Factors Affecting Emergency Obstetric Care Regulatio Implementation in Vietnam

HESVIC Project: Health system stewardship in Vietnam, India and China

Ho Thi Hien[1], Le Minh Thi[1], Bui Thi Thu Ha[1], Le Vu Anh[1], Andrew Green[2], Tolib Mirzoev[2], Gillian Le[2]

[1]Hanoi School of Public Health – Vietnam; [2]University of Leeds – United Kingdom; For more information contact Ho Thi Hien (hienthiho@gmail.com

Background

In Vietnam, the maternal mortality ratio (MMR) fell from 165/100,000 to 63/100,000 live births during 2002-2007 but discrepancies still exist among urban and remote areas [1].

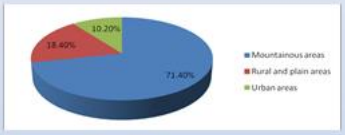

Figure 1: Maternal mortality rates in regions of Vietnam

According to the WHO, emergency obstetric care (EmOC) is one of three key measures to reduce MMR. To achieve this in Vietnam, commune and district levels need to implement basic and comprehensive EmOC respectively. To do this, the Ministry of Health developed several policies, including Decision No 385/2001/QD-BYT, detailing EmOC technical roles and responsibilities for different organizational levels in the reproductive health system [2].

Research Objectives

- Review existing regulations on EmOC in Vietnam since 1993.
- Explore factors affecting the implementation of the regulation in increasing coverage and equitable access to good quality EmOC services.

Methods

EmOC research was one of three case studies in the health stewardship and regulation of maternal health in Vietnam, India and China (HESVIC) conducted between 2009-2012 [3].

A qualitative approach was employed. Fieldwork was conducted in 8 communes in 4 districts within 2 provinces, one in the North and one in the South of Vietnam. 65 key informant in-depth interviews at different levels were conducted. Secondary data collection and NVIVO software 8.0 was used for data management and analysis.

Findings

Emergency Obstetric Care Policy Timeline

Figure 2: Policy timeline on emergency obstetric care in Vietnam since 1993

Implementation of EmOC Regulation

Implementation was modest in that the studied regulation had very limited effects in increasing coverage and equitable access to good quality EmOC services.

EMOC services	2007	2010
District level		
C section	63.0%	68.2%
Blood transfusion	47.0%	59.8%
Commune level		
Basic EMOC		23.6%

Table 1: The provision of EmOC services at district and commune levels, 2007 & 2010
Source: Maternal and Child Health Department, MCH network survey report 2007 and 2010

District level: 9/10 district hospitals in the north and 4/8 district hospitals in the south provinces had human and infrastructure resources (i.e. operational theatres) to undertake comprehensive EmOC.

Commune level: all commune health centers (CHCs) in the study provided most EmOC functions except for the availability of anticonvulsants. Only 1/8 CHCs provided anticonvulsant medicines, specifically Magnesium sulfat.

Factors Affecting Implementation

Lack of Resources

Shortage of human resources in obste theatres; blood banks, and other infrastr frequently cited reasons for EmOC servic lack of resources at district level is of crit

District Health Reform

Since 2005, the district health system ha a district hospital, preventive health ce structure has made the reporting proc difficulties in providing monitoring visits

Health Seeking Behavior of Clients

Better living conditions and small family lead pregnant women to seek a high delivery.

I think delivery at the provincial level or at safer. Better to go straight to the provincial

Conclusio

- Main factors influencing implementation include: lack of resources, district health re behaviour of clients. Enhancing resource n facilities is of critical importance.
- Revision of EmOC policy is needed in order health system after reform and addres guidelines should be provided for all levels

Reference

1. Health Strategy and Policy Institute, *Report on Mater* 2009. Hanoi.
2. Ministry of Health, *Decision QD385/2001/QD-BYT on technical responsibilities in reproductive health care with* Health, 2001: Hanoi.
3. Le, A.V., et al., *Vietnam Country Report: Health system China (HESVIC).* 2012, Hanoi School of Public Health: Ha

Acknowledgement

This project was funded by the European Commission Framework 7. *The views presented are the authors and are not necessarily representative of those of the EC.*

UNIVERSITY OF LEEDS