HOSPITAL-AT-HOME (HOME CARE) FOR PRENATAL AND POSTNATAL(MATERNAL)CARE:AN ECONOMY OF TIME AND RESOURCE

Introduction- Women, Bedrock of Life and Human Living

The fore essence of health care system,ortheory of health,at any setting is to preserve, sustain life; and in the long run, perpetuate the existence of mankind by providing health care interventions on a continuous basis(Pellegrino, 1981).However, in appreciating the veracity of health care philosophies, that is preserving life; a great credence must be given to the main ‘bearer of life’ and the ‘process of life’itself- women and the fetus!

Natal care is the basic and foundation of life. Human lives started from thewombs of women; as afetus. In this regard, women are supreme they are the vehicle of procreation and regeneration of mankind.No woman; no life! The value of women and the unborn child in a nation or in any human society cannot be over emphasized. As a matter of fact women are the bedrock of life.

Looking at it from the ‘creation dimension of evolution theory’; the first man was lonely and unproductive until a created woman came into the picture of his life! Then, they started producing and bringing forth offspring to multiply the population of thehuman race. No wonder, religious scriptures, which are the arch references for creation postulations of the evolution theory; place adorable value on womanhood. To follow suite in this direction, nations of the world promulgate laws towards protecting women from domestic or societal abuse; in recognition of the fact that women are the carriers or nursery of life-mother of babies both born and unborn.]

In 1791, September 5, precisely,French authority made a popular declaration, for women and female citizens; which later came to be known worldwide as the declaration of ‘the Rights of Women or the Women Right’. In 1995, atthe fourth World Conference on Women, held in Beijing, UNO (United Nations Organization) made women-protective declarations known as the Beijing Declaration for Women. In our present modern times, women protective promulgations and frameworks have emerged and reemerged;and have been embraced by nations. However, global legislative and societal protections which the women folks have received over the years and history of mankind cannot be unconnected to recognizing the fact that, women are the life-bearers, mothers of the world, mothers of children both born and unborn(De Gouges, 1997; Otto, 1996).

Women and Natal Care: An Approach to Preservation of Life

No gainsaying the fact that women folks have enjoyed so many societal frameworks of protective interventions, in terms of women rights; which include, and not limited to, access to health care during and after pregnancy. Many countries of the world, considering the utmost value of awoman and the high value of maternal care, have always paid proactive attentions to women health; especially.Nations, spend billions of dollars in providing public health facilities and training personnel every year.To this end, UNO andWHO have strong recommendations for nations on public and maternity health spending. That is nations are required to spend certain statutory amount or acertainpercentage of their budgetary allocations on health and maternity health care.

Apart from, WHO’s guidelines and recommendedapproaches in combating the menace of global maternal mortality; developed countries the such USA have their in-house maternity health care approaches. These approaches are directed towards combating the scourge of maternity death. There have been recent updates to guidelines and practices of maternal and post natalcare.

World Health Organization (W.H.O): Guidelines on Maternity Health Care

World Health Organization (WHO)’s 2013 guidelines on maternal and postnatal care shifted focus from traditional guidelines.World Health Organization (WHO)’s 2013 guidelines address timing, and the content of maternal care; with a special consideration and focus on resource-limited or low income – settings; especially for the benefits of low-income and middle-income families and countries. In the course of these guidelines, W.H.O reiterated strategies on making the best use out of the existing systems of health care delivery.

That is, models of achieving many results with limitedresource or with exiting resource should be embraced; by researching and adopting innovative strategies. Strategies to maximize outputs of health care service in the area of maternity health. Meaning that even in the face of resource or material paucities; lives of maternity mothers new born shall be saved(Organization & others, 2011).

Specifically, W.H.O. recommended, that postnatal care to all mothers and babies should be provided, regardless of the birth place. W.H.O. further recommended that full clinical examinations should be carried out at around one hour of birth; after when the baby has had his or her breast feeding. This implies directly that, new mother and new born should be in the care ofhealth care serviceprovider, at least for first 24 hours of birth(Jones, Taylor, MacArthur, Pritchett, & Cummins, 2016). To buttress this, W.H.O warned that newborns and their mother should not be discharged early from health facilities; at least they should be put under watch, for at least 24 hours.

High US Maternal Mortality Rate: Questioning Traditional Health systems Services

W.H.O guidelines and interventions are primarily for the purpose ofcontrolling therate of maternal mortality on a global scale. Apart from this, the guidelines serve as blueprints or models for health care practice in the area of maternity care. Countries have always complied with the dictates of the guidelines in their public health services.Some countries even do additional things in this regard; such as having their own self-tailored, home-made, public health intervention and policies in the area of maternal health. The United States is an example in this regard. Apart from following W.H.O’s health guidelines; US is a leader and pathfinder in global health practice with strict adherence to best global health practice(Fixsen, Naoom, Blase, & Friedman, 2005; Garrett, 2007).

