Ethnographic Study of a Labor Room

Shreya Gupta • 156330006

Design Research Seminar

Context

Duration of the Study

December 20th -25th

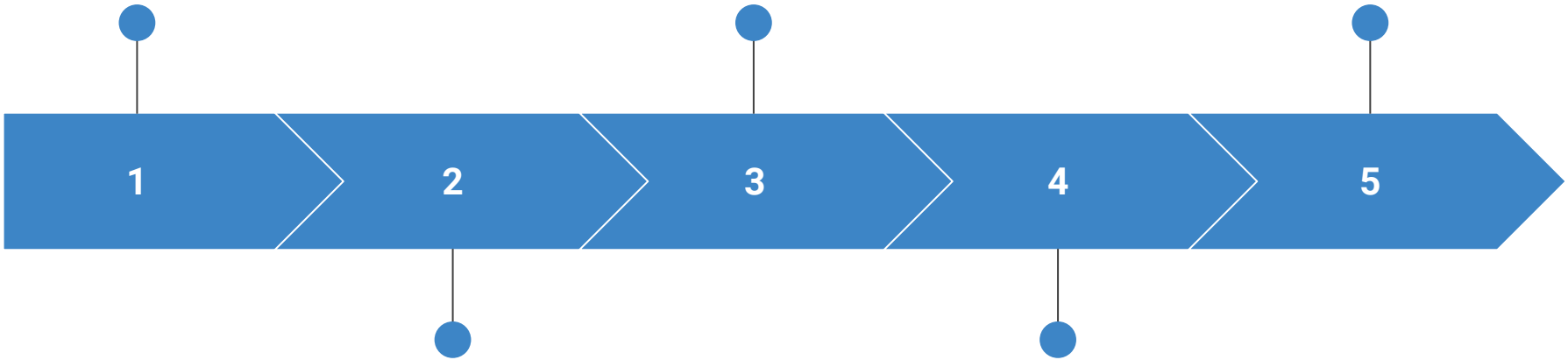
Location

- Institute of Medical Sciences, BHU
  - ➔ The labor Room in the Gynaecology Ward
  - ➔ The hospital is one of the largest Tertiary Healthcare Centers in Eastern India.

Target Group

Junior Resident Doctors


LUCKNOW
UTTAR PRADESH
VARANASI



Getting the idea of the place

Realising the plight of the patients

Talking to various sections like nursing and janitorial staff

Talking to JRs in order to understand the main functionality of the space

Selecting JRs as the target group as they have the most excruciating schedule

10:00pm to 6:00am

The ward has a capacity for 7-8 patients, However, twelve patients are admitted through the night.
Two normal deliveries, by 4:00 both girls
One patient's first child
Second patient's second child after a dead son of five months.
Both were accompanied by their mothers, one by mother in law.
Both rural, farming background.
Readings to be done for 12 patients in ward by morning.
Most (8/12) were incomplete readings due to patient's lack of awareness
One JR slept for two hours.
Another JR slept on table for two hours.
One JR2 was awake the whole night, the one who admitted most patients.
The second JR2 slept for four hours.

A Night in the Labor Room

Part 1- Talking to the Nurses

What they are supposed to do

- Follow up on patients, check the vital signs
- Administering drugs
- Assist in operations and normal deliveries

What they end up doing

- All the things they are supposed to do
- They end up skipping medications but report otherwise
- There is often a shortage of nurses during deliveries and operations

Major Issues

- Main issue- STAFF SHORTAGE
- There was no shortage 15 years back at the time of 450 beds, but in the years, beds increased with no increment in staff numbers
- There are more doctors than nursing staff
- VC proudly says that they're running hospital in such resource constraints, but only the workers know the plight.

Part 2- Talking to the Janitors

What they are supposed to do

- Clean the premises
- Prepare part before a delivery
- Assist in the delivery
- Help in moving around the patient

What they end up doing

- All the things they are supposed to do
- They end up skipping cleaning certain spaces, usually the toilets
- They are often unavailable to help out in pre-surgery procedures

Major Issues

- Main issue- STAFF SHORTAGE
- There are supposed to be three shifts of 8 hour each, with 3 janitors in each. However, there is just 1 janitor per shift.
- The 3 janitors are aging and are unable to strain themselves physically, and hence are lethargic in work.

Part 3- Talking to the Junior resident Doctors

What they are supposed to do

- Perform operations and deliveries
- Prescribe medication and follow up on patients
- Counsel the patient and relatives on how to take it from there.
- Make reports on the status and condition of the patient right from admission to discharge

What they end up doing

- All the things they are supposed to do
- They end up performing the tasks meant for nurses and even janitors.
- They end up making reports of vitals when it could be done by the emergency ward.
- Dealing with relatives of the patient.

