# NEET SS

# RESIDENCY ESSENTIAL

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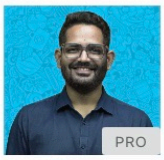


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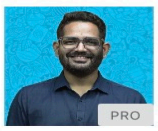


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# SAFE MOTHERHOOD & HEALTH RESPONSE SYSTEMS



**Social obstetrics :**

Study of the influence of the following factors on maternal health :

1. Social.
2. Economic.
3. Environment.

- A woman's living conditions and social environment influence her pregnancy.
- Maternal health is shaped by systems, society and the life course, not just pregnancy.

Pillars of social obstetrics :

1. Programs.
2. Parameters.
3. Prevention across life-cycle.
4. Pathogens.
5. Population control.

SMPP approach : System → Measurement → Prevention → Population.

## Safe motherhood

00:05:02

Safe motherhood initiative :

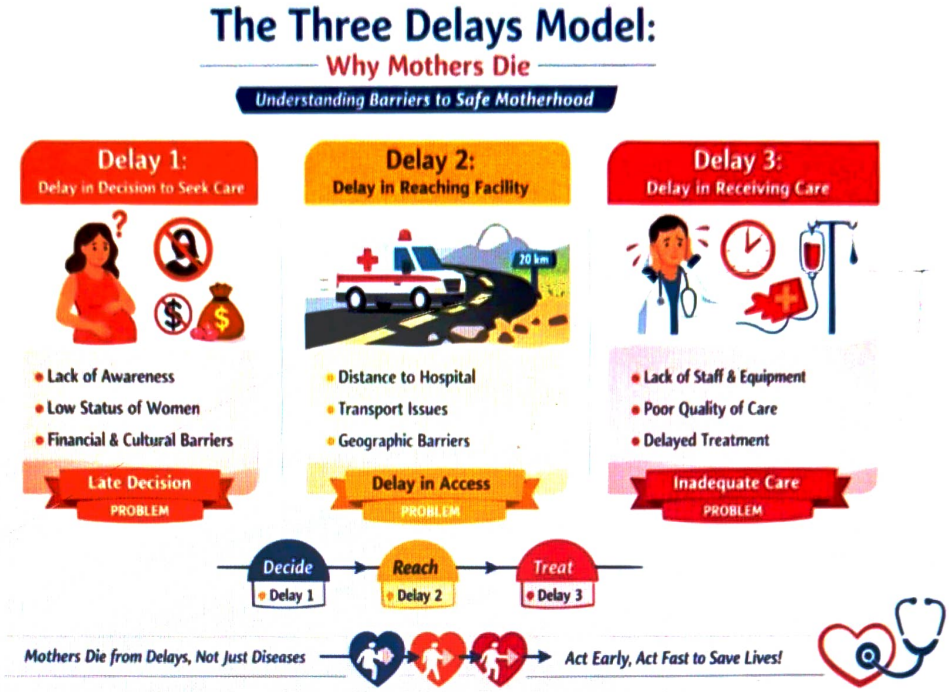
- Ensuring : Care is given + received in motherhood.
- Aim : Prevent maternal death & complications .
- Objectives :
  i. Reduce MMR.
  ii. Ensure safe pregnancy & delivery.
  iii. Promote healthier mother.
  iv. Promote healthier newborns.

Why women die :

Increase in maternal mortality could be translated to delays in care, explained by the "Three delays model" :

1. Delay in decision to seek care.
2. Delay in reaching facility.
3. Delay in receiving care.

----- Active space -----




Components of safe motherhood initiative :

- Antenatal Care (ANC) : Early registration, ≥4 visits.
- Skilled Birth Attendance (SBA) : Institutional delivery.
- Emergency Obstetric Care (EmOC).
- Postnatal Care (PNC) : First 48 hours critical.
- Referral systems & transport.

