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Review Article

LaQshya- an uphill climb: a review of implementation of LaQshya programme at a tertiary centre in Chennai

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ABSTRACT

LaQshya- labour room quality improvement initiative, a National Quality Assurance Programme was launched by the National Health Mission, Government of India in 2017 for improving the quality of services provided at the time of delivery and immediate post-partum period. The programme has been implemented at the Institute of Social Obstetrics, Government Kasturba Gandhi Hospital for women and children from the year 2019. A plethora of changes have been brought about at the legendary institution since then. A retrospective programme review of the changes brought about at the Institute of Social Obstetrics, Government Kasturba Gandhi Hospital for Women and Children in the dimensions described under the LaQshya program i.e.; structural improvement and process improvement and henceforth a comparison of the various outcome as key performance indicators before and after the implementation of the programme. The quality of Institute of Social Obstetrics Government Kasturba Gandhi Hospital started at the bottom with 40%, under the guidance of LaQshya has improved to an astounding 93% making us the proud bearers of the prestigious platinum badge which was evident with the obvious improvement in various outcome indicators. Despite the implementation, LaQshya was an uphill trudge, to break old habits and restrain into new norms and guidelines, the results as mentioned proved to be a beautiful view at the end of the climb. LaQshya is indeed a boon not only to the mothers benefiting from it but also to the service provider as a tool to be a better health care personnel.

Keywords: LaQshya, Key performance indicator, Improvement, Quality

INTRODUCTION

LaQshya- Labour room quality improvement initiative, a National Quality Assurance Programme was launched by the National Health Mission, Government of India in 2017 for improving the quality of care at public health facilities, quality assurance standards for District Hospitals, Community Health centers, Primary health centers and Urban primary health centers.¹ The objectives of the programme in a nutshell, is to reduce maternal and newborn mortality and morbidity, to improve quality of care during the delivery and immediate postpartum care, to enhance satisfaction of beneficiaries visiting the health facilities and provide respectful maternity care.² The programme set out to achieve its objectives by providing

the institutions various new established norms as issued by the Ministry of Health and Family welfare such as “Labour Room Standardization Guidelines”, “Maternal and Newborn Health tool kit”, ensuring that all Government medical college hospitals and high case load District hospitals have a dedicated obstetric HDU and ensuring that there is strict adherence to clinical protocols for management and stabilization of complicated cases.¹

Not only did the programme provide a goal for the Institution to achieve utmost quality in service but also aided by providing with targets to be achieved at set time frames by using the precise guidelines and action plans in various aspects. The programme also follows a way positive enforcement by encouraging the institutions to

work towards quality certification, incentives and establishing a successful brand.

Institute of Social Obstetrics Government Kasturba Gandhi Hospital for Women and Children, Chennai was founded in the year 1885 and has been rendering Obstetric services for over 137 years.³ The historic institution has achieved various mile stones through the years such as being recognized as Centre of Excellence for Reproductive and Child health as of 2006 by serving as a recognized training centre for a catalogue of fields such as emergency obstetric and neonatal care, laparoscopy, MVA, colposcopy, etc.³ The well established institution is always at a momentum to keep improving and striding forward in the quality of services it provides to the mothers who seek care.

When LaQshya was introduced to ISO- Government KGH in 2019, it was as if the Pandora's box had been opened. The legendary institution only scored a shocking 40% at the quality benchmarks set by the LaQshya. It was an eye opener to the service providers of the institution of the fall backs in different fronts such as the lack of a proper system or protocol, the deficiencies in the infrastructure and insubstantial quality of the care during delivery and the immediate postpartum period. The institution was prompt to realize the importance of implementation of LaQshya, since a women's positive birth experience is often a reflection of the quality of intrapartum care given during labour and child birth, more over most obstetric complications including the most dreaded maternal mortality is clustered around labour, delivery and the immediate post partum period.⁴

The journey towards LaQshya wasn't a toil free cake walk as it would have been expected to be for an institution that has been well established for more than a century. There were many bridges to be built and barriers to be broken, but with the motivation to always remain the best center for Obstetric care, the service providers of ISO Government KGH forged ahead the uphill climb towards a quality assured labour room.

