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

Guidance Note for "Extended PMSMA for tracking High Risk Pregnancies (HRPs)"

Background:

PradhanMantriSurakshitMatritvaAbhiyan (PMSMA) was launched in 2016, as a fixed-day, assured, comprehensive quality ANC service on the 9th of every month to every pregnant woman across the country. Screening, identification, line listing and appropriate management of **high-risk pregnancies** by OBGY/CEmOC/BEmOCspecialist and referral to appropriate higher facilities are some of the fundamental elements of PMSMA.

As per literature, about **20-30%pregnancies belong to high risk category**, which is responsible for 75% of perinatal morbidity and mortality in India. However, only 14% of the pregnancies are currently being classified as 'High Risk' on the PMSMA reporting platform, varying from State to State.

With 30,000 estimated maternal deaths in a year across the country, high MMR remains a **matter of grave concern,** and thus it is paramount to ensure quality ANC to each pregnant woman, identify the 'high risk pregnancies' (HRPs) and track these for counselling, management birth preparedness and referral till the outcome to close the loop.

Reasons for poor HRP tracking:

1. **Low footfall in PMSMA sessions due to the following reasons;**
    - **Low uptake of ASHA incentives by State/UTs-** Under PMSMA, ASHAs are entitled to Rs 100 per PMSMA session for mobilizing pregnant women to attend PMSMA clinics. However, presently only 5-6 states have made provision for this ASHA incentive for beneficiary mobilization.
    - **Limited support for free transport facility** for pick up and drop back of pregnant women to PMSMA sessions

2. **Lack of name-based database and tracking from service provision till outcomefor the identified and reported HRPs in existing PMSMA portal.**

EXTENDED PMSMA FOR HRP TRACKING

Rationale

- To meet the SDGs, it is paramount to ensure quality ANC to pregnant women, especially those with high -risk factors, and **individual HRP tracking till its outcome to close the loop.**
- Although HRPs are detected, managed, and followed up during PMSMA sessions, beneficiary-specific databases, tracking, and outcomes for each high-risk case are not readily available due to the **lack of a name based IT-based infrastructure**.
- The regular follow-up actions are getting hampered because **ASHAs are not rewarded for mobilizing HRP beneficiaries** for follow-up visits to the nearest PMSMA clinics/healthcare facilities.
- Further, support for **free transportavailable for beneficiaries shall increase service uptake**under PMSMA sessions
- **Hence, in order to improve individual HRP tracking and strengthen follow-up activities, case-based incentives to ASHAs and as well as beneficiaries are proposed.**

It is noteworthy that out of 30,000 estimated maternal deaths in 36 States and UTs, 26700 (89%) maternal deaths are contributed by 17 States i.e. 8 EAG states and 7 NE states including Punjab and Gujarat (SRS-2016-18).

Hence the genesis of this scheme, wherein case based incentives are proposed in the States reporting high maternal mortality to ensure identification, tracking and safe delivery for all high risk pregnant women which will accelerate the pace of reduction of maternal mortality in the country.

Salient features of the Scheme:

1. **Identification of High Risk Pregnancy:**
   a. PMSMA sessions are conducted at designated PMSMA clinics throughout the country on **9th of every month.**
   b. It is the responsibility of the village ASHA to mobilize all the pregnant women in her village to attend the nearest PMSMA clinic and undergo high risk screening by a doctor/ obstetrician.

c. All high-risk pregnancies detected in PMSMA clinics must be treated, counselled and a line-listing to be maintained by the facility and the respective ANM & ASHA.
d. **Once a PW is categorized as an HRP,it is the responsibility of the respective ASHA/ANM to ensure 3 additional ANC visits for that HRP by a doctor/Obstetrician.**
e. For each of these follow up ANC visits with the doctor/Obstetrician, ASHA shall accompany the high risk pregnant woman to the clinic.
f. These follow up visits may be conducted either in the **subsequent PMSMA session or the nearest healthcare facility**as suggested by the treating doctor.
g. It is mandatory that **all identified high risk pregnancies must be linked with nearest First Referral Units (FRU)** for ensuring a safe delivery after completion of pregnancy and prompt management of complications, if any.
h. Free transport for referral to the FRU at the time of delivery is to be ensured by the ASHA under JSSK.

