



Health Awareness



For Service Providers 2014
Tamil Nadu

Circular No. 9 / 2014

Reducing Maternal Mortality - Certain Instructions



NATIONAL HEALTH MISSION

State Health Society - TN

DMS Complex, Chennai

Circular No.9 / 2014

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

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"No man is poor who has a Godly mother."
Abraham Lincoln

"My mother was the most beautiful woman I ever saw. All I am I owe to my mother. I attribute all my success in life to the moral, Intellectual and physical education I received from her."
- **George Washington**

Sub: NRHM – Reproductive and Maternal health – reducing maternal mortality – certain instructions issued

Ref: 1. G.O. (Ms.) No. 396 HFW Dept dt. 23.8.1999
2. G.O (Ms) No.108 HFW Dept dt.13.5.2013
3. G.O. (Ms.) No.2428 H & F.W., Dated 13.12.1982.
4. G.O.Ms.No.2428, H & F.W., dt: 13.12.1982.
5. R.No.38407/MCH 3/2014/A1 O/o DPH & PM, Chennai

Maternal health is of paramount importance to every Country and is an indicator of social and public health standards in any Country-more so in developing countries. The role of the mother is incomparable and the influence of the mother in the bringing up of the children and as a binding force in the maintenance of the texture of family is unique and irreplaceable. The famous quote by George Washington aptly demonstrates the role of the mother in individual's development.

Hence, it is imperative that any society which intends to develop and improve on its performance should provide additional care for maternal health.

What is Maternal Health?

Maternal health is the health of women during pregnancy, childbirth, and the postpartum period. It encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care in order to reduce maternal morbidity and mortality.

What is Preconception care?

It includes education, health promotion, screening and other interventions among women of reproductive age to reduce risk factors that might affect future pregnancies. The goal of prenatal care is to detect any potential complications of pregnancy early, to prevent them if possible, and to direct the woman to appropriate specialist medical services as appropriate.

What is postnatal care?

Postnatal care issues include recovery from childbirth, concerns about newborn care, nutrition, breastfeeding, and family planning.



Factors affecting maternal health:

Globally the following factors play a major role in a woman accessing maternal health.

Poverty/access to healthcare:

The risk for maternal death (during pregnancy or childbirth) in sub-Saharan Africa is 175 times higher than in developed countries, and risk for pregnancy-related illnesses and negative consequences after birth is even higher. Poverty, maternal health, and outcomes for the child are all interconnected.

HIV/AIDS:

Maternal HIV rates vary around the world, ranging from 1% to 40%, with African and Asian countries having the highest rates. HIV/AIDS can be transmitted to the offspring during the prenatal period, childbirth, or breastfeeding.



Maternal weight

Gestational weight gain should typically increase between 11-20 pounds in order to improve outcomes for both mother and child. Increased rates of hypertension, diabetes, respiratory complications, and infections are prevalent in cases of maternal obesity and can have detrimental effects on pregnancy outcomes.

Maternal Mortality:

Maternal Mortality Ratio is defined as the number of maternal deaths per 100,000 live births from any cause related to or aggravated by pregnancy or its management, excluding accidental or incidental causes.



In many developing countries, complications of pregnancy and childbirth are the leading causes of death among women of reproductive age. Approximately every minute one woman dies from complications from childbirth.



It is to be noted that most maternal deaths and injuries can be prevented if only the woman receives timely appropriate care by a skilled birth attendant.

Maternal health problems also include complications from childbirth that do not result in death. For every woman that dies during childbirth, approximately 20 suffer from infection, injury, or disability. Very often these women do not seek medical help, either due to want of facility or due to hesitation to seek care and they are the '*silent sufferers*'.

Global Trends in Maternal Mortality:



Global Trends in MMR (580)

Five Countries with low MMR			Five Countries with high MMR		
Estonia	-	2	Chad	-	1100
Greece	-	3	Somalia	-	1000
Singapore	-	3	Central African Republic	-	890
Italy	-	4	Burundi	-	800
Japan	-	5	Guinea – Bissau	-	790

MMR Trends in India (178)

Five States with low MMR			Five States with high MMR		
Kerala	-	66	Assam	-	328
Maharashtra	-	87	U.P	-	292
Tamil Nadu	-	90	Rajasthan	-	255
Andhra Pradesh	-	110	Odiisa	-	235
Punjab	-	117	M.P.	-	230

MMR Trends in Tamil Nadu (90) (SRS)

Five Districts with low MMR		Five Districts with high MMR	
Villupuram	31	Thiruvarur	116
Nagercoil	34	Virudhunagar	111
Chennai	34	Paramakudi	110
Ramanathapuram	39	Koilpatti	108
Sivakasi	42	Madurai	106

What is Millennium Development Goal (MDG) related to Maternal Health?

