ORIGINAL ARTICLE

Assessing the Family Centered Maternity Care Practices of a Community Health Center in Chhattisgarh, India

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Abstract

Background: Albeit family centered maternity care is hardly being practiced in public health institutions in India; however, it can contribute in a better way to maternity care and help improve many of the maternal health indicators. **Objective:** The primary objective of this study was to assess the family centered maternity care practices of a community health center. **Methodology:** To assess the family centered approach (FCA) three different modalities were adopted; in-depth interview with a nursing staff, observation and record review. **Results:** It was observed that the community health center is managed by a nongovernmental organization and FCA is partially being observed in its approach to maternity care. It was observed that the nursing staff was able to evoke client participation among all the five pregnant women (as observed during conversation) however she was not respectful to the clients and her active listening skills were partial and was partially compassionate. Similarly, when the participatory approach of the nursing staff was assessed it was found that the nurse could develop a collaborative approach with all the five pregnant women however she could partially able to develop client autonomy and was partially responsive and partially allowed the clients to have their own choice. **Conclusion:** Practice of FCA can yield better maternal health outcomes and help improve the maternal health indicators.

Key words: Family allied, family centered approach, family focused, participatory component, professionally centered, relational component

INTRODUCTION

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period.[1] Thus, maternity care includes the care of an impending mother during the stages of pregnancy, child birth, and postpartum period. Of these, pregnancy forms the foundation of maternity cycle and strongly affects the outcome of child birth and postpartum care. Moreover, maternity cycle includes five important phases (a) fertilization, (b) antenatal or prenatal period, (c) intra-natal period, (d) postnatal period, and (e) interconceptional period.[2] In general, motherhood is very often a positive and fulfilling experience in developed countries, however, the same is different in developing countries. In the Indian context, the milieu of maternal health has always been a great public health concern. A great degree of variation is observed in maternal health situation in India among different states, rural-urban distribution pattern, rich and poor socioeconomic status and level of education and availability of health services.

As per the Sample Registration System of India, the current maternal mortality ratio (MMR) is 167/100,000 live births during 2011-2013, with the majority of deaths occurring in the age group of 20-24 years.[3] The variation in MMR in different Indian states shows a wide gap, which ranges from 285 in Uttar Pradesh, being the highest, to 61 in Kerala, being the lowest.[3] The current rate of reduction of MMR in India is 5.5% and has achieved around 62% reductions toward the target of 109 by 2015.[4] The maternal health situation in Chhattisgarh is worse compared to the national figure.

Although family centered maternity care is hardly being practiced in public health institutions in India, however it can contribute in a better way to maternity care and help

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improve many of the maternal health indicators. Family centered practice is characterized by the beliefs and practices that treat families with dignity and respect, considers family relationship as critical to individual wellbeing. Further, it considers that the most important impact of any programme or effort is the impact on families.[5] Family centered practice has both relational and participatory component. The relational component includes (a) good clinical skills and (b) professional beliefs about and attitudes toward families. Similarly, the participatory component includes the practices (a) that are individualized, flexible, and responsive to family concerns and priorities and (b) that provide families with opportunities to be actively involved in decisions and choices.[6]

In this study, the relational and participatory components of family centered practices of a community health center in the state of Chhattisgarh have been assessed with respect to maternity care practices.

OBJECTIVE

The primary objective of this study was to assess the family centered maternity care practices of a community health center.

METHODOLOGY

To assess the family centered approach (FCA) three different modalities were adopted; in-depth interview with a nursing staff, observation and record review. For the purpose of this study, one of the nursing staffs (n = 1) was interviewed in-depth with the help of an open-ended interview schedule that consisted of ten questions [Appendix 1]. A guiding checklist [Appendix 2] was used to observe the FCA practices of this particular nursing staff on five pregnant women who attended the hospital for an antenatal checkup (ANC). In addition records especially the "family folder" was reviewed in order to assess the record keeping and documentation process in relation to clients seeking maternity care services in the health center.

Settings

The study was carried out in a community health center run by a nongovernmental organization. The health center is a 65 bedded hospital concentrating primarily on maternity services however it also caters to general medical facilities. It is situated in Bhilai, Durg district of Chhattisgarh state, India.

RESULTS

One nursing staff was observed on her approach to family centered maternity care when she was offering antenatal services to five pregnant women. The sample characteristics of those five pregnant women include three pregnant women (n = 5) of primigravida category and two pregnant women (n = 5) of multigravida category. Five of them were accompanied by their husbands to the hospital and of them two were also accompanied by their mother-in-laws in addition to their husbands. Table 1 shows the characteristics of pregnant women upon whom the observation was made while they were receiving the ANC services from the nursing staff.