Major Issues

- Shortage of nursing and janitorial staff
- Mismanagement at the system level which makes the JRs perform tasks that are meant to be done by other departments.
- Excruciating schedule, with hardly any time to eat or sleep.
- Ignorance and negligence of the patient to follow up. It leads to avoidable complications in pregnancies.
- Poor communication among various departments that leads in JRs running around with a lot of needless paperwork.

The Day Long Schedule in case of Night-shifts

- Wake up at 5:30, leave hostel by 6:30,
- Do all ward work by 8, leave for OPD,
- Return from OPD at 2p.m. Take handover of labour room.. then attend to all those reporting to labour room, new patients,admitted patients, labouring patients can be new or already admitted in ward...
- Be in labour labour till 8 a.m. the next morning,
- Leave for elective operation theatre at 8 a.m. which gets over at 2 P.m.
- return to ward and complete the ward work and take the post operative care of operated patients. Leave for class at 3 ..
- 4:30 return to ward again and complete the ward work which may last till 7 or 8 or 9 P.m.

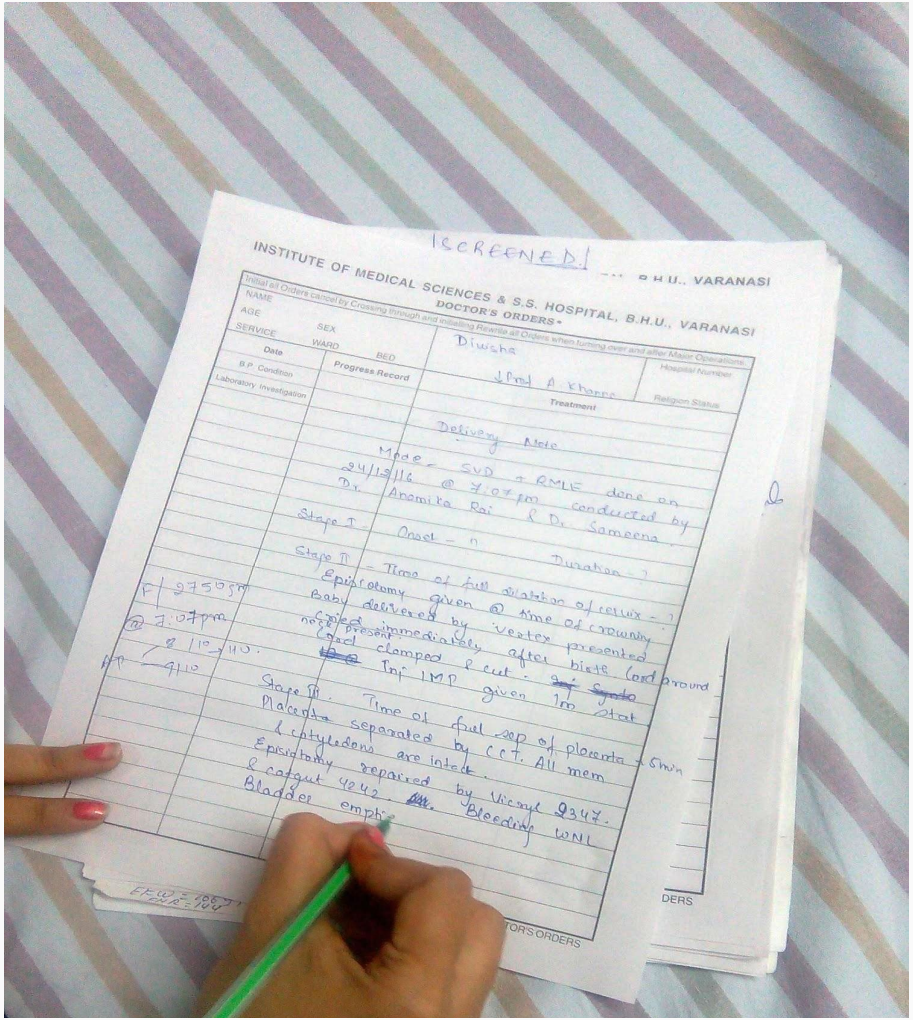
The Patient

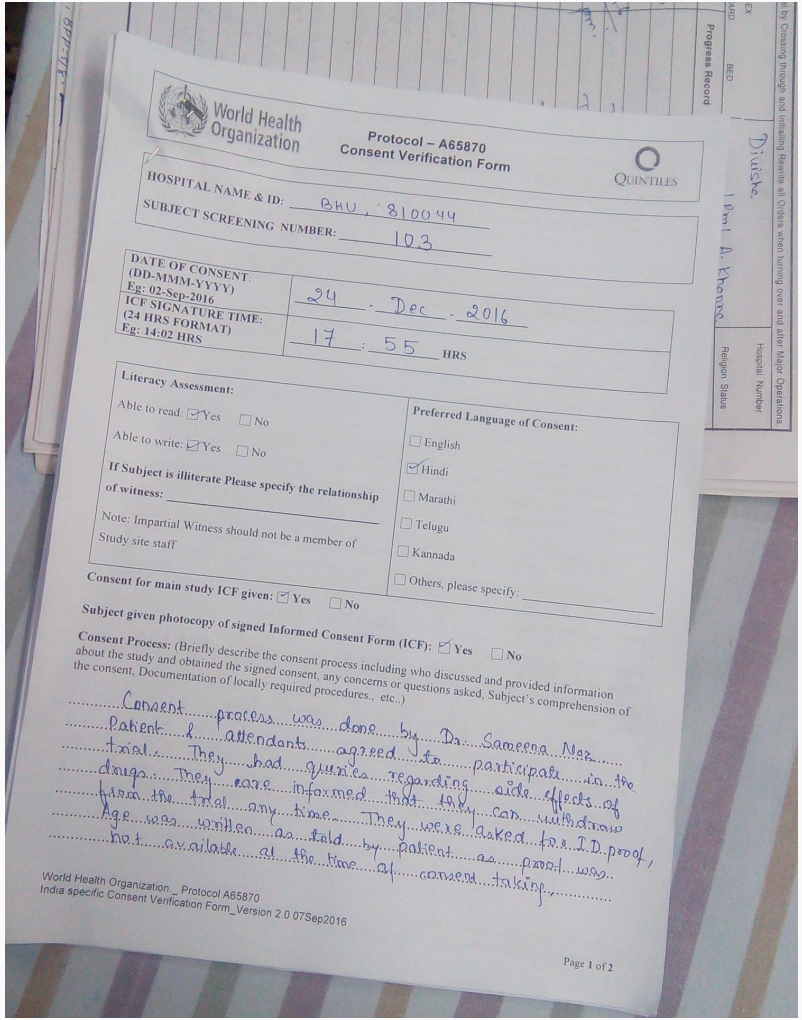
A good patient

- One who gives a good history and also an honest history.
- Who has visited the doctor at least thrice during her gestation period. One of the times should be at the end of the 8th month.
- One who follows doctor's orders (whether regarding medicine or investigations) ..

A bad patient

- One who has this suspicion that doctor is not giving him the right treatment..
- One who has not visited the doctor at all during her entire pregnancy.
- One who has conceived within less than 18 months of her previous child.
- Who doesn't believe in giving history and wants only to get treated.


SCREENED
INSTITUTE OF MEDICAL SCIENCES & S.S. HOSPITAL, B.H.U., VARANASI
DOCTOR'S ORDERS
Progress Record
Treatment
Delivery Note
Mode - SVD + RMLE done on