The aim of the article was to review the various changes brought about by of implementation of LaQshya Programme at our Tertiary Care center and the overall outcome of it.

METHODS

Study design

A retrospective programme review.

A retrospective analysis was done at Institute of Social Obstetrics Government Kasturba Gandhi Hospital for women and children in the dimensions described in the LaQshya guidelines i.e; structural improvement via labour room standardization and human resources strengthening. Process improvement via quality circles and rapid

improvement cycles was done. This was done with the aid of the records maintained at the quality cell of the institution.

A comparison of outcome indicators of improved maternal health and new born health since the implementation of LaQshya i.e.; for a period of 3 years was done. This was done with the data collected and collated from the registers maintained at the labour room, casualty, maternity OT and HDU of the hospital.

RESULTS

Structural improvement

Upgradation of infrastructure

The service providers at ISO Government KGH identified the first step towards a quality assured intrapartum and immediate postpartum experience weighed heavily on the comfort that mothers experienced during child birth. Hence the initial infrastructural changes were mainly focused on improving the comfort at the Labour room. The age-old contemporary metal birthing tables were replaced with ergonomically designed labour costs. The labour room was air conditioned in an attempt to keep the mothers as comfortable as possible. The patient restrooms were renovated with installation of western closets and safety grab bars to ensure patient safety and comfort. Light was thrown upon the importance of privacy in labour and the positive impact it had over the over birthing experience, U curtains were installed in the labour room; the windows were redesigned with sliding panels with frosted glass.

The operation theatre was augmented with the introduction of pre-medication room and a recovery room. A unidirectional flow of mobilization through the OT complex was designed and practiced.

The next step towards infrastructural development was focused on infection prevention at different levels. The CSSD at ISO Government KGH prior to 2019 was functioning in an unorganized fashion. The lack of a unidirectional flow at the CSSD was identified and rectified. Specifically designed covered trolleys were purchased and put in use for transportation of articles in and out of CSSD as replacement to previous alarming practice of transporting these articles on patient wheel chairs and stretchers.

Improper management of linen was another major fall back identified as a part of infection prevention. Laundry at ISO Government KGH previously failed to identify the used linen as a potential biomedical hazard. There was no proper separation of soiled and dirty linen. Infrastructure was not available for efficient treating of soiled linen. Yet again, patient wheelchairs and stretchers were used to transport the linen. Trolleys were provided for separation of soiled and dirty linen. A tank was built in the laundry for treatment of soiled linen with disinfectant. An area for

drying the linen was exclusively allotted. Advanced equipment such as driers and wringing equipment were provided for better functioning of the laundry while also minimizing direct handling of the linen.

It is rather disheartening to look back and admit that there was no concept of 'Liquid Waste Management' at ISO Government KGH prior to the introduction of LaQshya. Service providers then innovatively designed a simple yet efficient effluent treatment plant which is conveniently installed in all the departments.

Like the saying little drops make a mighty ocean, many more minor yet vital changes were brought about in the infrastructure of the hospital such as properly organizing proper storage spaces, installation of RO water dispensers, Installation of elbow taps in washing area, rearrangement of furniture and equipment to allow most efficient usage available floor space, usage of closed cupboards etc were done.

Human resource augmentation and skill up gradation

LaQshya programme emphasized that quality of care in an institution is only as much as the quality and skill of the human resource providing the care. So as part of the march towards a quality assured obstetric center, the most important tools, the employees of institution, were sharpened with various training programmes. All employees of the institution were sensitized about the goals and objectives of LaQshya. Obstetric drills for management of complications, simulation and skill lab training were conducted for the service providers. The training programmes were not just restricted to the obstetricians and staff nurses, but also to the interns, sanitary workers and security guards, thereby motivating all employees to work as a team towards a common goal.

One such remarkable training programme was the three day Dakshata training programme conducted for junior residents and staff nurses to enable the service providers in providing high quality services during childbirth. Regular competency assessments and objective structured clinical examinations were conducted for all cadres of employees to keep in check their level of knowledge and skills and to motivate a continuous learning process.