The nursing staff reported that she has been working in the hospital since last 9 years. She added that although maternity care is the major focus of the hospital however general medical facilities are also available over there. She is primarily involved in maternity care services in that hospital since she joined over there. She reported that involving families in maternity care is very important from two important perspectives; care of a pregnant lady cannot happen throughout the gestation period in a hospital hence the family has to take care of the pregnant lady and secondly care of the pregnant mother involves medication, special diet, exercise and care which is difficult to do alone in the part of a pregnant lady hence involvement of family is necessary. She said:

"*Especially the mother-in-law and the husband have to be careful enough and should give special attention to her*."

When asked about the engagement of families in maternity care she reported that she tries counseling both the husband and wife together and if possible the mother-in-law as well regarding the care, support, diet and medication required during this time. She reported that she gives them some ideas of early warning signs such as pallor, pedal edema, dizziness, etc., to take timely decisions and seek medical attention. She said:

"*As you know this area caters to a population who are basically a class of unorganized labor working on daily basis and they have a habit of working till something goes wrong.*

Table 1: Sample characteristics

Total participants (n=5)	Primigravida (n=5)	Multigravida (n=5)	Accompanied by husband (n=5)	Accompanied by both husband and mother-in-law (n=5)
5	3	2	5	2

Most of them are anemic hence I advise the pregnant woman to continue 100 iron folic acid tablets and tell the mother-in-law to take care of this."

When asked about the important family members in maternity care, she said that it is obviously the husband and the mother-in-law who have to play a major role in it.

When asked about special arrangements for documenting and thereby facilitating family centered maternity care she reported about the practice of a system of "family folder" in the hospital in which all the necessary information of the pregnant women similar to a detailed case history format containing chief complaints, past history, gravida and parity, mode of previous child birth etc., are documented.

When asked about how family centered maternity care practice has resulted in evidence-based medical and thereby facilitating family centered maternity care, she, she reported that they try to be always evidence based however sometimes different family life in the locality makes them to work differently beyond what evidence makes them adhere to.

The major challenges, as she reported, are the level of awareness and education among these people and she added that many a times these people take everything for granted and do not care about the danger signs of pregnancy. The hospital staffs, especially her, try to counsel and convince them about early signs of high-risk pregnancy and the need of seeking medical help during that time.

When asked about community benefits of FCA, she said that it has definitely benefited the community in many different ways. She added that with counseling the community is empowered to identify the early signs and seek medical help, control anemia to a great extent. This is a major achievement and helped develop a bonding between the daughter-in-law and the mother-in-law.

After the in-depth interview observation method was adopted to assess the FCA skills including motivational interviewing (MI) skills. It was observed that the nursing staff was able to evoke client participation among all the five cases (as observed during conversation) however she was not respectful to the clients and her active listening skills were partial and was partially compassionate. Figure 1 shows the relational skills of the nursing staff. Similarly, when the participatory approach of the nursing staff was assessed it was found that the nurse could develop a collaborative approach with all the five pregnant women however she could partially able to develop client autonomy and was partially responsive and partially allowed the client to have their own choice. Figure 2 shows the participatory skills of the nursing staff. Furthermore, when the MI skills were assessed it was observed that she has collaboration and evocation skills however she does not have the skills that can equally develop autonomy among the clients.

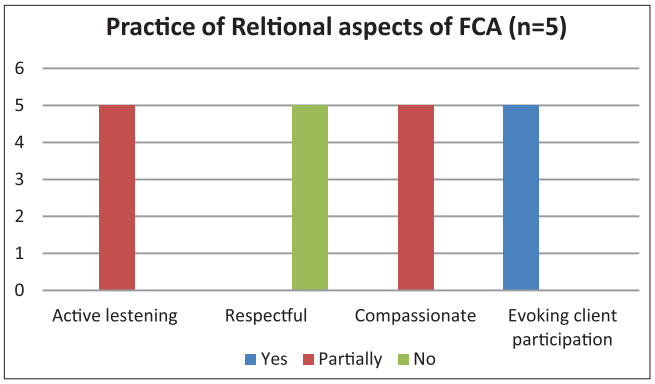

Figure 1: Relational skills of the nursing staff

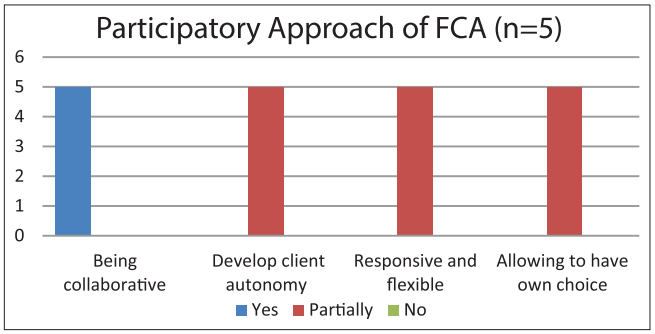

Figure 2: Participatory skills of the nursing staff

On review of documents, it was observed that the hospital is maintaining a "family folder" for each patient, which contains relevant information about the family history and background of each patient.