The eight Millennium Development Goals (MDGs) form a blueprint agreed to by all the world's countries and all the world's leading development institutions. They have galvanized unprecedented efforts to meet the needs of the world's poorest.

MDG 5 relates to maternal health.

The Goal is to 'Improve Maternal Health'

The Targets are:

1. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio
2. Achieve, by 2015, universal access to reproductive health

Health outcomes goals established in the 12th Five year plan relevant to maternal and child health outcomes

- Reduction of infant Mortality Rate from 44 to 25 per 1,000 live births by 2017
- Reduction in Maternal Mortality Ratio from 212 to 100 per 1,00,000 live births by 2017
- Reduction in Total Fertility Rate from 2.4 to 2.1 by 2017
- Prevention and reduction of under-nutrition in children under 3 years of age to half of NFHS-3 levels
- Raising Child Sex Ratio in 0-6 years age group from 914 to 950

Tamil Nadu is one of the three states in the country which has already achieved the MDG goal of MMR of less than 100/100,000. But our aim should be to achieve MMR targets of Sri Lanka and Singapore and not be content with comparing to States like MP or Rajasthan.

With this in view, NRHM has set a goal of achieving MMR of 45/100,000 by 2017 in Tamil Nadu.

With the existing facilities in Tamil Nadu and the constant improvements that are happening in the health sector this is not an unachievable task. What is required is putting in a little more effort.

How to achieve this goal?

The DDHS are directed to utilize optimally the existing facilities.

- The staff nurses are meant for maternal care so they should be placed before the laboring mother and in plotting partograph properly.
- Similarly, whenever a pregnant mother comes when the MO is available, the mother should be examined by the MO also and decision as to allow her to deliver in the PHC or refer after providing obstetric first aid should be taken by the MO. In CHC'S, MO should take the decision for referral
- Both staff nurse and MO should attend the ante natal clinics and the examination of the mother, checking BP, identifying at risk mothers and appropriate management including referral should be done by the MO.

Major Reasons for Maternal Death in Tamil Nadu

- a) Pre eclampsia/Eclampsia/HELLP/Abruption
- b) Anemia
- c) Sepsis
- d) PPH
- e) Heart Disease complicating pregnancy

Early diagnosis and appropriate management of these conditions is the key to successful reduction in MMR due to these factors.

Hence, all the DDHS are directed to ensure

- PICME software entry for all pregnant mothers.
- Early AN registration
- Routine monitoring for albuminuria during every visit including when she is admitted for delivery
- Recording of BP for AN mothers during every visit by the MO
- Recognizing and monitoring women without mid trimester fall of BP
- Identification of suspected growth restriction for the baby by routine measuring of symphysio fundal height in the AN clinic

- Estimation of Hb during every AN visit by semi auto analyzer or calorimeter, identification of anemic mothers early and appropriate management including referral wherever necessary
- Routine screening for GDM to all pregnant mothers on the AN clinic day as per the protocol



- Monitoring labor by using partograph during intra partum period
- Routine use of AMTSL properly
- Wherever necessary, referral to higher centres through 108 accompanied by a staff nurse and intimating the referred centre about the referral
- Regular post natal care during her stay in the PHC and subsequently at home by the VHN
- Contraceptive advice and providing services including PPIUCD and sterilization (either in the PHC itself or by referral)

Duties and responsibilities of the staff of PHC (Related to Maternal Health):

DUTIES AND RESPONSIBILITIES OF VILLAGE HEALTH NURSE (VHN)

- A Village Health Nurse is to cover a population of 3000 in tribal areas and 5000 in non-tribal areas.