An important change brought about at ISO Government KGH is augmentation of the human resources available by the changing the practice of rotating members posted in the labour room-OT complex outside of the core area. The team posted to the labour room-OT complex was restricted to the core area of the institution to allow them to be used to their fullest efficiency.

Availability of adequate functioning and calibrated equipment

Prior to LaQshya, like any stereotypical Government institution in Southern India, despite having resources to

procure equipment, these equipment were not maintained appropriately. The LaQshya programme illustrated the need for maximal use of all resources, to provide high quality of care.

Hence forth, all equipment were calibrated periodically. Assets list was maintained in all departments to keep count of all equipment and to identify need for any more equipment. The downtime of equipment was attempted to be brought down, by prompt reporting of any malfunction and follow up on its timely repair. It was only after the implementation of LaQshya, that the role of the biomedical engineer at the hospital was understood and their resources were made use of appropriately.

Strengthening the supply chain

A habit of making do with merely what was available was prevalent on all fronts at ISO Government KGH prior to LaQshya. This played a major role for the set back in the quality of care provided. LaQshya insisted on having sufficient supply of drugs and consumables to prevent interruption in the quality of care. Hence, the concept of buffer stock was introduced. This brought down the stock out of drugs and consumables in both labour room and OT. The pharmacotherapeutic committee keeps in check the uninterrupted chain of supply and interventions were designed as per need.

Process improvement

Introduction of LaQshya, illuminated the many lacunae in the process of activities at ISO Government KGH, the biggest being the absence of standardized protocol at all levels. Changes had to be made from the very first step of patient care in the hospital. This began with the introduction of obstetrical triage acuity scale for triaging patients in KGH casualty. The facility to conduct deliveries at the casualty was set up to avoid shifting of patients to the labour room in case of emergencies.

The climb up this path to fix the process, led to the labour room where management of labour was fine-tuned with introduction of Safe child birth checklist. The checklist covers all fronts of providing quality service such as, identifying high risk mothers and the need for immediate intervention, infection prevention by ensuring proper hygiene, ensuring availability of essential supplies needed for delivery and immediate newborn care, identification of immediate post-partum complications and timely management of sick new born.

One of the significant implications of the LaQshya programme is the the insistence of a standardized management of labour including usage of real time partograph, the active management of third stage of labour and the rational use of oxytocin.

The usage of oxytocin in the pre LaQshya era at ISO Government KGH was rather erratic with no

accountability and with no regard to maintenance of cold chain. This was rectified by maintaining a proper account for issuing oxytocin. Pre filled syringes of oxytocin are kept in the refrigerator and used with proper accountability. LaQshya brought about a strict no to routine augmentation of labour which was previously practiced.

Standard operational protocols were designed and implemented for management of all cases including high risk and complicated pregnancies, indication and protocol for induction and also for indication and perioperative process for C section.

LaQshya gave importance to the maintenance of documents, the programme insisted the documentation of all clinical and pharmacological interventions in the the mother's case sheet, giving it it's long due importance of being a medico legal document. This not only has been serving as a proper record but also as mirror to identify and rectify any mismanagement in patient care. Medical records audit is being conducted periodically to verify this.

Quality assurance aimed by LaQshya was a wholesome approach that addressed all aspects of the mother's well-being during the intrapartum and postpartum period. Initiation of breast feeding within the Golden hour is being given more importance and attention. Breast feeding initiation register was maintained in the labour room to identify the success rate of initiation of early breast feeding and also more importantly to identify the gap areas where the initiation had failed.

LaQshya gives paramount importance to respectful maternity care.⁵ No amount of skill, equipment or resources can assure quality of care, if the mother doesn't feel respected and safe in the birthing environment. Hence as part of a journey towards quality assurance, all employees were sensitized about respectful maternity care, which majorly involved an empathetic communication with patients, explaining the procedure and further plan of management to both patient and patient's companion, maintenance of mother's privacy throughout the birthing process. Mothers are now allowed to choose their own birthing position of comfort instead of being forced to stick to the conventional lithotomy position.

