



Fact Finding Report of Maternal and Infant Death

Name of Women: Smt. Bhawna Sharma

Date of Maternal Death and Infant Death: 26/12/2018

{Village-Nohar, District-Hanumaangarh (Rajasthan)}



Fact finding report By

Prayas

Date of Fact Finding: 1/7/2019

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Abbreviations

| | |
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| ANC | Ante Natal Care |
| ANM | Auxiliary Nurse Midwife |
| ASHA | Accredited Social Health Activist |
| AWW | Anganwadi Worker |
| CHC | Community Health Centre |
| JSA | Jan Swasthya Abhiyan |
| JSSK | Janani Shishu Suraksha Karyakrama |
| JSY | Janani Suraksha Yojana |
| NHM | National Health Mission |
| NRHM | National Rural Health Mission |
| OOP | Out of Pocket |
| UNFPA | United Nations Population Fund |

Background

Maternal death is defined as "The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

The world mortality rate has declined 45% since 1990, but still 800 women die every day from pregnancy or childbirth related causes. According to the United Nations Population Fund (UNFPA) this is equivalent to "about one woman every two minutes and for every woman who dies, 20 or 30 encounter complications with serious or long-lasting consequences. Most of these deaths and injuries are entirely preventable.

UNFPA estimated that 289,000 women died of pregnancy or childbirth related causes in 2013. These causes range from severe bleeding to obstructed labour, all of which have highly effective interventions. As women have gained access to family planning and skilled birth attendance with backup emergency obstetric care, the global maternal mortality ratio has fallen from 380 maternal deaths per 100,000 live births in 1990 to 210 deaths per 100,000 live births in 2013, and many countries halved their maternal death rates in the last 10 years.

World-wide mortality rates have been decreasing in modern age. High rates still exist, particularly in impoverished communities with over 85% occurring in Africa and Southern Asia. The effect of a mother's death results in vulnerable families and their infants, if they survive childbirth, are more likely to die before reaching their second birthday.

Fact finding Team and Respondents

Fact finding team:

1. Rameshwar Sharma, Social Coordinator, Prayas, Chittorgarh (Rajasthan)
2. Krishna Kumar Jhalaria, Member of JSA network, Rajasthan.

Respondent:

1. Mr. Jawaharlal Sharma – Husband of Bhawna Sharma

Objectives and Methodology

1. To ascertain all possible factors that caused the death of Bhawna Sharma during delivery, as well as of her unborn child; including factors such as information gaps, lack in service provision, quality of service
2. Filing legal petition to secure justice and compensation as per law for Bhawna's family
3. The fact-finding team interacted with Bhawna's husband and brother-in-law to gather the details of the case.

The Case

Details of the deceased mother and child

| | |
|-------------------------|--------------------------------|
| Woman's name and age | Bhawna Sharma , 31 |
| Village | Nohar |
| Anganwadi Centre | Nohar |
| AWW | Premlata Saini |
| ASHA | Manju Saini |
| Name of ANM | Sunita kumara |
| District Hospital | Less than 1 km |
| Age at marriage | 26 |
| Education status | Up to 10th |
| Total children | 4 |
| Occupation | House wife |
| Date of Maternal death | 26/12/2018 |
| Date of Infant Death | 26/12/2018 |
| Place of Maternal death | Community Health Centre, Nohar |
| Husband's name and age | Jawaharlal Sharma, 35 |
| Education status | Up to 12th |
| Occupation | Private job as an accountant |

Bhawna Sharma was a housewife, belonging to a poor family. Her husband works as an accountant in a private firm. The couple has three children. When Bhawna became pregnant with their fifth child, she visited her local Anganwadi in ward number 12 of Nohar village of Hanumangarh district.

She got herself registered there and was issued a card (Jaccha – Baccha card/mother & child card) to keep track of her regular visits to the anganwadi. She received her regular immunization shots and underwent four Ante Natal Care (ANC) visits.

On 26-12-2018, on completion of her term, her family took her to the Government Community Health Centre (CHC, Nohar) When they reached the hospital around 12 noon, there was no doctor there. Only the nurse Mauli John was present, she told that Dr. Vinod Mund will check her shortly. Later he Investigated and gave a medicine and asked her to come back at 3 PM. When they went back to the CHC at 3 PM, there was no doctor again. She was admitted to the centre and the Nurses Mauli John, Rajabala and Bhateri started treating her. The nursing staff asked the family to buy four Epidocene injections from outside, which the family did.

