

## A Short Note on Quality Care for Women and Newborns

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In recent decades, the world has seen consequential declines in infant and maternal mortality rates. But women and babies still die in stumble numbers before, during and after childbirth. Most of these deaths can be turned away with better-quality health care. Worldwide, more curable deaths than estimated some millions happen from poor-quality health care than from absence of access to care. Especially for the most endangered, patient care is too often insufficient. Basic medicines and supplies; clean, well-equipped health facilities; and simple interventions like exclusive breastfeeding and skin-to-skin contact between parents and new-borns help lessen the risk of maternal and infant expiration. The capacity of health workers, including skilled birth attendants, to swiftly acknowledge danger signs around the time of transportation also saves lives.

Based on the current evidence on burden and impact, the following specific thematic areas have been recognised as high priority for this eyesight [1]. Essential childbirth care including labour monitoring and action and essential new-born protection at the birth and during the first week. Administration of pre-eclampsia, eclampsia and its difficulties, Management of postpartum hemorrhage, Management of hard labour by enabling safe and appropriate use of medical applied science during childbirth, New-born resuscitation, Management of preterm labour, birth and relevant care for preterm and small babies, Management of maternal and new-born contamination.

To end preventable maternal and infant morbidity and mortality, every pregnant woman and newborn require skilled care at birth with evidence-based application delivered in a humane, helpful environment. Good standard of care requires appropriate use of successful clinical and non-clinical interventions, strengthened health infrastructure and optimum skills and attitude of health providers, resulting in improved health consequences and positive experience of women and providers. Moreover, value of care is considered key individuals of the right to health, and the route to equity and dignity for women and children.

Providing high-quality antenatal, intrapartum and postnatal care must be essential to any quality enhancement procedure [2]. Human

rights norms, medical principles and technical standards encourage integration of these assistance, directly or through productive referral, as a fundamental components of the quality of care-1. The right to health is a fundamental human right that is central to accelerating deflections in maternal, neonatal and child mortality and morbidity and is the route to equity and safeguard of the dignity of women and children [3,4].

To be examining of good quality, healthcare must be effective, safe, people-centered, timely, equitable, integrated and coherent. Therefore, quality healthcare systems require being safe and productive, but also accountable and responsive. They need to listen to patients' voices to communities' needs and wants and answer to them. They need to treat people with dignity and respect, free from discrimination. And they need to ensure water, Sanitation, hand hygiene, electricity and misuse disposal so that health facilities are functional, reliable and safe.

The Safe Infant Sleeping Policy (the policy) promotes best secure infant napping practices by way of mandating schooling for body of workers and promoting the usage of key messages across the Western Australian health system regarding safe toddler snoozing practices. The mandatory coverage supersedes the WA Health Safe Infant Sleeping Policy and Framework Operational Directive (OD) 0474/thirteen and is relevant to Health Service Providers that provide maternity services and baby health offerings in addition to Contracted Health Entities that offer publicly funded maternity and child health services to the extent that this policy forms a part of their agreement.

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