One of the most important change brought about as part of providing respectful maternity care, is the introduction of birth companion. Mothers are now encouraged to select an individual of their choice to stay with them throughout the birthing process to provide emotional support. The labour room set up was altered to accommodate the birth companion such that she is at comfort to stay along with the mother till the childbirth. The presence of the birth companion in the immediate postpartum period played a major role in the early initiation of breast feeding and also identifying danger signs in both mother and baby hence allow seeking of early help.

A standardized immediate new born care and management was introduced. The previous practice of routine shifting of babies to warmer was discouraged and immediate skin to skin contact with mother was introduced. A new born corner was set up at labour room with all essentials that are needed for new born resuscitation, up to date calibrated warmer. Standardized criteria for shifting babies to NICU were established and are being followed. New born resuscitation training was conducted for all service providers.

The efficiency of these protocols and changes brought about in the labour room- OT complex were assessed monthly by conducting audits for maternal mortality, perinatal mortality, near miss, caesarean section, breast feeding and birth companion, client satisfaction survey to identify the fall backs at different levels and corrective actions were planned.

Government institutions due to their excessive case load are often reputed for their unhygienic practices and lack of infection prevention activities. ISO Government KGH sadly was no different on this front prior to LaQshya. The importance of infection prevention for quality assured care was reinforced by the programme. Hence various corrective measures for infection prevention was brought forth right from the ground level, starting with designating a qualified infection control nurse to take the lead on this front. Hospital infection control committee was formed which does a monthly assessment of the activities to identifies fall backs and propose methods to rectify them.

Biomedical waste bins were placed in all wards. The sanitary workers were educated about the hazards of biomedical waste and the right methods of handling and disposing them. Bio medical waste management training was conducted periodically for hospital employees to refresh their knowledge and to ensure continued correct practice.

Sanitary worker were especially trained for essential infection control practices such as the three bucket mopping technique, blood spill management, fluid spill management. Blood spill kit and fluid spill management kit were made available in all core areas of the hospital.

Surgical site infection in post-operative patients are meticulously recorded by the junior residents and the data is submitted to the quality cell. This serves as an indicator of the efficiency of infection control practices in the hospital. The quality cell also collects and collates reports all other hospital acquired infections such as HVS, urine culture, sputum culture, ET culture, to analyse the culture sensitivity pattern. This data is used to curate an appropriate antibiotic policy which is periodically altered with accordance to the change in the culture sensitivity pattern. A standardized disinfection policy has also been curated and is in practice. The standardization of these vital infection control practices with documented policies was a major revolution at ISO Government KGH where

previously antibiotic prescription and usage was entirely based on the surgeon's whim. The adherence to the antibiotic policy is kept in check by the Pharmacotherapeutic committee by conducting monthly prescription audits.

The pharmacotherapeutic committee also plays the role of pharmacovigilance by reporting and responding to drug adverse reactions. The pharmacotherapeutic committee keeps in check the service providers' adherence to the Standard treatment guidelines and avoid unnecessary prescriptions.

IECs about all the essential infection control practices are displayed throughout the hospital to re enforce the knowledge among the hospital employees. A monthly assessment of the employee's awareness and compliance to these infection control practices are assessed along with environmental swabs taken in core areas are analyzed by the HIC to identify the areas of deficiency.

2019 was not just a Revolutionary year to ISO Government KGH with the introduction of LaQshya but also to the world itself with the COVID 19 pandemic, which brought into perspective the need for a plan of management at times of disaster. Hence, a Disaster management committee was formed and protocols were designed for plausible disasters such as wave of COVID-19, Tsunami and cyclones. A rapid response team was formed with assigned responsibilities.

Competency to face disasters arising from within the premises of the hospital was also addressed by LaQshya, with the fire competency drills. Experts from the district fire station were out sourced to train the employees on this. Employee's awareness for fire management is also regularly assessed and kept in check. This training proved it's efficiency when there was a fire break out in ISO Government KGH in May 2021, when the service provider where quick in their wit and action to extinguish the fire and evacuate the building.