Around 5 o'clock, the family noticed a woman cleaning staff was sitting astride Bhawna and applying pressure to her abdomen. The family was shocked to see this and Bhawna's condition had become critical. It is quite possible that the cleaning staff's action had caused uterine rupture which led to Bhawna's eventual death. They called the nurses Mauli John and Raajbaala. The nurses asked them to get four more injections. They administered this along with other medicine taken from the hospital stock. Within an hour, Bhawna's condition was only worsening. At this the nurse Raajbaala informed the family to take Bhawna to a private hospital – Khushi hospital, being run by one Dr. Sarva. The centre arranged for an ambulance to send her there. Dr. Sarva examined her and said that she would have to be taken to another hospital as her condition was very critical and they did not have the necessary equipment to save her life. The family arranged a private ambulance and took her to a hospital in Sirsa. The doctor there informed the family that Bhawna had died two hours back. It is most likely that Bhawna had lost her life in the CHC itself.

Bhawna's husband Jawaharlal; Bhawna's children; CHC, Nohar





Violation of Rights

- The National Health Mission was launched by the Government of India in 2013. The National Rural Health Mission (NRHM) has a major focus the improvement of maternal and child health and reduction of maternal and infant mortality. In spite of extensive service guidelines on how to effect these outcomes, Bhawna and her child lost their lives.
- The Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK) were launched by the Central Government with the express purpose of providing institutional deliveries and ensuring quality services and cash incentives especially to poor women and children. Let alone provide cash benefits, Bhawna was denied even basic health care at the CHC and her family had to spend Out of Pocket (OOP) not only to buy medicines when she was admitted to the CHC but also to get her admitted in a private health facility.
- JSY scheme provides for transportation costs of the pregnant woman to and from her home to hospital. Bhavna's family had to spend OOP to move her in an ambulance from one hospital to another.
- Bhawna was shifted from one hospital to another not once but three times, when she was in an extremely critical stage. This shows a denial of service at every point, which eventually took hers and her child's life.
- Bhawna's and her child's very right to life as enshrined in Article 21 of Indian Constitution has been violated
- Article 15 of the Indian Constitution enjoins the state to make special provisions for women and children. This right has been violated by the public health infrastructure which failed to implement special provisions mandated by the mandated by Ministry of Health and Family Welfare, Government of India.
- State health providers are meant to provide services to health seekers round the clock. It is shocking that Bhawna was denied service when she was most in need of it and was in fact caused harm by a staff of the health centre – it is tantamount to criminal negligence on the part of the CHC.
- The CHC staff denied Bhavna's family of correct and timely information and advice, which might have helped save her life and possibly that of her child.
- Bhavna's children have been deprived of the care of their mother.
- The staff of the Nohar CHC are guilty of medical negligence which is refusal to provide medical care to an ailing person by a person with medical knowledge or skills. As per the Code of Medical Ethics Regulations 2002, this is a breach of legal duty.

Recommendations

1. Health workers at all levels – from Anganwadi to CHCs to block and district level hospitals – need to be sensitised to the needs of poor women and encouraged to develop empathy.
2. Constant monitoring and audit of quality of service provided at private and government health centers is necessary with strict action being taken against centers/staff who deny service to those in need – such as cancellation of license for medical practitioners, hospitals and so on to ensure accountability.
3. Bhavna’s family needs to be compensated for the loss and trauma suffered by them
4. Greater awareness needs to be built among community about reproductive health and health rights in general so that they are empowered to demand better services of service providers.
5. Communities need to be educated also about schemes and benefits such as JSY, JSSK, NRHM, so that they can insist on services to be provided effectively.
6. Private health service providers too need to be monitored and sensitised to provide correct and timely advice and information to patients

Conclusion

This tragic case highlights the deplorable state of our health care system – both the state and private sector health care providers failed to protect Bhavna’s and her child’s life. Proper care and timely interventions could have probably ensured the survival and health of the mother and child. Not only were they denied care, they were in fact caused grievous injuries and probably the very cause of death was the wrong action performed by unqualified staff of the CHC who have not rights carry out medical procedures. This needs to be treated as a criminal case with criminal liability to be brought against the staff of the CHC.

Service providers need to be sensitized to treat health seekers with greater understanding and empathy. Health seekers need to be made aware of health rights and various schemes and benefits so that they can demand services and question denial of the same.