

Table 1: PDSA cycles for implementation of the QI initiative

	Plan	Do	Study	Act
PDSA 1 (03/03/20-10/03/20)	1. Create awareness among the antenatal women about the benefits and incentives of PPIUCD offered by the government. 2. Sensitization of residents working in the Obstetrics wards	1. Handmade posters highlighting the benefits of PPIUCD were made by the interns posted in Family planning unit and displayed at all prominent visible sites in the facility. 2. The Family planning counsellor posted in family planning department was asked to do daily focussed Family Planning Counselling (FFPC) of pregnant women admitted in antenatal wards for planned delivery. 3. A Whatsapp group was created by the team leader including all the concerned care providers and they were sensitized and motivated to improve the PPIUCD coverage in the facility through messages and technical information.	At the end of 1 week, the PPIUCD insertions increased to 8.5%. It was perceived that awareness among the antenatal women had increased but the residents were hesitant in inserting PPIUCD even in women who were eligible and willing for PPIUCD insertion due to lack of confidence in insertion.	<u>Adapt</u> A need to train the residents posted in Labor room was realized.
PDSA 2 (11/03/20-17/03/20)	Training of residents working in the Obstetrics wards.	A training video of PPIUCD insertion technique was posted on the Whatsapp group and the residents were also informed of availability of hands-on training on Zoe's model in the dedicated Skill Lab at the facility during working hours to enhance their skills for PPIUCD insertion.	At the end of 2 weeks, there was an increase in the PPIUCD insertions to 11% but the lone counsellor found it difficult to do the counselling daily as she was entrusted with other responsibilities of the department as well.	<u>Adapt</u> There was need to identify and train more Health Care Workers (HCWs) for counseling
PDSA 3 (18/03/20-31/03/20)	Task Shifting Train additional available staff for FFPC	A Multi-Tasking Staff (MTS) posted in family planning was given training for PPIUCD counselling by the team leader and her services were utilized for daily FFPC of admitted antenatal women along with the FP counsellor	The data analysed at the end of 4 th weeks showed an improvement in PPIUCD insertion rate to 20%.	<u>Adopt</u> The same interventions were continued. Subsequently, data collection was done after 2 weeks i.e. at 1 ½ months which registered a decline in the PPIUCD insertion rate to 15.5% from 20%. The reasons of the fall were analysed, and the residents reported

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				<p>a problem of shortage of sterile Kelly's forceps (required for PPIUCD insertion in labour rooms) and IUCDs during emergency hours.</p> <p>It was realised that availability of adequate number IUCDs and sterile instruments is important to ensure PPIUCD insertion in all counselled women.</p>
PDSA 4 (15/04/20-30/04/20)	To ensure availability of IUCDs and sterile Kelly's forceps.	A discussion was held with the sister in charges of labour rooms and they were requested to maintain a buffer stock of at least 25 IUCDs and add more Kelly's forceps to those already available and maintain an uninterrupted supply.	At the end of another 2 weeks, the PPIUCD insertion rate fell further from 15.5% to 12.5%. It was found that the FP counsellor had proceeded on a long leave and the MTS cum counsellor was shifted out of the FP department which led to disruption of daily FFPC.	<p><u>Adapt</u></p> <p>It was realized that in view of frequent leaves and shifting of duties of the 2 counselors, a consistent alternative force needs to be identified for FFPC in the absence of the counsellors.</p>
PDSA 5 (1/05/20-31/05/20)	To identify additional and consistent workforce for daily uninterrupted FFPC	The interns and residents working in the department of Family Planning were involved for daily FFPC and the consultant in charge of Family Planning was entrusted with the responsibility of ensuring that daily FFPC of antenatal women is done. Further, the scope of counselling was expanded from antenatal women admitted for planned delivery to all antenatal women admitted in the facility.	At the end of 3 months, an improvement was observed in the PPIUCD insertion rate from 12.5% to 19.2%.	<p><u>Adopt</u></p> <p>The data was further followed monthly and a decline in the PPIUCD coverage rate to 15.4% was again observed at the end of the 4th month. Feedback received from the residents suggested a reduced interest of the residents posted in Labour rooms towards inserting PPIUCD. On analyzing the problem, it was found on some occasions the relatives of patients expressing displeasure over PPIUCD insertion in their patients which dissuaded the residents to insert PPIUCD.</p> <p>It was realised that to keep the</p>

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				momentum, periodic positive reinforcement by way of recognition and appreciation is required.
PDSA 6 (1/07/20-31/07/20)	To motivate the caregivers to keep the enthusiasm for PPIUCD insertions and prevent incidents of confrontation of residents with patient's relatives.	<ol style="list-style-type: none"> 1. A hands-on training program on contraceptive methods was organised involving all the residents and faculty members where those residents achieving the highest PPIUCD insertions were felicitated. The other residents were also appreciated for their active participation in the PPIUCD QI initiative. It was also decided that the PPIUCD coverage statistics will be presented in departmental monthly meetings and the best performers names will be announced and appreciated. 2. A policy of including one important member as per the desire of the woman (husband or mother in law) was adopted at the time of counseling. 	An increase in the PPIUCD insertion rate to 19% was observed at the end of the 5 th month.	<p><u>Adopt</u></p> <p>All the interventions were adopted and continued with regular sharing of data in monthly departmental statistics meetings</p>