2. Additional day for PMSMA clinics:

a. States may choose to organize **an additional day for PMSMA clinics (over and above the existing 9th day of every month)** as per their convenience and subject to the existing footfall on PMSMA days, to make up for the missed out HRP cases or those requiring frequent follow ups.
b. It is evident that States/UTs are **including PHC/UPHC/UCHC level of facilities under PMSMA in a phased manner and** are in position to cater to increased coverage and footfall **under PMSMA extension.**

3. Strengthen the provision of Qualified service providers for PMSMA:

In order to strengthen the provision of qualified service providers at the PMSMA facilities, following strategies can be adopted:

a. **BEmONC Training to Medical Officers:** All medical Officers of PHC/UPHC/UCHC should be mandatorily trained in BEmONC (Basic Emergency Obstetric and Newborn Care) to provide quality maternal health services during PMSMA.
b. In addition, **Block Head Quarters OBGY specialists /CEmONC /BEmONC trained doctors may be deputed to lower level facilities once a month** to conduct PMSMA clinics where a trained doctor is unavailable.
c. Teleconsultation from PHC to a specialist at an hub could be a viable option/alternative. HWC infrastructure can be leveraged for this and additional costs would be met through the PIP under relevant head of teleconsultation. This however would not be counted as an additional physical ANC visit.

Coverage:
In the first phase, the strategy is proposed to be rolled out in 17 states i.e. 8 EAG states and 7 NE states (Bihar, Jharkhand, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Chhattisgarh, Odisha, Rajasthan, Assam, Mizoram, Arunachal Pradesh, Nagaland, Tripura, Manipur and Meghalaya) including Punjab (estimated 1000 maternal deaths/year) and Gujarat (estimated 600 maternal deaths/year)

4. Expected Outputs:

- Increased 4 ANC checkups
- Increase HRP detection and Tracking
- Increased Institutional Deliveries
- Increased SBA deliveries

5. Expected Outcome

- Decrease Maternal Mortality Ratio (MMR)

6. Financial Provision

1. **Case-based incentives to ASHA**
   Incentivization of ASHAs for mobilizing pregnant women to PMSMA clinics/ facility with doctor/obstetrician

   - **Rs. 100/- per HRP** may be provided to ASHA for **mobilization of HRPs** for a **maximum of threefollow upANC visits**to PMSMA clinics/nearest facilityfor check up by a doctor/Obstetrician
   - **Rs. 500/- per HRP** may be provided to ASHA on **achieving a healthy outcome for both mother and baby** at 45th day after deliveryafter due verification by concerned ANM and MO.

2. **Case-based incentives to beneficiaries:** Once a pregnant woman is diagnosed as an HRP, **Rs.100/-per visit**may be provided to meet transportation costs for attending a maximum of three PMSMA sessions/nearest facility for follow up ANC checkups by a doctor/Obstetrician.

7. Source of Funds

It is evident that the required additional budget for current financial year can be met from the existing **unspent balance under JSSK and PMSMA heads** and all future demands on this **'extension' may be routed through the state PIPs.**States may propose their additional budget

requirement for all the activities under extended PMSMA in their respective State's Annual Program Implementation Plan.

