



तत्यमेव जयते



Pradhan Mantri Surakshit Matritva Abhiyan

Maternal Health Division
Ministry of Health and Family Welfare
Government of India



भारत प्रताप शर्मा
सचिव
B.P. SHARMA
Secretary



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Government of India
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Ministry of Health & Family Welfare

MESSAGE

Reducing maternal mortality is one of the key goals of the National Health Mission. Significant investments have been made by Government of India to achieve this goal and consequently India has taken mammoth steps in the reduction of maternal mortality. In order to capitalize on this momentum it is important to direct our attention on the antenatal period and ensure that each and every pregnant woman receives complete and quality ANC so that women with high risk factors of pregnancy can be tracked and provided care at the appropriate facility.

Globally safe motherhood initiatives have been found to be an effective strategy for addressing the maternal health issues and ensuring high impact even in resource constrained settings. In line with this understanding, a fixed day antenatal care strategy has been designed to reach out to all pregnant women in the country on the 9th of every month. This is in addition to the routine ANC checkups being provided under the current programme. Active private sector involvement can make a large contribution to this aim and States/UTs are thus encouraged to enter into partnerships with the private sector organizations such as IMA/FOGSI etc. To ensure quality, it has been suggested that all these antenatal checkups must be provided by an Obstetrician/Medical officer.

All States must earnestly strive to make this initiative a huge success and implement this programme with the commitment that it demands. I am sure that this will provide States the momentum to further reduce their Maternal Mortality Ratio and contribute to saving over 44000 mothers every year.

(B.P. Sharma)



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PREFACE

The National Health Mission has brought in a considerable reduction in the Maternal Mortality Ratio of India and it is time to capitalize on the momentum. More than 78% women are now approaching health care institutions for deliveries. However, quality ante natal care continues to be an area of concern. Only 19.7% women across India receive full ANC. Providing quality antenatal care and ensuring identification and treatment of high risk factors during pregnancy can go a long way towards further accelerating the pace of decline.

In order to redirect the attention of States towards this critical element, the Government of India has decided to introduce the Pradhan Mantri Surakshit Matritva Abhiyan. Under the programme, fixed day quality antenatal checkups would be provided to all pregnant women in their 2nd or 3rd trimesters of pregnancy on the 9th day of every month. To strengthen identification and management of high risk factors during pregnancy, it is essential that these services are provided by an Obstetrician/Medical Officer and a complete package of services including an ultrasound is provided to each and every pregnant women.

The programme aims to ensure that every year over 3 crore pregnant women in the country receive care by a qualified medical practitioner and achieving this objective becomes easier when we join hands with the private sector and other government institutions such as railway hospitals, ESIC hospitals etc. States must thus enter into public-public and public-private partnerships to engage with all stakeholders. Medical Officers working in the private sector should be encouraged to volunteer free services once a month on the 9th of every month. A red/green sticker indicating the high risk identification status of pregnant women should be added to the MCP card to enable follow up and appropriate management.

I strongly believe that operationalizing this programme in its entirety will trigger a substantial decline in maternal and infant morbidity and mortality and I hope all States give due attention to its rapid roll out.


(C.K.Mishra)

New Delhi
June 27, 2016

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Foreword

Good Health is the fundamental right of all human beings and every woman is entitled to have an access to quality healthcare services and enjoy the highest attainable standard of health and well-being. With this vision, Government of India has decided to launch the Pradhan Mantri Surakshit Matritva Abhiyan for bringing safe motherhood initiatives to forefront.

The Pradhan Mantri Surakshit Matritva Abhiyan is to be organized on the 9th day of every month. It is a fixed day strategy, during which a range of quality antenatal care services are envisaged to be provided to women in their 2nd / 3rd trimesters of pregnancy by a doctor/ Obstetrician. PMSMA will help in providing quality ANC including complete set of investigations including ultrasound for each pregnant woman. This would help in timely detection, referral, treatment and follow-up of high risk pregnancies and women having other co-morbid conditions. While 9th of every month will be organized as a special day, it is reiterated that the existing routine antenatal care services will continue to be delivered at all the facilities as scheduled in their respective micro-plans. Birth planning is to be ensured for each and every pregnancy.

MoHFW has formulated operational guidelines for effective implementation of this initiative. These guidelines have been prepared in consultation with the experts in maternal health and are based on the previous experiences of implementation of the public health campaigns in India. An intensive community awareness and demand generation campaign is to be launched simultaneously so that every mother is aware of her right to receive quality maternal health services and has access to facilities providing these services. I request all the program managers to gear up their facilities with all the prerequisites i.e. trained staff, medicines, diagnostic facilities, referrals and ensure full participation of all the staff and the community during this day.

I am confident that State and district program managers would make appropriate use of these guidelines for successful planning and organization of the campaign.

A handwritten signature in black ink, appearing to read "Vg".
(Vandana Gurnani)



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Program Officer's Message

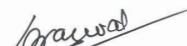
Improving survival of mothers and children and prevention of maternal and child mortality and morbidity are central to the achievement of Sustainable Development Goals as well as the goals under the National Health Mission (NHM). With the implementation of Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK), significant progress has been noted in the maternal health care service indicators like institutional deliveries and Antenatal Care (ANC) coverage.

In continuation of these efforts for accelerating progress towards achieving SDGs, Ministry of Health and Family Welfare has put together guidelines for organizing the 'Pradhan Mantri Surakshit Matritva Abhiyan'. The document provides detailed strategies for operationalizing the campaign including roles and responsibilities of different health care providers, package of services which will be provided during the campaign as well as reporting arrangements.

The implementation guidelines are a result of a series of discussions and have been prepared under the guidance of Shri. C.K Mishra, Additional Secretary and Mission Director, National Health Mission, Ms. Vandana Gurnani, Joint Secretary (RCH), Dr. Rakesh Kumar and former Joint Secretary (RCH) of the Ministry of Health and Family Welfare. Public Health experts and representatives from the Development Partners have also contributed to this initiative.

