

Maternal and Newborn Health Service in Federal System of Nepal

Saraswoti Kumari Gautam Bhattarai

Assoc. Prof., Maharajgunj Nursing Campus, Institute of Medicine, Kathmandu, Nepal

Correspondence: saraswotigautam@gmail.com

ABSTRACT

Maternal health is the health status of women during pregnancy, childbirth, and the post-partum period, which combines the health care dimension of family planning, preconception, prenatal care and postnatal care is vital to reduce maternal and newborn morbidity and mortality. In this regard, government of Nepal is adopted two key strategies to improve maternal health: ensuring that a selected health facilities have emergency obstetric care services that are available 24 hours a day and the presence of health personnel with midwifery skills who can competently provide safe and effective delivery care. In this context, three level of government namely; federal, provincial and local government is providing the maternal and neonatal health service.

Keywords: Levels of Care, Maternal health, Skilled Health Professionals, Service Sites

INTRODUCTION

Maternal and newborn health service is the priority program of Nepal. National Health Policy 2019 has been formulated as the powers and functions of federal, state and local levels as per the constitution of Nepal on the basis of the policies and program of the Government of Nepal and the international commitments made by Nepal at different times.⁽¹⁾ Nepal has preserved the right to safe motherhood and reproductive health services in the constitution of Nepal. The Right to safe motherhood and reproductive health act 2018 and its regulation, 2020 has also considered maternal, reproductive and newborn health services as fundamental rights of the people.⁽²⁾ Similarly, Public Health Service Act 2018 and its regulation 2020 considered safe motherhood and new-born health service as basic health services.^(3,4) Nepal is a signatory to Sustainable Development Goal and has committed to one of the important targets to reduce the maternal mortality ratio to less than 70 per 100,000 live births and reduce new-born mortality rate to less than 12 per 1000 live births by 2030 and to ensure a healthy life and the well-being of all mothers and newborns.⁽⁵⁾ With the adoption of federalism through the constitution, seven newly created provincial and 753 local governments are responsible to manage public resources and deliver critical services to the citizens.⁽⁶⁾ Federalism is an

important opportunity for Nepal to achieve universal health coverage.⁽⁷⁾ The Constitution of Nepal has the provision of the right to get free basic health services from the state as a fundamental right of the citizens. In this context, is necessary to gradually transform the health sector from being a profit-oriented to service-oriented. As per the constitution, the functions of formulating health policy and standards, ensuring quality and monitoring, traditional treatment services and infectious disease control have been assigned to the federal government whereas the responsibility of health services have been assigned to the federal, provincial, and local levels. For its effective implementation, inter-ministry coordination and collaboration is most important.⁽⁸⁾

Government of Nepal developed different strategies based on the national health policy. Among them strategies to address the health need of citizens of all age groups as per the life course approach and to make additional improvements and expansion of overall development of mother and child, adolescents, and family management services; following working policies are stated in fifteenth five year plan.⁽⁸⁾

- The overall development of mother and child, children and adolescents, and family management services will be reformed further and expanded as per the concept of the lifecycle.

- The health services will be made senior citizen-, gender- and disability-friendly as per the Life Course Approach to address the health needs of citizens of all age groups.
- Provisions will be made for regular health check-ups for the rapid detection of health risks of various age groups.
- Provisions will be made for a free check-up for the diseases increasingly prevalent among women such as breast cancer and cervical cancer.
- Special program including evidence-based midwife education and services will be formulated and carried out for reducing the maternal mortality rate

Skilled health professionals (SHP/SBA) are needed for the provision of maternal and newborn health service. Furthermore, skilled health personnel are competent maternal and newborn health (MNH) professionals educated, trained and regulated to national and international standards. They are competent to: (i) provide and promote evidence-based, human-rights based, quality, socio-culturally sensitive and dignified care to women and newborns; (ii) facilitate physiological processes during labour and delivery to ensure a clean and positive childbirth experience; and (iii) identify and manage or refer women and/or newborns with complications.⁽⁹⁾ In addition, as part of an integrated team of MNH professionals (midwives, nurses, obstetricians, paediatricians and anaesthetists), they perform all signal functions of emergency maternal and newborn care to optimize the health and well-being of women and newborns. Likewise, health workers required in order to meet the need for all essential sexual reproductive maternal and neonatal health services in Nepal are Midwife, ANM, Staff Nurse, Nursing Officer, Medical Officer, MD in General Practice and Emergency Medicine (MDGP), Obstetrician/Gynaecologist (Ob/Gyn), Paediatrician, Anaesthesiologist and Anaesthetic Assistant.⁽¹⁰⁾

Organization of Services and the Role and Responsibilities of the Skilled Health Professionals (SHP/SBA)

1. Referral Hospitals (existing central, zonal and regional): In 12 selected referral hospitals onsite

midwife-led birth unit (OMBU) will be established and 482 midwives deployed to provide a continuum of MNH care by 2025. The existing ANMs would gradually be phased out.

2. Comprehensive Essential Obstetric and Neonatal Care (CEONC) sites: In the maternity wards of CEONC sites, skilled health professionals (Ob/gyn/MDGP/ASBA, midwife, nurses, anaesthetist/Anaesthetic assistant) will provide maternity care services. In the meantime, the trained registered ANMs (SBAs) would continue to provide services as part of the MNH team.