- She will make a visit to each family once a fortnight according to fixed calendar of visit. She will carry out the following function.
- She will register pregnant women between 8 to 12 weeks of Pregnancy onwards
- She will maintain a register enumerating all children 0-5 in her area by systematic house visits.
- Categories the eligible couples according to the number of children and age of mothers.
- Update the details in PICME every week.
- She will maintain FR, ECR, MCR & CCR for her population



CARE AT HOME:

1. She will provide care to pregnant women especially registered mothers throughout the pregnancy.
2. To give advice on nutrition to expectant and nursing mothers and responsible for storage, preparation and distribution of food to the expectant and nursing mothers under supplementary feeding.
3. Distribute iron and folic acid tablets to pregnant and nursing mothers, children and family planning adopters and vitamin 'A' solution to children at twice a year from 6 months to 60 months of age.

4. Immunize pregnant mothers with tetanus toxoid. Immunize infants with pentavalent, Polio and measles & JE (endemic district)BCG (If not given in the delivery institutions) as per Schedule.
5. Refer cases of abnormal/high risk pregnancy and cases with medical and gynecological problems to Primary Health Centre/Hospital.
6. Refer cases of difficult Labour and new born with abnormalities and help them to get institutional care and provide follow-up care to patients referred to or discharged from hospital.
7. Provide at least three post-delivery visits for each delivery cases and render advice regarding feeding of the newborn.
8. Spread the message of family planning to the couples. Motivate them for family planning individually and in groups.
9. Distribute conventional contraceptives to the couples, provide facilities and help to prospective adaptors in getting family planning services, if necessary, by accompanying or arranging ASHAs to accompany them to hospital.
10. Provide follow-up services to family planning adaptors, identify side effects give treatment on the spot for side effects and minor complaints and refer those cases that need attention by physicians to the Primary Health Centre / Hospital.
11. Record and report births and deaths occurring in her area to the local Births and Deaths Registrar and to the supervisors.
12. Test Urine for albumin and sugar and Hemoglobin test during her home visits to the pregnant mothers.
13. Identify the case that require help for medical termination of pregnancy, provide information on the availability of services and refer them to the nearest approved institutions.

CARE IN CLINIC:

- Arrange and help medical Officer and Health Supervisor (Female) in conducting MCH, and Family Planning Clinics at the Sub-Centres.
- Educate mothers individually and in groups in better family health including MCH, and Family Planning, Nutrition. Immunization, Hygiene and Minor ailments.

DUTIES AND RESPONSIBILITIES OF SECTOR HEALTH NURSE

Sector Health Nurse:

- There will be one Health Supervisor (Female) for every four to eight Village Health Nurses. She will be responsible for the development of maternal and Child Health Services in the area.
- She will conduct antenatal clinics and well-baby clinics and toddlers' clinics at the Primary Health Centre and at the Maternity Sub Centers.

- She will arrange to give group talks to expectant mothers. During these talks, she will stress on personal hygiene and nutrition and environmental sanitation and mother craft and child care practices.
- She will carry out "Home Visits". During these visits in addition to giving advice about maternity and child health she will demonstrate simple procedure to relieve conditions such as louse, scabies, sore eyes, etc., with the help of Village Health Nurse (VHN).
- She will visit once a week on fixed days, each of the Health sub centers. During these visits, she will conduct antenatal and well baby clinic and ensure that all the Pregnant mothers in that area were registered in the PICME. She will independently check some of the houses and find out omissions in Antenatal care and Post-natal care under maternal and child health programme.



- She will advice on family welfare practices.
- She will observe the work of VHN during the clinic and Home visits and help her improve her technical skills and human relationship.
- She will observe and supervise the work of VHN.
- She will respond to any urgent call from the VHN.
- She will ensure that antenatal and postnatal and infant health cards are maintained for mothers and infants and toddler cards for the children.
- She will scrutinize and approve the order for supplies and equipment by the VHN
- In abnormal cases, she will arrange for the transport to take expectant mothers to the hospitals.
- She will see that adequate equipment is provided and maintained for maternity and child care.
- She will check the health cards maintained by VHN
- She will help the Medical Officers in the development of school health programme and assist the Medical Officer.

