

***Pradhan
Mantri
Surakshit
Matritva
Abhiyan***

MATERNAL HEALTH DIVISION

**MINISTRY OF HEALTH &
FAMILY WELFARE**



C.K. Mishra

Additional Secretary &
Mission Director, NHM
Telefax : 23061066, 23063809
E-mail : asmd-mohfw@nic.in



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI - 110011

DO. No. M.12015/8/2016-MCH
Dated the 18th April, 2016

Dear Principal Secretary,

As you are aware, reduction of Maternal Mortality is one of the prime objectives of the National Health Mission, and India has made considerable progress on this front over the past 10 years. With the implementation of schemes such as JSY and JSSK, institutional deliveries have increased to 78.7% (RSOC 2013-14). However, 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 the first trimester (RSOC) and the coverage of 'full ANC' is as low as 19.7% (RSOC).

In view of this, the Ministry has decided to provide at least one antenatal checkup of pregnant woman by a doctor/ gynecologist, during 2nd or 3rd trimester of pregnancy, on the 9th day of every month. The purpose of this ANC by a doctor is to ensure that no high risk pregnancy goes undetected. However, the three ANC checkups being conducted by ANMs/ staff nurses will continue as per the laid guidelines. The initiative has been christened Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) and aims to cover over 3 crore pregnant women in the country. Under the initiative, a minimum package of antenatal care services would be provided to the beneficiaries at the PHC/ CHC/ SDH/ DH levels.

Essentially, these services are to be provided by the Medical Officer and OBGY specialists. At health facilities where such trained manpower is not available, services from private practitioners (OBGY) are to be arranged. Filling out the MCP cards at these clinics would be mandatory and a sticker indicating the condition and risk factor of the pregnant women would be added onto MCP card e.g.: red sticker for women with anemia, blue sticker for women with pregnancy induced hypertension etc. We should encourage private doctors available in the area to provide free services and help in these camps. Accordingly, the facility in-charge needs to reach out to these doctors and jointly organize such camps.

The package for services to be provided during the antenatal care visit and the detailed contours of the programme have been defined in the attached Guidance Note. PMSMA will help the states in providing quality ANC and also detection, referral, treatment and follow up of high risk pregnancies to all pregnant women.

I urge all states/ UTs to take this initiative forward with a missionary zeal and seek their commitment in making it an exemplary success.

With regards,

Yours sincerely,


(C.K. Mishra)

Principal Secretary (H&FW) of all States and UTs



C.K. Mishra

Additional Secretary &
Mission Director, NHM
Telefax : 23061066, 23063809
E-mail : asmd-mohfw@nic.in



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI - 110011

DO. No. M.12015/8/2016-MCH
Dated the 18th April, 2016

As you are aware, reduction of Maternal Mortality is one of the prime objectives of the National Health Mission, and India has made considerable progress on this front over the past 10 years. With the implementation of schemes such as JSY and JSSK, institutional deliveries have increased to 78.7% (RSOC 2013-14). However, 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 the first trimester (RSOC) and the coverage of 'full ANC' is as low as 19.7% (RSOC).

In view of this, the Ministry has decided to provide at least one antenatal checkup of pregnant woman by a doctor/ gynecologist, during 2nd or 3rd trimester of pregnancy, on the 9th day of every month. The purpose of this ANC by a doctor is to ensure that no high risk pregnancy goes undetected. However, the three ANC checkups being conducted by ANMs/ staff nurses will continue as per the laid guidelines. The initiative has been christened Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) and aims to cover over 3 crore pregnant women in the country. Under the initiative, a minimum package of antenatal care services would be provided to the beneficiaries at the PHC/ CHC/ SDH/ DH levels.

Essentially, these services are to be provided by the Medical Officer and OBGY specialists. At health facilities where such trained manpower is not available, services from private practitioners (OBGY) are to be arranged. Filling out the MCP cards at these clinics would be mandatory and a sticker indicating the condition and risk factor of the pregnant women would be added onto MCP card e.g.: red sticker for women with anemia, blue sticker for women with pregnancy induced hypertension etc. We should encourage private doctors available in the area to provide free services and help in these camps. Accordingly, the facility in-charge needs to reach out to these doctors and jointly organize such camps.