Dr. Veena Dhawan, Assistant Commissioner, Maternal Health has been a constant source of energy and support and I must acknowledge her motivated efforts. Contributions of JSI, especially, Dr. Sudhir Maknikar, and of Jhepigo, especially Dr. Somesh Kumar and Dr. Vikas Yadav, for technical support and in making the publication possible, deserves a special mention. Last but not the least, I would like to sincerely acknowledge the passionate efforts and contribution of the consultants in the Maternal Health Division namely Dr. Salima Bhatia, Dr. Rajeev Agarwal, Dr. Tarun Singh Sodha and Ms. Jenita Khwairakpam.

I sincerely believe that the guidelines will help and guide the Mission Directors, Program Managers and Service Providers to focus their efforts in successfully implementing the Pradhan Mantri Surakshit Matritva Abhiyan and bringing in desired health outcomes in the coming days.


(DR. Dinesh Baswal)

Healthy Village, Healthy Nation



एहस — जानकारी ही बचाव है
Talking about AIDS is taking care of each other

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| Introduction |

As India strives towards achieving the Sustainable Development Goals (SDGs) and looks ahead to the post-2015 era, progress in reducing maternal mortality becomes an important frontier. Every pregnancy is special and every pregnant woman must receive special care. Any pregnant woman can develop life-threatening complications with little or no advance warning, so all pregnant women need access to quality antenatal services to detect and prevent life-threatening complications during childbirth.

India has made considerable progress over the years in the sector of health, which was further accelerated under the National Health Mission (NHM) that has improved the availability and access to quality health care by people, especially for the poor women and children residing in rural areas. As per the policy, NNM has offered flexibility to states and districts to design and implement local and context specific innovations across the spectrum of health services ranging from service delivery projects to community demand generation programs.

Janani Suraksha Yojana (JSY), a demand promotion scheme involves conditional cash transfer to pregnant women coming into the institutional fold for delivery. It promotes timely Ante Natal Care (ANC), institutional delivery and Post Natal Care (PNC). However, expenses were incurred by the beneficiaries on drugs, diagnostics, transport etc. which was a barrier in accessing quality services.

Janani Shishu Suraksha Karyakram (JSSK) that entitles all pregnant women with free treatment, drug, diagnostics, diet and transport was then launched under the umbrella of NRHM to minimize the indirect costs to the pregnant women and thereby improve accessibility of care during ANC, PNC and Institutional delivery.

With the implementation of these schemes, significant progress was observed in the maternal health care service indicators like institutional deliveries and Ante Natal Care (ANC) coverage within a short span of time. In 2007-08, India had 47% institutional deliveries (DLHS 3). However, as per latest data of the Rapid Survey on Children (2013-14) (RSOC), the institutional deliveries in India are 78.7%. Inspite of this massive increase in the number of pregnant women coming to institutions for delivery, till date only 61.8% women receive first ANC in first trimester (RSOC) and the coverage of full ANC (provision of 100 IFA tablets, 2 tetanus toxoid injections and minimum 3 ANC visits) is as low as 19.7% (RSOC). Despite availability of treatment guidelines, mechanisms for monitoring and supportive supervision, regular training of health care providers at different levels across the country and the existence of outreach platforms like Village Health and Nutrition Day (VHND), the desired coverage and quality of maternal health services are still a matter of concern. Even with improved access to maternal health care services, MMR still remains high at 167/ 100000 live births. Timely detection of risk factor during pregnancy and childbirth can prevent deaths due to preventable causes. This can only be possible if the complete range of the required services is accessed by the pregnant women.

With the objective to provide adequate, appropriate and quality ANC to every pregnant woman, the Government of India has decided to launch the “Pradhan Mantri Surakshit Matritva Abhiyan” (PMSMA), a fixed day ANC service given every month across the country. This is to be given in addition to the routine ANC at the health facility.

The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is thus being introduced to ensure quality Antenatal care to over 3 crore pregnant women in the country. Under the campaign, a minimum package of antenatal care services would be provided to the beneficiaries on the 9th day of every month at the Pradhan Mantri Surakshit Matritva Clinics to ensure that every pregnant woman receives at least one checkup in the 2nd or 3rd trimester of pregnancy by a doctor. If the 9th day of the month is a Sunday/ a holiday, then the Clinic should be organized on the next working day.

About Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

Pradhan Mantri Surakshit Matritva Abhiyan envisages to improve the quality and coverage of Antenatal Care (ANC), Diagnostics and Counselling services as part of the Reproductive Maternal Neonatal Child and Adolescent Health (RMNCH+A) Strategy.

Following are the objectives of the program:

- Ensure care provision by a physician/specialist in at least one ante-natal visit in the second or third trimester.
- Improve the quality of care provision during ante-natal visits. This includes ensuring provision of the following services:
 - All applicable diagnostic services
 - Screening for the applicable clinical conditions
 - Appropriate management of any existing clinical condition like Anemia, Pregnancy induced hypertension, Gestational Diabetes etc.
 - Proper counseling services
 - Proper documentation of services rendered
- Offer additional opportunity to pregnant women who have missed their ante-natal visits due to any reason.
- Identification and line-listing of high risk pregnancies based on obstetric/ medical history and existing clinical conditions. Appropriate birth planning and complication readiness for each pregnant women especially those identify with any risk factor or comorbid condition.
- Special emphasis on early diagnosis, adequate and appropriate management of women with malnutrition conditions like Anemia, will be provided during these clinics. Special focus will also be given to adolescent and early pregnancies, as these pregnancies need extra and specialized care.