**Recommended antenatal visits :**

| Authority | Minimum recommended visits | Typical schedule |
|---|---|---|
| WHO | 8 contacts | 1st trimester < 12 weeks<br>12, 20, 30, 34, 36, 38, 40 weeks |
| Govt. of India | Minimum 4 visits | ≤ 12 weeks, 14–26 weeks, 28–34 weeks, ≥36 weeks |
| FOGSI | ≥4 visits (Flexible) | Same as GOI but encourages more visits |
| RCOG/ NICE | 7–10 visits | Primigravida : ~10<br>Multigravida : ~7 |
| ACOG | 12–14 visits (Traditional model) | Every 4 weeks (Till 28 weeks)<br>Every 2 weeks (28–36 weeks)<br>Weekly (≥36 weeks) |

- Trimesters :
  - 1st : 12 weeks.
  - 2nd : 13 to 28 weeks.
  - 3rd : 29 to 40 weeks.

Feedback

- Registered is not the same as "booked".
- Early (Before 12 weeks) registration is encouraged to diagnose high risk pregnancies and start intervention (E.g., Aspirin for preeclampsia/ FGR).
- Anomaly scan can be done before 20 weeks.

## Essential obstetric care :

| Component | Functions |
|---|---|
| ANC – Antenatal Care | Early registration, Risk screening, Supplements, Immunization |
| SBA – Skilled Birth Attendance | Delivery conducted by trained personnel (doctor/nurse/midwife) |
| CSDP – Clean and Safe Delivery Practices | Asepsis, Infection prevention |
| PNC – Postnatal Care | First 48 hours critical for mother & baby |
| Identification & Referral – Complications | Early detection of danger signs (Mother & Baby) |
| Health Education & Counselling | Nutrition, Breastfeeding, Family planning |

## Emergency obstetric care :

### Basic emergency obstetric care (BEmOC) :

- To manage common obstetric emergencies.
  - Parenteral antibiotics.
  - Parenteral oxytocic (e.g., oxytocin for PPH) : For AMTSL.
  - Parenteral anticonvulsants ($MgSO_4$ for eclampsia).
  - Manual removal of placenta (MRP) : Availability of Anaesthetist.
  - Removal of retained products (SE/ MVA) : OT and anaesthetist.
  - Assisted vaginal delivery (forceps/vacuum) : Trained personnel.
  - Neonatal resuscitation : Paediatrician.

### Comprehensive emergency obstetric care (CEmOC) :

- To manage severe/ life threatening cases.
- Additionally to BEmOC :
  - Cesarean section (C-section) : Well-trained specialist.
  - Blood transfusion round the clock availability.

----- Active space -----

## LaQshya

00:20:30

### Labour room quality improvement initiative :

- Launched by Ministry of Health & Family Welfare (MoHFW) in December 2017, under National Health Mission (NHM/ NRHM) program.
- RMNCAH+N : Reproductive, Maternal, Neonatal, Child, Adolescent Health + Nutrition for all.
- To improve quality of care in the labour room and maternal OT.
- Problem :
    - Maternal death did not improve despite increase in number of institutional deliveries.
    - This was due to lack of improvement in delivery services.
    - Large proportion of fatalities surrounded childbirth.
- Aim : Safe, respectful, evidence based, zero-defect maternity and newborn care.

Emphasis :

- Quality intrapartum care.
- Immediate postpartum care.
- Emergency obstetric and newborn management.
- Respectful maternity care.
- Standardization :
    i. Mentoring.
    ii. Assessment.
    iii. Certification.
    iv. Continuous quality improvement.

Problems with older labour rooms :

- Overcrowded wards.
- No privacy for mothers.
- Poor layout and infrastructure of hospital.
- Deficient documentation.
- Weak infection control.
- Poor triage system.

### Objectives :

- Reduce maternal and newborn morbidity and mortality.
- Improve quality of care.
- Improve women's experience of care.

----- Active space -----

Target beneficiaries :

- Expectant mothers.
- Their newborns
- Every high-risk ANC.

Focus areas :

| Facilities covered | Focus areas |
|---|---|
| • Government medical colleges<br>• District hospitals/ equivalents facilities<br>• Designated FRUs<br>• High case-load CHC/ PHC | • Labour room<br>• Maternity OT<br>• RSU : Referral support/ stabilisation unit<br>• HDU/ Obstetric ICU<br>• Newborn corner |

**Core principles :**

- Quality of care.
- Respectful maternity care.
- Zero-defect care.
- Continuous quality improvement.
- Team approach.
- Outcome orientation.

