Health Awareness

For Service Providers 2014
Tamil Nadu

Circular No. 5 / 2014

Reduction Of MMR Observation of High Risk Mothers - Guidelines

NATIONAL HEALTH MISSION
State Health Society - TN
DMS Complex, Chennai

Circular No.5 / 2014

Roc No: 3543 / P5 / SHS / 2014,
Dated 24.06.2014

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National Health Mission,
State Health Society-TN
DMS Complex, Chennai – 6

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Improving the Maternal and Child Health and survival are central to the achievement of the National Health Goals under NRHM as well as Millennium Development Goals"

Sub: NRHM – TN - State Health Society – MDG – Reduction of MMR - Observation of High Risk Mothers in30 bedded UG PHCs - Guidelines issued – regarding

***

I would like to invite your kind attention to the point mentioned in the subject above. NRHM is a project which is committed towards the provision of quality MCH care. ***Quality Care is recognized as sexual and Reproductive rights from client perspective.***

Our State has set a goal of achieving an MMR of 45 per 1,00,000 live births by 2017. Various strategies have been formulated for lowering MMR and is being implemented at all levels of care in the State. In this regard I would like to bring to your attention the following points:

1. Maternal Death Audits indicate that more than fifty percent of mothers who lost their lives in the process of giving lives, had one or more complications during the pregnancy.

2. Mobilizing and admitting the women with risk factors in a functional CEmONC centres well before the EDD is an effective strategy to provide quality EmONC services to such mothers in time.

3. Due to lack of space in District Headquarters Hospitals and Medical College Hospitals all these women could not be admitted for a weeks time.

4. If such women are identified in time and admitted in 30 Bedded PHCs ,proper monitoring of vital parameters can be done effectively. Hence a scheme to admit, monitor and refer the High Risk AN mother in appropriate time is in place since 2012-13.

Hence all the DDHS and other responsible officers are directed to have a special attention over the following subjects in Identification of High Risk AN mothers.

During the Ante- Natal Clinics conducted at the facilities (PHCs/CHCs/HSCs), High Risk Pregnancies should be identified early by

- Careful History taking
- Auscultation of Cardio- Vascular System and Respiratory System by the Medical Officer.
- Systematic Clinical Examination of the Ante- Natal Mother by the Medical Officer.
- Compulsory Measurement and documentation of BP by Medical Officer during each AN visit. Recognising and monitoring women without mid trimester fall of BP.
- Routine Hemoglobin estimation during every AN visit (compulsory at 14-16 weeks, 20-24 weeks, 26-30 weeks and 30-34 weeks and during labour).
- Routine monitoring of albuminuria during every visit (including when she is admitted for delivery)
- Routine screening for GDM (as per the protocols issued) for all the AN mothers thrice during pregnancy.
- Identification of suspected growth restriction for the baby by routine measuring of symphysio fundal height in the AN clinic.
- Ultra sound examination of all high risk mothers to know development of the baby & congenital anomalies

High Risk Pregnancy - Conditions

It is also to be noted that the following conditions require more attention and are considered as High Risk Pregnancies.

- Pregnancies at extremes of age - < 18 years and> 35 years of maternal age (Teenage Pregnancy and elderly gravida)
- Bad Obstetric History (2 or more spontaneous abortions / IUD)
- Pregnancy following previous caesarean section (including other scarred uterus like myomectomy).
- Pregnancy following any laparatomy.
- Pregnancy following any vaginal surgery.
- Pregnancy following infertility for 3 years or more (whether conceived following treatment or without treatment).
- AN mothers with any pelvic / lower limb or skeletal abnormalities leading on to contracted pelvis like polio, malunion following accidents or surgery etc.
- Anemia complicating pregnancy (with / without failure)
- Pre – Eclampsia / Severe Pre- Eclampsia / Eclampsia
- Gestational Diabetes Mellitus
- Heart Disease complicating pregnancy (with / without failure)
- Grand Multi – Gravida (Gravida Five and above)
- Malpresentations (Breech / Transverse lie)
- Multiple Pregnancy (Twins , Triplets etc)
- Ante-partum Haemorrhage (Placenta Previa, Abrubtio placenta etc)
- Fetus with congenital malformations
- Post partum Hemorrhage and other IIIrd stage complications like retained placenta, adherent placenta in the previous pregnancy
- Preterm labour, Premature Rupture of Membranes at term (PROM) and preterm (PPROM) in the present or previous pregnancy.
- Other Medical complications complicating pregnancy.