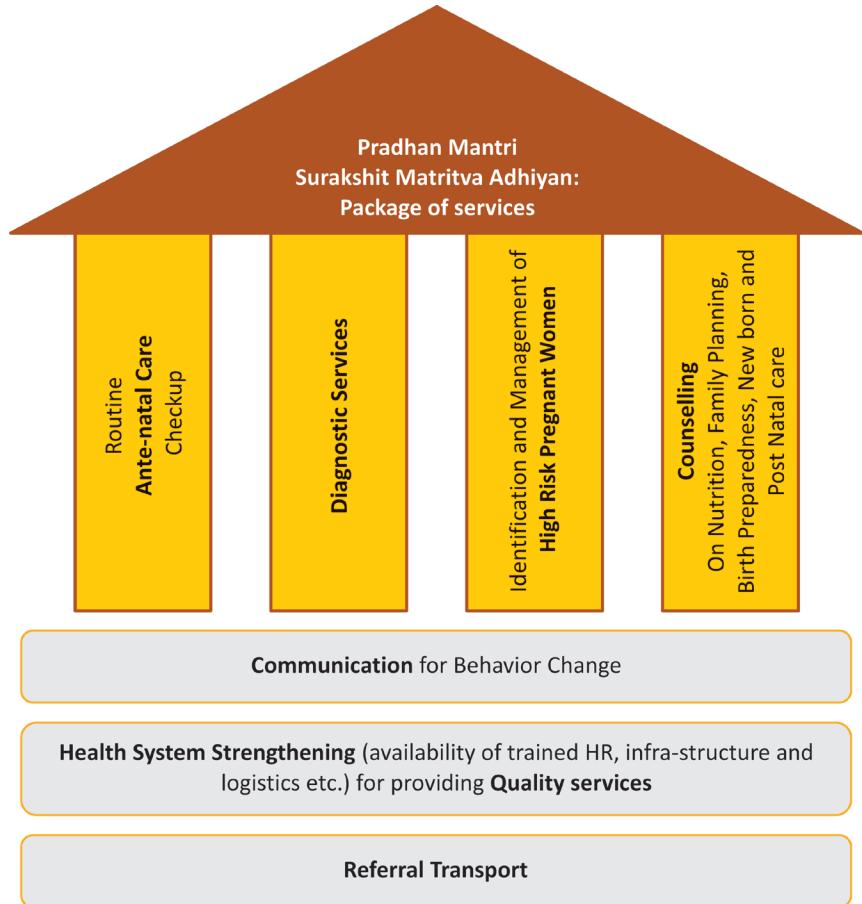
After extensive deliberations with National experts, it has been suggested that PMSMA will be held on **9th of every month**, wherein all the essential maternal health services will be provided at identified public health facilities (as per the level of facility and guidelines mentioned in M NH Toolkit) as well as accredited private clinics and institutions volunteering for the Pradhan Mantri Surakshit Matritva Abhiyan. **Essentially, these services will be provided by the Medical**

Officer and OBGY specialist. Facilities where such trained manpower is not available, services from Private Practitioners (OBGY) on a voluntary basis are to be arranged. PMSMA will help in providing quality ANC & also detection, referral, treatment and follow-up of high risk pregnancies and women having complications.

It is recommended that irrespective of number of ante-natal care visits attended by pregnant women, they should attend at least one additional ante-natal care clinic conducted as a part of PMSMA, during their second or third trimester. The idea is to ensure universal accessibility to full, appropriate and quality ante-natal care, including preventive, diagnostic, screening and treatment, at least once during the second or third trimester, to all pregnant women.

During this campaign, trained service providers and ASHA will focus their efforts to identify and reach out to pregnant women who have not registered for ANC (left out/missed ANC) and also those who have registered but not availed ANC services (dropout) as well as High Risk pregnant women. It will also be ensured that not only all pregnant women complete their scheduled ANC visits but also undertake all essential investigation. While 9th of every month will be organized as a special day, it is reiterated that the existing, routine and planned services such as ANC, PNC etc. will continue to be delivered at all the facilities as scheduled in their respective micro-plans.

One of the key focus areas during Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is to generate demand through Information Education & Communication (IEC), Inter-personal Communication (IPC) and Behavior Change Communication (BCC) activities. Extensive use of audio-visual and print media in raising mass awareness will be an integral part of IEC/BCC campaign. Auxiliary Nurse Midwife (ANM), ASHA and Anganwadi Worker (AWW) would play a pivotal role in mobilization of the community and potential beneficiaries in both rural and urban areas for availing of services during the PMSMA.



Target Beneficiaries: The program aims to reach out to all Pregnant Women who are in the 2nd or 3rd Trimesters of pregnancy.

Strategies for Operationalization

A. Planning for implementation of PMSMA

1. Formation of Planning and Execution committees at National, State and District level.

Adequate planning and proper implementation is crucial to the success of this initiative. Traditionally, the ante-natal care provision at public health facilities has been plagued by issues of non-availability of all diagnostic services at the service delivery platform, sub-optimal availability of adequate and appropriate trained human resources at the point of care and lack of mechanisms for forward and backward linkages for women identified with clinical conditions which pre-disposes her to risks of complications during pregnancy and childbirth. PMSMA is an initiative which is aimed at addressing these issues during provision of ante-natal care, with immediate effect. **Therefore it is imperative for the health system to guarantee the provision of complete and quality ante-natal care to each and every pregnant women attending these specially organized ante-natal clinics.** Since the full range of ante-natal care services include all diagnostics, preventive and curative services, planning for ensuring availability of all logistics, commodities, equipments, drugs as well as trained physicians will be critical for ensuring the successful implementation of this program and hence the need for meticulous planning for these services.

- A National Level committee comprising of Program Managers from the Maternal Health Division, Ministry of Health and Family Welfare (MoHFW), Government of India (GoI) will be formed to provide an overarching support to the States in implementation of the PMSMA. The committee will be headed by Joint Secretary, RMNCH+A.
- Similarly, State level and District level committees comprising of Program Managers/ State RCH Officers from NHM, Department of Health & Family Welfare will be formed to guide the execution of this campaign. Representatives from the Federation of Obstetric and Gynecological Societies of India (FOGSI), Indian Medical Association (IMA) as well as NGOs working in maternal health having strong community presence can also be part of the committee. These organizations can support in

publicizing the campaign as well as making the services of Specialist Doctors available on a voluntary basis. The committee at the state level will be headed by the Mission Director, NHM and by Civil Surgeon/ Chief Medical Officer at the District level. State and District level nodal person will be identified and nominated for execution of the PMSMA. Development Partners can play a pivotal role in coordinating with different stakeholders and provide continuous programmatic guidance through monitoring and supportive supervision activities.

