72.4	63.1
Rajasthan #	84	82.3	90.3	78.0	75.2	88.3	70.5	67.5	80.1	45.4
Tamil Nadu	99	98.7	99.2	99.0	98.9	99.0	98.4	98.1	98.7	94.0
Telangana	91.5	87.3	96.3	94.1	92.1	97.3				
Uttar Pradesh #	67.8	66.8	71.7	56.7	54.8	64.9	62.1	59.9	70.1	24.5
West Bengal	75.2	71.9	83.7	74.6	69.9	85.8	69.5	63.3	85.5	48.9
Arunachal Pradesh	52.3	44.2	81.5	49.5	41.0	78.6	69.9	66.6	82.6	47.6
Delhi	84.4	85.4	84.4	na	na	na	83.6	78.1	84.0	68.7
Goa	96.9	98.8	95.8	97.1	97.8	96.7	99.8	100.0	99.7	96.4
Himachal Pradesh	76.4	75.3	90.6	77.8	76.4	92.1	50.3	46.4	86.3	48.3
Jammu & Kashmir	85.7	82	97.3	na	na	na	80.9	76.0	95.7	54.9
Manipur	69.1	60.5	86.3	61.2	52.3	78.7	80.0	75.6	92.2	41.0
Meghalaya	51.4	45.7	88.1	47.3	38.3	82.8	63.6	56.4	93.6	24.5
Mizoram	80.1	61	97.2	72.4	49.9	93.0	83.0	68.2	97.9	55.7
Nagaland	32.8	24	56.3	30.1	22.4	48.5	30.4	24.3	60.0	-.-
Sikkim	94.7	94.4	95.3	82.7	80.2	90.8	68.9	66.8	85.2	49.5
Tripura	79.9	75.7	92.6	72.7	65.8	95.7	82.6	79.7	97.0	46.2

Current understanding

- Family planning- Family welfare-Reproductive health

- The scope of social obstetrics now broadened to include the role played by factors like female literacy and socio-economic status on reproduction.

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- The cause of maternal mortality is an outcome of interaction of variety of factors namely the distant factors (socio-economic, cultural) which act through the proximate or intermediate factors (health and reproductive behavior, access to health service) and in turn influence outcome (pregnancy complication, mortality)

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- Studies have found that steady rates of increase in female literacy were associated with declining maternal and infant mortality ratios as well.

- It has been found that female literacy programs are of immense value in reducing maternal and infant mortality ratios given their ability to yield sustained reductions in mortality levels in developing countries.