All these High Risk pregnancies require constant observation during the Ante- Natal period especially during the last few weeks of pregnancy.

High Risk Pregnancy – To be admitted at 30 bedded PHCs for monitoring

The following High risk mothers can be admitted at the 30 bedded PHCs prior to the expected date of delivery for constant observation and to continue the treatment.

- Pregnancy Induced Hypertension (PIH) with BP 150/100 to 140/90 mm of Hg
- Moderate anemia at term Hb 7.1 to 9gm
- Mothers with heart diseases without failure
- Previous caesarean section or other surgeries on the uterus like myomectomy and also with history of laparatomy and vaginal surgery.
- Mothers with CPD/ contracted pelvis
- Bad obstetric history (No live child or recurrent abortions)
- Teenage pregnancies (<20 years) and elderly primigravida (>35 years)
- Breech (particularly Primi), Transverse lie
- Twins, triplets
- GDM pregnancy(with diet management/Insulin)

AN mothers with above high risk factors should be admitted in the PHC and they should be transferred to the **appropriate CEmONC centers** well before the EDD to plan the strategy for the individual case management and to provide quality EmONC services. In case if the mother develops complication during admission they should be immediately referred to the CEmONC center.

On admission the mother should be examined and individual case sheet should be maintained. During the stay at PHC all the high risk mothers should be observed for the following vital indicators at the specified periodicity both by the Medical Officer and Staff Nurse/ANM.

Vital indicators to be monitored:

Vital / Activity	Interval
FH	2nd Hourly
BP	4th Hourly for PIH mothers 8th hourly for others
Urine Albumin	BD
Weight	Daily morning
Temperature/Pulse / Respiration	TID
Kick chart to be maintained	9am to 9pm
Blood sugar	AC/ PC once in a week for Gestational Diabetic Mothers
Abdominal girth and Height of uterus	once in a week

(PV should not be done unless the mother is in labour)

The time of admission of the mother and the period of referral to the higher centre depends on the High Risk Factor of the individual AN mother.

A detailed outline is as follows.

Type of Risk Factor – Admission and Referral guidelines.

S. No.	Type of risks	No. of days before EDD admission to be made at PHC	Specific Observation	No. of days before EDD mothers to be transferred to CEmONC centers
1	Pregnancy Induced Hypertension (PIH) with BP 150/100 to 140/90 mm of Hg	3 weeks	Blurring of vision/Epigastric pain/Right Hypochondriac pain Monitor urine output	7 days
2	Moderate anaemia at term Hb 7.1 to 9gm	3 weeks	Fatigue/Shortness of breath/Dizziness	7 days
3	Mothers with heart diseases without failure	1 month	Monitor urine output/ early recognition of signs of failure Pedal oedema /tachycardia	7 days
4	Previous caesarean section or other surgeries on the uterus like myomectomy, laparatomy and vaginal surgery	15 days		3 days
5	Mothers with CPD/ contracted pelvis	7 days		3 days
6	Bad obstetric history (No live child or recurrent abortions)	15 days		3 Days
7	Teenage pregnancies (<20 years) and elderly primigravida (>35 years)	15 days		3 Days
8	Breech (particularly Primi), Transverse lie	7 days		3 Days
9	Twins, triplets	7 days		3 Days
10	GDM pregnancy(with diet management/Insulin)	1 month	Observe for signs and symptoms of Hypoglycemia- Cold clammy skin, palpitation, sweating, anxiety, hunger Hyperglycemia- Excessive thirst, frequent urination, dry mouth blurred vision, coma	3 Days

Monitoring and Treatment of the High Risk AN mother

The following proceedings may be followed with reference to the High Risk AN mother in the PHCs.