2. Identification and Mapping of Facilities/Clinics (both Public and Private Sector) where services under PMSMA will be delivered.

a. Public Health Facilities

Rural Areas	Urban Areas
Primary Health Centers	Urban Dispensaries
Community Health Centers	Urban Health Posts
Rural Hospitals	Maternity Homes
Sub-District Hospital	
District Hospital	
Medical College Hospital	

b. Private Institutions and Clinics

- All the private facilities and institutions volunteering to provide the services for the PMSMA should be identified.
- These facilities need to be mapped, empaneled and line listed.
- Any private doctor especially Obstetrician and Gynecologist willing to volunteer their services at the public health facilities should also be identified and empaneled.
- State/ District should maintain the line list of all the institutions and individual practitioners empaneled for the program.

The above mentioned facilities should fulfill the below listed essential and desirable pre-requisites to provide quality maternal health services during PMSMA.

Pre-requisites for Facilities organizing Pradhan Mantri Surakshit Matritva Abhiyan

<ul style="list-style-type: none"> ● Essential <ul style="list-style-type: none"> ▪ Human Resources <ul style="list-style-type: none"> ◆ ANM/GNM ◆ BEmOC trained Medical Officer ◆ Lab Technician ◆ Pharmacist ◆ ANM/SN/ trained in counselling ● USG: Sonologist/Radiologist for USG (In house or from private sector) ● Lab Investigations <ul style="list-style-type: none"> ▪ Hemoglobin ▪ Urine Albumin and Sugar ▪ Malaria ▪ VDRL, HIV, Blood Sugar ▪ Blood Grouping ▪ Screening for GDM using OGTT ● Drugs <ul style="list-style-type: none"> ▪ Inj. T.T. ▪ Tab Iron Folic Acid ▪ Tab Folic Acid (400 micro gram) ▪ Antibiotics: Ampicillin, Gentamicin, Metronidazole, Amoxicillin, Trimethoprim & Sulphamethoxazole, Inj Dexamethasone ▪ Tab Paracetamol ▪ Tab Cal 500 mg & Vit D3 ▪ Tab Albendazole ▪ Tab Methyldopa ▪ Capsule & Tab-Nifedipine ▪ Tab Digoxin IP ▪ Tab & Inj Labetalol ▪ Uterotonics (Inj. Oxytocin & Tab Misoprostol) ▪ Inj. MgSO4 ▪ Erythromycin ▪ Chloroquine/Quinine/ACT 	<ul style="list-style-type: none"> ● Desirable <ul style="list-style-type: none"> ▪ Human Resources <ul style="list-style-type: none"> ◆ SBA Trained ANM/GNM ◆ Obstetrician and Gynecologist (In house or from private sector)/ CEmOC trained Medical Officer ◆ RMNCHA counsellor ▪ Lab investigations <ul style="list-style-type: none"> ◆ Rh incompatibility
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3. Planning of BCC and IEC activities to create awareness among the beneficiaries and service providers for implementation of PMSMA.

Community participation is a key factor for success of any public health program. Unique, segmented and effective IEC and BCC strategy would play a crucial role in creating awareness and demand generation among the masses for utilizing the services provided during PMSMA. State and District Communication Nodal Person should develop state specific IEC/BCC strategy and plan. Separate IEC/BCC strategies should be developed to cover the unreached beneficiaries. The key message to be given should be simple, catchy and effective in connecting the masses with the program. This comprehensive plan should include:

Mass Media

- Television (TV Spots, Video Spots, Cinema Slides, Talk Shows, Live-Phone-in Programs, Serials) speaking about PMSMA, Services offered, reach etc.
- Radio (AIR, FM) (Talk Shows, Phone-Ins, Spots, Sponsored programs).

Print Media

- The program is to be advertised in various local newspapers including Hindi and English newspapers at regular intervals.
- Advertisement and publicity through magazine, Posters, Flip books, Handbills, stickers.
- Banners, Posters and Hoardings to be displayed at the identified facilities, important roads, intersections and important markets.

Brand Ambassador

Bollywood or sports celebrity could be involved for creating awareness on the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA).

Outdoor Media

- Hoardings
- Wall Paintings in village
- Kiosk/ scrolling messages regarding the services being displayed at facility level

Folk Media

- Street plays like Nukkad Natak
- Mela Festivals- Tribal haats/ Village Haats

Interpersonal

ANMs, ASHAs and AWWs would also play a pivotal role in mobilization of the community and potential beneficiaries in both rural and urban areas for availing services during the PMSMA.

- ASHAs are the best resource for motivating pregnant women for accessing the services during PMSMA since she is a direct link between the community & health facilities.
- By the 5th day of every month ANMs/ ASHAs would identify and line list all pregnant women in 2nd or 3rd trimester of pregnancy in their area.
- Meetings by AWWs, ASHAs and ANMs with pregnant women during their visit for Village Health and Nutrition Day as well as for collecting Take Home Ration from Aanganwadi centres.
- Members from VHSNC/RKS/PRI to be involved in identifying and orienting pregnant women and sensitization of members of the community on PMSMA.
- Meetings with Mother Support Groups, Self Help Groups.
- Involving Faith Based Organizations and religious leaders to spread message/awareness.

4. Estimation of the logistic requirement

Availability of following logistics needs to be ensured at all the facilities

- MCP cards, Safe Motherhood booklet and different coloured stickers (refer page 15: Section on services under PMSMA for an understanding of the concept of stickers)
- Drugs like Tab IFA, Tab Calcium, Inj. T.T, deworming tablets, Antibiotics, Uterotonics, Mag Sulf inj etc.
- Diagnostic kits for testing of Hemoglobin, urine for sugar and protein, blood sugar, blood grouping, RH incompatibility as well as Malaria kit, VDRL kit etc.
- Instruments like functional weighing machine, Thermometer, BP apparatus, stethoscope etc.
- ANC registers, referral Slips, Counselling cum Training Tool for health workers and counsellors
- High risk pregnancy registers

Adequate estimation of the required logistics needs to be made. States/districts should compile the requirements and procure these well in advance, as per the state procurement policies and supply it to the facilities. Facility in-charge should identify nodal person for ensuring the availability of these logistics well in advance before the PMSMA.