DISCUSSION

FCA in maternity care is hard to find in Indian public health institutions owing to many obvious reasons. However, FCA in maternity care can improve many of the maternal health indicators. In this case, the community health center is managed by a nongovernmental organization and FCA is partially being observed in its approach to maternity care. The observation was primarily made during the ANCs of five pregnant women. FCA encompasses both the relational and participatory components and simultaneous use of both these components by the family practitioners distinguishes FCA from other approaches of working with families.[4] Furthermore, the family oriented approaches are of different types such as professionally centered, family allied, family oriented and family centered. It may happen that all these approaches might present with an individual or an entity or one or more may present. The presence of one or more of these may lead to FCA. Sometimes family allied or family focused approaches are mistaken as FCA. This primarily happens as family allied or family focused programs are friendly, welcoming, and in general, treat

Table 2: Different family oriented approaches by the nursing staff

Components of FCA	Professionally centered	Family allied	Family focused	Family centered
Relational component (active listening, respectful, compassionate and evoking client participation)	+	+	−	−
Participatory component (being collaborative, develop client autonomy, responsive and flexible and allowing families to have own choice)	+	−	−	−

families graciously and people tend to emphasize their relational practices.[7] In this case different types of family oriented approaches and their presence (indicated by +) and absence (indicated by −) are delineated in Table 2.

In this case, the approach of the nursing staff is professionally centered and family allied but not family centered. However with this limited approach, the nursing staff could achieve better maternal health outcomes in that locality. There are many physiological changes that occur during the first trimester of pregnancy, which are harmless however create concern for the pregnant woman and the family members. One of the most common minor ailments during pregnancy is a loss of appetite which is primarily due to profound hormonal changes and gets blunted as the pregnancy advances however most women continue to take deficient diet due to myths and taboos.[8-11] Hence, apart from health education to the pregnant woman involvement of mother-in-law and husband and counseling them for the same would yield good results.[12] Furthermore, involvement of partner and decision makers in antenatal care yields greater net impact on maternal health behavior.[13,14] Thus family oriented approaches can result in better maternal health outcomes.

Furthermore, family folder system is a unique idea in order to adhere to FCA practices in health settings. It acts as a guide to plan different activities as per the need of the particular family and the individual patient. Relevant data from family folders can help in assessing community health needs, client segmentation and prioritization, preparation of efficient work schedule and tracking patient compliance to medical care.[12] There are efforts at some level in India to effectively use family folder system at health-care institution level. It has been described as one of the effective tools for health management information system if implemented properly.[15]

CONCLUSION

In Indian public health settings, especially in peripheral health-care institutions, practice of FCA is hardly being observed. However, the practice of FCA can yield better maternal health outcomes. In this case, the health center is run by a nongovernmental organization and FCA is being partially observed. The approach is more clearly professionally centered and family allied approach. Maternity care is a long-term process and requires the involvement of family members, especially the husband and the mother-in-law for the care of the impending mother. Simultaneous health education and counseling of the pregnant woman with her family members can yield batter maternal health outcomes and improve maternal health indicators. Similarly, family folder system can be a potential tool for the health management information system and aid in decision making.

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APPENDIXES

Appendix 1: In-depth interview schedule

Since how long you are working here?
What is the main specialty service this hospital caters to?
What all services are you involved with?
Do you think involving families in maternity care is important?
How do you engage families for maternity care?
Whom do you think is the most important family member in maternity care and why?
Do you have any special arrangement for documenting and thereby facilitating family centered maternity care?
In what way do you think family centered maternity care practice has resulted in evidence based medical care?
What all challenges do you face in this practice?
How does it benefit the community?

Appendix 2: Checklist for observation

Relational aspects of family centered practice
Active listening
Respectful
Compassionate
Evoking client participation and change
Participatory aspects of family centered practice
Being collaborative
Develop client autonomy
Responsive and flexible
Allowing families to have their own choice and act accordingly.