During the Stay

Along with the above monitoring, the treatment appropriate to the High Risk Condition prescribed to the mother should be given.

Case – sheet should be maintained for all the High Risk AN mothers admitted. A copy of the charts to be maintained in the case sheet is attached.

Diet should be provided to the AN mother along with the attender at Rs.80/ day/ person.

When referring the mother to the higher centre (as per the Guidelines) or due to labour pains, the High Risk AN mother should be referred to higher centre being accompanied by a Staff Nurse. The accompanying staff nurse shall be paid an incentive of Rs.100 for each HRM.

While providing diet to the AN mother, diet pertaining to the High Risk Condition to be followed. (Eg – GDM).

IEC activities

- During AN clinic awareness should be created among the AN mothers regarding the facilities provided in the PHC for admission of the High Risk AN mothers and one attendant.
- VHNs should motivate the HR mothers to get admitted in the PHC.
- Counselling of the High Risk AN mother with family by the Medical Officer to motivate them to get admitted in the 30 bedded facilities.

The DDHS and concerned officers are requested to kindly note the general observations/ reasons for MMR

- Limited availability of skilled human resources, especially nurses
- Low coverage of services and of skilled staff posting among marginalized communities.
- Inadequate supportive supervision of front-line service provides.
- Low quality of training and skill building
- Lack of focus on improving quality of services
- Insufficient information, education and communication on key family practices.

Reporting

Monthly report regarding the High Risk mother inpatient admission and referral details to be submitted to the office of DPH and the office of State Health Society in the mail ID dphemonchrp@gmail.com(DPH) and additionalnrhm@gmail.com (SHS)

S.No	Name of the PHC	Actual No of HRM identified		Number of HRM admit-ted		Number of HRM referred to higher centres	
		During the Month	Upto the month	During the Month	Upto the month	During the Month	Upto the month

Barriers for the achievement of the goals.

High risk mother admission and referral details

Name of the HUD: Month:

Social barriers

- Social and cultural beliefs limit women's access to information and services & their inability to decide on issues related to her health care.
- Women share major burden of the family and hence do not like to stay away from home which challenges the admission of the High Risk AN mothers at the PHCs.

System barriers

- Inadequate or poor services.
- Incomplete information about medical procedures creates Myths and Misconceptions.
- Possible solutions - Roles of Government, Media, Community Leaders & Women

Role of Government

- Enact proactive policies
- Mechanism for monitoring and compliance
- Invest resources to strength services and delivery systems.

Role of Media

- Create positive public opinion
- Highlight positive efforts and good practice stories

Role of Community leaders

- Generate awareness and sensitivity
- Lobby for accessible services and quality care

Role of Women

- Become more aware of their rights
- Seek demand and utilize services.
- Model case sheet is enclosed.

All the officers are requested to adhere the instructions and submit their report within time – Concerned HOD is requested to ensure whether all he above said instructions is carried out on time.

Sd/ ...
(Dr.C.N. Mahesvaran)
Mission Director,
National Health Mission-TN.

To

The All District Collectors
The Director of Medical Education
The Director of Medical & Rural Health Services
The Director of Public Health & Prevention Medicine
All Joint Directors in the District
All Deputy Director of Health Services
Medical Superintendent of Taluk & District Hospitals & Non-Taluk Hospitals
All Primary Health Center Medical Officers
Programme Officers and HOD's of Vertical Programme
Copy Submitted to Secretary to Government
Health & Family Welfare Department,
Secretariat, Chennai.

