



Bridging Gaps in Maternal Care: Evaluating LaQshya Implementation at a Tertiary Hospital

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Introduction:

India still battles high maternal and neonatal mortality, with intrapartum care being pivotal for survival outcomes. (1) The **LaQshya Programme was launched in 2017** to standardize and improve maternity care quality in labour rooms and operation theatres. (2) **Tertiary care centres like IGGMCH handle high-risk, high-volume deliveries** yet struggle with infrastructure deficits, staff shortages, and inconsistent clinical protocol adherence. (3) **Evaluating LaQshya implementation at IGGMCH is crucial** to identifying gaps, measuring program impact, and driving continuous quality improvement. (4) Findings could **guide future policy refinements and model implementation strategies** for other resource-constrained, high-load hospitals nationwide. (5)

Aims and Objectives:

- To assess LaQshya Programme implementation in Labour Rooms and Maternity Operation Theatres at IGGMCH, Nagpur.
- Evaluate inputs, processes, and outcomes based on LaQshya guidelines.
- Identify gaps in infrastructure, human resources, clinical services, and quality control.
- Formulate corrective action plans to address deficiencies and improve maternal and neonatal care services

Methodology:

- **Design:** Cross-sectional, descriptive, observational study at IGGMCH's obstetrics department.
- **Participants:** Purposive sampling of 50 healthcare providers (30 doctors, 20 nurses) trained under LaQshya.
- **Tools:** LaQshya Standardized Checklists, structured interviews, direct observation, and record reviews
- **Analysis:** Descriptive stats, thematic qualitative analysis, and gap analysis tables
- **Ethics:** Institutional ethics waiver; informed consent obtained; confidentiality maintained