The package for services to be provided during the antenatal care visit and the detailed contours of the programme have been defined in the attached Guidance Note. PMSMA will help the states in providing quality ANC and also detection, referral, treatment and follow up of high risk pregnancies to all pregnant women.

I urge all states/ UTs to take this initiative forward with a missionary zeal and seek their commitment in making it an exemplary success.

Yours sincerely,

Sd/-

(C.K. Mishra)

Principal Secretary (H&FW) of all States and UTs

Copy to:

Mission Directors (NHM) of all States and UTs


(C.K. Mishra)

List of Contributors

1. Mr. C.K Mishra, Additional Secretary & Mission Director (NHM), MoHFW
2. Ms. Vandana Gurnani, Joint Secretary (RCH), MOHFW
3. Dr. Rakesh Kumar, Joint Secretary (RCH), MoHFW (former)
4. Dr. Dinesh Baswal, Deputy Commissioner In-charge (Maternal Health), MoHFW
5. Dr. Veena Dhawan, Assistant Commissioner (Maternal Health), MoHFW
6. Dr. Rajeev Agrawal, Senior Management Consultant, Maternal Health, MoHFW
7. Dr. Salima Bhatia, Senior Consultant (Maternal Health), MoHFW
8. Dr. Tarun Singh Sodha, Consultant (Maternal Health), MoHFW
9. Ms. Jenita Khwairakpam, Consultant (Maternal Health), MoHFW
10. Dr. Sanjay Kapur, Managing Director Programs, JSI
11. Dr. Sudhir Maknikar, Senior Technical Advisor, JSI
12. Dr. Vikas Yadav, Associate Director – MNH, Jhpiego

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 of and access to quality health care by people, especially for the poor women and children residing in rural areas. As per the policy, NHM 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 of incentives to pregnant women coming into the institutional fold for delivery. It ensures 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 platform of NRHM to 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), the institutional deliveries in India are 78.7%. In spite 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 is still a matter of concern. Maternal mortality with MMR of 167 per 1,00,000 live births still remains high even with improved access to maternal health care services. 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 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 s given every month across the country. This is to be given in addition of the routine ANC at the health facility.

The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is thus being introduced to ensure quality Antenatal 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 and 3rd trimester of pregnancy. If the 9th day of the month is a Sunday/ a holiday, then the Clinic should be organized on the next working day.

