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Policy development and implementation

- Maternal health in India

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ABSTRACT

Background: The progress to improve maternal health in India is characterized by a wide spread of success stories as well as failures. Policies and programs have been developed and implemented to reduce maternal mortality; however, many women still lack access to health care during pregnancy and delivery and approximately 68 000 women die in pregnancy related complication each year. The capacity of the health system in India is considered to be weak and this is likely to influence the access to and use of maternal health care services.

Aim: The overall aim of the work presented in this thesis was to explore and describe the topic of maternal health policy in the context of India, focusing on the states of Madhya Pradesh and Gujarat.

Methods: To approach the topic of maternal health in India both qualitative (paper I) and quantitative (paper II) methods were used. In paper I, the implementation of maternal health policies in the state of Gujarat were explored by conducting in-depth interviews that were analyzed using qualitative content analysis. In paper II, a prospective cross-sectional design was used to study how antibiotics were prescribed during vaginal delivery and cesarean sections in a hospital setting in Madhya Pradesh.

Main Findings: The findings presented in paper I indicate that limitations in the health system have implications for the capacity to implement maternal health interventions in Gujarat. Findings presented in paper II, show high levels of antibiotic prescribing during vaginal delivery and cesarean sections during hospital stay and at discharge.

Conclusions: Improved maternal health is dependent on good policies and the functioning of the health systems. To further strengthen the capacity of the health system to implement maternal health policies in the state of Gujarat the findings presented in paper I indicate that improved coordination between actors and between single interventions, long-term and improved monitoring systems are key factors essential to strengthen capacity. To ensure evidence-based practice in terms of the prescribing of antibiotics during delivery in health facilities the development of a policy providing guidelines on best practices is important.

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