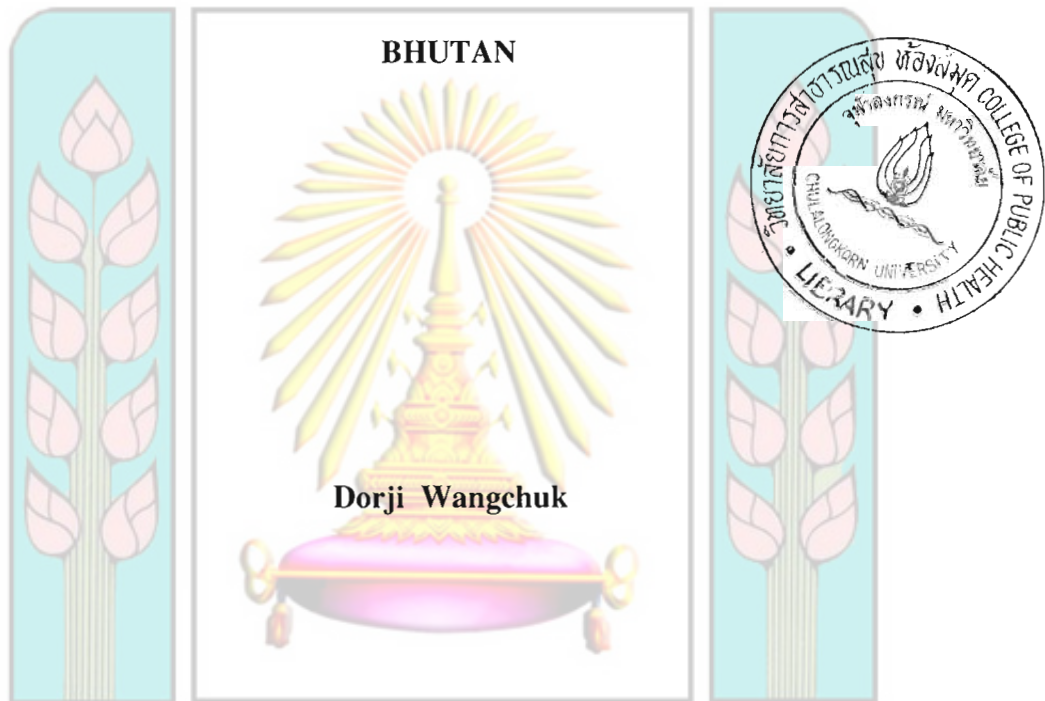


**AN ACTION RESEARCH TO INCREASE ASSISTED
DELIVERED BY MIDWIFERY TRAINED PERSONAL THROUGH
REORIENTATION AND CONTINUOUS QUALITY IMPROVEMENT OF
ANTENATAL CARE SERVICES IN JIGME DORJI WANGCHUCK
NATIONAL REFERRAL HOSPITAL, THIMPHU,**



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ABSTRACT

Conscientious control of variance with the benchmark e.g. WHO Standard of Midwifery Practices (Regional Publication, SEARO, No.38.1999) and National Standards of Midwifery Practice for Safe Motherhood, are the steps towards quality improvement in delivery of antenatal care services in the National Referral Hospital (NRH), Thimphu, Bhutan. This study tries to define Variance at the process level, how the care is delivered and some of the components in the antenatal care, which have direct effects on the care, received by pregnant women.

Evidence base content and visit in itself is very essential for effectiveness of antenatal care. Many control trials have proved that reduction of few numbers of visits do not have much adverse effect on women. Inclusion of any new diagnostic methods in the contents ought to be supported by such control trials.

Similarly provision of care without any deviations in standards, and being more proactive than routinely approach, supportive and friendly to women will be factors to determine the quality of antenatal care. Through this study, by continuous quality improvement and the concept of health workers as agent of change, it is expected that more number of antenatal attendees will seek for help from midwifery-trained personals to assist her delivery. It will also improve the referral system within the units like maternity wards and antenatal care and will enhance overall hospital productivity.

The proposed intervention of continuous quality improvement in the areas of variance in the standards, identified through participatory problem solving approach will develop action plans, implement the solutions, and document changes, in cyclical phases through self-reflection. The study will be for two years and will be conducted by ten permanent staffs of the hospital. This will improve knowledge of the staff about variance control and will bring the current practices closer to the best practice. The approach will be to find out the alternatives within one's resource and solving the problem which is closer to the home i.e. doing what is doable within one's means first and approaching further ones the last. The instruments will be antenatal audit tools, client exit interviews questionnaires, and secondary data extraction. These will be used twice, once before the study and once afterwards during evaluation. Other than these, number of antenatal attendees seeking assistance from trained deliveries will be another indicator and the performance of staff and changes in the attitude. The research duration will be for two years beginning from January 2003 to end of December 2004. The project is budgeted at US \$.16 210. The fund can be secured through regular health research budget.