



Ministry of Health & Family Welfare
Government of India



GUIDANCE BOOKLET ON MATERNAL HEALTH



COMMUNITY HEALTH OFFICERS



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MATERNAL HEALTH SERVICES DURING PREGNANCY,INTRAPARTUM AND POSTPARTUM PERIOD INCLUDING PREGNANCY DETECTION

Surakshit Matritva Aashwasan (SUMAN):



SUMAN INITIATIVE

- Free Antenatal, Delivery, and Post Natal Care.
- Free management of sick infants and neonates.
- The assured delivery plan for the High-Risk Pregnant Women.
- Ensuring quality standards at all levels of delivery points.

Service guarantee

- JSSK
- JSY
- PMSMA
- Laqshya
- MAA
- SNCU care for sick & small babies
- Home-based care for mothers & newborns (HBNC)

Health system strengthening

- Infrastructure- LDR, OT, Obstetric HDU/ICU, NBCC, NBSU, SNCU/MNCU
- Human resource
- Drugs and diagnostics.
- Assured Referral systems
- Creating centre of excellences

Monitoring & reporting

- Call center for better grievance redressal and reporting
- Monthly reporting
- HMIS analysis
- Formation of National, State level monitors.
- Maternal and infant death reporting

Community Awareness

- Involving VHSNCs and SHGs for better community engagement.
- Interdepartmental convergence
- Suman Champions
- SUMAN volunteers
- Use of Safe motherhood booklet and MCP card

Incentives and Awards

- Awards and recognition to performers.
- The first responder of maternal death to get Rs 1000/-

IEC/BCC- Mega IEC/BCC activities promote "zero preventable maternal & newborn deaths"



Each health facility is expected to notify the service guarantee package on the basis of their current resources and service availability with measures put in place to reach 100% of the expected service standards for the level of that facility.

ABOUT THE PROGRAM

Ministry of Health & Family Welfare, Government of India has launched a new initiative namely- "SUMAN-Surakshit Matritva Aashwasan" with an aim to provide assured, dignified, respectful, and Quality healthcare at no cost and with zero tolerance for denial of services for every woman and newborn visiting the public health facility in order to end all preventable maternal and newborn deaths and morbidities and provide a positive birthing experience. The expected outcome of this new initiative is "Zero Preventable Maternal and Newborn Deaths and high quality maternity care delivered with dignity and respect".

Under the SUMAN initiative, all Pregnant Women & Newborns visiting public health facilities are entitled to a set of free services. The packages under SUMAN have been divided into Basic, BEmONC, and CEmONC for both maternal and newborn services.



SERVICE PROVISION AT DIFFERENT LEVELS OF CARE

A community health officer is a trained health worker and is designated to be the in-charge of the health and wellness center. Thus, service provision becomes one of the key areas of activity. This activity will ensure that quality care is brought nearest to the community.

Facility level services

- **Routine OPD:** CHO should ensure that all the OPD services are happening daily and ensure 4 ANC check-ups of all pregnant women.
- **VHSND:** CHO should conduct VHSND in the SHC-HWC and provide a range of services as per VHSND guidelines.
- **Labour Room and Delivery:**
 - In a place where the SHC-HWC is a delivery point, the CHO will do the normal delivery of the pregnant woman only after getting SBA training.
 - All the identified high-risk pregnant women should be referred to a higher center.
 - CHO will ensure that the labour room is equipped as per the Maternal health guidelines and all the logistics and drugs needed in the labour room should be present.
 - Partograph should be plotted and active management of the third stage of labour should be done for all delivery cases.
 - All the complications of delivery cases like PPH, Eclampsia, etc are to be stabilized and then referred to appropriate higher centers where the care for that health condition is available.
 - Undertake breast crawl and initiate breastfeeding. Every newborn, when placed on the mother’s abdomen, soon after birth, has the ability to find its mother’s breast on its own and to decide when to breastfeed. This is called “Breast Crawl”, which is helpful to the baby as well as the mother.



Benefits of Breastfeeding.

To Baby :

- Provide Nutrition

To Mother :

- Helps in uterine contraction for faster expulsion of the placenta
- Reduces blood loss
- Prevents Anemia



Community-level services



a) Birth Preparedness:

- CHO should ensure that a proper birth plan is made, and the pregnant woman is counseled to have an institutional delivery.
- The CHO should be ensuring that in case the pregnant women undergo home delivery, then the home delivery is conducted by them.

b) Home Visits to Mother in PNC period:

- CHO should ensure that postnatal home visits are undertaken and postnatal care is given as per guidelines for all women in their postnatal period.
- In this visit, the CHO should do a thorough examination of the PNC women as per guidelines and do proper reporting in the formats.

c) Maternal Death Review:

- Take part in identifying and reporting all the female deaths in the reproductive age groups, along with reporting.

d) Village Health, Sanitation and Nutrition Days (VHSND):

- VHSND plan is made to cover all pockets under the geographical area in the jurisdiction of the health and wellness center including hilly, tribal, underserved, and hard to reach areas.
- Be the lead service provider in VHSND of hard-to-reach and underserved areas or areas with poor ANC registration and high home deliveries.



Services provided in VHSND:



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



Immunisation

- 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.



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 made for other contraceptive services.



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 the 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 are to be provided supplementary nutrition.



HBV, Syphilis and HIV

Screening and referral, ensuring confidentiality (HIV)

SUPPORTIVE SUPERVISION:

The CHO will supervise all the work done by her team including ANM/MPW and ASHA with regards to maternal health program.

As a Supervisor of ANM/MPW, CHO should ensure the following activities:

- Early diagnosis of pregnancy using Nischay Kits.
- Registration of all Pregnant women in the first trimester of pregnancy
- Ensuring four antenatal care checks
- Provide Iron, folic acid, and calcium tablets to all normal and anaemic (mild and moderate) pregnant women as per their blood hemoglobin levels
- Provide TT/TD immunization to all pregnant women.
- Test all pregnant women for urine albumin and sugar, haemoglobin, syphilis, HIV, and blood grouping.
- Counseling regarding care during pregnancy including information about nutritional requirements
- Identifying high-risk pregnancies and appropriate referral
- Supporting birth planning.
- Making PNC home visits on 0, 3, 7, 14, 21, 28 days
- Maintaining the RCH register and do entries for the Anmol portal.
- Ensuring bank accounts for all pregnant women for JSY and other DBT transfer.



As a Supervisor and Mentor of ASHA:

- CHO may and should act as a resource person for the training of ASHA.
- Guide the ASHA in beneficiary mobilization for VHSND.
- Motivate and guide ASHA for taking pregnant women for check-ups in PMSMA clinic and to delivery points during labour.
- Motivate and Guide ASHA for ensuring adherence to IFA and Calcium supplementation during pregnancy.

REFERRAL LINKAGES

CHO should:

- ensure that all pregnant women in the second and third trimesters should compulsorily attend at least one PMSMA clinic.
- map the higher facilities (PHC, CHC, SDH, DH) with respect to the type of emergency and establish linkages with them.
- refer all the high-risk pregnant women to the higher facility with a properly filled referral slip, which will help in identifying the complication and the treatment given so far.
- identify women who need the services for medical or surgical termination of pregnancy
- telephonically contact the higher centre and inform them about the referral made.

Examples:

- A case of postpartum hemorrhage, eclampsia, retained placenta and sepsis should be referred directly to a center with a blood transfusion facility and posting of a gynecologist/ EmOC trained medical officer.
- Pregnant Women with high blood pressure or GDM or Syphilis can be referred to a PHC or a CHC with MBBS Medical Officer or for PMSMA.

Downward Referral from higher facilities to SHC-HWC

- CHO should ensure that all the pregnant women who were referred to a higher centre should be back referred and ensure treatment compliance and follow up on the advice given by higher centre.
- CHO should guide the ASHAs and MPWs regarding the follow up and ensure treatment compliance the pregnant women.

Establish Linkages with other Line departments:

- Linkages with ICDS for organizing VHSND and maternal nutrition.
- Linkages with ICTC for referral and testing and treatment of HIV suspected cases.
- Linkages with RNTCP for referral and testing and treatment of Pregnant Women with TB



MATERNAL HEALTH PROGRAMS



- 1. Janani Suraksha Yojana (JSY):** To promote institutional deliveries, incentives of Rs. 1400/cases are being given to pregnant women for deliveries in public health facilities.
- 2. JSSK (Janani Shishu Suraksha Karyakaram):** The entitlements include free drugs, consumables, free diet during the 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 periods and also sick infants up to 1 year of age.
- 3. PMSMA (Pradhan Mantri Surakshit Matritva Abhiyan):** Under PMSMA, all pregnant women in the country are provided fixed day, free of cost assured, and quality Antenatal Care. 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 the Private sector’s health care providers as volunteers to provide specialist care in Government facilities.

4. **LaQshya (Labour Room Quality Improvement Initiative):** The objective of the program is to improve the quality of care in Labour room and Maternity operation theatres. It will ensure that pregnant women receive respectful and the best quality of care during delivery and immediately post-partum.



5. **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 caseload facilities at the sub-district level, as integrated facilities for providing quality obstetric and neonatal care.

6. **Maternal Death Surveillance and Response (MDSR):** The process of 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.



7. **Dakshata:** The government of India launched a national training program named ‘Dakshata’ in 2015. It is a strategic 3-day training capsule for building the skills of health care providers, including doctors, staff nurses, and ANMs, for providing quality intrapartum care and has been rolled out across States/UTs.

8. **Midwifery:** The Government of India has taken a historic and landmark policy decision to roll out midwifery services in the country to improve the quality of care and ensure respectful care to pregnant women and newborns. The ‘Midwifery Services Initiative aims to create a cadre of Nurse Practitioners in Midwifery who are skilled in accordance with 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.



ACTION POINTS AT AB-HWC

- Enumerate population and update registers along with RCH portal and ANMOL tablets.
- Support the organization of VHSNDs per GOI guidelines and discuss issues with the involvement of the AAA platform.
- 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.
- Ensure availability of essential commodities, drugs, registers, and other consumables
- Ensure proper maintenance of service records (including IUCD cards, IUCD registers, MPA cards, MPA registers, eligible couple registers, commodities registers, etc.).
- Support MPWs and ANM/ASHAs in their tasks including on-the-job mentoring and supervision and undertaking the essential functions of HWC such as inventory management, upkeep, and maintenance of services, records, and management of finances
- Undertake supportive supervisory visits with ASHA and support her in the preparation of village health plans
- Ensure timely referral to higher facilities depending on the service need of the patient and the capacity of the referral institute.
- Capacity building and handholding of ASHA and ANM on communication skills, counseling skills, and other need-based services
- Establish referral linkages to higher centers for cases that cannot be managed at the concerned facility.



Namaste!

You are a valuable member of the Ayushman Bharat- Health and Wellness Centre (ABH-HWC) team is committed to delivering quality comprehensive primary healthcare services to the people of the country.

To reach out to community members about the services at AP-HWCs, do connect to the following social media handles:



<https://instagram.com/ayushmanhwcs>



<https://twitter.com/AyushmanHWCs>



<https://www.facebook.com/AyushmanHWCs>



https://www.youtube.com/NHSRC_MoHFW



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