LaQshya's assurance of quality did not just restrict to patient care but as to the quality of work environment for the employees. Health camp was conducted for all employees. Employee satisfaction survey is conducted periodically to identify the grievances of employees and they addressed with possible corrective measures.

Significant outcome indicators

Percentage of complicated cases managed

Being a renowned tertiary care center, ISO Government KGH has always dealt with it's fair share of complicated cases. However, the data collected had discrepancies and suggested a vast increase in the number of complicated cases managed only in the recent year, this is mainly because the perception of which are to be considered as complicated cases was ambiguous prior to the LaQshya

guidelines. Moreover, with regard to complicated cases, the improvement aimed and also successfully achieved was in the quality of management rather than in the quantity. The SOPs certainly abled the Service providers to provide the precise care needed in the management of these newly defined complicated cases.

Percentage of cases referred to OT

The percentage of cases being referred to OT from the labour room had significantly reduced after introduction of LaQshya. Factors like the various training programmes, usage of safe child birth checklist, real time partograph, avoiding unnecessary augmentation of labour have certainly contributed to bringing down the number unnecessary C sections. The progress of ISO Government KGH has certainly been seen with the fall of C section Rate through the years credible to the many training programmes, protocols and avoidance of mismanagement under the guidance initiated by LaQshya (Figure 1).

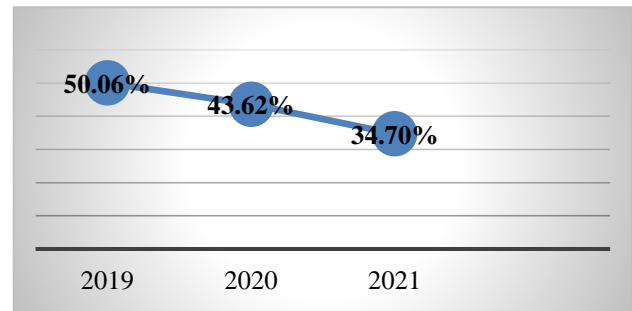


Figure 1: Percentage of cases referred to OT.

Number of drug stock out in the month

With the strengthening of the supply chain by the introduction of buffer stock, the stock levels were significantly reduced after the introduction of LaQshya at ISO Government KGH. An ideal zero stock out is yet to be achieved due to the practical difficulties of interruption at the level of the State Government store. This was tackled with usage of alternate drugs and local purchase, hence making sure there is no interruption in patient care (Figure 2).

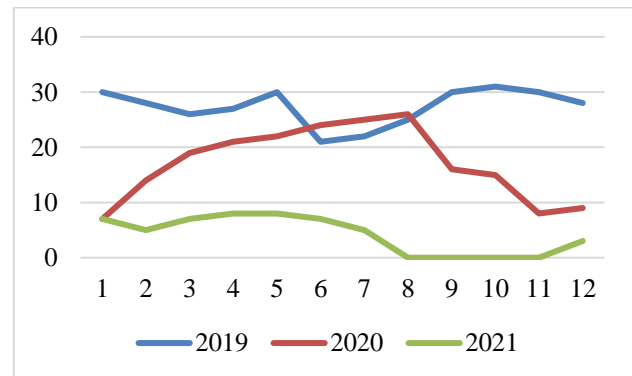


Figure 2: Number of drug stock out in the month.

Percentage of labour conducted with real time partograph and safe child birth check list

The service providers at ISO Government KGH were prompt to realize the benefits of usage of Real time partograph and safe child birth check list and have an astounding 100% compliance to these two attributes.

Number of adverse events per thousand patients

Controversial to the previous positive findings, data shows a significant rise of 2% in the percentage of adverse events in OT the OT and LR. This has been mainly attributed to the improvement in the service provider’s ability to identify adverse events and their awareness about their responsibility to report and document these events.

Percentage of new born breast fed within 1 hour of birth

This indicator is a certain reflection of the positive outcome of LaQshya Programme at ISO Government KGH. There has been significant increase in the awareness about the benefits and also the practice of early breast feeding amongst mothers (Figure 3).