Proposed date of launch of the extended scheme: 1st April 2022 (corresponding with the financial year 2022-23)

Monitoring Mechanism:

To ensure quality service provision at every designated PMSMA facility, strict adherence to monitoring and supportive supervision mechanism as per the PMSMA quality assurance framework has to be followed as documented in PMSMA quality assurance framework guidance note:

- **Quarterly self-assessment of the PMSMA facilities-** to assess the completeness and quality of services being provided to pregnant women under PMSMA, the checklist for the assessment has to be filled and uploaded regularly on PMSMA portal. The Checklist for Quarterly self-assessment of the PMSMA facilities is placed at**"Annexure-1".**
- **Onsite monitoring by the District Quality Assurance Committee (DQAC)-**In collaboration with RMNCH+A partners and state -level monitors, every month the District Quality Assurance Committee (DQAC) develops a District level supportive supervision plan for PMSMA sites (by 7th of every month). Based on the plan, key stakeholders, will visit PMSMA sites on the 9th of every Month for supportive supervision and submit their feedback to DQACs/PMSMA portal. The Checklist for Onsite monitoring by the District Quality Assurance Committee (DQAC) is placed at **"Annexure-2".**
- Till the time RCH Portal is integrated with PMSMA Portal, the physical mode of reporting and verification of services and payment through PMSMA Registers at the facility level may be utilized on a regular basis.
- **It is advised that the following columns be added to the existing PMSMA register to document three ANC check ups and healthy outcomes for the mother and baby:**

    - Three additional ANCs for a diagnosed HRP (2^{nd}, 3^{rd} and 4^{th})
    - Tagging of facility for availing delivery services
    - Recording of Date & Type of Delivery (Normal or Cesarean section)
    - Outcome and status of mother and childat 45^{th} day after delivery
    - Verification of a healthy outcome for mother and baby by MO and ANM (Signatures of MO & ANM)

- Moreover, **PFMS ASHA/Beneficiaries payment status can be examined** on a regular basis to crosscheck the status of follow up 3 ANC checkups for HRP and healthy outcomes for mother and the baby.

- **Indicators to be monitored:**

    - Percentage of HRP completed 3 additional ANC Checkups
    - Percentage of HRPs with satisfactory maternal and infant outcomes after 45 days after birth.

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Annexure-1

PradhanMantriSurakshitMatritvaAbhiyan (PMSMA)
Onsite Monitoring Format

State: ……..District: …….. Block: …….. Urban/Rural

Date: …./…./…. Time of visit: ….: …. Name of health facility: ……Type of facility: DH/SDH/CHC/PHC/Private

Name of monitor: ……..Designation: ……..Organization: ……..

Availability of HR/ Equipments/ Drugs/ Diagnostics

Section – A: Service Provider Information:

Sr. No.	Category	Available (Yes/No)	No.(s)	Sr. No.	Category	Available (Yes/No)	No.(s)
A1	Obs&Gynae Specialist			A4	Staff Nurses (SN)		
A2	Medical Officer (MO)			A.4.1	Staff Nurses (Trained in SBA/ Dakshata)		
A2.1	CEmOc trained			A5	Auxiliary Nurse Midwife (ANM)		
A2.2	BEmOC trained			A.5.1	ANM (Trained in SBA/ Dakshata)		
A3	Private provider (O&G/ MO)			A6	Counsellor (RMNCH+A/SN/ANM)		

Section – B: Essential Equipment (Verify physically for availability and functionality)

No.	Equipment's & Instruments	Yes/ No	No.	Equipment's & Instruments	Yes/ No	No.	Equipment's & Instruments	Yes/ No
B1	BP Apparatus		B2	Adult stethoscope		B3	Weighing machine	
B4	Height scale		B5	Measuring tape		B6	Torch	
B7	Thermometer		B8	Fetoscope/Doppler for FHS		B9	Sterile Gloves	
B.10	Plasma Standardized Glucometer							

Section – C: Diagnostic Services (Confirm the availability of lab tests for following: Write yes for each laboratory service available in house.**)**

No.	Diagnostic Services	Yes/No	No.	Diagnostic Services	Yes/No

C1	Hemoglobin		C5	Point of Care Test for Syphilis/ VDRL/ RPR	
C2	Urine Albumin & Sugar		C6	Whole Blood Finger Prick Test	
C3	Screening for Gestational Diabetes Mellitus (OGTT)		C7	Blood Grouping	
C4	Malaria through RDK (in endemic areas)		C8	Ultrasound In-house Outsourced	
C9	Are reports of all blood investigations made available to PW on the same day?		C10	Are USG reports made available to PW on the same day?	