3. Basic Essential Obstetric and Neonatal Care (BEONC) sites (15 bedded Primary Hospital of Rural Municipality): In all BEONC sites, skilled health professionals (SHPs) (doctors and nurses) and other health workers with SBA training (ANM) will provide maternity care services. It is gradually replace the ANM posts by the certificate midwife

4. Health Post: In the selected Health Post with birthing services, SBAs will provide MNH care. Currently, there is no sanctioned position for SNs at HP. Once they are made available, staff nurses would replace the existing ANMs.

5. Ward level: The National Health Policy directs the availability of one skilled service provider (community nurse/SHP/SBA) to provide a continuum of care- ANC, PNC, newborn care, and referral at every ward especially in the remote hills and mountains.

Services at the Different Levels of Care and Service Sites

CEONC sites: The main responsibility of CEONC sites is to provide services as per the standards and protocols. The following MNH services are provided at CEONC sites:

- Administer parenteral antibiotics
- Administer uterotonic drugs
- Administer parenteral anticonvulsants for pre-eclampsia and eclampsia (MgSO₄)
- Manual removal of retained placenta

- Removal of retained product of conception (e.g MVA, dilatation and curettage)
- Assisted vaginal delivery (vacuum extraction, forceps delivery)
- Neonatal resuscitation (with bag and mask)
- Caesarean section
- Blood transfusion

Peripheral MNH service sites: The main function of these sites is to provide key MNH services depending upon the level of the health facility. At the most basic level, Health Posts function as birthing centers whereas relatively higher-level sites such as PHCC/ Primary Hospital function as BEONC site. These sites also provide outreach services (PHC/ ORC). The following services are available at birthing centers:

- Antenatal Care
- Post-natal Care
- Assist normal physiological birth and early identification of obstetric complications and initial management (obstetric first aids):
 - i. administers parenteral antibiotics
 - ii. administer parenteral uterotonic drugs
 - iii. administer parenteral anticonvulsants (loading dose of MgSO₄)
 - iv. Neonatal resuscitation (with bag and mask)
- Immediate referral of obstetric complication, after stabilization and providing obstetrics first aid (OFA).

In addition to the above, the BEONC site provides 7 signal functions:

1. Administer parenteral antibiotics
2. Administer parenteral uterotonic drugs
3. Administer parenteral anticonvulsants, for pre-eclampsia and eclampsia (MgSO₄)
4. Manual removal of retained placenta
5. Removal of retained product of conception (e.g MVA, dilatation and curettage)

6. Assisted vaginal delivery (vacuum extraction)
7. Neonatal resuscitation (with bag and mask) (11)

CONCLUSIONS

As per the Constitution of Nepal, every citizen has the right to free basic health services from the state. The basic health service package includes the continuum of maternal and neonatal health services (ANC, delivery, PNC, newborn care), as the responsibility of the local governments, that are also responsible for local level policies and program related to health service management. These include the management of infrastructure, human resources, equipment, and drugs at health facilities that have less than 15 beds⁽¹¹⁾

REFERENCES

8. National Health Policy 2019_DoHS Annual Report_Public Health Update. 2019;76.
9. Department of Health Services 2077/78 (2020/21). Annual Report Annual Report [Internet]. Government of Nepal Ministry of Health and Population Department of Health Services Kathmandu. 2022. Available from: <https://sec.gov.np/wp-content/uploads/Annual-Reports/2019-Annual-Report.pdf>
10. Nepal Law Commission. The Public Health Service Act, 2075 (2018). 2019;2075(11):1–24. Available from: <https://www.lawcommission.gov.np/en/wp-content/uploads/2019/07/The-Public-Health-Service-Act-2075-2018.pdf>
11. Section P by the G of N. Public Health Service Regulations, 2020 Using. Vol. 2020. 2020.
12. Nepal Safe Motherhood and Newborn Health Road Map 2030. 2019;(November).
13. Policy Note for the Federalism Transition in Nepal. Policy Note Fed Transit Nepal. 2019;(August).
14. Thapa R, Bam K, Tiwari P, Sinha TK, Dahal S. Implementing federalism in the health system of Nepal: Opportunities and challenges. Int J Heal Policy Manag [Internet]. 2019;8(4):195–8. Available from: <https://doi.org/10.15171/ijhpm.2018.121>
15. National Planning Commission. The Fifteenth Plan (2076/77-2080-81). 2020;1–418.

16. World Health Organization, United Nations Population Fund, United Nations Children's Fund, International Confederation of Midwives, International Confederation of Nurses, International Federation of Gynecology and Obstetrics, et al. Definition of skilled health personnel providing care during childbirth. 2018;1–4. Available from: <https://apps.who.int/iris/bitstream/handle/10665/272818/WHO-RHR-18.14-eng.pdf?ua=1>
17. SRMNAH Workforce planning and deployment in Nepal with focus on Midwives2019. 2020.
18. Government of Nepal. Strategy for Skilled Health Personnel and Skilled Birth attendants 2020-2025. 2020; Available from: [https://www.nhssp.org.np/Resources/SD/Strategy for Skilled Health Personnel and Skilled Birth Attendants 2020-2025.pdf](https://www.nhssp.org.np/Resources/SD/Strategy%20for%20Skilled%20Health%20Personnel%20and%20Skilled%20Birth%20Attendants%202020-2025.pdf)