பொதுசுகாதாரம் மற்றும் நோய்த் தடுப்புமருந்துத் துறை
அதிகவனம் செலுத்தவேண்டிய கர்ப்பிணிதாய்மார்களின் பராமரிப்பு குறிப்பேடு

PICME எண்.

	பெயர்	வயது	கல்வி	தொழில்	மாத வருமானம்
கர்ப்பிணி					
கணவர்					

தற்காலிக முகவரி :

நிலையான முகவரி :

தொலைபேசி எண் :

கைபேசி எண் :

இரத்த வகை :

அனுமதிக்கப்பட்ட தேதி :

நேரம் : AM/PM

விடுவித்த தேதி :

நேரம் : AM/PM

கடைசி மாதவிலக்கான தேதி (LMP) :

எதிர்பார்க்கப்படும் பிரசவ தேதி (EDD) :

கர்ப்ப விபரம்

கர்ப்ப எண்ணிக்கை (Gravida) :

பிரசவ எண்ணிக்கை (Para) :

உயிருடன் உள்ள குழந்தைகள் :

ஆண் : பெண் :

கருச்சிதைவு எண்ணிக்கை (Abortion) :

முந்தைய கர்ப்ப (ம) பிரசவ விபரங்கள்

கர்ப்பம்	கர்ப்ப வாரங்கள்	கர்ப்ப வெளிப்பாடு		குழந்தையின் நிலை		இடம்	தேதி / வருடம்	கருச்சிதைவு		
		சுகப் பிரசவம்	சிசேரியன் அறுவை சிகிச்சை	உயிருடன் பிறந்தது	இறந்து பிறந்தது			தானாக ஏற்பட்டது	ஏற்படுத்தப்பட்டது	
									அரசு மற்றும் அங்கீகரிக்கப்பட்ட தனியார் மருத்துவமனைகள்	பிற இடங்கள்
1										
2										
3										
4										

3 முந்தைய கர்ப்பம் / பிரசவத்தில் ஏற்பட்ட சிக்கல்கள் விபரம்

1	இரத்த சோகை	ஆம் /இல்லை	7	தடைப்பட்ட பிரசவம் (Obstructed Labour)	ஆம் / இல்லை
2	கர்ப்ப கால உயர் இரத்த அழுத்த(PIH) கர்ப்பகால நச்சு வியாதி (Eclampsia)	ஆம் /இல்லை	8	பிரசவத்திற்குப் பின் இரத்தப் போக்கு (PPH)	ஆம் / இல்லை
3	அறுவை சிகிச்சை பிரசவம் (Caesarean)	ஆம் /இல்லை	9	நஞ்சுக் கொடி ப்பையுடன் ஒட்டிக் கொள்ளல் dherent Placenta)	ஆம் / இல்லை
4	கர்ப்ப கால சர்க்கரை நோய் (Gestational Diabetes)	ஆம் /இல்லை	10	பிரசவத்திற்கு பின் நோய் தொற்று (Sepsis)	ஆம் / இல்லை
5	கர்ப்பகால உதிரப்போக்கு (APH)	ஆம் /இல்லை	11	மஞ்சள் காமாலை	ஆம் / இல்லை
6	நீண்ட நேர பிரசவம் (Prolonged Labour)	ஆம் /இல்லை	12	மற்றவை (குறிப்பிடவும்)	

4 தற்போதைய கர்ப்பத்தில் கீழ்க்கண்ட சிக்கல்கள் ஏதேனும் கண்டறியப்பட்டுள்ளதா ?

