



No. NHMHP-MTH0PMSM/1/2019-MH-Section - 19240
 National Health Mission
 Himachal Pradesh
 Dated: Shimla-9, the



CIRCULAR

The Pradhan Mantri Surakshit Matritav Abhiyan (PMSMA) was rolled out in the State of Himachal Pradesh in the month of July, 2016. PMSMA had been introduced to provide fix day quality Antenatal care services to women in their 2nd / 3rd trimester of pregnancy on the 9th of every month. The basic objective of the PMSMA is provisioning of quality Antenatal care, detection, referral, treatment and follow up of high risk pregnancies and women having complications. However, based upon various inputs received from districts on difficulties being faced in implementation of the intervention, the Standard Operating Protocol, in continuation and partial modification of earlier guidelines issued vide letter no. HFW-H/PMSMA/2016 dated 11th July 2016, 13th July 2016 and 26th December 2016 (Copies enclosed), is being circulated as hereunder for implementation of PMSMA for guidance of all concerned at different health facilities:

1. **Facilities where the PMSMA clinic has to be organised:**

The PMSMA intervention will be implemented through PMSMA clinics. A PMSMA clinic can be any health institution such as PHC, CHC, CH, DH/RH/ZH and Medical Colleges. The basic pre-requisite for running a PMSMA clinic would be presence of at least one MBBS doctor.

2. **Roles and responsibilities:**

The State Programme Officer (Maternal Health), NHM would be responsible for implementing the PMSMA intervention in the State. The CMO and the District Programme Officer (Maternal Health) would be responsible for implementation of PMSMA intervention in their respective districts. The facility In-charge of the PMSMA clinic would be the Nodal Officer of the PMSMA clinic and would be responsible for all the services which are to be rendered to beneficiaries of PMSMA. A Health Supervisor/MPW from the health facility or from a nearby health facility should be designated as the Nodal Health Worker for the PMSMA clinic. The CHO/MPW will

nominate the ASHAs to attend the PMSMA clinic only if one or more beneficiary from the area of the ASHA requires Antenatal check-up in the PMSMA clinic. ASHAs would be eligible for incentive of Rs.100/ for attending the PMSMA session at PMSMA clinic. The Nodal Health Worker and the Nodal Officer of the PMSMA clinic would be responsible for uploading all the data on the HMIS and PMSMA portal with the help of the concerned HMIS operator. The MPW from whose area, the beneficiary has availed the services of PMSMA clinic would be responsible for uploading the data on the RCH portal.

3. **Date for organizing PMSMA clinics:**

PMSMA clinics would be organised on 9th of every month. In case 9th is an official holiday, the PMSMA may be organized on the next working day.

4. **Beneficiaries of PMSMA:**

The prescribed 3rd Antenatal check-up would be conducted for pregnant women in a PMSMA clinic. It would be mandatory that the 3rd ANC is conducted only in a PMSMA clinic and not at any other facility. However, there is no bar for any other antenatal check up to be undertaken at a PMSMA Clinic.

5. **Mobilization of pregnant women to PMSMA clinics:**

The frontline workers i.e. the CHO, MPW (M/F) and ASHAs would be responsible for mobilizing all the pregnant women whose 3rd ANC is due to the nearest PMSMA clinic. For this purpose, the data on pregnant women due for their 3rd ANC can be fetched from the RCH portal. The frontline worker should create adequate awareness regarding the importance of 3rd ANC in the PMSMA clinic.

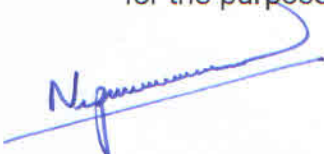
6. **Flow of beneficiary in the PMSMA clinic:**

All the beneficiaries of PMSMA should be registered in the PMSMA clinic by the Nodal Health Worker and a PMSMA OPD Slip be issued to them. In case the patient gets registered in the general registration of the health facility, the PMSMA OPD slip should be attached with the general OPD slip after filling all the details. The beneficiaries should be seated comfortably and provision for safe drinking water should be made. Based upon the registration in the PMSMA clinic, the Nodal Health

Worker will send the beneficiary one by one to the doctor. The Medical Officer/ OBG specialist would conduct the 3rd ANC as per the prescribed guidelines. The doctor should ensure that the complete examination of the patient including measuring of BP is done personally by him/her. The findings of the examination and other relevant record should be noted on the PMSMA OPD slip.