5. Capacity building of the health care providers on the service package to be provided during the PMSMA.

Training and orientation of all the staff involved in the PMSMA is essential and an important component of the program. The one day training program should focus on details of the service package to be provided, planning, logistic arrangements, and implementation of the PMSMA. The training program should essentially cover the following topics:

- Operational guidelines on PMSMA
- Roles and Responsibilities
- Micro-planning
- Services to be rendered during ANC
- Counselling to focus on danger signs, nutrition, birth preparedness, family planning, breastfeeding, complementary feeding etc.

Apart from government health staff, officials from concerned departments, other stakeholders and development partners as well as professional associations could also be involved in the training program.

6. Budget

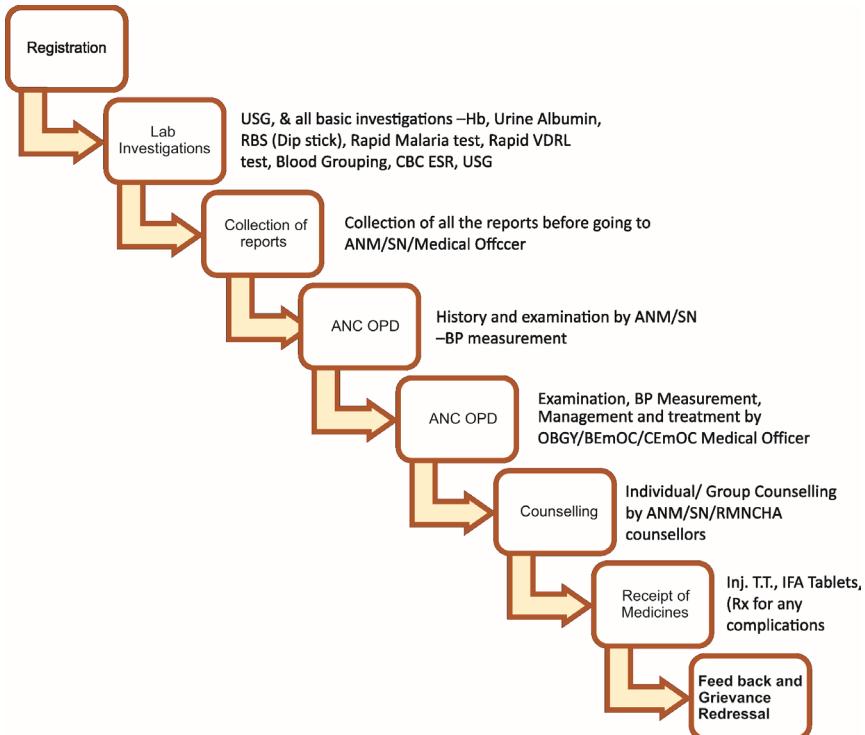
All pregnant women are entitled to free ANC check-ups under the JSSK and there would thus be no additional financial implication for this activity. PMSMA would be organized from the existing budget sanctioned under NHM since budget for carrying safe motherhood activities have already been sanctioned under JSSK. If needed, funds could be mobilized from Rogi Kalyan Samities and untied funds for any add on activity or for ensuring availability of drugs, consumables etc. in case of stock- out at the facility level. States may use funds from IEC budget sanctioned under NHM for IEC campaigns. States may also propose for ASHA incentives for mobilizing women to PMSMA.

B. Implementation of PMSMA in Public Health Facilities

Preparedness of the facilities to provide services during PMSMA:

- Medical Officers / Facility In- charge to ensure that all the logistics required are in place and available at the facilities in adequate quantity.
- Roles & responsibilities to be fixed for the Medical Officer, Lady Health Visitor, Auxiliary Nurse Midwife, Staff Nurse and ASHA for this campaign.
- All the health staff to be present in the facility.
- Cleanliness of the facilities including the toilets to be maintained.
- Proper and adequate seating arrangement in the waiting areas to be ensured.
- Provision of clean drinking water to be ensured.
- IEC materials to be displayed in prominent places like at the entrance of the facilities, passages, waiting areas, in the examination rooms, PNC wards etc. Waiting rooms can have televisions running important health messages.
- Dedicated rooms for different activities need to be identified & labelled for checkup, counselling, investigations and dispensing of medicines at each of the health facilities.
- Adequate privacy to be maintained in the examination room.
- All staff to maintain a polite and supportive behavior with the beneficiaries.
- Any public health facility utilizing the service of Private Practitioner (Obstetrician), should ensure communication to her/him in advance. Empanelment of such voluntary Practitioner should be done prior to the PMSMA and information communicated to district and state level.
- State RMNCH+A lead partners should be involved in implementation of the programme in areas such as developing an IEC campaign, supportive supervision etc.

Movement of the beneficiaries during the PMSMA



Provision of services during PMSMA

All the beneficiaries visiting the Facility should first be registered in a separate register for PMSMA. After registration, ANM & SN to ensure that all basic laboratory investigations are done before the beneficiary is examined by the OBGY/Medical Officer. The report of the investigations should ideally be handed over within an hour and before the beneficiaries are meeting the doctors for further checkups. This will ensure identification of High Risk status (like anemia, gestational diabetes, hypertension, infection etc.) at the time of examination and further advice. In certain cases, where additional investigations are required, beneficiaries should be advised to get those investigations done and share the report during next PMSMA or during her routine ANC check-up visit. Following are details of specific services which will be provided during PMSMA:

Routine Examination and Care*

A detailed history of all the beneficiaries needs to be taken and then examined and assessed for any danger signs, complications or any high risk status.

Screening for Complications and Comorbidities

- Blood Pressure, per abdominal examination and examination for fetal heart sounds should be done for all the beneficiaries coming for ANC check-up.
- If a woman visiting a public health facility requires a specific investigation, sample should be collected at the facility itself and transported to the appropriate centre for testing. ANM/ MPW should be responsible for transporting the collected sample, conveying the results to the pregnant women and appropriate follow up.
- One ultrasound is recommended for all pregnant women during the 2nd/ 3rd trimester of pregnancy. If required, USG services may be made available in a PPP mode and expenditure booked under JSSK if services are not available at the facility. **PC and PNNDT rules and guidelines must be adhered to while providing USG services.**
- After examination by ANM/Staff Nurse, Medical Officer is to also examine and attend to every beneficiary attending PMSMA.