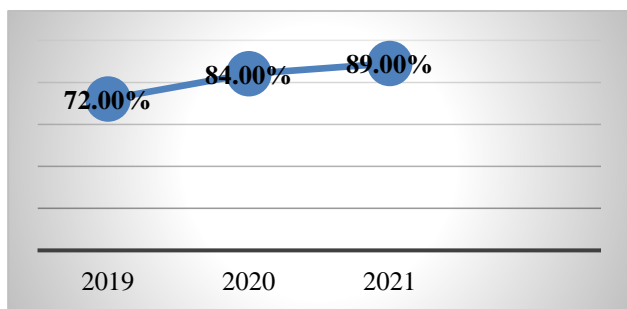


Figure 3: Percentage of new born breast fed within 1 hour of birth.

Percentage of neonatal asphyxia and sepsis

The overall improvement in intrapartum care, timely intervention when needed, infection control practices and usage of safe child birth checklist has been fruitful in reducing the percentage of neonatal asphyxia and neonatal sepsis (Figure 4).

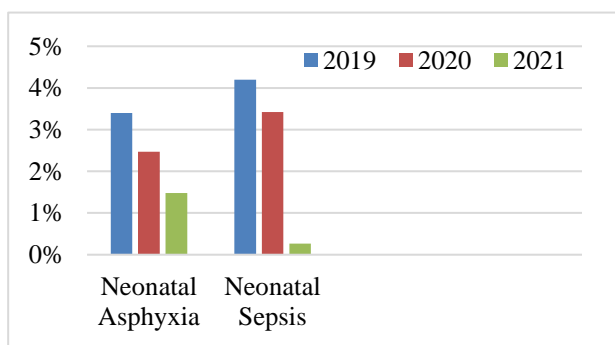


Figure 4: Percentage of neonatal asphyxia and sepsis.

Percentage of AN corticosteroids administration in preterm labour

With the emphasis on usage of AN corticosteroids by LaQshya and the aid of the safe child birth check list the percentage of women in preterm labour receiving AN corticosteroid has significantly risen, as the practice of first dose at first contact i. e.; at the casualty has come into play (Figure 5).

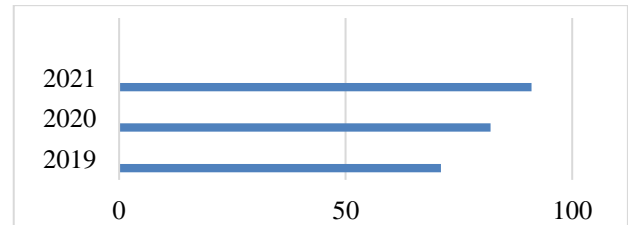


Figure 5: Percentage of AN corticosteroids administration in preterm labour.

Percentage of maternal death related to PPH and APH

Being a legendary institution, it is of no surprise that ISO Government KGH has reported zero deaths due to these common complications, but LaQshya programme has refined the management protocol by setting a standard. This has reflected in other aspects such decrease in the usage of blood products and decrease in cases being referred to OT.

Percentage of maternal death related to eclampsia/PIH

This indicator is another affirmative outcome of the LaQshya programme. The standardized protocols for management of complicated cases has significantly brought down the percentage of maternal death due to PIH/eclampsia (Figure 6).

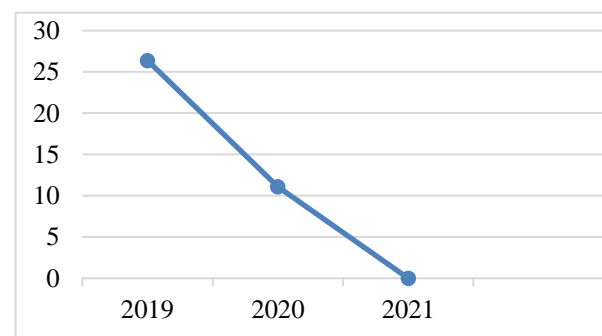


Figure 6: Percentage of maternal death related to eclampsia/PIH.

OSCE score

The OSCE scores of the service providers has always been satisfactory implying that there is no lack of knowledge but just the motivation to apply it efficiently. Regular competency assessment under LaQshya has served as this

much needed motivation and refined the quality of the service providers.