**Do's and don'ts of LaQshya initiative in the labour room :**

Do's :

- Provide privacy & dignity to pregnant women during labour and delivery.
- Allow a birth companion throughout the labour and delivery process.
- Support choice of mother to choose their preferred position for giving birth.
- Allow delayed cord clamping as per clinical guidelines.
- Provide skin-to-skin contact between the mother and the newborn immediately after birth.
- Initiate breastfeeding within the first hour of birth.
- Adhere to clinical protocols, checklists, and partographs to monitor labour.
- Triage women for complications immediately upon arrival.

Dont's :

- No unnecessary interventions like induction without sound clinical indications.
- Do not verbally or physically abuse, humiliate, or mistreat a woman in labour.
- No immediate cord clamping.
- Do not force the woman deliver in a specific position if she is uncomfortable.
- Do not routinely separate the healthy newborn from the mother.
- Do not make the woman incur out-of-pocket costs for essential services provided under this public health initiative.

----- Active space -----

## Strategies :

Multi-pronged strategy : Intersectoral coordination.

Infrastructure strengthening :

- Reorganise workspace.
- Create distinction.
- Proper linkage.

Human resources strengthening :

- Improve staffing and manpower.
- Employment retention.

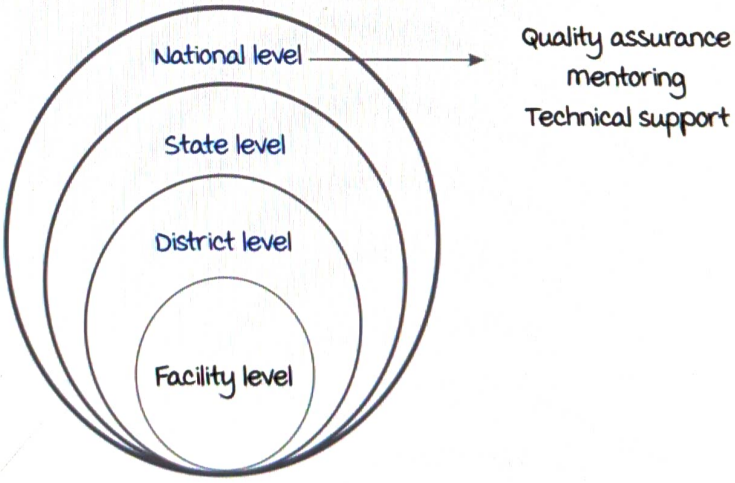
Capacity building :

- Establish protocols.
- Provide trainings.
- Regular assessments.
- Dakshata.

Quality management :

- Respectful maternity care (RMC).
- Process improvement.
- Gap analysis.

## Institutional framework :




Quality assurance :

- Quality circles : Functional implementing units.
- Change management :
  - PDCA cycles : Plan → Do → Check → Act.
  - Campaign based raid improvement cycles.



Feedback

- 12 months : 6 cycles of 2 months each.
- Two phases : Roll out phase & Consolidation/ sustenance phase.

----- Active space -----

**Standard assessment forms :**

- Practices are sustained by regular assessment.
- Objective checklists are used : 2 forms for LR and OT.
- Based on NQAS (National Quality Assurance Services).

Checklists cover 8 concern areas :

1. Service provision : Availability and functioning of providers, units, services.
2. Patient rights : Right to information, informed consent, respectful care.
3. Inputs : manpower, drugs, consumables.
4. Support services : Birth attendants, lactation counsellors, RMC etc.
5. Clinical care/ Clinical services : Emergencies, OTs, night-time services etc.
6. Infection control : Hand-washing practices to biomedical waste disposal.
7. Quality management : Overal birthing experience elevation.
8. Outcome measures.