***LaQshya: Labour Room Quality Improvement Initiative**

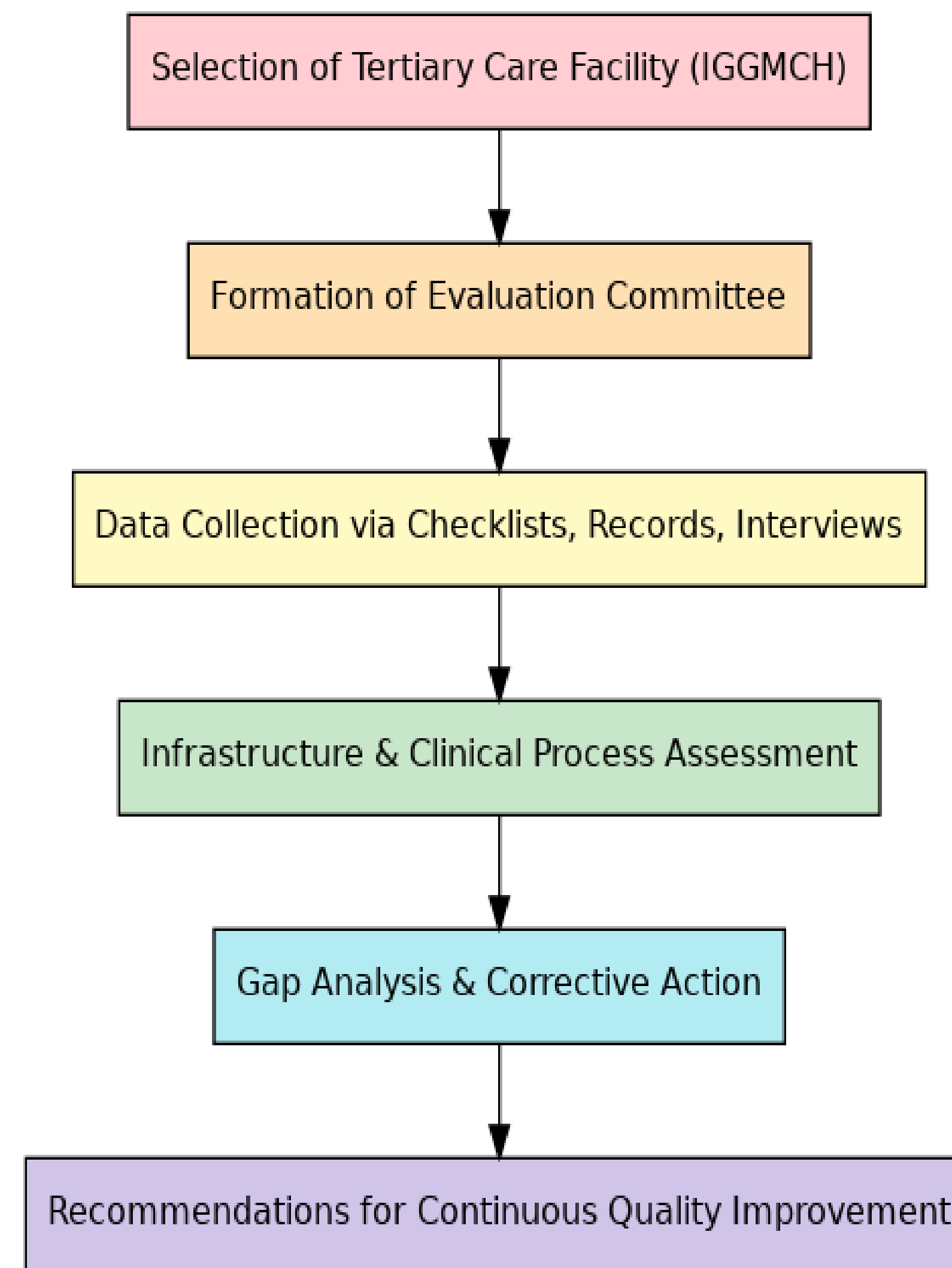


Figure 1: Flowchart depicting the methodology

Results:

- **Cumulative compliance below LaQshya certification** — 48% in Labour Room, 56% in OT.
- **High compliance in service provision (91%-100%)**, poor compliance in quality management (0%-9%), infection control (~45%-53%).
- **Infrastructure and emergency preparedness critically deficient**, with 0% in disaster readiness.
- Gap analysis led to infrastructural upgrades, waste management reforms, SOP implementation, and procurement of digital NST systems.