Percentage of deliveries attended by birth companion

There has always been the practice of allowing a patient relative into the labour room at ISO Government KGH but this wasn't persistent and the relative was often asked to leave the labour room during time of delivery or any other intervention. LaQshya created awareness and knowledge about the true meaning and purpose of companionship, following which the practice has been changed appropriately (Figure 7).

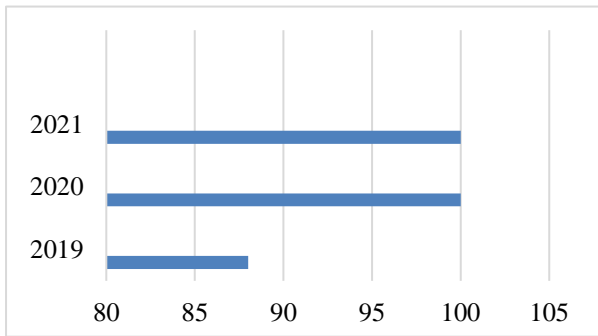


Figure 7: Percentage of deliveries attended by birth companion.

Client satisfaction score

This is the ultimate indicator of the all changes brought about in the hospital. Though there have been continuous up and downs on this front throughout the data studied, this has been the most important indicator to catch hold of flaws and make necessary rectification.

Downtime of critical equipment

The downtime of critical equipment has been brought down at very significant downward momentum brought out by the regular calibration, trouble shooting of equipment, prompt reporting and correcting the malfunction (Figure 8).

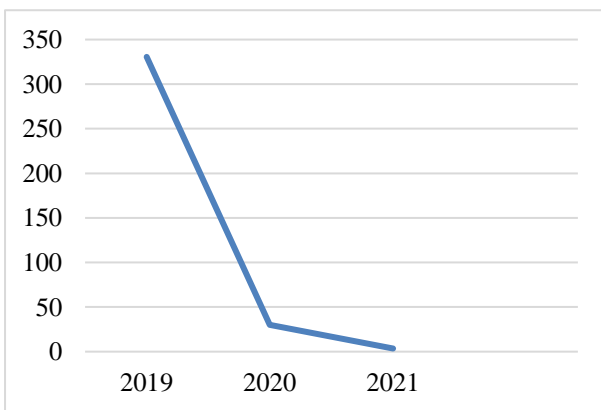


Figure 8: Downtime of critical equipment.

Surgical site infection rate

The implementation and reinforcement of various infection control practices was rewarded with a significant fall in the SSI rate (Figure 9).

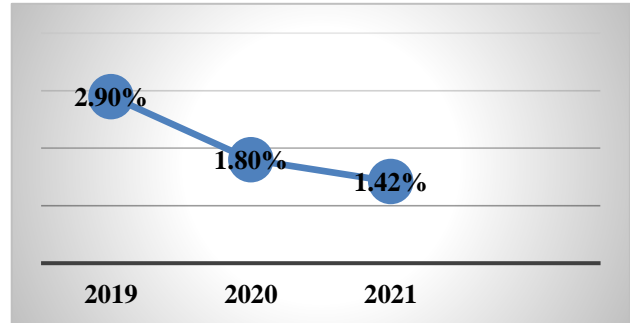


Figure 9: Surgical site infection rate.

Perioperative death rate

The incidence of perioperative death rate had already been at the lower end at ISO Government KGH with all the changes brought about by LaQshya, this was brought down to an ideal perfect nil statistics (Figure 10).

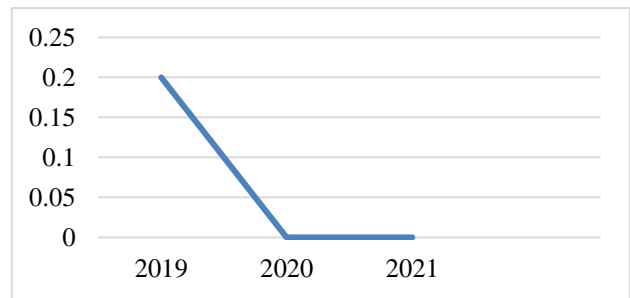


Figure 10: Peri-operative death rate.