**NQAS Checklist for labour room :**

- Internal assessment → (12 months/ 6 cycles) → External assessment.
- 3 level external assessment : District → State → National.
- After national assessment → LaQshya certified.

| Name of the Hospital | Sadar Hospital Chatra | Date of Assessment | 9/28/2021 |
|---|---|---|---|
| Name of Assessor | MD MURSHID | Names of Assessees | |
| Type of Assessment (Internal/Peer/External) | **INTERNAL** | Action plan submission date | |

| Sr. No | Area of Concern wise Score | | Labour Room Score |
|---|---|---|---|
| A | Service Provision | 95% | |
| B | Patient Rights | 90% | |
| C | Inputs | 87% | |
| D | Support Services | 89% | **87%** |
| E | Clinical Services | 93% | |
| F | Infection Control | 81% | |
| G | Quality Management | 73% | |
| H | Outcome | 83% | |

----- Active space -----

Gap-bridging exercise :

| Section | Details |
|---|---|
| Major Gaps Observed | 1. LR shifting |
| | 2. Development of Triage Room |
| | 3. Unavailability of Paediatrics, Anaesthetics, Gynaecology |
| | 4. Training of All Staff regarding LAQSHAY |
| Strength / Good Practices | 1. All Staff are co-operative and eager to learn |
| | 2. Positive attitude of all Staff including MO |
| | 3. Limited resources facility providing |
| Recommendations / Opportunities for Improvement | 1. |
| | 2. |
| | 3. |
| | 4. |
| Signature of Assessor | |
| Date | |

Certifications :

- Assessment and certification are done using NQAS-based labour room and maternity OT checklists.
- External certification is done by empanelled assessors.
- Certification is valid for 3 years, subject to annual verification by SQAC.

A facility must achieve at least 70% for certification : For both LR & maternal OT.

Incentives :

- State-level assessment score may lead to :
  - Platinum badge : >90%.
  - Gold badge : >80%.
  - Silver badge : >70%.
- Incentives are facility based + performance based :
  - Medical colleges : Rs. 3 Lakh.
  - District hospitals : Rs. 2 Lakh.
  - SDH/ CHC (High load) : Rs. 1 Lakh.

**Advantages :**

- Focuses on most vulnerable window : Labour & immediate postpartum period.
- Integrates maternal and newborn care.
- Balances clinical excellence + patient experience.
- Promotes respectful maternity care.
- Standardizes labour room practices across public institutions.
- Encourages documentation, audit, and data-driven improvement.
- Strengthens infection control.

Feedback

----- Active space -----

**Disdvantages :**

- Human resources : Manpower shortage, frequent staff rotation.
- Infrastructure constraints : Linitations on old labour rooms.
- Clinical practice gaps : Inconsistent adherence to protocols.
- Documentation issues.
- Behavioural issues : Resistance to change.
- Logistics and supply : Weak supply chain.
- Training and mentorship : Inadequate mentoring and follow-up.
- System-level variability : In implementation across states/ facilities.
- Sustainability issues after initial enthusiasm.

## Respectful maternity care

00:49:20

Care during pregnancy, labour, postpartum ensuring :

- Dignity.
- Privacy.
- Confidentiality.
- Informed choice.
- Freedom from abuse/ discrimination.

Promoted by World Health Organization & forms core component of LaQshya.

Need for RMC :

- High institutional deliveries ≠ good experience.
- There have been reports of abuse, neglect, non-consented care.

**Core principles :**

Components :

- Dignity & respect .
- Privacy & confidentiality.
- Informed consent.
- Non-discrimination.
- Emotional support.
- Birth companion.
- Right to quality care.

Examples/ arenas :

- Preferred birthing position.
- Birth companion allowed.
- Avoid unnecessary interventions.
- Skin-to-skin contact.
- Early breastfeeding.
- No unnecessary mother-baby separation.

Feedback

----- Active space -----

Violations :

- Verbal/ physical abuse.
- Non-consented procedures.
- Lack of privacy.
- Detention for non-payment.
- Neglect.

**Updates in RMC :**

- Integration into LCG (Labour Care Guide); Next-Gen partograph.
- Components :
  - Labour companionship.
  - Oral fluids.
  - Pain relief.
  - Comfortable birthing positions.
- Integrated training : Dakshata/ RMC/ LaQshya.
- Principle : Behavioural change communication.

