

പതിമൂന്നാം കേരള നിയമസഭ
ഒന്നാം സമ്മേളനം

നക്ഷത്രപിന്മുടിപ്പാത്ര ചോദ്യം നം. 1782

14.07.2011-ൽ ഉറപ്പിക്കൽ

സിസേനിയൻ നിരക്ക്


ചോദ്യം

ഉത്തരം

ശ്രീമതി പി.അയിഷാ പോറ്റി

ശ്രീ. അടൂർ പ്രകാശ്
(ആരോഗ്യവും കയറും വകുപ്പുമന്ത്രി)

- | | |
|---|---|
| <p>(എ) സർക്കാർ ആശുപത്രികളിൽ സിസേനിയൻ നിരക്ക് ഗണ്യമായി ഉയരുന്നത് സംബന്ധിച്ച നിരപ്പാർട്ടുകൾ ശ്രദ്ധയിൽപ്പെട്ടിട്ടുണ്ടോ ;</p> | <p>(എ) ശ്രദ്ധയിൽപ്പെട്ടിട്ടുണ്ട്.</p> |
| <p>(ബി) സിസേനിയൻ നിരക്ക് കുറയ്ക്കുന്നതിനായി രൂപീകരിച്ച ഓർഗ്ഗനീസേഷനുകൾ എന്തെല്ലാമാണ് ;</p> | <p>(ബി) 07.05.2011-ലെ സ.ഉ.(സാധാ)നം.1791/2011/ആകവ (പകർപ്പ് ഉള്ളടക്കം ചെയ്യുന്നു) പ്രകാരം സിസേനിയൻ നിരക്ക് കുറയ്ക്കുന്നതിനാവശ്യമായ ഓർഗ്ഗനീസേഷനുകൾ പുറപ്പെടുവിച്ചിട്ടുണ്ട്. ഇവ എല്ലാ സർക്കാർ, പ്രൈവറ്റ് ആശുപത്രികളിലും നടപ്പിലാക്കുന്നതിനാവശ്യമായ നിരപ്പാർട്ടുകൾ എല്ലാ ജില്ലാ ഡെവിക്ടൽ ആഫീസർമാർക്കും നൽകിയിട്ടുണ്ട്.</p> |
| <p>(സി) ഈ നടപ്പിലാക്കാൻ നിർദ്ദേശം നൽകിയശേഷം സിസേനിയൻ നിരക്കിൽ ഉണ്ടായ കുറവ് കണക്കുകൾ സഹിതം വ്യക്തമാക്കുമോ ?</p> | <p>(സി) ഫീൽഡ് തല ജീവനക്കാരുടെയും ഡോക്ടർമാരുടെയും നിസ്സഹകരണ സമരം മൂലം സിസേനിയൻ നിരക്കിലുണ്ടായ കുറവുകളുടെ കണക്കുകൾ ലഭ്യമല്ല.</p> |


 സെക്ഷൻ ഓഫീസർ



GOVERNMENT OF KERALA

Abstract

Health and Family Welfare Department - Increased percentage of Caesarean sections in the State - Reduction of Caesarean sections and promotion of Safe Vaginal Delivery - Guidelines issued

=====

HEALTH & FAMILY WELFARE (FW) DEPARTMENT

G.O.(Rt) No.1791/2011/H&FWD Dated, Thiruvananthapuram:07.05.2011

=====

Read:-1. Letter No. Nil dated 28.04.2011 from the Additional Director of Health Services (FW), O/o Director of Health Services, Thiruvananthapuram

2. Letter No.H6/10452/2011/DME dated 03.05.2011 from the Director of Medical Education, Thiruvananthapuram

ORDER

Government have observed that the percentage of Caesarean section among the total number of deliveries is on the increase in Kerala in the recent period. Average proportion of Caesarean section in Kerala is more than one third, which is much higher than the national average. Safe vaginal delivery should be promoted and unindicated Caesarean section which is not necessary in the interest of the health of the mother and child should be avoided. High risk of complications in second Caesarean section warrants reduction of primary Caesarean section to as minimum as possible. World Health Organization has recommended that Caesarean section among the Primi Para should be limited to less than 15%.

2. The pregnant women should be educated on their right to have vaginal delivery, unless there is specific indication for Caesarean section. The misconception among the public that Caesarean section is safer than vaginal delivery needs to be corrected. Being a major surgery, C-Section is as risky as any other surgery and this fact has to be brought to the notice of the public.

