

**Pranali Amodh Deshmukh (33yrs)**, after an elective caesarian procedure delivered a beautiful baby girl and was counting her blessings. But her wait of seven years for this happy moment, soon turned into a life and death matter.

A day after Pranali's delivery, her aunt went running to Nurse Vandana in distress. Nurse Vandana immediately rushed to see Pranali. When Nurse Vandana saw Pranali getting convulsions, she immediately identified it as eclampsia. She had just finished her Manyata training and as per her trainings, she knew how each second is a matter of life and death for the patient.

## STEPS TAKEN BY NURSE VANDANA



She immediately alerted her supervisors and alongside swiftly started taking the right actions. She raised the call for help, to intimate her team about the patient's condition.



As part of the skill drills, the nurses are taught about maintaining medical kits for Pregnancy-Induced Hypertension (PIH) complications. She immediately got the eclampsia kit for the patient, helped her with a mouth guard and checked the IV drip.



She gave the patient the correct regimen of MgSO<sub>4</sub> injection to manage the convulsions. When the attending doctor arrived, he was impressed by the efficiency and quick thinking shown by Nurse Vandana.



With the team's help and support, Pranali was stabilized in 15 minutes. The nurses further monitored the condition of the patient and provided her with all the care a mother must be given.



They counselled her, making her more aware about her condition, and precautions she will have to take.

Two days later, Pranali checked out of the hospital with her baby. Before leaving she expressed, that she used to think that having her baby was the miracle of her lifetime, but now she feels that getting to spend time and making memories with her baby, will be no less than a miracle.

**"Nearly 80% of women who die from preeclampsia die postpartum. Sleep deprivation and more attention on the newborn and a lack of familiarity with normal postpartum experiences all contribute to more easily ignoring or missing indicators of a problem"**

*- Preeclampsia foundation (Anon., 2019)*



Pranali Amodh Deshmukh with her beautiful baby girl

## ABOUT MANYATA

Manyata is a unique program that seeks to improve the quality of maternity care by strengthening skills and competencies related to key life-saving practices among providers working in private maternity care facilities. It aims to improve the quality of care for mothers and newborn. The trainings under the program focused on building capacity of medical teams in private maternity facilities enabling them to make informed decision.

The program focuses to ensure adherence to **16 clinical and 10 facility standards developed by FOGSI on the lines of WHO standards of care**. The quality standards focus on antenatal, intra-partum and immediate postpartum care to mothers.

The program works on a dual approach addressing both quality improvement and quality assurance. Under quality improvement, the facility staff is sensitized on clinical standards. They are trained by experts on checklists, System Development Procedures and situation-based scenario. Once the training is completed, the private healthcare provider (facility) is assessed by trained and qualified assessors from FOGSI. On successful assessment, the facility is awarded the 'Manyata Certification'. By attaining this, the enrolled hospital is recognized for its excellence in maternity care.





## WORLDWIDE, 10% OF ALL PREGNANCIES ARE COMPLICATED BY HYPERTENSION.

Within the group of hypertensive disorders of pregnancy, Eclampsia, accounts for 12 % of all maternal deaths globally. It is one of the leading causes of high maternal mortality and morbidity and high perinatal mortality. According to a report published in the International Journal of Reproduction Contraception, Obstetrics and Gynecology (IJRCOG) in 2016, eclampsia accounts for 24% of all maternal deaths in India (oshi, n.d.).

Eclampsia is defined as the development of convulsion and/or unexplained coma during pregnancy or postpartum period. In developing countries, cases of eclampsia become more rampant as expecting mothers have limited information on the symptoms of preeclampsia, leading to their situation becoming severe with additional complications. Adding to this, is the limitation of trained and skilled staff in the health care sector for the developing countries, creating a resource deficit.

## MANYATA ADDRESSING THE CURRENT GAPS OF LACK OF AWARENESS AND LIMITED SKILLS SETS OF THE NURSING STAFF

The 16 standards under the program include identification and management of severe preeclampsia and eclampsia. As part of the trainings, nurses and medical staff are taught how to interpret symptoms and provide medication to the patient. The program enables the nurses to make the most of each crucial minute to save the lives of both the mother and her baby.

<sup>1</sup>(Das, 2015 Apr)- Saumya Biswas Ratan Das- "Eclampsia: The Major Cause of Maternal Mortality in Eastern India

<sup>2</sup>(Anwar, 2017)- A study of maternal morbidity and mortality DUE to Pre eclampsia and eclampsia

### KEY TAKEAWAYS



Eclampsia can be managed successfully if the staff has the confidence and the knowledge to identify the convulsions. Manyata trainings help the nurses to understand the correct regimen of MgSO<sub>4</sub> injection to the patient for prevention and management of convulsions.



Nursing staff, trained on evidence-based quality standards, can play a significant role in managing complications, enabling preparedness, quick decision making, and ensuring a safe delivery experience for the mother and child.



Strong skill drill modules in quality improvement trainings ensure that the skills learnt by the staff go beyond theoretical learning and are implemented with spontaneity at the time of complications. Conscious of the effectiveness of this learning approach, Manyata program focuses on conducting trainings using rigorous skill drills.