

Thematic data analysis, paramedics

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Thematic Data Analysis, Paramedics Block and File Theme Rene Wilson

Theme 2 Jodie Keller Theme 3 Lorna Russo

Description

Theme 1

Name: Janina Campbell

Description

Major hospitals and smaller rural hospitals were covered in India, as also the provision of health education to mothers and families in rural areas.

A large city hospital, a smaller rural hospital and clinics in rural areas were covered in Vietnam, as also the provision of health education in the rural areas.

Large city hospitals, smaller hospitals and clinics in rural areas were covered in Vietnam. Breastfeeding classes and family planning was taken up in the rural areas.

Large city hospitals, smaller hospitals and clinics in rural areas were covered in Thailand. Health education for pregnant mothers and family visits were also done.

Emergency workers in India are efficient, even though they use outdated methods in the absence of modern equipment and technology. Emergency workers in India are hampered in services they render by the lack of sufficient equipment. Hospitals in India handling emergency cases are understaffed.

Emergency workers in Vietnam are well trained and skilful, though hygiene and sanitation skills are poor. In smaller hospitals, once the patient is stabilized, there is restricted provision of patient care. Scarce resources and understaffing are issues here, which have the potential to exacerbate the

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condition of patients during transportation for the required medical interventions.

Emergency health care workers are quick and efficient in providing emergency care. Emergency care services are handicapped due to the lack of adequate equipment. Emergency care nurses are capable of handling inebriated and uncooperative patients.

Emergency health care workers are quick and efficient in providing emergency care. Professional medical assistance is sought in case they are unable to control the condition of the patient.

In the rural areas of India, midwives constitute the main maternal service component for assistance during deliveries and postnatal care. The skills and efficiency of the midwives is commendable.

Normal delivery assistance was not experienced, but C-section delivery was. Mothers are not well-informed on infant care and post-natal self-care, presenting opportunities for education. Physical examination of infants was inadequate.

Nurses assist in deliveries, though there was greater predominance of midwives in the assistance for deliveries. Normal vaginal deliveries are taken care of by midwives and nurses. Obstetricians were called in only for complicated deliveries.

Normal per vagina deliveries were attended to by midwives. Caesarean sections were done by obstetricians assisted by nurses, mostly as observers.

The skills and efficiency of the midwives make them suitable for providing emergency maternal services in the rural areas, particularly in view of the limitations in moving emergency cases to the larger hospitals.

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Delivery experience of mothers from frequent pregnancies and good knowledge and experience of health care staff combine to provide good maternal care services in the rural areas. However, the lack of adequate hospital facilities for complicated deliveries is felt.

While emergency care services appear adequate in the cities, in rural areas emergency care services are likely to suffer from insufficient emergency service staff, equipment and ambulances.

While emergency care services appear adequate in the cities, in rural areas emergency care services are likely to suffer from inability to handle complicated deliveries, lack of adequate staff and equipment.

Poverty, poor family planning and sanitation and hygiene are the issues in the rural areas covered.

Lack of education and privacy for mothers and poor hygiene and sanitation are the key maternal care issues.

Lack of health education among families that include immunization programs for pregnant mothers and children are issues in rural areas.

Poor knowledge of infection control measures among parents and some of the emergency care staff are the key maternal care issues. .

Personal delivery skills are limited to normal deliveries, due to the lack of training in assisting complicated deliveries.

Personal lack of experience as a midwife, brings about a feeling of inadequacy in attending to complicated deliveries.

Normal delivery skills are present in me, but I lack skills for complicated deliveries.

Normal delivery skills are present in me, but I lack skills for complicated deliveries.

Inadequate equipment levels, limited staff, poor family planning, unsatisfactory hygiene and poor health education are barriers to emergency maternal health care delivery in the areas covered.

Unsatisfactory education of mothers and lack of resources are the barriers to emergency maternal health care delivery.

Inadequate transport service, poor health education and limited staff are the barriers to emergency maternal health care delivery.

Poor hygiene and health education and lack of adequate health resources are the barriers to emergency maternal health care delivery.