Preventive Care for Important Conditions (Anemia, PIH malaria etc)

- Filling out the MCP cards at these clinics should be mandatory and a sticker indicating the condition and risk factor of the pregnant women should be added onto MCP card for each visit:
 - Green Sticker – for women with no risk factor detected
 - Red Sticker – for women with high risk factors
- All identified high risk pregnancies once identified need to be treated. If those services are not available at the health facility for management, then patient should be referred to higher facilities. JSSK help desks that have been set up at these facilities should be responsible for guiding the referred women once they reach the facilities. MCP cards and Safe Motherhood booklet to be issued to all beneficiaries.

Management of Complications and Comorbidities

All identified High Risk women including those with complications to be managed and treated by OBGY/CEmOC/BEmOC Specialist. If needed, such cases should be referred to higher level facilities and a referral slip with probable diagnosis and treatment given should be mentioned on the slip.

*Refer to page 29– Standards for Provision of Complete & Quality Ante-Natal Care

Counselling

Before leaving the facility every pregnant women to be counselled, may be individually or in groups, on nutrition, rest, safe sex, safety, birth preparedness, identification of danger signs, institutional delivery and Post-partum Family Planning (PPFP). Counselling session to focus on the following topics:

- Care during pregnancy
- Nutrition
- Danger signs during pregnancy
- Birth preparedness & Complication readiness.
- Care of Breast during pregnancy and lactation
- Family Planning
- Importance of nutrition including iron-folic acid consumption and calcium supplementation
- Rest
- Safe sex
- Institutional delivery
- Identification of referral transport
- Entitlements under Janani Suraksha Yojana (JSY)
- Entitlements and service guarantee under Janani Shishu Suraksha Karyakram (JSSK)
- Post-natal care
- Breastfeeding and complementary feeding

Those pregnant women with unwanted pregnancies need to be provided with safe abortion care services after proper counselling.

Referral Transport Mechanism for High risk women: During PMSMA, 108/102 / State owned ambulances/Private empanelled ambulances can also be used for referring those cases identified as high risk.

C. Public Private Partnerships for Implementation of PMSMA

- Besides above, any other private health facility who volunteers for giving free services on the designated day can be empaneled and can render the designated basket of ANC/PNC services at their own facilities.
- Private health facility who volunteers for giving free services on the designated day will ensure logistics from their own resources.
- Identified High Risk pregnant women during the ANC shall be referred to government health facilities on a referral slip.
- As outlined in the above section, States can also engage services of Obstetricians who volunteers for providing PMSMA services at public health facilities.

D. Reporting system of the activities implemented during the PMSMA

Monitoring is the corner-stone of the success of any programme. A simple monitoring format would be developed by the Ministry and shared with State Governments. For the initial six months it would be mandatory for States to intensely monitor the roll out of the programme. State Governments in partnership with the RMNCH+A partners would assign one State level monitor per district. The monitor would reach the district on the 8th day of the month to oversee the preparation in the districts and on the 9th day the monitor would visit 4-5 Health Facilities to oversee the implementation. Similarly for the initial 3 months, National level monitors would be identified to monitor the programme and visit districts to oversee the preparation and the implementation.

Maintaining of line listing of beneficiaries

ASHAs should be asked to maintain a line list of beneficiaries who would utilize the services during the PMSMA. Compilation of the information from this format will be of use to Facility In-charge/district nodal persons for estimation of beneficiaries and logistic requirement.

Reporting of the services provided during the PMSMA

ANM to compile the information of the services provided during the PMSMA and submit to facility incharge who in turn would submit the same to the district authorities. States must compile the reports submitted by the districts and submit it to MoHFW within one week of the conduction of PMSMA as per the format shared and also enclosed in the annex.

Analysis of the services provided during the PMSMA

The information received from the districts should be analyzed intensively at the State. For example, States must determine the number of pregnant women detected with hypertension, gestational diabetes, anemia etc to analyze the common factors leading to complications during pregnancies across the State. The information must be further segregated to determine the division/ area wise common factors so that area specific interventions can be designed.

E. Roles and Responsibilities of Service Providers

- **District CMO/CS/DHO/CMHO**
 - To nominate a nodal officer for PMSMA who will be responsible for execution of the PMSMA in the district.
 - To nominate an IEC/BCC nodal person for execution of the awareness campaign in the district.
- **District Nodal Officer for PMSMA**
 - To ensure that every facility is provided with a medical officer
 - To identify the facilities where PMSMA will be organized based on the criteria/pre-requisites as mentioned in the above section.
 - To conduct orientation and training of all the staff on the operationalization of PMSMA
 - To coordinate with District Program Manager and supply chain management team in providing all the logistics required by the facilities for organizing PMSMA.
 - To coordinate with District IEC/BCC nodal person for implementation of mass awareness campaigns in the district.
 - To plan and execute supportive supervision activities
 - To facilitate empanelment and mapping of private specialist doctors volunteering to offer services during PMSMA. Coordinate with Facility In- charge for their deployment

- **District IEC/BCC nodal person**

- To plan and execute mass community awareness campaign during every PMSMA
- To ensure distribution of IEC materials to the facilities.

- **Facility In- charge**

Facility In-charge will be the nodal person for planning and execution of the PMSMA in their facility

- To ensure that all the staff in their facility are oriented and trained on the services to be provided and operationalization of PMSMA
- To conduct meetings with other departments i.e. ICDS, PRI, Local NGOs to sensitize and create awareness on the PMSMA
- Ensure all the IEC materials are distributed to Sub-centers, ASHA and also displayed at strategic location in the villages, towns and in their facilities
- Regularly estimate the requirement of logistics (medicines, equipment's, lab reagents, reporting records and registers etc.) and ensure its availability during the PMSMA
- Assign duties and responsibilities to all staff and ensure their presence for smooth organization of the PMSMA
- Plan for mobilizing a Specialist (OBGY/CEmOC/BEmOC) from higher centers or a private Obstetrician (voluntarily) to provide quality services to the high risk women.
- Coordinate with District nodal officer for PMSMA for empanelment of private doctors and their deputation to the facilities.