Section – D: Drugs Available (check the availability of each drug at the PMSMA Clinic or pharmacy. Write yes/no accordingly. If adequate stock not available mention in your remarks)

Sr. No.	Drugs	Yes/ No	Sr. No.	Drugs	Yes/ No	Sr. No.	Drugs	Yes/No
D1	IFA Tablets		D7	Inj. Dexamethasone		D13	Tab. Labetalol	
D2	Tab Folic Acid		D8	Inj Tetanus toxoid		D14	Tab Paracetamol	
D3	Cap Ampicillin		D9	Tab. Calcium 500 mg &Vit D3		D15	Tab Chloroquine	
D4	Cap Amoxicillin		D10	Tab. Albendazole		D16	Tab Nifedipine	
D5	Tab Metronidazole		D11	Tab. Methyldopa		D17	Erythromycin	
D6	Gentamicin		D12	Inj. Labetalol		D18	Tab Paracetamol	

Section – E: Infrastructure (Confirm the availability of following basic infrastructure)

Sr. No.	Infrastructure	Yes/No
E1	Clean Toilet for PW	
E2	**Adequate waiting space for women**	
E3	**Availability of drinking water**	
E4	**Availability of refreshments/ food**	
E5	**Privacy maintained/ ensured**	
E6	Examination tables in ANC clinic	
E7	Adequate Sign posting for ANC services	
E8	IEC Material on PMSMA	

E9: Cordial Behavior (Satisfactory/ Scope for Improvement/ Lack of respectful maternity care)

Service Delivery (Check if women are receiving the following services)

Section – F: Identification and Management of High Risk Pregnancies

		Yes/ No			Yes/ No
F1	Women identified with anaemia		F5	Women identified as Seropositive for HIV	
F2	Women identified with severe anaemia		F6	Women identified Seropositive for syphilis	
F3	Women identified with pregnancy induced hypertension		F7	Women identified with hypothyroidism	
F4	Women identified with diabetes		F9	Women identified with any other high risk factor	
F10	IFA distribution		F13	Treatment for Diabetes	
F11	Calcium supplementation		F14	Treatment for other high risk factors	
F12	Treatment for Hypertension		F15	P.W with high risk factors referred for further treatment	

Section – G: Counselling Services

G1	**Counselling Services being provided (Y/N)**	**Y/N**
G2	Cadre Providing Counselling **(Please specify if RMNCH+A counsellor/SN/ANM providing counselling)**	
G3	Is Group Counselling being done (Y/N)	
G4	Is One on One Counselling being done (Y/N)	
G5	Is a Counselling tool available (Y/N) eg flipbook/ safe motherhood booklet	
G6	Are women counselled for Birth Preparedness and Complication Readiness? This includes: • Counseling on facility to be visited for normal delivery	
	• Counseling on JSSK benefits and 102/ 108 services	
	• Counseling on danger signs during pregnancy	
	• Counseling on nearest facility to visit in case of complications	
G7	Are women counseled for post-partum family planning	
G8	Are women counseled on Nutrition during pregnancy	

Documentation: (Please verify physically if the following records are available and being maintained)

Sr. N.	**Record**	**Yes/No**
H1	ANC Register	
H2	Line list of HRP (including place of referral and deliveries)	
H3	MCP Cards	
H4	PMSMA reporting Formats	

Section – I: Check MCP Cards of 5 women who have completed their ANC during the PMSMA:
Write Yes, if the parameter has been recorded