However, in spite of huge resource being committed, by the USA and the world at large, towards maternity health care; there are still unpleasant statistical reports of maternal mortality. The U.S, even in the face of $Billion expenditure in health systems; there are still cases of maternal mortality on an alarming rate! Then the following questions can be raised.

1. Why, could it be that resources committed to health care service are not sufficient?

2.Is USA so big, in terms of maternal health care needs, that U.S health service systems, provided, cannot accommodate all?

3. Is there a need for a change in framework or strategy of traditional maternity care; to include anew approach tohospital-at-home service for desiring maternity patients; in order to keep US maternity mortality figure to the barest minimum?

In answering this question, a new business opportunity may arise. That is, the present gap between the present maternity health care; and the obvious needs of reducing the rate of maternal deaths may accommodate a new businesses opportunity. In every business environment, opportunitiesdo stem from closing the gaps between ‘needs and availability’. If a certain situation is well studied in the region of needs and availability; opportunities always stem from closing the gaps(Mason & Harrison, 1995; Petersen, Pedersen, & Lyles, 2008).

Yearly Expenses of $111 Billion on Maternal Health Care: Why Significant cases of Maternal Mortality and Morbidity?

The USA has a kind of ‘cultural expenditure attitude’ on maternal health care every year. In this regard, US spends $111 Billion every year on maternal health care. However, this whopping expenditure has not produced the desired health outcomes in the maternal health care. The desirable maternal health outcome is to record a zero figure in the statistics of maternal mortality and morbidity.

Statistics has it that, about 880 women die of maternity related cases every year in the US. This figure translates to the death of two women every day; death, arising from maternity complications. More shocking, is the yearly figure of maternal morbidity which claims about 52,000 women’s lives every year. These statistics translate to alossof 1 life every 10 minutes in the US. Morbidity refers to thestates of damaging diseases complications, arising fromimproper pregnancy care or childbirth complications. As a result of this, a lot of women have been rendered permanently sickly; due to poor prenatal and postnatal care.

In the year 2013, Save the Children reported in its State of the World’s Mother’s report that the USA ranks just 30th; as ‘the best place to be a mother’. Out of the 176 countries, US came much behind many developed countries in this ranking(“After Spending $111 Billion on Maternity Care, Why Doesn’t the U.S. Have Better Outcomes?,” n.d.).

These statistics are not so pleasant in spite of severalbillions of dollars being spent on maternity health care every year. Therefore, there must be a shift in the traditional paradigm of maternal health care delivery: to turn this problem (maternity mortality) to an opportunity in health care service(Adam et al., 2005).

FEASIBILITY STUDY: A PROPOSAL FOR HOSPITAL-AT-HOME IN MATERNAL HEALTH CARE

Executives Summary

US government spends $111 billion, every year on maternity health care service. This shows that this sector is very big and of vital importance. However, this figure is thebasic public figure spending on this sector; this does not include private health care service provider spending. However, the importance of this is that there is billions dollar opportunity in this sector. These opportunities can be turned into billions dollars income by introducing the strategy of Hospital-at-Home in maternity health care service.

Hospital-at-Home or Home Care is the procedure of health provision; where hospital facilities are taken to the door steps of patients. This service, (Home Care) will bevery viable; and bring in more revenue, especially,targetinghigh-income earners patients who can afford the cost of the service. Studies indicate that this kind of health care service is not common. Therefore it has a great potential of doing well; health service market wise(Wiegers, Van Der Zee, & Keirse, 1998).

Description

This service is based on the landmark feasibility study ofLeff, et al (2005) which lauded the efficiency and quality of health care received by patients using the method of Hospital-at-Home; in terms of quick recovery and economy of theresource.Since the method of thehospital at home has been popularly applied in the area of maternity care delivery; it is a great business opportunity.

Hospital facilities that will be needed for antenatal care, postnatal care and delivery will be stationed in the patient’shome; together with an assigned doctor, two nurses and two mild wives(depends). The doctor will be checking on the patient on atimely basis; while nurses and midwives will be stationed in the home or very close within 5 minuteswalk.

The hospital facilities will be taken back to source 2 days after safe and healthy delivery of the mother(Leff et al., 2005).

Quality

Leff et al (2005) indicatedthatpatients treated in their homes showed signs of quick recovery over hospital based patients. Therefore, this service is going to be of quality value since maternity mothers are being attended to in the comfort of their homes.

Availability, Accessibility and Affordability

This service will be in the reach of the patients; since it is clinics or hospitals set up in their (patients) homes. The ugly incidents whereby maternity mothers die in auto accidents on their way to hospital delivery can be avoided.

It is going to be affordable since, doctors are not going to be stationed in the patient or client homes; instead doctors will be going on schedule visits.

Conclusion

This service will be efficient, in that it will save thetime of delivery and will prevent maternal complications, which cost more to manage than maternal care itself.

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