सत्यमेव जयते

MATERNAL HEALTH

Guidance Booklet for Community Health Officers (CHOs)

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

Maternal Health Division
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Ministry of Health & Family Welfare

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INTRODUCTION

Under the National Health Mission (NHM), India has made concerted efforts to increase access to quality maternal and new-born health services and reduce the numerically large number of preventable maternal, neonatal and infant deaths.

In a significant achievement, Maternal Mortality Ratio (MMR) of India has declined by 10 points as per the Special Bulletin on MMR released by the Registrar General of India. The ratio has declined from 113 in 2016-18 to 103 in 2017-19 (8.8 % decline). With this persistent decline, India is on the verge of achieving National Health Policy (NHP) target of 100/lakh live births by 2020 and is poised to track to achieve the SDG target of 70/ lakh live births by 2030. The number of states which have achieved the Sustainable Development Goal (SDG) target has now increased from 5 to 7 viz. Kerala (30), Maharashtra (38), Telangana (56), Tamil Nadu (58), Andhra Pradesh (58), Jharkhand (61), and Gujarat (70). Nine (9) States have achieved the target of MMR set by the NHP which include the above 7 and the States of Karnataka (83) and Haryana (96).

KEY STRATEGIES FOR ACCELERATING THE PACE OF DECLINE IN MMR

Government of India has undertaken following key initiatives to reduce maternal deaths under the NHM:

1. **Janani Suraksha Yojana (JSY)** to create demand for services and increase institutional deliveries.
2. **Janani Shishu Suraksha Karyakram (JSSK)** to eliminate out-of-pocket expenses.
3. **Establishment of delivery Points**, 24X7 PHCs, FRUs, MCH wings, Obs. HDU/ICU, Referral transport, VHSND, Birth Waiting Homes by systems strengthening to improve access and availability.
4. **Skilled birth attendants' (SBA) training,** Dakshata and Daksh, BEmONC, & RTI/STI trainings for skill building.
5. **Institutionalising CEmONC and LSAS trainings** to augment human resource.
6. **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** to detect and manage high risk pregnancies.
7. **LaQshya** certification for facility level quality assurance and imparting respectful maternity care.
8. **Maternal Death Surveillance and Response (MDSR)** to utilise data for meaningful action.
9. **Surakshit Matritva Aashwasan (SUMAN)** for assurance of service provision.
10. **Midwifery Initiative** to institutionalise a new cadre to promote physiological birthing.

A CHO is a trained health worker and is designated to be the in-charge of the health and wellness centre. Thus, service provision becomes one of the key areas of her/his activity. Service provision is divided into facility level and community level.

1 FACILITY LEVEL SERVICE PROVISION

Routine OPD

CHOs should ensure that all the OPD services are provided to the pregnant women visiting the OPDs on a daily basis.

VHSND

CHOs should facilitate organization of VHSND in the SHC-HWC with provision of full range of services.

Services to be provided for pregnant women at VHSND:

- All pregnant women are to be registered.
- Registered pregnant women to be given ANC.
- Dropout pregnant women eligible for ANC are to be tracked and given services.
- Screening and referral, ensuring confidentiality (HIV).

Service provision in Labour Room and during Delivery

- At places where the HWCs are delivery points, the CHOs will conduct normal delivery of the pregnant woman only after undergoing **SBA training**. CHOs may also undergo DAKSHATA and DAKSH training to enhance their skills.
- All the identified **high risk pregnant women** should be referred to higher centre and follow up visits to be ensured.

- CHOs will ensure that the labour room is **standardised** as per the maternal health guidelines and all the logistics and drugs as needed in the labour room are present.
- **Partograph** should be plotted and active management of third stage of labour should be done for all delivery cases.
- All the complications of delivery cases like PPH, eclampsia etc. to be stabilized and then referred to appropriate higher centres where the care for that health condition is available.
- Support baby to undertake breast crawl and **initiate breastfeeding**. CHOs should support the mother and provide confidence to initiate early and on demand breast feeding for the baby.
- CHOs should be able to carry out **emergency initial resuscitation** for the baby if required and appropriate referral to a higher centre.
- **Counselling** and **provision of family planning** services as per the couple's choice should be offered soon after delivery.

2 COMMUNITY LEVEL SERVICE PROVISION

Field level (village level) service provision forms one of the core components of the work to be done by CHOs. This activity will ensure that quality care is brought nearest to the community. The following activities are to be conducted by CHOs in the field.

Village Health, Sanitation and Nutrition Days (VHSND)

- VHSND plan is made so as to cover all geographical pockets in the jurisdiction of health and wellness centre including hilly, tribal, underserved, and hard to reach areas.

- Ensure **service provision** in VHSNDs, especially at hard to reach and underserved areas or areas with poor ANC registration and high home deliveries including outreach camps.

Services provided in VHSND:

Services	Actions
Antenatal care	• All pregnant women are to be **registered** » Registered pregnant women to be given ANC. » Dropout pregnant women eligible for ANC are to be tracked and given services.
Immunization	• All PW are to be given **Td as per schedule** • All eligible children are to be given vaccines as per immunization schedule » All dropout children who do not receive vaccines as per the scheduled doses are to be vaccinated. » Vitamin A solution is to be administered to under-five children.
Nutrition	• All under-six children are to be weighed every month and their height to be recorded every quarter, and data to be entered in CAS application and plotted on MCP card simultaneously by AWW. • **Underweight and wasted children are to be identified and managed appropriately**. Identified SAM children with medical complications to be referred to the NRC or health facility with paediatric care facilities. All under-six children to be provided supplementary nutrition.
Family Planning Services	• All **eligible couples** are to be given condoms, Combined Oral Contraceptives (COCs), Centchroman (Chhaya), Emergency Contraceptives Pills (ECP) as per their choice and referrals to be made for other contraceptive services.
HBV, Syphilis and HIV	• **Screening** using POC kits and referral where required, ensuring confidentiality.

3 SUPERVISORY ROLE

The CHOs shall supervise all the work done by his/her team including ANM and ASHA with regards to maternal health program.

3.1 Supervisor of ANM

- Early diagnosis of pregnancy using **Nischay Kits.**
- **Registratio**n of all the pregnant women in the first trimester of pregnancy.
- Ensuring **four** antenatal care checks in VHSND.
- Provide -**Iron and Folic acid tablets** and **calcium** tablets to all normal and anemic (mild and moderate) pregnant women as per their haemoglobin level.
- Provide **Td** immunization to all pregnant women.
- **Test** all pregnant women for urine (albumin and sugar), haemoglobin, syphilis, HIV and blood grouping.
- **Counselling** for care during pregnancy including information about nutritional requirements.
- Identifying **high risk pregnancies** and their appropriate referral.
- Support in **birth planning** and **birth preparedness** including birth companion of choice.
- Maintaining the **RCH register** and ensuring data entry in RCH portal.
- Documenting **bank accounts** of all pregnant women for benefits under JSY and DBT transfers.
- Ensuring PNC home visits for delivered women (Institutional Delivery) on 3rd, 7th,14th, 21st, 28th and 42nd Day (6 Visits) and in case of Home Delivery follow up to be done on 1st, 3rd, 7th, 14th, 21st, 28th and 42nd Day (7 Visits).
- Support and **hand hold ANM** in supervision of ASHA.

3.2 Supervisor and Mentor of ASHA

- CHOs shall act as a **resource person** for training of ASHAs.
- **Guide the ASHAs** in mobilization of beneficiaries for VHND.
- Motivate and guide ASHAs for taking the pregnant women for check-up at PMSMA clinics and to delivery points during labour.
- Motivate and Guide ASHAs for ensuring adherence of pregnant women for consumption of IFA and Calcium supplementations during pregnancy.

4 REFERRAL LINKAGES

4.1 Up referral with PHC, CHC, DH/MC

4.1.1 Pradhan Mantri Surakshit Matritwa Abhiyaan (PMSMA)

4.1.1.1 CHOs should ensure that all pregnant women in second and third trimester should compulsorily **attend at least one PMSMA clinic**.

Under the 'extended' PMSMA, CHOs shall ensure 3 additional visits for the identified high risk pregnant women and regular payment of incentives to beneficiaries, wherever applicable.

4.1.2 High Risk ANC and Complications of Delivery

4.1.2.1 CHOs should map the higher facilities (PHC, CHC, SDH, and DH with respect to the **type of emergency maternal health service**

Case#1

A case of postpartum haemorrhage, eclampsia, retained placenta and sepsis should be referred directly to a centre with blood transfusion facility and availability of a gynaecologist/ EmOC trained medical officer.

Case#2

Pregnant Women with high blood pressure or GDM, or Syphilis can be referred to a PHC or a CHC with MBBS Medical Officer or to PMSMA clinics.

provided by them and establish linkages with them so that assured up referral can be done.

4.1.2.2 All high-risk pregnant women should be referred to higher facility with a properly filled **referral slip,** which will help in identifying the complication for which the pregnant women has been referred, the treatment given so far and help needed.

4.1.2.3 CHO should **telephonically c**ontact the higher centre and inform them about the referral made.

4.2 Back referral from PHC, CHC, DH/ Medical college

4.2.1 CHOs should ensure that all pregnant women who were referred to a higher centre should be back referred to them and they should ensure treatment compliance and follow up as per the advice given by higher centre.

4.3 Down Referral to ASHA

4.3.1 CHOs should guide the ASHAs regarding the follow up and ensure treatment compliance of the pregnant women is done.

4.4 Linkages with Line departments

4.4.1 Linkages with **ICD**S for organizing VHND and maternal nutrition.

4.4.2 Linkages with **ICTC** for referral and testing and treatment of HIV suspected cases.

4.4.3 Linkages with **RNTCP** for referral and testing and treatment of Pregnant Women with TB.

5 A BRIEF ON MATERNAL HEALTH PROGRAMS

5.1 Surakshit Matratva Ashwasan (SUMAN) launched in 2019

Aims to provide assured, dignified, respectful and quality healthcare at no expense and zero tolerance for denial of services for every woman and newborn visiting the public health facility to end all preventable maternal and newborn deaths. It assures pregnant women with service guarantee packages at different levels of service provision. The expected outcome of this new initiative is "***Zero Preventable Maternal and Newborn Deaths and high quality of maternity care delivered with dignity and respect***".

5.2 Janani Suraksha Yojana (JSY), launched on 12th April 2005

A demand promotion and conditional cash transfer scheme with the objective of reducing Maternal and Infant Mortality by **promoting institutional delivery** among pregnant women in public facilities.

5.3 Janani Shishu Suraksha Karyakram (JSSK), launched on 1st June 2011

Aims to **eliminate out-of-pocket expenses** for pregnant women and sick infants. The initiative entitles all pregnant women delivering in public health institutions absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs, consumables, free diet during stay, free diagnostics and free blood transfusion (if required). This initiative also provides free transport from home to institution, between facilities in case of a referral and drop back home. The scheme was expanded to cover complications during ante-natal and post-natal period and also medical care for sick infants up to 1 year of age.

5.4 Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

Launched in **2016** provides provided fixed day, free of cost assured and quality antenatal care services. As part of the campaign, a minimum package of antenatal care services (including investigations and drugs) is being provided to the beneficiaries on the **9th day of every month**. The Abhiyan also involves Private sector's health care providers as volunteers to provide specialist care in Government facilities.

Extended PMSMA (e-PMSMA): Extended PMSMA strategy was launched in December 2021 to ensure quality ANC to pregnant women, especially to high-risk pregnancy (HRP) women and individual HRP tracking till a safe delivery is achieved by means of financial incentivization for the identified high risk pregnant women and accompanying ASHA for extra 3 visits over and above the PMSMA visit.

5.5 Labour Room Quality Improvement Initiative (LaQshya) launched in 2018

Aims to improve the quality of care in Labour room and Maternity operation theatres to ensure that pregnant women receive respectful and quality care during delivery and immediate post-partum. Under the initiative, a multi-pronged strategy has been adopted such as improving infrastructure up-gradation, ensuring the availability of essential equipment, providing adequate human resources, capacity building of health care workers and improving quality processes in the labour room.

5.6 MCH (Maternal & Child Health) Wings

State of the art Maternal and Child Health Wings (MCH wings) have been sanctioned at District Hospitals/District Women's Hospitals and other high case load facilities at sub-district level, as integrated facilities for providing quality obstetric and neonatal care.

5.7 Maternal Death Surveillance and Response (MDSR)

The process of Maternal Death Surveillance and Response (MDSR) including Maternal Death Reviews has been institutionalized across the country both at facilities and in the community to identify not just the medical causes, but also some of the socio -economic, cultural determinants, as well as the gaps in the system, which contribute to these deaths. This is with the objective of taking **corrective action at appropriate levels and improving the quality of obstetric care.**

5.8 Key Maternal Health Trainings

(a) Skill Birth Attendance training: 21 days' training for Auxiliary Nurse Midwives (ANMs), Lady Health Visitors (LHVs), and Staff Nurses (SNs) posted in public health facilities to enhance the skills needed to **manage normal (uncomplicated) pregnancies, childbirth and immediate postnatal period .**

(b) Dakshata: 3 days' training for Doctors, SNs and ANMs posted in labour room for improving the quality of care during **intrapartum period.**

(c) Daksh Trainings: 6 days' mannequin-based training for Doctors, SNs, ANMs and supervisors in order to improve the skills and enhance their capacity to provide **quality RMNCH+A services.**

5.9 Midwifery services

The 'Midwifery Services Initiative' launched in **December 2018** aims to create a cadre of Nurse Practitioners in Midwifery (NPMs) who are skilled in accordance to competencies prescribed by the International Confederation of Midwives (ICM) and are knowledgeable and capable of providing compassionate women-centered, reproductive, maternal and newborn health care services.

6 ACTION POINTS AT HWC

A **Maintain all the required registers** along with data entry in RCH portal and ANMOL tablets.

B **Support organization of VHSNDs** and FGDs as per GOI guidelines and discussing issues with involvement of AAA platform.

C **Organize village level IEC and BCC activities** like- ***saas bahu sammelans***, health melas, mothers' meet, fathers' meet, ***nukkad natak*** etc for generating awareness about health services including information on referral facilities and transport**.**

D Ensure availability of **essential commodities, drugs, registers and other consumables.**

E **Ensure proper maintenance of service records** including IUCD cards, IUCD registers, MPA cards, MPA registers, eligible couple register, commodities register etc.).

F Support MPWs and ANM/ASHAs in their tasks including **on-the job mentoring,** supervision and undertaking the essential functions of HWC such as inventory management, upkeep and maintenance of services, records and management of finances.

G Undertake **supportive supervisory visits** with ASHA and support her in preparation of village health plans.

H Ensure **timely referral** to higher facilities depending on service need of the patient and capacity of the referral institute.

I **Capacity building and hand holding** of ASHA and ANM oncommunication skills, counselling skills and other need-based services.

J **Establish referral linkages** to higher centres for cases that cannot be managed at concerned facility.

N O T E S

MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA

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