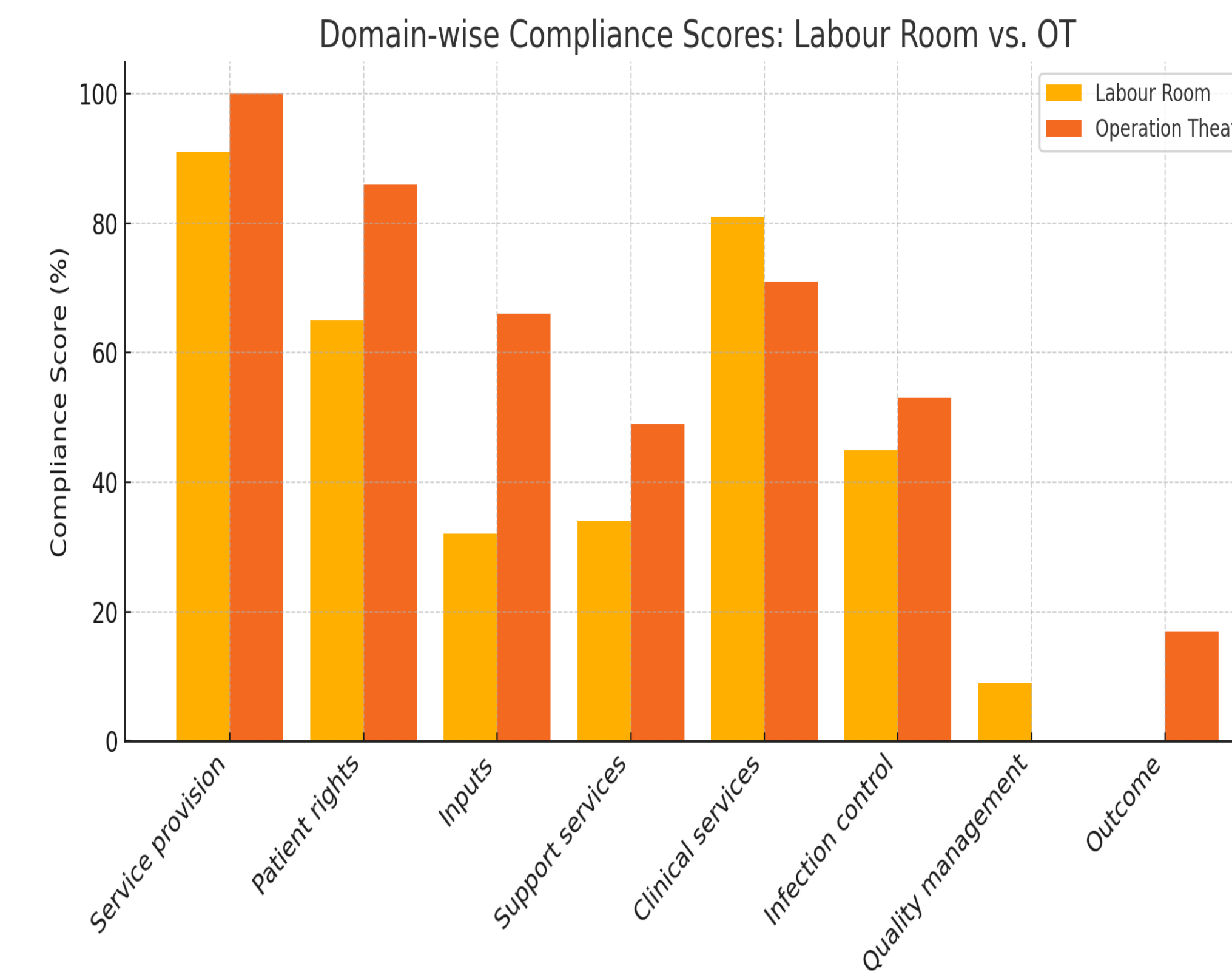


Figure 2: Domain-wise Compliance Scores for Labour Room vs. OT

This graph compares LaQshya compliance scores across key quality domains for both the Labour Room and Maternity Operation Theatre. Service provision is excellent in both areas, but critical gaps exist in quality management, infection control, and outcomes.

Discussion:

The LaQshya programme at IGGMCH improved infrastructure, waste management, and clinical practices, enhancing labor room conditions and patient satisfaction. Digital tools and regular audits were introduced, though challenges like staff shortages, inconsistent protocol adherence, and weak quality assurance persist.

“Quality in healthcare is not an act, but a habit — built with every patient, every protocol, every day.”

Dr. Alka Patankar, Professor, IGGMCH – Nagpur

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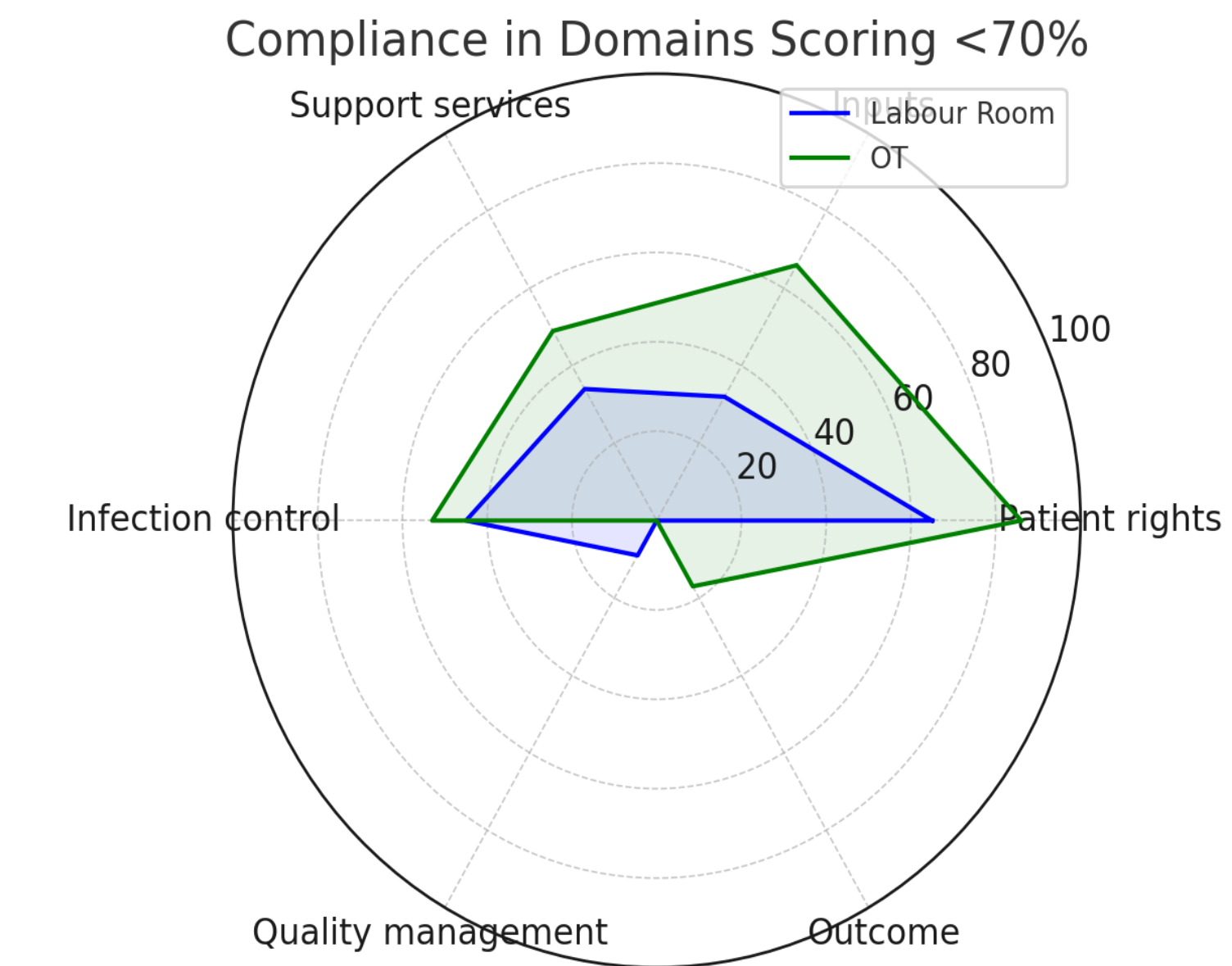


Figure 3: Radar Chart: Comparative Display of Domains Scoring <70%

Only those domains where compliance was poor (<70%) in both Labour Room and OT. Both units struggle especially with quality management, outcome tracking, and infrastructure inputs — highlighting priority areas for intervention.

