**Minutes of the meeting**

**Expert Group Meeting to finalize the Infrastructure plan & Equipment list for MCH wings and Labour Room monitoring indicators**

**Venue: MGIMS Wardha Participants: Attached as *Annexure-1***

**Day 1: 25th April 2019**

**Inaugural session:**

The inaugural session was chaired by Dr. Nitin Gangane, Dean, MGIMS, Wardha and Dr. Garg, Secretary, Kasturba Health Society. Dr. Nitin welcomed all delegates followed by lamp lighting and garlanding ceremony. In the welcome address, Dr. Nitin apprised the team members of the success of MCH wing at MGIMS in providing quality care to the expectant mothers & their children.

Dr. Garg shared history of MGIMS, Wardha and the rich Gandhian principles behind its existence. Abiding by the Gandhian principles, it conducts many noble activities such as- village adaptation programme, continuation of the ROME (Reorientation of medical education) scheme, community mobilization program e.g. Kishori Panchayat etc.

Dr. Poonam V Shivakumar, Professor & Head, OBGY Department, MGIMS presented points to be considered in an MCH wing such as adherence to fire safety norms & adequate fire preparedness, installation of manifold at far distance from the wing, consideration of area wise patient load in designing the layout etc. based on their experience.

Based on 3-day deliberation on an MCH wing design, Equipment list & LR monitoring indicators, following important points were mutually agreed upon as follows-

 **All Safety norms & Protocols to be followed as per the National Building code while designing an MCH wing.**

* **Area wise variations in patient load to be considered while designing the facility, e.g. OPD load differs from that of an HDU, so more than 1 entry gate is must in OPD.**
* **LDR-Construction of LDR Rooms should be based on 12 Hrs. ALOS (Average length of stay). The total area of LDR should be min 225 sqf. (15x15) ( so as to allow mother enough space to walk around), along with attached toilet & hot shower facility. Also facilities for delivering in alternate birthing positions.**
* **Presence of dark curtains & diffused lights in LDR (that can be dimmed) to ensure calm & relaxing environment for the mother & role of melatonin in facilitating labour in dark (by boosting oxytocin secretion)was highlighted.**
* **In view of different space availability in different states, two separate layouts- Vertical (G+3) & Horizontal (G+2), for a 100 bedded MCH Wing in a DH were proposed. Level wise distribution of facilities in each of the layouts was also discussed & is mentioned ahead.**
* **Main entry of a 100 bedded MCH wing to be renamed as Triage entry.**
* **MCH wing should be constructed as close to Blood Bank/Storage facility as possible**
* **30 bedded & 50 bedded MCH wings layout for the CHCs/FRUs or 24\*7 PHC’s with over 70% bed occupancy were discussed. It was decided that NHSRC will facilitate final layout plan for 30, 50, 100 & 200 bedded MCH wing.**
* **Items such as Flash Autocalve, Blood Warmer & gas supply of Nitrous Oxide were removed from the equipment list.**
* **A Crash Cart & emergency intubation kit for both neonates & adults must be put at every facility.**
* **Items such as Transport Incubator, T-piece resuscitator, Cryo cautery and Leep Loops were added in the list.**
* **Relevant & easily measurable clinical indicators were kept in the list. E.g. Apgar score, PPH >100ml were removed in view of their low relevance & difficulty to measure respectively.**
* **Few new indicators such as – Number of babies received Vitamin K & Number of babies receiving zero-day dose vaccination within 24 hours were suggested.**
* **Only Elective C-section rates to be considered for monitoring.**

**Suggested Layout design for 100 Bedded MCH wings:**

* A **Vertical Design** 4 floors (G+3) for states having space crunch, was proposed as follows-

|  |  |  |  |
| --- | --- | --- | --- |
| Ground floor | First floor | Second floor | Third floor |
| OBS Emergency + TriageOBS OPDMaternity ward(ANC) | LDROTHDU/ICU + Isolation Room & Step down room | PNC WardNICUMNCU/SNCU | Skills labConference hallFaculty rooms/OfficesDEIC |
| Additional services based upon availability of space for construction |
| Paeds emergency + triage & Paeds OPD |  | PICU & Paediatrics ward | NRC |

