

View Point

Time to Move Beyond Numbers: Improving Quality Services to Make Primary Health Centres Desirable for Childbirth

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A B S T R A C T

The concept of primary healthcare provides better accessible and affordable services to the people. The care is comprehensive in nature in order to deal early with common morbidities and to reduce unwanted referrals. In India, the primary healthcare services are planned for the convenience of the people as a three-tier system.¹ This system has gained its experience from the provision of maternal and child health services, which were promotive, preventive and curative in nature. Ensuring the safe delivery of a child has remained an agenda for primary healthcare; hence efforts are directed towards reducing the delivery at home. This is ensured by encouraging delivery by a Skilled Birth Attendant (SBA), who may be a doctor or a nurse.²

It has been witnessed through the national family health surveys that institutional deliveries are on the rise though a majority of deliveries still occur at tertiary/ secondary facilities as compared to primary facilities. The evidence is not available for the country but state-specific HMIS data and observations made by the programme officers hint towards overutilisation of secondary and tertiary care centres for normal deliveries. Under the National Health Mission, investment was made at the Primary and Community Health Center (PHC and CHC) levels to provide round-the-clock essential and emergency obstetric care and newborn care.³ Over 10 years, with investment in the form of healthcare professionals and logistics at the PHC and CHC levels, a positive change in behaviour and practice towards Maternal and Child Health (MCH) is expected.

In India, the patient's right to choice of facility for health services acts as a driver for accessing basic MCH services. This phenomenon was also observed by Hoffman et al. in their study in Austria where the secondary and tertiary levels of care directly observed a high load of patients.^{4,5} Mustafa et al., in their analysis of the likelihood of women delivering at rural PHCs discussed that perception plays a very important role in the utilisation of service from any source. Negative perception about public health facilities impacts the choice to deliver.⁶ The free and unregulated patient access to all levels of medical care is linked to several unwanted developments in the healthcare system as a whole,

and in particular, in essential primary care functions.⁷ Lack of women physicians at PHCs and higher absenteeism rate of doctors and specialists in position are major barriers to seeking healthcare services at PHCs/ CHCs. Despite the long waiting hours at outpatient departments and overcrowding in labour wards, women prefer to give birth to their children at tertiary care hospitals. This leads us to question the quality of services and the role of National Quality Assessment Standards.

The decision about the mode or place of delivery is often taken during the course of pregnancy and is influenced by events in the previous delivery as well as the current pregnancy.⁸ The country needs to move from just promoting institutional deliveries to strengthening the primary health centres to conduct all normal deliveries. The Reorientation of Medical Education scheme was one such effort to inculcate the importance of primary healthcare and essential obstetric care in medical students. A graduate needs to be confident enough to carry out a normal delivery at a PHC. In the last few decades, this confidence has been lost which is leading to a loss in confidence among the community towards the public health system. Meanwhile, the National Health Mission is still waiting to win the confidence of the people regarding the quality of care provided to them.

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