DUTIES AND RESPONSIBILITIES OF THE COMMUNITY HEALTH NURSE

1. She shall ensure rendering of Mother and Child Health care services such as pre-natal, intra natal, and postnatal care of mothers and infants and Pre-School child health care by and through the Female component of the Field Health Staff of the Primary Health Centres, Health Sub-Centres and Supervision of Services rendered by VHN/ASHAS.
2. She shall assist the Medical Officers of the Primary Health Centres and ensure by effective supervision in screening of high-risk cases of pregnancy and infants, children by the Female component of the Field Health Staff for arranging for provision of special care and higher medical attention by referral to the appropriate higher treatment facility centres.
3. She shall assist the Medical Officer, Primary Health Centres in ensuring that all cases of maternal and infant and child deaths are investigated socio-epidemiologically and notified to higher authorities and arrange to undertake rendering of suitable preventive and remedial measures to prevent such mortality under the guidance and supervision of Medical Officers of Primary Health Centres and district Health Authorities.

FAMILY WELFARE

1. She shall be responsible to assist the Medical Officers of the Primary Health Centres for the successful and effective implementation of National Family Welfare Programme through the Female Health Staff of Primary Health Centres and Health sub-Centres in her block.
2. The Community Health Nurse is responsible for implementation of activities under information and Education on Family Welfare in collaboration with Block Extension Educator and motivation of staff and strengthen and supervision of Family Welfare Services and after care and follow-up.
3. She shall with the Sector Health Nurse arrange follow-up of Family Welfare cases and acceptors of Family Welfare methods such as intrauterine device and oral pills etc. for immediate management and referral if any

DUTIES OF MEDICAL OFFICER, PRIMARY HEALTH CENTRE

The Medical Officer of Primary Health Centre (PHC) is responsible for implementing all activities grouped under Health and Family Welfare delivery system in PHC area.



Reproductive and Child Health Programme

- The MO will promote institutional delivery and ensure that the PHC has the facilities to act as 24x7 service delivery PHC.
- He/she will provide MCH services such as ante-natal, intra-natal and postnatal



care of mothers and infants and child care through clinics at the PHC and Sub centres.

- He will ensure that Partographs are drawn for Pregnant mothers who are admitted for delivery
- Inspect the post delivery care ward to check post natal mother case sheets and others.
- Inspect the OT, delivery room, Lab, Pharmacy, siddha wing, ICTC center.
- Check the EDD list and intimate the delivery report to the DDHS.
- Give direction to all the VHNs about EDD mothers in order to mobilise & motivate for institutional delivery.
- He/she will provide leadership and guidance for special programmes such as nutrition, prophylaxis against nutritional anemia amongst mothers and children (1-5 years) Prophylaxis against blindness and Vitamin A deficiency amongst children (1-5 years). WIF's Sanitary napkins progr to adolescent girls.
- He/she will be responsible for proper and successful implementation of Family Planning Programme in PHC area, including education, motivation, delivery of services and after care.
- He/she will be squarely responsible for giving immediate and sustained attention to any complications the acceptor develops due to acceptance of Family Planning methods.
- He/she will extend motivational advice to all eligible patients he /she sees in the OPD.
- He/she will get himself trained in tubectomy, wherever possible and organize tubectomy camps.
- He/she will organize and conduct vasectomy camps.

- He/she will seek help of other agencies such as District Bureau, Mobile Van and other association/voluntary organizations for tubectomy / IUD camps and MTP services.
- He / She is responsible for the implementation of NRHM Components such as JSY, JSSK, Antenatal diet for Pregnant mothers, Post natal diet scheme / sterilised mothers diet scheme etc.
- He / She is responsible for immunisation of infants, children under 5 years TT for 10th & 16th year beneficiaries
- MOI/c of CHC's are responsible to admit & observe high risk mothers atleast 10 days prior to EDD with diet for the mother with one attendant.

Duties of the DDHS



- DDHS should visit frequently PHCS every month with special reference to maternal health
- A check list is annexed (Annexure I) for the DD to verify the availabilities
- The DTTMO/APM should visit one PHC a week and can use the same check list as DDHS
- The block MO should visit all the PHCs in his/her block at least once every month. A more detailed check list is enclosed in Annexure II for them to use
- The DDHS during the monthly review should analyse the report of the DTTMO/APM and BMOs and ensure remedial actions are taken immediately for those gaps which are within his/her powers to rectify.
- Major gaps identified should be referred to DPH immediately with a copy to the Mission Director, State Health Society.
- The MCHOs and mentor staff nurses should visit the PHCs as per their tour programme and provide mentoring and observe the staff nurse conducting deliveries.