The doctor may prescribe diagnostics on the beneficiary as per availability of the same in the PMSMA clinic. In case, a laboratory technician is not available, the basic Point of Care (POC) tests should be conducted by the PMSMA Nodal Health Worker. In case the load of beneficiaries is high, the facility In-charge may requisition for additional MPWs. The Haemoglobin estimation of the pregnant woman should be mandatorily performed at the PMSMA clinic during third trimester visit and the results of the same shall be corroborated with the clinical findings by the concerned doctor. If the doctor feels the need of additional diagnostics which not available in the PMSMA clinic, he/she may ask the beneficiary to get the same done at the nearest available facility, where the same can be performed. It needs to be ensured that the beneficiary does not incur any out of pocket expenditure (OOPE) on availing the services in the PMSMA clinic. In case, a beneficiary is categorized as High Risk Pregnancy, the doctor would make a note of the same in red ink on the PMSMA OPD slip. The doctor would prescribe the requisite Supplements/ treatment as per guidelines and send the beneficiary back to the Nodal Health Worker.

The PMSMA Nodal health worker would fill the PMSMA register and the MCP card based upon the PMSMA OPD slip. In case, the beneficiary is marked as a HRP, the nodal worker will fill the 2nd part of the PMSMA register which is High Risk Pregnancy Line list. He/she will also affix the HRP sticker on the MCP Card. In this portion of the register, each original page has two extra corrugated duplicate pages one for the nominated ASHA worker coming from a HWC-HSC. In case, more than one ASHA is attending the PMSMA clinic then they may make a note of the HRP case or take a photocopy of the duplicate page. The ASHA will submit the details of the HRP as recorded on the duplicate page to the respective MPW of the HWC-HSC who in turn would be responsible for maintaining a HRP Line list of their area in the prescribed register and ensure their appropriate treatment and follow up. The 2nd duplicate sheet has to be handed by the facility Nodal Worker to the concerned HMIS operator for the purpose of reporting.



7. **Reporting:**

The report of the 3rd ANC conducted in a PMSMA clinic should be uploaded on the HMIS portal against the health facility where the PMSMA was organized. The report of this ANC also needs to be updated on the RCH portal against the beneficiary registered on the same. Further, the consolidated report of the PMSMA clinic has to be uploaded on the Government of India's PMSMA portal.

8. **Review:**

The district would make the progress on PMSMA portal as part of their monthly review meeting and ensure that optimal services are being rendered in the PMSMA clinics. The State Programme Officer, Maternal Health NHM would review the data on a monthly basis at the State level. The proportion of HRP detected against the number of beneficiary availing the services in PMSMA clinics of the district would be made a part of the State Health Index.

Approved
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Secretary (Health) to the
Government of Himachal Pradesh

Endst.No. as above Dated Shimla-9, the

Copy to:

1. Additional Secretary cum Mission Director, National Health Mission, Government of India for information please.
2. The Secretary (Health) to the Government of Himachal Pradesh for information please.
3. The Director Health Services, Himachal Pradesh for information and necessary action.
4. The Director Medical Education and Research, Himachal Pradesh for information and necessary action.
5. All the Deputy Commissioners, Himachal Pradesh for information please.
6. All the Chief Medical Officer, Himachal Pradesh for information and necessary action.
7. The Principal, IGMCM, Shimla/ Dr.RPGMC Tanda, Kangra/ Dr. Y.S.Parmar Medical College, Nahan/ Pt. Jawahar Lal Nehru Govt. Medical College, Chamba/ Sh. Lal Bahadur Shastri Govt. Medical College, Mandi/ Dr. Radha Krishanan Govt. Medical College, Hamirpur for information and necessary action.

8. The Medical Superintendents, RH Bilaspur/ RH Chamba/ RH Hamirpur/ ZH Dharamshala/ RH Kullu/ ZH Mandi/ZH Shimla/ RH Nahan/ RH Solan/ RH Una/CH Rohru/ MGMTSC Khaneri, Shimla for information and necessary action.
9. The Medical Superintendent, KNH/IGMC, Shimla / Dr. YS Parmar Med. College, Nahan/ Dr.RPGMC, Tanda/ Pt. Jawahar Lal Nehru Govt. Med. College, Chamba/ Sh. Lal Bahadur Shastri Govt. Medical College, Mandi/ Dr. Radha Krishanan Govt. Medical College, Hamirpur for information and necessary action.
10. All the State Programme Officers, NHM for information please.
11. The Consultant (MIS), NHM with the direction to upload the guidelines on NHM portal.


9/2/21
Mission Director, NHM
Himachal Pradesh, Shimla – 9