	Gestatio	**H**	**Weigh**	**BP**	**FHS**	**Abdomina**	**USG**	**Appropria**	**Waiting time**

	nal Age	b	t			l Exmn		te Color sticker		
									To meet physician	To get lab tests
Case 1										
Case 2										
Case 3										
Case 4										
Case 5										

Section – J: Follow up of High Risk Pregnancies: Identify 5 high risk pregnant women from the PMSMA register and check for the following by calling/ contacting the high risk pregnant woman (contact details of the HRP to be obtained from the RCH portal/ locally):

J1	Has information of HRP been entered on RCH portal?	**Y/N**
J2	Was HRP appropriately referred/ provided treatment at PMSMA site?	**Y/N**
J3	Did HRP follow the advice/ visit the facility that she was referred to?	**Y/N**
J4	Was birth planning done?	**Y/N**
J5	Was the HRP counseled on the place of delivery?	**Y/N**
J6	Was the HRP counseled on danger signs during pregnancy?	**Y/N**
J7	Was the HRP counseled on JSSK benefits and 102/ 108 services?	**Y/N**
J8	If delivered, did the HRP go to the appropriate facility/ FRU for delivery?	**Y/N/ Not applicable**
J9	If delivered, did the HRP have a safe delivery?	**Y/N/ Not applicable**
J10	If delivered, was the neonate healthy?	**Y/N/ Not applicable**
J11	In your overall opinion, was the HRP appropriately managed?	**Y/ N**

Annexure-2

Self Assessment Checklist

Name of the Facility: **Date:** **Time of Visit:**

Name of Monitor: **Designation:** **Organisation:**

Mobile: **Email:**

Availability of HR/Equipments/Drugs/Diagnostic

Section A : Service Provider information*

S.no	Category	Avalilable	Nos	S.no	Category	Avalilable	Nos
A1	Obs&Gyane Specialist			A4	Staff Nurse(SN)		
A2	Medical Officer(MO)			A4.1	Staff Nurse(Trained in SBA/Dakshata)SN		
A2.1	CEmOcTrained			A5	Auxiliary Nurse Midwife(ANM)(SM)		
A2.2	BEmOcTrained			A5.1	ANM(Trained in SBA/Dakshata)		
A3	Private provider(O&G/MO)			A6	Conseller(RMNCH+A/SN/ANM)		

Section B : Essential Equipments (Verify physically for availability and functionally)*

	Equipments& Instruments	Yes/No	No	Equipments& Instruments	Yes/No	No	Equipments& Instruments	Yes/No

B1	BP Apparatus		B2	Adult stethoscope		B3	Weighing Machine	
B4	Height Scale		B5	Measuring tape		B6	Torch	
B7	Thermometer		B8	Fetoscope/Doppler for FHS		B9	Sterile Gloves	
B10	Plasma Standardized Glucometer							

SectionC:DiagnosticServices(Confirmthe availability of lab tests forfollowing:writeyesforeachlaboratory service available in-house*

S.no	Dignostic Services	Yes/No	S.no	Dignostic Services	Yes/ No
C1	Hemoglobin		C6	HIV Testing	
C2	Urine Albumin & Sugar		C7	Blood Grouping	
C3	Screening for Gestational Diabetes Mellitus (OGTT)		C8	Ultrasound In-house Outsourced	
C4	Malaria (in endemic areas)		C9	Are reports of all blood investigations made available to PW on the same day	
C5	Test for Syphilis/VDRL/RPR		C10	Are USG reports made available to PW on the same day	

Section–D:DrugsAvailable(checktheavailabilityofeachdrugatthePMSMAClinicorpharmacy.Writeyes/no accordingly.Ifadequatestocknotavailablementioninyourremarks)*

S.no	Drugs	Yes/No	S.no	Drugs	Yes/ No	S.no	Drugs	Yes/ No
D1	IFA Tablets		D7	Inj. Dexamethasone		D13	Tab. Labetalol	