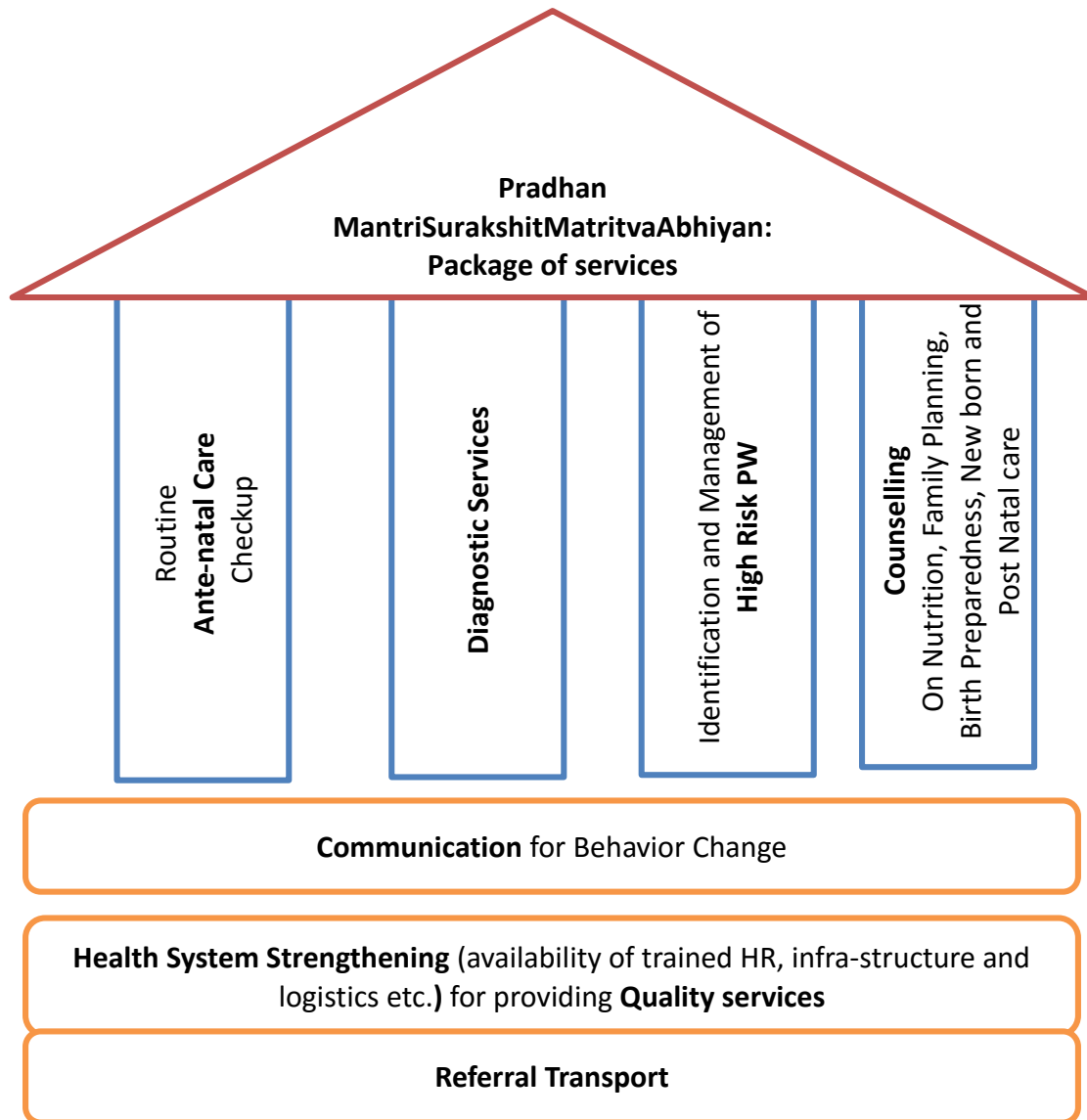
About Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

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. 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 MNH 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 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.

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 & 3rd Trimesters of pregnancy.

Strategies for Operationalization

A) Planning for implementation of Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

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

- 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 form 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 Pradhan Mantri Surakshit Matritva Abhiyan(PMSMA) will be implemented.

a. Public Health Facilities to be implementing this campaign

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 Pradhan Mantri Surakshit Matritva Abhiyan (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 Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA).

Pre -requisites for Facilities organizing Pradhan Mantri Surakshit Matritva Abhivan

• Essential

- Human Resources
 - 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
 - Hemoglobin
 - Urine Albumin and Sugar Blood Sugar (Dipstick)
 - Malaria
 - VDRL, HIV, Blood Sugar
 - Blood Grouping
- Drugs
 - Inj. T.T.
 - Iron Folic Acid tablets
 - Folic Acid (400 micro gram)
 - Antibiotics: Ampicillin, Metronidazole, Amoxicillin, Trimethoprim & Sulphamethoxazole, Inj Dexamethasone
 - Paracetamol, Chloroquin
 - Folic acid 400 microgm
 - Tab Cal 500 mg & Vit D3
 - Tab Albendazole
 - Tab Methyldopa
 - Tab & Inj Labetalol
 -

• Desirable

- Human Resources
 - SBA Trained ANM/GNM
 - Obstetrician and Gynecologist (In house or from private sector)/ CEmOC trained Medical Officer
 - RMNCHA counsellor
- Lab investigations
 - Fasting and Post Prandial Blood Sugar
 - HIV (Pre and Post)
 - Rh incompatibility