Community participation

DDHS is requested to consider the following points

The following initiative may be taken up throughout the district to improve community participation, increase accountability and thereby improve service delivery

1. Engage women systematically at the community level
2. Formalise and make accountability mechanisms system-led.
3. Engage Village Health Sanitation and Nutrition Committees (VHSNC) and Rogi Kalyan Samiti (RKS)
4. Utilize the Village Health Nutrition Days (VHNDs) as a platform for assured and predictable package of outreach services
5. Social audit and Communitisation efforts at the Panchayat Raj level

Reporting Format:

The DDHS should send a consolidated report of the inspection reports to the Mission Director, State health Society and DPH&PM before 10th of every month in the format given below:

Name of the PHC	Visited by DD/ DTTMO/ APM/ BMO	Date of visit	Gaps identified	Action taken for rectifying the gap	Rectified Yes/No

Report of the previous months visit:

Name of the PHC	Date of visit	Gaps identified	Rectification action taken	Whether rectified? If not reasons for the same

Further actions required for reducing maternal mortality and for providing better maternal health care:

- Immediate SBA training to all out sourced staff nurses preferably for one month since most of them are not exposed to conducting deliveries and labour room practices\
- Orientation to existing s/n on AMTSL, Management of anemia, maintaining labour ward, use of MgSO₄, high risk identification and monitoring
- BEmOC training to ALL PHC MOs
- Better utilization of mentor staff nurses
- Orientation to all DDHS on MCH activities
- Orientation programme to all DTT MOs and APMs on monitoring visit. They in turn should train the BMOs and PHC Mos.
- DDHS to review all MCH activities during monthly review meetings, identify the lacuna and address the same
- Rational deployment of all EmOC and LSAS trained MOs so that their training and skill are fully utilized.

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.

ANNEXURE I TO MD, NRHM CIRCULAR No. 9 DATED 24 .6 .2014

Inspected by		Date		Time	
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A. GENERAL INFORMATION

DISTRICT				HUD		
BLOCK				PHC		
Category of PHC	Block PHC	Upgraded BPHC	Addl .PHC		Upgraded Addl. PHC	
Population				No.of HSCs		

B. OP & IP

PHC Average daily Day OP		PHC Average daily night OP	
PHC Average daily Evening OP		PHC Monthly average IP	
PHC monthly average delivery			

C. PHC DELIVERIES

Maintenance of Labour Room	
Separate slippers for labour ward	Yes No
Availability and number of Labour Board(s)	Yes No
Availability of Macintosh	Yes No
Availability of Disposable Gloves	Yes No
Emergency Tray with drugs	Yes No
MgSO4 tray	Yes No
Knee hammer	Yes No
Mask for service providers	Yes No
Individual autoclaved delivery tray- 'one delivery-one kit' (no. of trays available)	Yes No
Focus lamp	Yes No
Stool	Yes No
Availability of Inj.oxytocin, IV fluids (RL,NS,DNS), IV sets, Canula (Venflon)	Yes No
Availability of Foley's catheter and urobag	Yes No
Display of protocols at an easily readable level	Yes No

BP apparatus, Stethoscope, Fetoscope, Fetal doppler		Yes	No	
Full, functional oxygen cylinder with key		Yes	No	
Adult Ambu bag in the labor room		Yes	No	
Baby Bag and Mask ,Weighing Machine and Baby warmer		Yes	No	
Maintaining partogram correctly and case sheet		Yes	No	
No. of High risk AN mothers identified and referred				
No. of mothers referred during labour				
No. of new born referred				
Functioning wall clock				
Water supply to labor room and hand washing facility				
Alcohol hand rub solution available		Yes	No	
Toilet facility at labour ward				
Separate autoclave for labour ward	Available		Not Available	
Labour ward washed daily and after every delivery and disinfected weekly (Check the last disinfection)	Yes		No	
Display board for birth companion	Available		Not Available	
Delivery Services	I Shift	II Shift	III Shift	Total
No. Of Deliveries conducted by Staff Nurses				
No. Of Deliveries conducted by ANMs				
Total Delivery				

Overall remarks about delivery facilities and services :

INFANT DEATHS AND MATERNAL DEATHS

No. of Infant Deaths	Last Month	During the Year	Investigation Done		Cause of Death
			Yes	No	
Maternal Deaths			Yes	No	

E. OPERATION THEATRE

No. of Operation theatre days per week:

Operation Theatre	Available	Not Available
If available whether it is functioning	Yes	No
LSCS done	Yes	No
If, yes no. of LSCS done upto the month		
Boyle's apparatus available	Yes	No
Type of OT light available: Ceiling model Stand model (No. of lights and their functionality)		
Pulsoximeter available and functioning	Yes	No
Type of oxygen and nitrous oxide cylinders used and no. of full cylinders available in each		
Frequency of disinfection of OT		
Frequency of swabs taken and sent		
Whether a swab register is properly maintained with the reports?	Yes	No
Whether the following registers are maintained and properly filled in the OT: Nominal register Operation register Anesthesia Register Drugs and suture material stock register Bin sterilization register		

If no reasons in detail:

F. Family Welfare performance in PHC OT (If theatre is functioning)

	During the month	Up to the month
PS		
LS		
NSV		
MTP		

G. OT and Instrument sterilization

Separate functioning autoclave for Operation Theatre	Available and functioning/ Available but under repair	Not Available
Signal paper being used for autoclave	Yes	No
Autoclave register being maintained	Yes	No

I. Availability of Special equipments

ECG	X-Ray	USG scan
Yes / No	Yes / No	Yes / No
Functioning / not functioning	Functioning / not functioning	Functioning / not functioning
No. of ECG's taken upto the month	No. of X rays taken upto the month	No. of scan tests done upto the month

If scan is functioning whether statutory board as per PCPNDT act is displayed? Yes/No

No. of scans done	During the month	Up to the month
Obstetric		
Others		
Referrals based on scan findings		

J. Family Health clinic

		Male	Female	Total
RTI / STI Clinics				
No. of Clinics planned				
No. of Clinics Conducted				
No of Persons Attended				
No. of RTI/STI cases treated (Allopathy)		Male	Female	Total
1	Burning & Micturition			
2	Urethral discharge			
3	Inguinal swelling			
4	Ulcer Syndrome			
5	Vaginal Discharge			
6	Lower Abdominal Pain			
7	Others			
No. of persons referred				
No. of RTI/STI cases treated under ISM				
Lab Investigations				
1	HIV – Tested			
	- Positive			
2	VDRL – Tested			
	- Reactive			
Counselling				
No. of persons attended counseling				
No. of persons counselled for partner treatment				
No. of partners treated				
No. of opportunistic infection cases treated				
Availability of RTI/STI Drugs			Yes/no	
Display board for Family Health clinic			Yes/no	

Screening for malignancy		Male	Female	Total
a.	No. of women detected with lump in breast and referred			
b.	No. of women screened for cancer cervix by VIA/VILI method			
c.	No. found VIA/VILI positive for cancer cervix and referred to Higher Medical institutions			
d.	No. of confirmed cases of cancer cervix and cancer breast in the area			

Signature of the inspecting officer

ANNEXURE II To MD, NRHM Circular No. 9 Dated, 24.6.2014

ANC CLINIC:

S.No	Activity	Performed	
		Yes	No
1.	Whether a separate, sufficient area is earmarked for ANC		
2.	Whether seating arrangement for the waiting mothers is sufficient		
3.	Are all mothers issued AN Card (MCH Card or AN Booklet from TANSAC)		
4.	Is there an area with adequate privacy for examining the mothers		
5.	Whether facilities for checking height and weight is available in the ANC and the same checked during every visit		
6.	Whether facility for checking BP is available		
7.	Is the staff nurse competent to check BP correctly (Verify by cross checking some of the mothers for whom the staff nurse has checked BP)		
8.	Urine albumin, sugar and Hb done for all AN mothers during every visit?		
9.	Abdominal examination done for all AN mothers during every visit?		
10.	Lab is situated within the same building		
11.	Is GCT done as per protocol?		
12.	Does the staff nurse maintain AN registers with all details of individual mothers?		
13.	Are all mothers covered with Inj.TT and IFA tablet?		
14.	Is there a referral out register in the ANC?		

