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ADDRESSING NURSE-TO-PATIENT RATIOS IN POSTPARTUM MANAGEMENT IN INDIA

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To the Editor,

India has made commendable strides in maternal health over the past decade, with the maternal mortality ratio declining to 113 per 100,000 live births, as reported by the Sample Registration System (2020). This progress reflects the impact of national health initiatives, improved access to institutional deliveries, and increased awareness about maternal care. However, despite these achievements, the postpartum period remains critically underserved, particularly in terms of nurse-to-patient ratios in maternity wards. The postpartum phase is a delicate window where both mother and newborn require vigilant monitoring, timely interventions, and compassionate care. Unfortunately, inadequate staffing levels continue to compromise the quality of care, elevate the risk of complications, and contribute to professional burnout among nursing staff.

Current national guidelines issued by the Indian Nursing Council and the National Health Mission recommend nurse-to-patient ratios of 1:6 in general wards, 1:4 in special wards, and 1:2 in neonatal nurseries. For labor rooms handling approximately 25 deliveries per month, a 30% leave reserve is advised. While these standards provide a foundational framework, they fall short when compared to international benchmarks. For instance, the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) advocates for a 1:4 ratio for mother-baby couplets and a 1:6 ratio for postpartum women alone. Indian studies have consistently highlighted significant disparities in staffing, particularly in public sector hospitals. Research conducted in neonatal intensive care units across Maharashtra and Uttar Pradesh revealed nurse-to-bed ratios ranging from 1:4 to 1:8, a variation that extends to postpartum units and undermines the delivery of timely clinical interventions.

In high-volume tertiary care centres, such as those in New Delhi, maternity wards often operate under severe staffing constraints. It is not uncommon for only two physicians and a handful of nurses to manage dozens of deliveries per shift. This understaffing results in delays in essential tasks such as monitoring vital signs, administering medications, and managing life-threatening conditions like postpartum haemorrhage (PPH)—a leading cause of maternal mortality in India. A study conducted in Odisha documented nurses' experiences, revealing that insufficient staffing hindered their ability to respond promptly to PPH cases, thereby increasing maternal morbidity. Furthermore, research focusing on nurse managers across Indian hospitals has shown that excessive workloads, coupled with inadequate managerial support, exacerbate burnout and diminish the overall quality of care.

Several interventions within India have demonstrated that enhancing nurse staffing and providing targeted training can significantly improve postpartum outcomes. The Dakshata

program, implemented in states such as Rajasthan and Andhra Pradesh, offers onsite mentoring to nursing staff, resulting in improved adherence to postpartum care protocols. Facilities participating in this initiative reported better monitoring of vital signs within the first four hours postpartum—a critical period for detecting complications such as PPH and eclampsia. Similarly, a nurse mentoring initiative in primary health centers led to notable improvements in managing intrapartum asphyxia and PPH, thereby reducing maternal and neonatal morbidity through skill enhancement in resource-constrained settings.

Postpartum care quality is also shaped by socioeconomic and regional disparities. According to the National Family Health Survey (NFHS-5), only 55% of rural women seek treatment for postpartum morbidities, compared to 70% in urban areas. This discrepancy is partly attributable to staffing inequities, with rural facilities often operating with fewer nurses per patient than their urban counterparts. For example, a study in Bihar found that community health centers had nurse-to-patient ratios as high as 1:10 in postpartum wards, leading to inadequate monitoring and increased readmission rates. Conversely, urban private hospitals, while better staffed, frequently prioritize profitability over standardized care, resulting in inconsistent nurse training and retention.

Efforts under the National Rural Health Mission (NRHM) have aimed to address these disparities by increasing nurse recruitment and training. However, challenges persist. A 2023 study in Uttar Pradesh revealed that even with NRHM interventions, only 60% of postpartum women received the recommended check-ups within 48 hours of delivery due to staffing shortages. This finding underscores the need for region-specific staffing models that consider delivery volumes, facility type, and resource availability.

To effectively address these challenges, several strategic actions are recommended. First, India's nurse-to-patient ratios for postpartum care should be revised to align more closely with international standards, targeting at least a 1:4 ratio for mother-baby couplets. Achieving this goal will require substantial investment in nurse recruitment, retention, and training, particularly in public hospitals. Second, successful initiatives such as Dakshata and nurse mentoring programs should be scaled nationwide, with a focus on practical skills for managing PPH, eclampsia, and neonatal resuscitation. Third, region-specific staffing guidelines must be developed to account for the unique needs of rural and urban facilities. Incentives for nurses working in rural areas could enhance retention and reduce turnover. Fourth, further research is needed to evaluate the impact of optimized staffing on clinical outcomes, including length of stay (currently averaging 3.4 days postpartum in India), patient satisfaction, and complication rates. Studies should also explore the relationship between nurse burnout and care quality, providing insights for policy and practice improvements.

In conclusion, optimizing nurse-to-patient ratios in postpartum care is essential for reducing maternal and neonatal morbidity in India. While targeted programs and training initiatives have shown promise, systemic issues such as understaffing and regional disparities continue to hinder progress. By revising staffing norms, investing in workforce development, and conducting rigorous research, India can enhance the quality of postpartum care and ensure safer outcomes for mothers and newborns across the country.

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