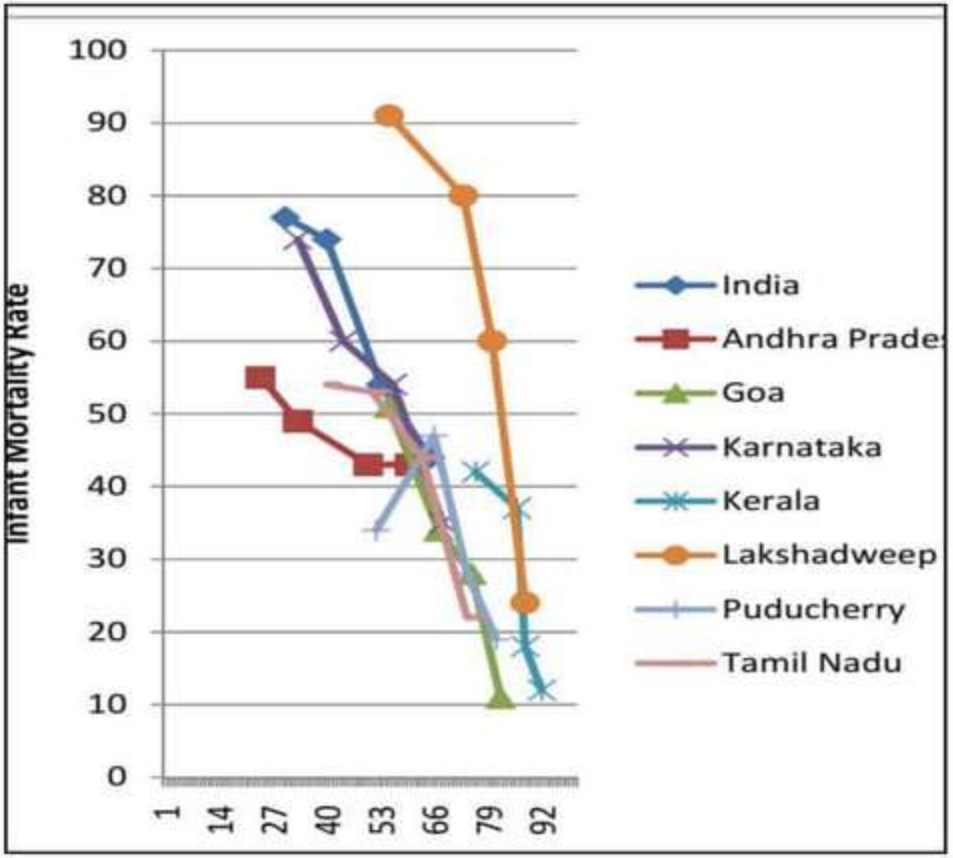


***Figure 1**: Female Literacy Rate vs Infant Mortality Rate –South Indian States*

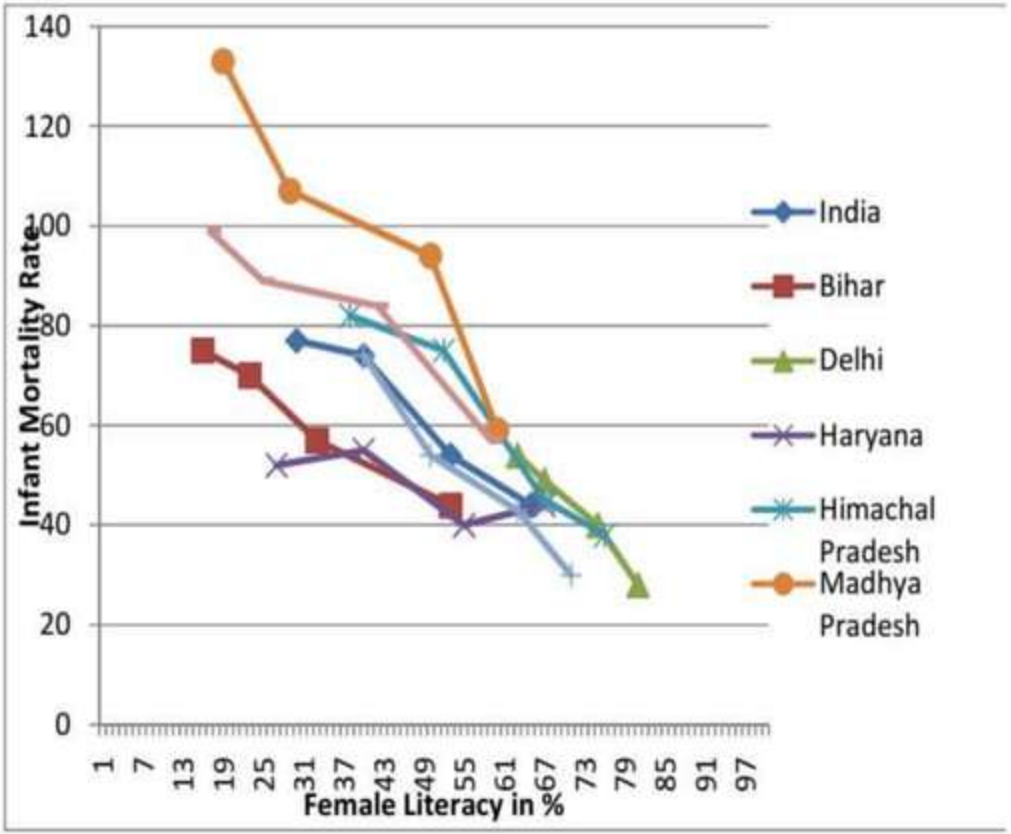


Figure 2. *Female Literacy vs Infant Mortality Rate- North Indian states*

Female literacy and health service utilization

- Strong association exists between the level of women's education and use of reproductive maternal health services
- Literacy improves women's status, increases age at marriage, reduces unwanted fertility and improves utilisation of health services
- It also contributes to women's self confidence, improving their maternal skills, increa sing their exposure to information and thereby altering the way others respond to them.

MATERNITY CYCLE

- Fertilization
- Antenatal and post-natal period
- Intranatal period
- Postnatal period
- Inter –conceptional period