## Alternate birthing positions 00:55:52

Positions other than conventional lithotomy/ supine position during birthing.

- Pelvis consists of inlet, outlet and mid-cavity.
  - Squatting : Inlet opens.
  - Knees completely flexed + hips rotated/ firmly stand : Outlet opens.
  - Bending/ stretching : mid-cavity opens.
- One position for all women is obsolete.
- Alternating birthing positions are physiologic.
- Promotes women-centric approach.

**Types :**

Upright positions :

- Squatting.
- Standing.
- Sitting.
- Walking : Birth stools.
- Kneeling.
- All fours.

Non-upright, non-supine positions :

- Lateral.
- Semi-recumbent.

Feedback

## Pain Control during Early Labor

----- Active space -----

Rocking

Squatting with partner

Squatting

Leaning forward

Kneeling with birthing ball

On hands and knees

Semi-sitting with partner

Lying on your side

### Birth exercises :

Birth exercises and specialised devices

- Trained obstetric physiotherapists to teach exercises, control and breathing.
- Specialised equipment to help the mother through birth.

### Advantages of alternate positions :

- Uses gravity → Improves fetal descent.
- ↑ Pelvic diameters (Especially squatting).
- ↓ Duration of labour (Especially second stage).
- ↓ Need for : Instrumental delivery/ episiotomy.
- ↓ Aortocaval compression → Better uteroplacental perfusion.
- ↑ Maternal comfort and satisfaction.
- ↑ Sense of control (Important for RMC).

Feedback

----- Active space -----

Disadvantages of alternate positions :

- Difficult for :
  - Continuous CTG monitoring.
  - Operative vaginal delivery.
- May require :
  - Trained staff.
  - Infrastructure (birth stool, mats).
- Risk of :
  - Rapid delivery (Perineal tears if uncontrolled) : Require rigorous monitoring.

**Indications :**

- Low-risk labour.
- Desire for physiological birth.
- Back pain relief (hands-and-knees).
- Delayed descent in supine.

**Contraindications :**

- High-risk pregnancy.
- Need for continuous monitoring/ intervention.
- Epidural analgesia (Limited mobility).
- Fetal distress requiring immediate intervention.

## Birthing companion/ attendant

01:02:46

A person chosen by the woman to provide continuous physical, emotional, and psychological support during labour.

Types :

- Husband/ partner.
- mother/ relative.
- Trained doula.
- Friend.

Role of birth companion :

- Emotional support.
- Physical support.
- Advocacy.
- Better care.

Benefits :

----- Active space -----

- ↓ Duration of labour.
- ↓ Need for : Analgesia/ Operative delivery.
- C-section.
- ↓ Maternal anxiety.
- ↑ Maternal satisfaction.
- ↑ Breastfeeding success.

Challenges :

- Privacy ensured : Curtains or screens.
- Infection control adherence.
- Orientation of companion.
- Consent from woman.
- Resistance from staff.

## Other programs

01:04:55

### Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) :

- Launched in June 2016 by the MoHFW.
- Assured, comprehensive, and quality Antenatal Care (ANC).
- Beneficiaries : All pregnant women across India.
- Special focus on the 2nd and 3rd trimesters.

Objectives :

- Early identification (Risk tagging) & management of high-risk pregnancies.
- Reduce MMR, stillbirths & neonatal mortality.
- Ensure at least one specialist ANC in 2nd/ 3rd trimester.

Strategy (1 Pledge 9) :

- Fixed day approach on the 9th of every month.
- Public + private sector obstetrician participation (Voluntary).
- Package approach.
- Risk stratification + tagging.

Services :

| Full ANC check-up | Investigations |
|---|---|
| • Weight & Blood Pressure<br>• Pallor assessment<br>• Abdominal examination | • Haemoglobin (Hb)<br>• Urine albumin & sugar<br>• Blood grouping, HIV, VDRL |
| • Additional Services<br>• Ultrasound (where available)<br>• Line listing of HRP<br>• Counselling: diet, danger signs, birth preparedness | |

----- Active space -----

Note :

- Samrakshan initiative by Indian Radiologist Association : mandated biometric anomaly Doppler scan done on the 9th of every month.