24/12/16 @ 7.07 pm conducted by
Dr. Anamika Rai & Dr. Sameena
Stage I - Onset - n Duration -
Stage II - Time of full dilation of cervix -
Episiotomy given @ time of crowning
Baby delivered by vertex presented
baby presented immediately after birth cord around
cord clamped & cut -
Inj IMP given Im stat
Stage III - Time of fuel exp of placenta
Placenta separated by C.C.T. All mem
& cotyledons are intact.
Episiotomy reparied by Vicryl 2347.
Bleeding WNL
Catgut 4042
Bladder empty


World Health Organization
Protocol – A65870
Consent Verification Form
QUINTILES
HOSPITAL NAME & ID: BHU, 810044
SUBJECT SCREENING NUMBER: 103
DATE OF CONSENT: (DD-MMM-YYYY) Eg: 02-Sep-2016: 24 - Dec - 2016
ICF SIGNATURE TIME: (24 HRS FORMAT) Eg: 14:02 HRS: 17 : 55 HRS
Literacy Assessment:
Able to read: Yes No
Able to write: Yes No
If Subject is illiterate Please specify the relationship of witness:
Note: Impartial Witness should not be a member of Study site staff
Preferred Language of Consent:
English
Hindi
Marathi
Telugu
Kannada
Others, please specify:
Consent for main study ICF given: Yes No
Subject given photocopy of signed Informed Consent Form (ICF): Yes No
Consent Process: (Briefly describe the consent process including who discussed and provided information about the study and obtained the signed consent, any concerns or questions asked, Subject's comprehension of the consent, Documentation of locally required procedures., etc..)
Consent process was done by Dr. Sameena Naz. Patient & attendants agreed to participate in the trial. They had queries regarding side effects of drugs. They are informed that they can withdraw from the trial any time. They were asked for I.D proof, Age was written as told by patient as proof was not available at the time of consent taking.
World Health Organization_ Protocol A65870
India specific Consent Verification Form_Version 2.0 07Sep2016
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Progress Record
BED
Hospital Number
Religion Status
Diwisha
Prof A Khanna