- **ANM**

ANMs posted at Sub-centers have a crucial role in creating awareness regarding the PMSMA.

- During outreach Routine Immunization sessions and VHND sessions, ANM to educate the community on the special monthly drive on PMSMA. She will also distribute leaflets and pamphlet.
- She will organize mother's meetings with support from ASHA, Anganwadi Worker (AWW) and local community, 1 week prior to PMSMA
- She will coordinate with ASHA and AWW in identification and motivation of missed out and left out beneficiaries to receive services during PMSMA
- She will estimate and provide the number of expected beneficiaries from her Sub-center area to the Facility In-charge where PMSMA will be organized.

ANMs/SNs/LHVs posted at the facilities play a key role in providing services during the PMSMA

- Coordinate with Facility In-charge for implementation of PMSMA in the facility.
- Coordinate for ensuring availability of all the logistics required
- Arrange for collection of the reports
- To conduct ANC clinic on the PMSMA
- To identify and arrange for referral of High Risk Pregnant women
- To conduct counselling sessions for all the beneficiaries attending PMSMA
- To compile all the reports and submit it to district through Facility In-charge.
- To ensure that high risk cases once identified, visit the OBGY.

● **ASHA**

ASHA has a key role in creating awareness among the beneficiaries on the PMSMA

- ASHA will maintain the line list of all the beneficiaries
- Through her home visits or through meetings with pregnant women, she will create awareness on the importance of regular health checkups during ANC period including PMSMA and also after delivery i.e. during PNC period.

- She will identify the missed out cases i.e. those pregnant women who have not registered and had not received any antenatal care services.
- She will identify left out pregnant women i.e. those pregnant women who after registering or receiving 1st ANC checkup, have not received at least two more ANC checkups.
- Mobilize beneficiaries to facilities to avail services during PMSMA
- She will also ensure that those high risk pregnant women who have been referred to higher level center during the previous PMSMA, visit the higher center for management and treatment of the complications.
- She will also motivate them for institutional deliveries.
- She will also ensure they visit to doctors.

Conclusion

If each and every pregnant woman in India is examined by a Medical officer and appropriately investigated at least once during the PMSMA. This can play a critical and crucial role in reducing the number of maternal deaths in our country. Implemented well, it can prove to be a game changer and a sturdy stepping stone for achievement of the sustainable development goals.

Monthly Reporting Format – Pradhan Mantri Surakshit Matritva Abhiyan

Name of State:						
Month & Year:						
Reported By:						
	Data elements (Number of Pregnant Women)	Number of P.W who received care in rural areas under NHM	Number of P.W who received care in urban areas under NHM	Number of P.W who received care in Private Health Facilities	Total	Remarks
1.	2nd/ 3rd trimesters of pregnancy Line-listed by ANM/ ASHA					No. of P.W. line listed for PMSMA
2.	Received Antenatal care					During current round
a.	Received 1st ANC					Out of total who received ANC
b.	Received 2nd ANC					Out of total who received ANC
c.	Received 3rd ANC					Out of total who received ANC
d.	Received 4 or more ANCs					Out of total who received ANC
3.	Out of total who received ANC, those who have already received ANC in previous rounds of PMSMA					This is subset of point 2 and is not applicable for 1st round of PMSMA
4.	Registered on MCTS					All P.W must be reg- istered on MCTS and issued MCP card
5.	Issued MCP card and Safe Motherhood Booklet					

S.No.	Data elements (Number of Pregnant Women)	Number of PW who received care in rural areas under NHM	Number of PW who received care in urban areas under NHM	Number of PW who received care in urban areas under NHM	Number of PW who received care in Private Health Facilities	Total	Remarks
6.	Weight checked						During current round
7.	Blood pressure recorded						During current round
8.	Abdominal examination						During current round
9.	Haemoglobin checked						Investigations
10.	Blood Sugar checked						During current round
11.	Blood Sugar already checked during previous ANC visits						
12.	Urine examination						During current round
13.	Tested for HIV						During current round
14.	Already been tested for HIV during previous ANC visits						
15.	Tested for syphilis						During current round
16.	Already been tested for syphilis during previous ANC visits						
17.	Ultrasound conducted						During current round

S.No.	Data elements (Number of Pregnant Women)	Number of PW who received care in rural areas under NHM	Number of PW who received care in urban areas under NHM	Number of PW who received care in Private Health Facilities	Total	Remarks
18.	Ultrasound already conducted during previous ANC visits					
Medicines provided to Pregnant Women						
19.	Distributed IFA during					During current round
20.	Distributed Calcium supplementation					During current round
21.	Received/completed Tetanus Toxoid dose					During current round
Identification of High Risk factors						
a.	Identified with anaemia					
b.	Identified with severe anaemia					
c.	Identified with pregnancy induced hypertension					
d.	Identified with diabetes					
e.	Identified with HIV					
f.	Identified with syphilis					
g.	Identified with hypothyroidism					
h.	Cephalopelvic disproportion					
i.	Any other ultrasound abnormalities					
j.	Identified with any other high risk factor					

S.No.	Data elements (Number of Pregnant Women)	Number of PW who received care in rural areas under NHM	Number of PW who received care in urban areas under NHM	Number of PW who received care in Private Health Facilities	Total	Remarks
22.	Total Number of high risk pregnancies identified					Total of a) to h) above
23.	PW with high risk factors referred for further treatment					
24.	PW with high risk factors treated					
25.	Counselled on Birth Preparedness and complication readiness					