3) Planning of BCC and IEC activities to create awareness among the beneficiaries and service providers for implementation of Pradhan Mantri Surakshit Matritva Abhiyan(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 to include:

Mass Media –

Television (TV Spots, Video Spots, Cinema Slides, Talk Shows, Live-Phone-in Programs, Serials) speaking about Pradhan Mantri Surakshit Matritva Abhiyan(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 of services during the Pradhan Mantri Surakshit Matritva Abhiyan(PMSMA).

- ASHAs are the best resource for motivating pregnant women for accessing the services during Pradhan Mantri Surakshit Matritva Abhiyan(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 and 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 VHSC/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 and different colored stickers (refer section on services under PMSMA for an understanding of the concept of stickers)
- Drugs like, IFA Tab, Calcium Tab, 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 Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA).

5) Capacity building of the health care providers on the service package to be provided during the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA).

Training and orientation of all the staff involved in the Pradhan Mantri Surakshit Matritva Abhiyan (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 skills of counselling as well as counselling on danger signs, nutrition, birth preparedness, 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. Pradhan Mantri Surakshit Matritva Abhiyan (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.

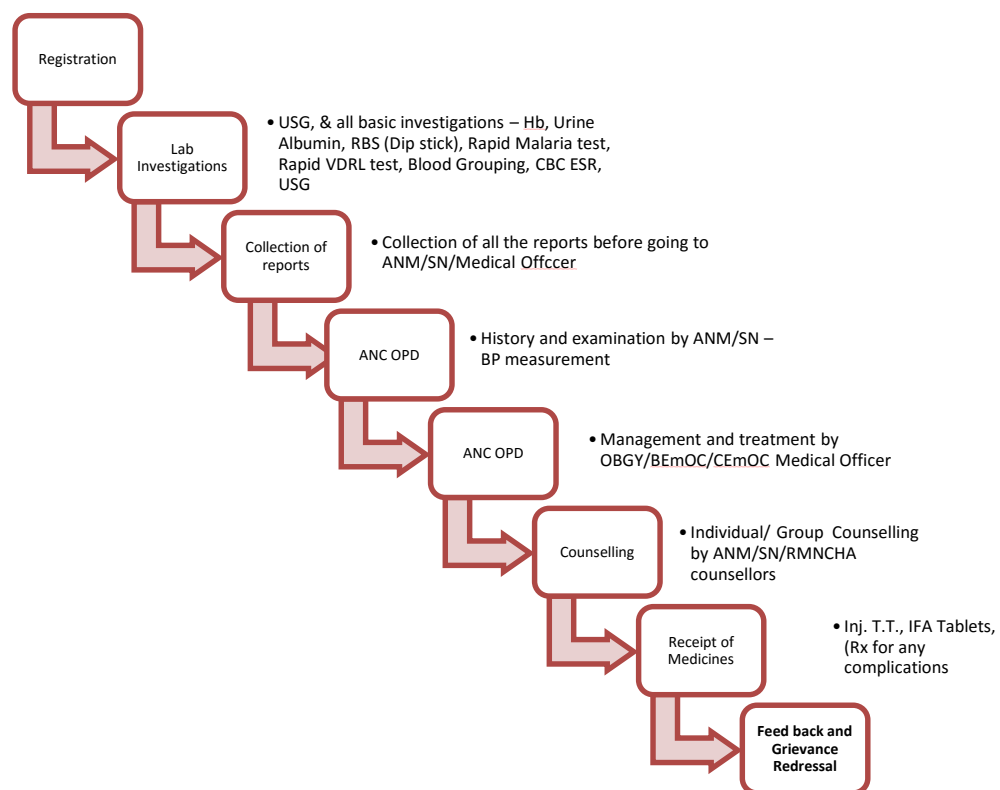
B) Implementation of Pradhan Mantri Surakshit Matritva Abhiyan(PMSMA)in Public Health Facilities:

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 in 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 (Gynecologist), 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 Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

All the beneficiaries visiting the Facility should first be registered in a separate register for Pradhan Mantri Surakshit Matritva Abhiyan (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 Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA):

- 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.
- 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.
- After examination by ANM/Staff Nurse, Medical Officer to also examine and attend to every beneficiary attending PMSMA.
- All identified high risk pregnancies should be referred to higher facilities and 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 to be issued to all beneficiaries.
- 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.
- 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.
- 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).
- 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 pregnancy
 - Blue – for women with Pregnancy Induced Hypertension
 - Yellow – pregnancy with co-morbid conditions such as diabetes, hypothyroidism, STIs

Counselling session to focus on the following topics:

- Care during pregnancy.
- Danger signs during pregnancy.
- Birth preparedness & Complication readiness. contact details to be used in case of need
- 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 Pradhan Mantri Surakshit Matritva Abhiyan (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 Gynaecologists/ Obstetricians 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 PHCs 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 15 days of the conduction of PMSMA.

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 provides 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 deputation.
- **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 the 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 Gynecologist (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 SMD.

- During outreach Routine Immunization sessions and VHND sessions, ANM to educate the community on the special monthly drive on safe motherhood. She will distribute leaflets and pamphlets on PMSMA.
- 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.

- **ASHA:**

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

- ASHA will maintain the line listing 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 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, visits the higher center for management and treatment of the complications.
- She will also motivate them for institutional deliveries.

Conclusion

If each and every pregnant woman in India is examined by a Medical officer and appropriately investigated at least once during the PMSMA, the Abiyan 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.

ANC Register

Year SN	Month SN	Client Detail	Age and Obstetric History	Details of the current pregnancy	Condition of Mother	Fetal Condition	Investigations	Details of interventions	Counselling	Postpartum Family planning	Addition Info./ Follow up details
1	2	3	4	5	6	7	8	9	10	13	14
		Registration No. _____ Name _____ Husband's/Fathers/ Guardians Name _____ Address _____ _____ Mobile No. _____ Religion _____ Education _____	Age (in Years) _____ LMP/EDD _____ Gravida/ _____ Parity _____ Abortion _____ Living children _____ Previous LSCS (Y/N) _____ Other previous complications: _____ _____	Date _____ Time _____ Gestational age _____ weeks Number of ANC visits completed till date _____ Any history of complications in current pregnancy? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify: _____ _____ _____	BP _____ Temp _____ Proteinuria _____ Abdominal examination: (according to gestational age) Fundal height _____ Lie _____ Presentation _____ PV Examination: (36-38 weeks or if indicated only) CPD Yes <input type="checkbox"/> No <input type="checkbox"/>	Fetal Heart Rate _____ / min Fetal movements present? Yes <input type="checkbox"/> No <input type="checkbox"/> Twin Pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/>	Blood Group _____ Hemoglobin _____ Urine R/M _____ HIV: _____ VDRL: _____ HBsAg: _____ Blood sugar (2 hrs after 75 gm glucose) _____ _____ Malaria: _____ USG: _____	IFA Yes <input type="checkbox"/> No <input type="checkbox"/> Calcium supplementation: Yes <input type="checkbox"/> No <input type="checkbox"/> Tetanus Toxoid Yes <input type="checkbox"/> No <input type="checkbox"/> TT dose complete <input type="checkbox"/> Treatment of any diagnosed clinical condition _____ _____ _____ Malaria: _____ USG: _____	Birth Preparedness and Complication readiness Yes <input type="checkbox"/> No <input type="checkbox"/> Lifestyle: Yes <input type="checkbox"/> No <input type="checkbox"/> Nutrition: Yes <input type="checkbox"/> No <input type="checkbox"/> Postpartum Family Planning Yes <input type="checkbox"/> No <input type="checkbox"/> Newborn care and breast feeding Yes <input type="checkbox"/> No <input type="checkbox"/>	Method chosen: LAM <input type="checkbox"/> Condoms <input type="checkbox"/> Injectable <input type="checkbox"/> PPIUCD <input type="checkbox"/> Male Sterilization <input type="checkbox"/> PPS <input type="checkbox"/> Others <input type="checkbox"/>	Signature of LR I/C