D2	Tab Folic Acid		D8	Inj Tetanus toxoid		D14	Tab Paracetamol	
D3	Cap Ampicillin		D9	Tab. Calcium 500 mg &Vit D3		D15	Tab Chloroquine	
D4	Cap Amoxicillin		D10	Tab. Albendazole		D16	Tab Nifedipine	
D5	Tab Metronidazole		D11	Tab. Methyldopa		D17	Erythromycin	
D6	Gentamicin		D12	Inj. Labetalol		D18	Tab Paracetamol	

Section E: Infrastructure (Confirm the availability of following basic infrastructure)*

S.no	Infrastructure	Yes/ No
E1	Clean Toilet for PW	
E2	Adequate waiting space for women	
E3	Provision of drinking water	
E4	Privacy maintained/ ensured	
E5	Examination tables in ANC clinic	
E6	Adequate Sign posting for ANC services	
E7	IEC Material on PMSMA	
E8	Seating arrangements	

Service Delivery (Check if women are receiving the following services)

Section – F: Identification and Management of High Risk Pregnancies*

		Yes/ No			Yes/ No

F1	Women identified with anaemia		F5	Women identified as Seropositive for HIV	
F2	Women identified with severe anaemia		F6	Women identified Seropositive for syphilis	
F3	Womenidentifiedwithpregnancy inducedhypertension		F7	Women identified with hypothyroidism	
F4	Women identified with diabetes		F8	Womenidentifiedwithanyother high riskfactor	
F9	IFA distribution		F12	Treatment for Diabetes	
F10	Calcium supplementation		F13	Treatment for other high risk factors	
F11	Treatment for Hypertension		F14	P.W with high risk factors referred for further treatment	

Section – G: Counselling Services *

G1	Counselling Services being provided (Y/N)	
G2	Cadre Providing Counselling (Please specify if RMNCH+A counsellor/SN/ANM providing counselling)	
G3	Is Group Counselling being done (Y/N)	
G4	Is One on One Counselling being done (Y/N)	
G5	Is a Counselling tool available (Y/N) eg flipbook/ safe motherhood booklet	
G6	Are women counselled for Birth Preparedness and Complication Readiness	
G7	Are women counselled for post-partum family planning	
G8	Are women counselled on Nutrition during pregnancy	

Documentation: (Please verify physically if the following records are available and being maintained)

S.no	Record	Yes/ No
H1	ANC Register	
H2	Line list of HRP (including place of referral and deliveries)	
H3	MCP Cards	
H4	PMSMA reporting Formats	

Section–I:CheckMCPCardsof5womenwhohavecompletedtheirANCduringthePMSMA: WriteYes,ifthe parameterhasbeenrecorded*

	Gestational Age	Hemoglobin	Weight	BP	FHS	Abdominal Examination	USG	Appropriate Color sticker
Case 1								
Case 2								
Case 3								
Case 4								
Case 5								

Section–J:FollowupofHighRiskPregnancies: Identify 5 HRP women from the PMSMA register andcheckforthefollowingbycalling/contactingthehighriskpregnantwoman(contactdetailsoftheHRPtobe obtainedfromtheRCHportal/locally):*

S.no	Record	Yes/ No
J1	Has information of HRP been entered on RCH portal?	

J2	Did HRP follow the advice/ visit the facility that she was referred to?	
J3	Was HRP appropriately referred/ provided treatment at PMSMA site?	
J4	Was birth planning done?	
J5	Was the HRP counseled on the place of delivery?	
J6	Was the HRP counseled on danger signs during pregnancy?	
J7	Was the HRP counseled on JSSK benefits and 102/ 108 services?	
J8	If delivered, did the HRP go to the appropriate facility/ FRU for delivery?	
J9	If delivered, did the HRP have a safe delivery?	
J10	If delivered, was the neonate healthy?	
J11	In your overall opinion, was the HRP appropriately managed?	