* A **Horizontal plan** 3 floors (G+2) for states with no space crunch, was proposed as follows –

|  |  |  |
| --- | --- | --- |
| Ground floor | First floor | Second floor |
| OBS Emergency + TriageOBS OPDMaternity ward(ANC)LDR / OT & HDU/ICURegistration counter/ReceptionMedicine counter | PNC wardNICU/MNCU | Skills lab, DEICConference hallFaculty roomsNRC  |
| Additional services based upon availability of space for construction |
| Paeds emergency + triagePaeds OPD | Paediatrics ward & PICU |  |

**Layout design for 30 Bedded MCH wings for CHCs or 24\*7 PHCs (with over 70% bed occupancy):**

Two options were discussed-

Option 1- If CHC is already having an LDR, then only 30-bedded ward to be created without an LDR and OT.

Option 2- If CHC doesn’t already have an LDR, then a 30-bedded ward along with LDR & OT would be created.

|  |
| --- |
| Ground floor |
| Maternity ward with in-built changing room, minor procedure room, high-risk beds, pantry, store, & nurse room. |
| If no previously functioning LDR, then LDR & OT |

**Layout design for 50 Bedded MCH wings for CHCs or 24\*7 PHCs (with over 70% bed occupancy):**

|  |  |
| --- | --- |
| Ground floor | First floor |
| OBS Emergency + TriageOBS OPDMaternity ward(ANC)LDR / OTRegistration counter / Reception / Medicine counter | Maternity ward(PNC)Storage area |
| Additional services based upon availability of space for construction |
| Paeds emergency + triagePaeds OPD |  |

**The final proposed layout designs of 30, 50, 100 & 200 bedded MCH wings are attached as Annexure- 1, 2a, 2b, 3a, 3b, 3c, 4a, 4b, 4c…..**

**Day 2 :26th April 2019**

The major & minor equipment list for the MCH wing presented by HCT division of NHSRC was discussed & finalized. As list was exhaustive, it was decided that only major equipment & their quantities for a 100 bedded MCH wing be discussed & finalized. Inputs on the technical specifications of the major equipment were received from the experts & incorporated.

For the minor equipment, the basic necessary items e.g. trolleys, suction machine etc. were discussed facility wise & a consolidated list was finalized. It was decided that the total budget of these minor items would be put as a lump sum amount in the budget.

**The final list of equipment, both major & minor is attached as Annexure-5**

**On Day 3 :27th April 2019**

Clinical indicators for monitoring service quality in the Labour Room were discussed, the overall objective being delivery of assured & respectful maternity care to the women.

Post the expert opinion, a consolidated list was prepared & the indicators were divided into three categories to monitor the following -

* **Quality of intra-partum care & provision of Respectful Maternity care-** e.g. Alternate birthing positions, episiotomies rate, partograph filling etc.
* **Administration & Human Resource** quality in the LDRs e.g. 24 \* 7 availability of Specialist doctor/In-house EmOC trained doctor/SBA, number of audits etc.
* **Indicators for further discussion**- number of C-sections done, presence of birth companion etc.

**List of the clinical indicators is attached with the document as Annexure-6**

**Annexure 1 :**

**List of participants:**

Dr Shalini Singh

Dr Nuzhat Aziz

Dr.Poonam V. Shivakumar

Dr Ram Chahar

Dr Narender Goswami

Dr Dinesh Baswal

Dr. (Prof.)Anjoo Aggarwal

Dr. Arun Singh

Dr H Bhushan

Dr Vidyadhar Bangal

Dr Vinay Kothari

Sh Rajeev Kannaujia

Dr Shobhna Gupta

Dr Narayan Gaonkar (UNICEF)

Dr Mettu Pratap Reddy

Dr.Aakash Bang

Mr Prashant KS

Mr Ajit Singh

Dr Neha Jain

Dr Kalpana Pawalia

Dr Aashima Bhatnagar

Dr Ashutosh Kothari

Dr Kushagr

Mr Vigneshwaran

Mr Md Shoiab

Mr Sangram Singh

Mrs Neeta Gidwani

Mr Vinayak Sarolia