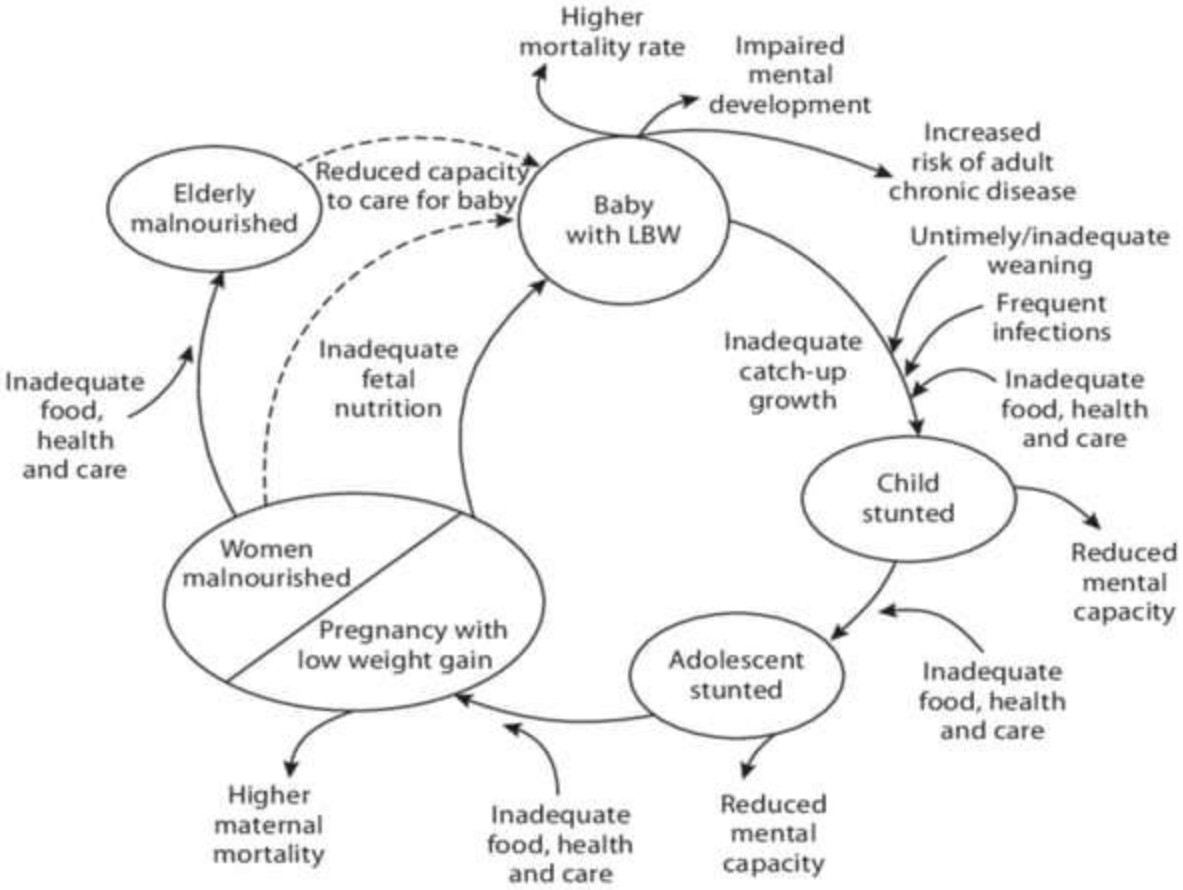
What is maternal and child health(MCH) ?

- MCH has many components.

- Obstetrics
- Paediatrics
- Family planning
- Knowledge of health administration
- The role of various health personnel
- A primary health centre
- The health team concept.

MCH Problems

- Malnutrition
- Infection
- Uncontrolled reproduction


Higher mortality rate
Impaired mental development
Increased risk of adult chronic disease
Elderly malnourished
Reduced capacity to care for baby
Baby with LBW
Untimely/inadequate weaning
Frequent infections
Inadequate food, health and care
Inadequate catch-up growth
Inadequate fetal nutrition
Inadequate food, health and care
Child stunted
Reduced mental capacity
Women malnourished
Pregnancy with low weight gain
Adolescent stunted
Inadequate food, health and care
Higher maternal mortality
Inadequate food, health and care
Reduced mental capacity

What it emphasizes

- Mother and child together form a single unit and not two.
- Currently obstetrics and paediatrics--working in water tight compartments and not in an integrated manner.
- Integrated teaching between the two departments is perhaps the only way to impress on the students' minds the basic fact of the mother and child being one unit.

How it should be practiced ?

- Social obstetrics having been redefined to include delivery of comprehensive maternal and child health and family planning services, it is necessary· to have a clear idea of the objectives of training students.

Objectives

- The first objective of training students should be to instil into them the concept of comprehensive maternal and child care and remove from their minds age old concept that obstetrics is only antenatal, intranatal and postnatal care, concerned mainly with technical skills.

- The second objective is to teach them how to deliver an integrated MCH/ FP service in the rural areas.

Training in MCH/FP

- Training in the field
- Institutional training

TRAINING IN THE FIELD

- Training in the field requires a greater emphasis than that given to it at present since the aim is to prepare the student to deliver MCH/ FP service to a rural community within the environment.

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- This does not mean ignoring of training in the academic and scientific aspects of obstetrics now being taught are very necessary as they are the basis on which the technical skills necessary to deliver the service are built.

Suggested training in MCH/FP

- The clinical and practical integration in MCH/ FP could best be done by introducing the subject early in the para- clinical years through the family care of a mother under proper supervision and periodic monitoring.

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- Continuous reinforcement of this concept is necessary while teaching the three disciplines(obstetrics, paediatrics and community medicine)

Training in Urban and Rural Health Centres

- A supervised and monitored family attachment in the second clinical year, if not earlier, would be of help.

- Residence at the rural health centre, for a short period at least, at any time during the clinical years, would be of value if there are teachers from the three disciplines in the centre to teach him.

Contd..

- Periodic visits to RHTC with integrated teaching by these three departments is an alternative option to residential posting.

- The aim should be to demonstrate to the student the interplay of various environmental, social and cultural factors in health and disease and the delivery of MCH care under those conditions.

Contd..

- Training at the urban health centres is much less difficult as it involves no residence.

- Periodic visits by these three departments as frequently as possible.

Internship training

- Two months in Community medicine- UHTC and RHTC
- Training in providing MCH/FP services
- Limitations of the rural MCH/FP service and learn how to select referral to the parent hospitals.
- PGDMCH- IGNOU

THANK YOU