1	கடுமையான இரத்த சோகை (சோர்வு, மூச்சுவாங்குதல் , கால்வீக்கம்)	ஆம் / இல்லை	8	மஞ்சள் காமாலை	ஆம் / இல்லை
2	கர்ப்ப கால உயர் இரத்த அழுத்தம் (PIH) / கர்ப்பகால நச்சு வியாதி (Eclampsia)	ஆம் / இல்லை	9	கடுமையான அடி வயிற்று வலி	ஆம் / இல்லை
3	பிறப்புறுப்பு வழியாக இரத்தக் கசிவு (APH)	ஆம் / இல்லை	10	காய்ச்சல்	ஆம் / இல்லை
4	வயிற்றில் குழந்தை அசைவு குறைந்து இருத்தல் (அ) அசைவில்லாமல் இருத்தல் ஆம் எனில் எவ்வளவு நாட்களாக	ஆம் / இல்லை	11	தைராய்டு நோய்	ஆம் / இல்லை
5	இருதய நோய்	ஆம் / இல்லை	12	காசநோய்	ஆம் / இல்லை
6	நீரிழிவு நோய்	ஆம் / இல்லை	13	மற்றவை (குறிப்பிடவும்)	
7	வலிப்பு நோய் (Epilepsy) ஆம்/இல்லை	ஆம் / இல்லை			

5. தற்போதைய கர்ப்ப விபரம்

- பதிவு செய்யப்பட்டுள்ளதா ? – ஆம்/இல்லை
- இரண ஜன்னி தடுப்பூசி போடப்பட்டுள்ளதா ? – ஆம்/இல்லை
- சிக்கல் உள்ள கர்ப்பிணி என கண்டறியப்பட்டதா ? – ஆம்/இல்லை
- ஆம் எனில்
  - என்ன சிக்கல் –
  - எத்தனையாவது மாதத்தில் கண்டறியப்பட்டது –
  - சிகிச்சை விபரம் –

6.ஆ.சு.நிலையத்தில் அதிக கவனம் செலுத்த வேண்டிய தாய் அனுமதிக்கப்பட்டவுடன் பரிசோதனை விவரம் (condition on admission)

அ) பொது மருத்துவ பரிசோதனை

உயரம் : செ.மீ. எடை : கி/கி

நாடித்துடிப்பு : இரத்தஅழுத்தம் : உடல் வெப்ப நிலை :

இருதய பரிசோதனை (CVS) : நுரையீரல் பரிசோதனை (RS) :

இரத்த சோகை உள்ளதா ? – ஆம்/இல்லை

கை, கால்களில் வீக்கம் உள்ளதா ? – ஆம்/இல்லை

ஆ) வயிற்றுப் பரிசோதனை

கருப்பையின் உயரம் (In weeks) : குழந்தையின் உதயம் (Presentation) :

கருப்பைச் சுருக்கம் (Acting / Not Acting) : குழந்தையின் இதயத்துடிப்பு :

இ) ஆய்வகப் பரிசோதனை

1. சிறுநீர் – (ஆல்புமின்) உப்பு /சர்க்கரை

2. Hb%

A copy of the model charts to be maintained for the High Risk Mother is enclosed.

Vital Indicators

Name of the mother: **IP Number:**

Date / Time	Weight (OD)	BP (2^{nd} hourly)	FH (4^{th} hourly)	Urine Albumin (BD)	Foetal Kick counts (HS OD at 9 PM)	Height of Uterus (Once in a week)

Nurses record

Name of the Mother: **IP Number:**

Date / Time	Drugs administered	Signature	Diet	Nurses observation and care details	Signature

Doctors record

Name of the mother: **IP Number:**

Date / Time	Drugs Prescribed	Signature	Investigations	Observations and instructions	Signature

Intake output chart

Name of the mother: IP Number:

Date / Time	Intake		Output	
	Type of Fluid	Quantity	Urine	Quantity

Fetal Kick Chart

Name of the mother: IP Number:

Date	Time	No of kicks

Enter the Number of kicks felt by the mother between 9am to 9 pm every day by counting the Knots in the kick counting rope.

If there is no kick felt by the mother continuously for two hours mother should inform the duty Nurse.

ABDOMINAL CIRCUMFERENCE

Ultrasound Examination Measurements
Fetal Measurements to Weeks Calculator

The abdominal circumference is measured at the level of the liver and stomach, including the left portal vein at the umbilical region.

Name of the mother: IP Number: