

# PHARMA HEALTH CLUB

SAFE USE OF MEDICINES FOR BETTER HEALTH

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## PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAN

**Comprehensive and Quality antenatal care!!!**

### What is Pradhan Mantri Surakshit Matritva Abhiyan?

The Pradhan Mantri Surakshit Matritva Abhiyan has been launched by the Ministry of Health & Family Welfare (MoHFW), Government of India. The program aims to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month.[1]

Government of India has launched a new health initiative for pregnant women called Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) on June 9, 2016.[3] PMSMA guarantees a minimum package of antenatal care services to women in their 2nd / 3rd trimesters of pregnancy at designated government health facilities. The programme follows a systematic approach for engagement with private sector which includes motivating private practitioners to volunteer for the campaign developing strategies for generating awareness and appealing to the private sector to participate in the Abhiyan at government health facilities.



## ● Rationale of PMSMA – Why it has been introduced?[1]

- Data indicates that Maternal Mortality Ratio (MMR) in India was very high in the year 1990 with 556 women dying during child birth per hundred thousand live births as compared to the global MMR of 385/lakh live births.
- As per RGI- SRS (2011-13), MMR of India has now declined to 167/lakh live births against a global MMR of 216/lakh live births (2015). India has registered an overall decline in MMR of 70% between 1990 and 2015 in comparison to a global decline of 44%.
- While India has made considerable progress in the reduction of maternal and infant mortality, every year approximately 44000 women still die due to pregnancy-related causes and approximately 6.6 lakh infants die within the first 28 days of life. Many of these deaths are preventable and many lives can be saved if quality care is provided to pregnant women during their antenatal period and high risk factors such as severe anemia, pregnancy-induced hypertension etc are detected on time and managed well.

## ● Goal & Objectives of PMSMA: [1]

- **Goal:** To improve the quality and coverage of AnteNatal Care (ANC) including diagnostics and counselling services as part of the Reproductive Maternal Neonatal Child and Adolescent Health (RMNCH+A) Strategy.

### ● Objectives:

1. Ensure at least one antenatal checkup for all pregnant women in their second or third trimester by a physician/specialist
2. Improve the quality of care 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 such as Anaemia, Pregnancy induced hypertension, Gestational Diabetes etc.
  - Appropriate counselling services and proper documentation of services rendered
  - Additional service opportunity to pregnant women who have missed ante-natal visits
3. Identification and line-listing of high risk pregnancies based on obstetric/ medical history and existing clinical conditions.
4. Appropriate birth planning and complication

readiness for each pregnant woman especially those identified with any risk factor or comorbid condition.

5. Special emphasis on early diagnosis, adequate and appropriate management of women with malnutrition.

6. Special focus on adolescent and early pregnancies as these pregnancies need extra



and specialized care

DEDICATE THE  
**9<sup>th</sup>** OF EVERY  
 MONTH  
 TO PREGNANT  
 WOMEN'S HEALTH

## ● Key Features of this program:[3]

- Pregnant woman in India shall be examined by a physician and appropriately investigated at least once during the PMSMA and then appropriately followed up — the process can result in reduction in the number of maternal and neonatal deaths in our country.
- Antenatal checkup services would be provided by OBGY specialists/Radiologist/physicians with support from private sector doctors to supplement the efforts of the government sector.
- A minimum package of antenatal care services (including investigations and drugs) would be provided to the beneficiaries on the 9th day of every month at identified public health facilities (PHCs/ CHCs, DHs/ urban health facilities etc) in both urban and rural areas in addition to the routine ANC at the health facility/ outreach.
- While the target would reach out to all pregnant women, special efforts would be made to reach out to 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.

- OBGY specialists/ Radiologist/physicians from private sector would be encouraged to provide voluntary services at public health facilities where government sector practitioners are not available or inadequate.
- Pregnant women would be given Mother and Child Protection Cards and safe motherhood booklets.

## OBJECTIVES OF PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAN

- Antenatal checkup for pregnant women in second or third trimester
- Improve the quality of care during ante-natal visits
- Appropriate birth planning and complication readiness
- Identification & Line listing of high risk pregnancies based on medical history
- Emphasis on early diagnosis, appropriate mngt of women with malnutrition

- One of the critical components of the Abhiyan is identification and follow up of high risk pregnancies. A sticker indicating the condition and risk factor of the pregnant women would 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[5]

- Yellow – pregnancy with co-morbid conditions such as diabetes, hypothyroidism, STIs[5]

### ● Pregnant women counseling will be made for following topics:[5]

- Care during pregnancy
- Danger signs during pregnancy
- Family Planning
- Rest
- Safe sex
- Institutional delivery
- Identification of referral transport
- Entitlements under Janani Suraksha Yojana

(JSY)

- Post - natal care
- Breastfeeding and complementary feeding
- Birth preparedness & Complication readiness, contact details to be used in case of need
- Importance of nutrition including iron - folic acid consumption and calcium supplementation.
- Entitlements and service guarantee under Janani Shishu Suraksha Karyakram (JSSK)

### ● Important advice for pregnant and lactating women: [7]

- Withhold the drug: Some medications such as headache or cold symptoms medications is not essential and can be avoided with the mother's co-operation

- Delay drug therapy: If a mother is close to weaning her infant from breastfeeding, elective drug use or surgery can be postponed

- Choose drugs that pass poorly into breast milk: Within a class of drugs, there are large differences in the amount of drug distribution into milk among the different medications. Hence choose drugs those pass poorly into breast milk, for that women can consult their physician

- Choose an alternative route of administration: These include inhaled or topical route of administration of drugs like corticoids, bronchodilators, etc

- Avoid nursing at times of peak drug concentration in milk: Generally peak concentration of drug occur in Milk approximately 1-3 hours after an oral dose, nursing just before a dose may help to avoid this peak effect on the infant

- Take medication before the infant's longest sleep period

- Temporarily withhold breastfeeding when drug therapy is temporary: Mother can pump out some extra milk and for some time it can be used for feeding. Breast feeding may be resumed as early as one to two maternal half-lives after the last dose in drugs

- Discontinue nursing: A small number of medications that may be necessary for the mother's health like cancer therapy which may be too toxic for nursing baby, in such cases, it is the best interest of the child and mother to discontinue breastfeeding.

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“ LIFE IS A FLAME THAT IS ALWAYS BURNING ITSELF OUT, BUT IT CATCHES FIRE AGAIN EVERY TIME A CHILD IS BORN. ”