Percentage of C sections using safe surgery checklist

The safe surgery check list was vital to prevent any mishaps related to surgery along with usage of Aldrette chart to determine the fitness of the patient to be shifted out of the OT post-surgery. Alike it's counterpart, the compliance for safe surgery checklist was remarkable amongst the service providers.

DISCUSSION

The effort needed to just collect and collate the above results was colossal, its needless to say the efforts taken to achieve these results is nothing short of Herculean. The heart of this accomplishment, is the quality cell lead by the quality team. The team members met weekly for quality circle meetings to discuss, identify and find solutions for all the issues. It was under the guidance of the quality cell, the various other committees of the Hospital were formed. The trained quality team used various quality tools to tackle the deficiencies identified on various levels. The facility

team constituting all the significant heads of the ISO Government KGH serves as the god father for all the committees guiding us all towards the ultimate goal of becoming the quality assured institution.

Many hurdles were faced on this relay towards LaQshya. Being an entirely Government funded institution, the process of bringing about any structural change in the hospital was a strife. The ongoing construction work in the hospital premises was a hindrance to many developments aimed such as setting a unidirectional flow of mobility. On the process front, the employees proved that old habits indeed did die hard. Many training programmes and constant supervision was required to bring about the revolutions in the process of operations at all levels of the Hospital. Being a teaching institution, the biggest barrier in our journey towards LaQshya was in achieving the 5th S in the 5 S-s defined by LaQshya (sort, set in order, shine, standardize and sustain). The difficulty with maintaining sustainability was due to the constant change in the human resources, since the junior residents and interns are constantly changed.

The quality team not only recognized these shortcomings but also used the handy quality tools, to find solutions for these issues. Regular internal assessment of the institution's quality was done with aid of the LaQshya score card. This helped in identification of any deficiency and hastened the process of gap closure on various fronts. These changes that were made are elemental to any hospital and have always been described in government orders. Being a Government hospital the lack of these basic elements had been overlooked owing to the sky rocketing case load. It was only after the introduction of LaQshya, that it was brought into perspective that these elements are not just possible to be achieved but also absolutely essential for a Hospital. It was the unrelenting efforts of the entire institution starting from the head of the institution to the sanitary workers under the guidance of the quality team that advanced ISO Government KGH from an initial LaQshya score 40% to an astounding 93% and was awarded the prestigious platinum badge. A review of the implementation of LaQshya programme in a tertiary center as a whole is one such that hasn't been attempted before. Review of core aspects of the programme such as respectful maternity care has been done, and the results were a part reflection of the success of the entirety of the programme.⁶ This review article certainly supports the suggestions by various other articles about the contribution of LaQshya in various in overall improvement of maternal and perinatal health care.^{7,8}

CONCLUSION

The process of operations at Institute of Social Obstetrics Government Kasturba Gandhi Hospital for women and children in the pre LaQshya Era was just a nook away from total Chaos. The irony was the oblivion of the service providers of the many deficiencies of the Hospital. LaQshya was an eyeopener to the Health Professionals at

ISO Government KGH of their open capabilities and the vast scope of improvement ahead of them. To the naive eyes, the above mentioned changes may seem like basic amenities that any hospital needs to function, but it's the cruel reality that most Government run health care facilities in India have been functioning with meagre standards. The introduction and implementation of LaQshya programme has turned the wheels and set into motion for a great revolution in the Government run health care facilities in India. The private sector of health care in India also have their fall backs in quality such as lack of strict adherence to infection control practices, lack of standardized protocols, lack of a standardized documentation are only to begin with. A revolutionary programme like LaQshya should also be extended to private sectors to ensure a wholesome quality assured obstetric care throughout the country. The Journey toward a quality assured labour room was certainly an uphill climb with many barriers to be broken and many bridges to be built, the results as mentioned proved to be a beautiful view at the end of the climb. It is important to understand that LaQshya isn't a destination, but a never ending journey as there is and always will be scope to improve our quality of care.

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