3. Taking all the above facts into consideration for strict implementation, the following guidelines are framed to reduce the rate of Caesarean sections and to improve the quality of obstetric services in the Government hospitals in the State.

1. During routine antenatal checkup, proper risk assessment should be done and steps should be taken for early referral of high risk cases to institutions where there are facilities to manage high risk cases round the clock.
2. Health education shall be given to the antenatal women and their family members to prepare them mentally for labour.
3. Proper instructions should be given on antenatal exercises to

promote safe vaginal delivery.

- 4. Awareness regarding the labour pain and the process of labour shall be given to the pregnant woman and relatives during the antenatal period. Better safety of the mother and the baby in vaginal delivery shall be stressed.**
- 5. The facts that early initiation of breast feeding and infant-mother bonding are better in cases of vaginal delivery than Caesarean section shall be highlighted to the mother and her family.**
- 6. A female bystander may be allowed in the Labour room during the 1st stage of labour for psychological support, whenever possible.**
- 7. When normal vaginal delivery is not possible without compromising the maternal and foetal health, standard indications for Caesarean section shall be followed.**
- 8. In the Government sector, in major hospitals like W&C Hospitals, General/District/Taluk Hospitals, unit system should be followed with a minimum of two Gynaecologists per unit.**
- 9. In Taluk hospitals where more than two gynaecologists are available and in CHCs/PHCs where delivery services are provided, the doctors providing Obstetric and Gynaecology services should collaborate together and work as a single unit and all complicated cases should be discussed within the unit.**
- 10. If more than one Gynaecologist is available, a second opinion shall be sought before deciding a Caesarean section, except in unavoidable circumstances.**
- 11. Standard case record of all the patients shall be maintained in all hospitals providing delivery services. Timely and proper recording of the progress of labour including Partogram will be mandatory. The indications for induction and Caesarean section shall be clearly written on the case sheet, by the attending doctor.**
- 12. All admissions and procedures in the hospital outside the regular OP time of the attending doctors shall be informed to the duty Medical Officer in the hospital and shall be duly authenticated/recorded.**
- 13. Referral to other institutions shall be written in the specified proforma, indicating full case history.**
- 14. Monthly clinical audit of all complicated cases of pregnancy and delivery including Caesarean section shall be done at the institution level. A report on the audit and corrective steps taken based on the audit findings shall be sent to the District Medical Officer concerned, on the 1st working day of the following month. At the district level, a Committee consisting of District Medical Officer, Additional/Deputy DMO, the senior most gynaecologist in the district, and RCH Officer (convener) shall be constituted for monthly evaluation of delivery cases in the district. Major issues, if any, shall be brought to the notice of the Director of Health Services.**

15. "Obstetric Management Protocols - General guidelines for managing Obstetrics problems" published by the Kerala Federation of Obstetrics and Gynaecology (KFOG) may be used as a reference book for the management of delivery cases in the hospitals.
16. The private hospitals in the State are also advised to frame and implement similar guidelines in their hospitals to promote safe delivery and to ensure proper health care of mother and children in the State.

(By Order of the Governor),

T.E.MERCYBAI

Additional Secretary to Govt.

To

The Director of Health Services, Thiruvananthapuram

The Additional Director of Health Services ,

Thiruvananthapuram

The State Mission Director, NRHM, Thiruvananthapuram

The Director of Medical Education, Thiruvananthapuram

All District Medical Officers(Health) (to circulate the guidelines to all Government / Private hospitals in the district)

The Principals of all Government Medical Colleges

The Director, Information & Public Relations Dept(for wide publicity)

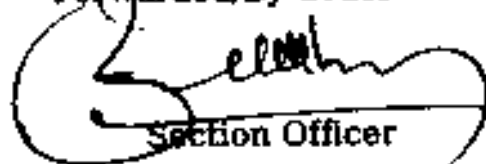
The President, Indian Medical Association, IMA House, Anayara, Thiruvananthapuram.

The President, Kerala State Federation of Obstetrics & Gynaecology,

TONGS Academy, East Fort, Thrissur-5

SF/OC

Forwarded/By Order



Section Officer

Copy to: PS to Minister (Health)
PA to Special Secretary (H)
CA to AS I
CA to AS II