Risk stratification :

Red sticker (High risk) :

- Severe anaemia (<7 g/dl).
- PIH/ Preeclampsia.
- Gestational Diabetes Mellitus (GDM).
- Previous LSCS.
- APH, multiple pregnancy, malpresentation.

Green sticker (Normal) :

- No identified risk factors.
- Routine ANC follow-up advised.

Monitoring & reporting :

- Data entered on the PMSMA portal (RCH portal).
- High-risk pregnancies tracked till delivery.
- Strengthens continuum of care.
- Improves referral linkage & institutional delivery planning.

**Janani Suraksha Yojana (JSY) :**

JSY is a demand-side financing scheme launched in 2005 under the National Health Mission.

- To promote institutional deliveries among poor and vulnerable pregnant women via incentives :

Incentives :

- Centre to state.
- National Health Mission.
- Direct transfer to beneficiary.
- Facilitated by ASHA worker.

Components :

- Cash assistance to mother.
- Performance-based incentive to ASHA.
- Strengthening health system capacity.
- Linkage with 24×7 PHCs & FRUs.

----- Active space -----

Role of ASHA worker :

- Early registration of pregnancy.
- Ensure ≥3 ANC visits. (No incentive is pGA beyond 24/28 weeks).
- Counselling for institutional delivery.
- Escort mother to facility.
- Postnatal follow-up.

Categorization :

Low performance states (LPS) :

- UP, Bihar, MP, Rajasthan, Jharkhand, Odisha, Uttarakhand, Jammu & Kashmir, Himachal Pradesh, Assam.
- Beneficiaries : All pregnant women.

High performance states (HPS) :

- Tamil Nadu, Kerala, and other states with historically high institutional delivery rates.
- Beneficiaries : Only BPL/ SC/ ST women.

Cash incentives :

- High performance state : ASHA gets mainly Rs. 600 for escorting the mother.
- It was paid in 2 installments : One after ANC visit, and after delivery is documented.

| For the mother | | |
|---|---|---|
| Area | LPS | HPS |
| Rural | Rs. 1400 | Rs. 700 |
| Urban | Rs. 1000 | Rs. 600 |

| For ASHA worker (LPS) | |
|---|---|
| Component | Amount |
| ANC + Delivery facilitation | Rs. 600 |
| Postnatal visit | Rs. 200 |
| Total per case | Rs. 800 |

## Janani Sishu Suraksha Karyakram (JSSK) :

Supply-side financing scheme ensuring zero out-of-pocket expenditure (OOPE).

- Launched in 2011 by MOHFW.
- Pregnant women delivering in public institutions and for sick newborns up to 30 days of age (Currently extended upto 1 year).

Entitlements for pregnant women :

- Free and cashless delivery including CS.
- Free drugs and consumables.
- Free diagnostics (All required investigations at the facility).
- Free diet (3 days for normal delivery; 7 days for LSCS).

----- Active space -----

- Free blood transfusion.
- Free transport (Home to facility, inter-facility, back home).
- Exemption from user charges at all public facilities.

Entitlements for sick newborn :

- Free treatment.
- Free drugs & diagnostics.
- Free blood.
- Free transport.

"Zero expense delivery and neonatal care".

**SUMAN : Surakshit Matritva Aashwasan Yojana**

Rights-based initiative ensuring quality and Respectful Maternity Care launched in 2019 by GOI.

Objectives :

- Zero preventable maternal & neonatal deaths.
- Ensure Respectful Maternity Care (RMC).

Key principles :

- Zero tolerance for denial of services.
- Care must be free, dignified & timely.

Service guarantee covers :

- Antenatal Care (ANC).
- Institutional delivery.
- Postnatal care (PNC) up to 6 months.
- Sick newborn care.

Entitlements and accountability :

- Respectful care : No abuse or discrimination; privacy and confidentiality guaranteed for every woman.
- Birth companion : Women are entitled to have a birth companion of their choice during labour and delivery.
- 24x7 services : Round-the-clock availability of maternity and newborn care services at public facilities.
- Grievance redressal : Formal mechanism for feedback; facility-based monitoring and quality certification.

Feedback