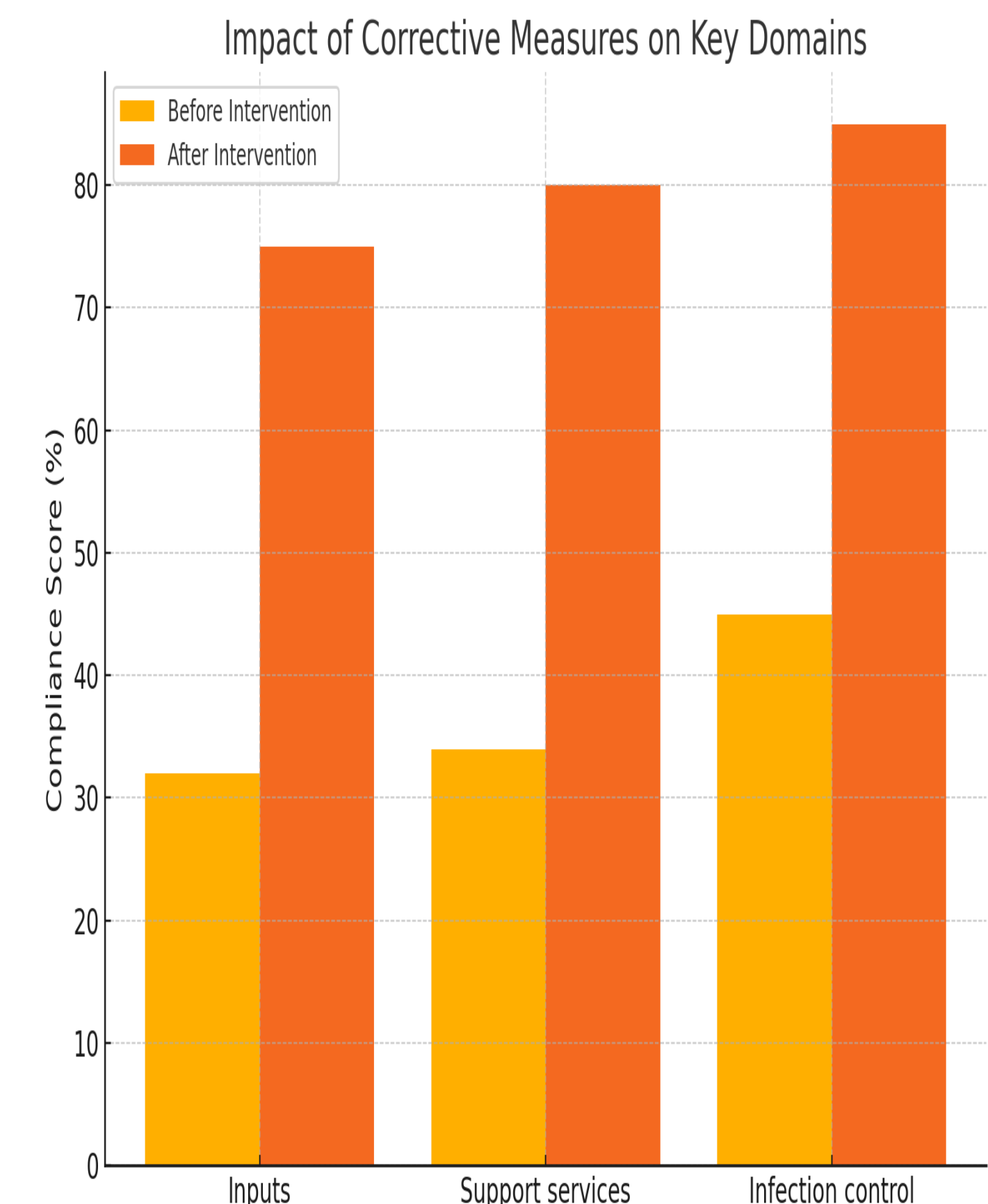


Figure 4: Before-and-After Bar Graph: Impact of Corrective Measures on Key Domains

Marked improvement post-intervention, demonstrating the positive impact of targeted corrective measures.

Conclusion:

The LaQshya program has contributed to improved maternal & neonatal care at IGGMCH. Significant implementation challenges still remain.