Year SN	Month SN	Client Detail	Age and Obstetric History	Details of the current pregnancy	Condition of Mother	Fetal Condition	Investigations	Details of interventions	Counselling	Postpartum Family planning	Addition Info./ Follow up details
1	2	3	4	5	6	7	8	9	10	13	14
		Registration No. _____ Name _____ Husband's/Fathers/ Guardians Name _____ Address _____ _____ Mobile No. _____ Religion _____ Education _____	Age (in Years) _____ LMP/EDD _____ Gravida/ _____ Parity _____ Abortion _____ Living children _____ Previous LSCS (Y/N) _____ Other previous complications: _____ _____	Date _____ Time _____ Gestational age _____ weeks Number of ANC visits completed till date _____ Any history of complications in current pregnancy? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify: _____ _____	BP _____ Temp _____ Proteinuria _____ Abdominal examination: (according to gestational age) Fundal height _____ Lie _____ Presentation _____ PV Examination: (36-38 weeks or if indicated only) CPD Yes <input type="checkbox"/> No <input type="checkbox"/>	Fetal Heart Rate _____ / min Fetal movements present? Yes <input type="checkbox"/> No <input type="checkbox"/> Twin Pregnancy Yes <input type="checkbox"/> No <input type="checkbox"/>	Blood Group _____ Hemoglobin _____ Urine R/M _____ HIV: _____ VDRL: _____ HBsAg: _____ Blood sugar (2 hrs after 75 gm glucose) _____ Malaria: _____ USG: _____	IFA Yes <input type="checkbox"/> No <input type="checkbox"/> Calcium supplementation: Yes <input type="checkbox"/> No <input type="checkbox"/> Tetanus Toxoid Yes <input type="checkbox"/> No <input type="checkbox"/> TT dose complete <input type="checkbox"/> Treatment of any diagnosed clinical condition _____ _____	Birth Preparedness and Complication readiness Yes <input type="checkbox"/> No <input type="checkbox"/> Lifestyle: Yes <input type="checkbox"/> No <input type="checkbox"/> Nutrition: Yes <input type="checkbox"/> No <input type="checkbox"/> Postpartum Family Planning Yes <input type="checkbox"/> No <input type="checkbox"/>	Method chosen: LAM <input type="checkbox"/> Condoms <input type="checkbox"/> Injectable <input type="checkbox"/> PPIUCD <input type="checkbox"/> Male Sterilization <input type="checkbox"/> PPS <input type="checkbox"/> Others <input type="checkbox"/>	Signature of LR I/C

Monthly Reporting Format - ANC

State:

District:

Facility:

Month & Year:

Date of Reporting:

Reported By:

S.No.	Data elements	Numbers in Reporting month
1	Number of pregnant women receiving Antenatal care during a month at facility	
2	Number of pregnant women whose gestational age was established during ANC visit	
3	Number of pregnant women who had their Blood pressure recorded during ANC visit	
4	Number of pregnant women who had their temperature recorded during ANC visit	
5	Number of pregnant women who had Foetal Heart Rate recorded during ANC visit	
6	Number of pregnant women whose are tested for HIV during ANC visit	
7	Number of pregnant women who have been screened for Gestational Diabetes mellitus	
8	Number of pregnant women who are tested for syphilis	
10	Number of pregnant women who have been distributed IFA during ANC visit	
11	Number of pregnant women who have been prescribed Calcium supplementation during ANC visit	
12	Number of pregnant women who have received/completed Tetanus Toxoid dose during ANC visit	
13	Number of pregnant women who have ben counselled on Birth Preparedness and complication readiness	
14	Number of pregnant women who have been counselled on post-partum family planning	
15	Number of pregnant women who have history/present with any complications in current pregnancy	