

# Pradhan mantri surakshit matritva abhiyan (PMSMA): new initiative to deliver quality maternal health care in India

## Abstract

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. Many of these deaths can be prevented if quality care is provided to pregnant women during their antenatal period. The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been launched by the Ministry of Health & Family Welfare (MoHFW), Government of India to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9<sup>th</sup> of every month. Doctors and medical professionals working in private healthcare sector would be encouraged to participate in the scheme and give 12 days of free services per year to poor pregnant women at public health facilities where government sector practitioners are not available or inadequate. Pradhan Mantri Surakshit Matritva Abhiyan is really a great initiative and will certainly help pregnant women from backward classes, rural areas and uneducated in remaining healthy throughout their pregnancy.

**Keywords:** antenatal care, pregnancy, high risk, maternal mortality ratio (MMR)

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**Abbreviations:** PMSMA, pradhan mantri surakshit matritva abhiyan; MMR, maternal mortality ratio

## Introduction

The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been launched by the Ministry of Health & Family Welfare (MoHFW), Government of India on 9<sup>th</sup> June 2016.<sup>1</sup> The program aims to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9<sup>th</sup> of every month. PMSMA guarantees a minimum package of antenatal care services to women in their 2<sup>nd</sup>/3<sup>rd</sup> 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. Any private or retired doctor, medical organization, hospitals can join the PMSMA.

## Goal of the PMSMA

Pradhan Mantri Surakshit Matritva Abhiyan envisages 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.<sup>2</sup>

## Objectives of the program

- I. Ensure at least one antenatal checkup for all pregnant women in their second or third trimester by a physician/specialist
- II. Improve the quality of care during ante-natal visits. This includes ensuring provision of the following services:
  - a. All applicable diagnostic services.

- b. Screening for the applicable clinical conditions
  - c. Appropriate management of any existing clinical condition such as Anaemia, Pregnancy induced hypertension, Gestational Diabetes etc.
  - d. Appropriate counselling services and proper documentation of services rendered
  - e. Additional service opportunity to pregnant women who have missed ante-natal visits.
- III. Identification and line-listing of high risk pregnancies based on obstetric/medical history and existing clinical conditions.
  - IV. Appropriate birth planning and complication readiness for each pregnant woman especially those identified with any risk factor or comorbid condition.
  - V. Special emphasis on early diagnosis, adequate and appropriate management of women with malnutrition.
  - VI. Special focus on adolescent and early pregnancies as these pregnancies need extra and specialized care
1. Key Features of PMSMA
    - I. PMSMA is based on the premise - that if every pregnant woman in India is 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.
    - II. 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.
    - III. 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.

- IV. Using the principles of a single window system, it is envisaged that a minimum package of investigations (including one ultrasound during the 2<sup>nd</sup> trimester of pregnancy) and medicines such as IFA supplements, calcium supplements etc would be provided to all pregnant women attending the PMSMA clinics.
- V. 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.
- VI. 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.
- VII. Pregnant women would be given Mother and Child Protection Cards and safe motherhood booklets.
- VIII. 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:
  - a. Green Sticker- for women with no risk factor detected.
  - b. Red Sticker - for women with high risk pregnancy.
- IX. A National Portal for PMSMA and a Mobile application have been developed to facilitate the engagement of private/ voluntary sector.
- X. 'IPledgeFor9' Achievers Awards have been devised to celebrate individual and team achievements and acknowledge voluntary contributions for PMSMA in states and districts across India.

## Discussion

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%.<sup>3</sup> 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 6.6lakh infants die within the first 28days of life.<sup>4</sup> 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. Pradhan Mantri Surakshit Matritva Abhiyan is really a great initiative and will certainly help pregnant women from backward classes, rural areas and uneducated in remaining healthy throughout their pregnancy. Till 31<sup>st</sup> Dec. 2016, total 2772 volunteers have joined this campaign.

## Conclusion

Initial results of this programme are motivating and successful. If government works with same will-power these steps will prove to be milestones in improving maternal health in India.

## Acknowledgements

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## Conflict of interest

The author declares no conflict of interest.

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