PMSMA Monthly Reporting Format for Submission to GoI

Name of State: _____

Month & Year: _____ Date of Reporting: _____ Reported By: _____

Service Delivery during PMSMA*

S.No.	Data elements (Number of Pregnant Women)	Number of PW who received care in rural areas under NHM	Number of PW who received care in urban areas under NHM	Number of PW who received care in Private Health Facilities	Total	Remarks
1.	2nd/ 3rd trimesters of pregnancy line-listed by ANM/ ASHA					No. of PW line listed for PMSMA
2.	Received Antenatal care					During current round
2a.	Received 1st ANC					Out of total who received ANC
3.	Out of total who received ANC, those who have already received ANC in previous rounds of PMSMA					This is subset of point 2
4.	Haemoglobin checked					During current round
5.	Ultrasound conducted					During current round
5a.	Identified with anaemia					
5b.	Identified with severe anaemia					
5c.	Identified with pregnancy induced hypertension					
5d.	Identified with diabetes					
5e.	Identified with HIV/ Syphilis					
5f.	Cephalopelvic Disproportion					
5g.	Any other ultrasound abnormalities					
5h.	Identified with any other high risk factor					
6.	Total Number of high risk pregnancies identified					Total of 5a) to 5h) above
7.	PW with high risk factors referred for further treatment					
8.	PW with high risk factors treated					

*Each and every facility conducting PMSMA must submit this format to the district level authorities who must compile this and each district in turn must submit this to the State for final compilation and submission to GoI

S. No.	Process Indicators*	Data elements		Facilities in rural areas	Facilities in urban areas
1.	Number of districts where current round of PMSMA was conducted				
2.	Number of health facilities where current round of PMSMA was conducted				
a.	Medical Colleges				
b.	DH				
c.	SDH				
d.	CHC/ UCHC/ maternity homes				
e.	PHC/ UPHC				
f.	Private Clinics				
Total					

* This form must be filled by block followed by district level followed by State level and then submitted to GoI

Standards for Provision of Complete & Quality Ante-Natal Care

Standard 1

Provider conducts an appropriate and adequate assessment of clinical condition of pregnant woman and fetus in all ANC visits

- A. Establishes gestational age
- B. Takes appropriate history (medical, surgical, obstetric and personal) and performs general and systemic examination
- C. Records weight of pregnant woman during all ANC visits
- D. Conducts abdominal examination Records fetal heart rate (FHR)
- E. Performs PV examination during 4th ANC visit (37 weeks or more) to check for pelvic adequacy

Standard 2

Provider screens for key clinical conditions that may lead to complications during pregnancy

- A. Testing facilities/linkage to testing facilities are available
- B. Screen for anemia
- C. Screen for hypertensive disorders of pregnancy
- D. Screen for DM (as per relevant national guidelines)
- E. Screen for HIV
- F. Screen for bacteriuria
- G. Screen for syphilis
- H. Screen for malaria
- I. Establishes blood group and Rh type during first ANC visit

Standard 3

Provider ensures adequate preventive care for key clinical conditions which can lead to complications in pregnancy

- A. Ensures adequate preventive care for anemia
- B. Ensures adequate preventive care for neonatal tetanus
- C. Ensures adequate preventive care for pre-eclampsia/eclampsia
- D. Ensures adequate preventive care for malaria

Standard 4

Provider performs adequate management of anemia

- A. Performs adequate management of anemia

Standard 5

Provider performs adequate management of hypertensive disorders of pregnancy

- A. Confirms hypertension and identifies pregnant woman with severe PE/E
- B. Manages hypertension using recommended anti-hypertensives
- C. Give correct first dose of MgSO₄ and refers to higher center if further management is not available
- D. If management facility is available, gives correct regimen of injection MgSO₄ for prevention and management of convulsions
- E. Ensures specialist attention for care of pregnant woman and newborn

Standard 6 (not applicable for ANC-only facility)

Provider performs adequate management of Gestational Diabetes Mellitus (GDM)

- A. Initiates MNT in all diagnosed GDM cases
- B. Initiates insulin therapy if required
- C. Initiates fetal surveillance
- D. Ensures specialist attention for care of pregnant woman and newborn during labor

Standard 7

Provider performs adequate management of HIV in pregnant woman

- A. Appropriately manages HIV seropositive cases (If ART center)
- B. Appropriately manages HIV seropositive cases (If not ART center)
- C. Counsels for adherence to life-long ART

Standard 8 (not applicable for ANC-only facility)

Provider performs adequate management of syphilis

- A. Appropriately manages syphilis in pregnant woman
- B. Facilitates testing and treatment of spouse/partner

Standard 9 (not applicable for ANC-only facility)

Provider performs adequate management of malaria in pregnancy

- A. Diagnoses malaria in pregnancy
- B. Manages malaria during 2nd or 3rd trimester

Standard 10

Provider identifies and manages bleeding during pregnancy

- A. Identifies bleeding during pregnancy
- B. Manages bleeding during pregnancy

Standard 11

Provider manages threatened preterm labor

- A. Identifies threatened preterm birth (PTB)
- B. Essential medicines for managing PTB are available
- C. Appropriately manages conditions leading to PTB (For GA 24 - 37 weeks)
- D. Ensures interventions to facilitate fetal maturity and protection if GA is <34 weeks
- E. Ensures heightened monitoring and care (GA between 34 - 37 weeks)
- F. Prepares for specialist care for newborn

Standard 12

Provider counsels pregnant woman on care during pregnancy

- A. Shares a written schedule of ANC visits with the pregnant woman
- B. Counsels pregnant woman and her husband/partner/companion on Birth Preparedness and Complication Readiness (BPCR) at least during last trimester
- C. Counsels pregnant woman and her husband/partner/companion on importance of lifestyle modification
- D. Counsels pregnant woman and her husband/partner/companion on importance of optimal newborn care at least during last trimester
- E. Counsels pregnant woman and her husband/partner/companion on postpartum family planning in all ANC visits

Standard 13

The facility adheres to universal infection prevention protocols

- A. Instruments and re-usable items are adequately and appropriately processed after each use
- B. Biomedical waste is segregated and disposed of as per the guidelines
- C. Performs hand hygiene before and after each procedure, and sterile gloves are worn during delivery and internal examination

**Maternal Health Division
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