LABOUR WARD:

Do the personnel entering labour ward change slippers or wear over shoes?	Yes/No
Sufficient no. of slippers/overshoes available (No. of pairs available)	Yes/No
Patient's linen changed in labour ward or they deliver in own linen 24X7	Changed/ Own linen
Perineal sheet available and used for all deliveries?	Yes/No
Perineal pad available and used for all deliveries?	Yes/No
Leggings available and used for all deliveries?	
Mask used for all examinations and deliveries in the labour room?	Yes/No
Sufficient focus lamp available for suturing?	Yes/No
No. of labour boards available	
Are the labor boards with mattress and/or McIntosh?	Yes/No
Are there individual autoclaved delivery trays and the no. of trays available	
Separate autoclaving facility available in labor ward	Yes/No
Indicator paper used for autoclaving?	Yes/No
Emergency drug tray available	Yes/No
Magsulph tray with knee hammer available	Yes/No
Gas and Oxygen supply available 24X7 – Central supply/Cylinders If by cylinders, no. of full cylinders available	

Facilities for doing urine albumin, sugar and Hb available 24X7?	Yes/No
New born corner available in the labour room?	Yes/No
Baby warmer and bag and mask available and working	Yes/No(If No, give details)
Adult Ambu bag available in labor room and working	Yes/No (If no give details)
No. of pulse oxymeters available and working in labour ward	
Ultra sonogram machines available and functioning	
Disposable gloves available for each patient 24X7	Yes/No (If no give details)
All IV fluids available 24X7	Yes/No
Sufficient quantity of Foley's catheter, venflon, disposable syringe and needles and other disposables available 24X7	Yes/No
Refrigerator available and functioning in labour ward	Yes/No (If no give details)
Drugs like PG gel and Inj.PG and Methyl Ergometrine kept in refrigerator?	Yes/No (If no give details)
Sufficient quantity of oxytocin available 24X7	Yes/No (If no give details)
Protocols prominently displayed (Mention the protocols displayed)	
Is Magsulph used for all required patients?	Yes/No (If no give details)
Is AMTSL followed for all deliveries	Yes/No
Are staff nurses aware of AMTSL?	Yes/No

Is partograph being drawn properly and maintained for all deliveries?	Yes/No
Are staff nurses aware of partograph?	Yes/No
MVA available for spontaneous abortions and removal of retained POC?	Yes/No (If yes, no. of working MVA kits. If No, how are these procedures done?)
Biomedical waste management protocol followed properly and staff and doctors aware of the same?	Yes/No (If no give details)
Labour wards regularly washed and fumigated periodically (Mention periodicity)	Yes/No
Availability and cleanliness of toilet for patients in labour ward	
UPS/Generator available for uninterrupted power supply?	Yes/No

OPERATION THEATRE: (Where available)

If available but not functioning, reasons for the same, duration of non functioning and measures taken for making it functional.

No. of operation tables available				
Gas and Oxygen supply	Central supply By cylinder (If by cylinder, mention the no. of available full cylinders in each category)			
No. of Boyle's machine(s) available				
Separate monitor for each table available	Yes/No			
Separate ceiling light available and functioning for each table	Yes/No (If no give details)			
Air conditioning available and functioning	Yes/No (If no give details)			
Type of surgeries performed regularly and average number each month	Lap sterilization	PS/TAT	CS	Others (If any)

No. of autoclaved CS and sterilization kits available at any time	
Facility for autoclaving available in the OT 24X7	Yes/No (If no give details)
Disposable gloves used and disposed for each patient?	Yes/No (If no give details)
Disposable spinal/epidural needles used and disposed off	Yes/No (If no give details)
Disposable syringe and needle used and disposed off?	Yes/No
Sufficient quantity of IV fluid available 24X7	Yes/No
Sufficient quantity of other disposables available and disposed off?	Yes/No
Sufficient autoclaved linen available for patient, doctors, staff nurse and other personnel?	Yes/No (If no give details)
EOT regularly washed and fumigated periodically (Mention periodicity)	Yes/No
Swabs taken periodically and results maintained in swab register	Yes/No
Indicator paper used for autoclaving?	Yes/No
Operation and anesthesia register maintained up to date?	Yes/No
Biomedical waste management protocol followed properly and staff and doctors aware of the same?	Yes/No (If no give details)
UPS/Generator available for uninterrupted power supply?	Yes/No

PN WARD:

No. of beds in PN ward	
Average number of days PN mother is staying	L.Natural: IVD: CS
Average number of PN Mothers in the last 30 days	
Oxygen supply in PN ward	Central supply By cylinder(If by cylinder, mention the no. of available full cylinders)
Is case sheet maintained properly, patients reviewed every day and documented?	Yes/No
Are all necessary investigations available, performed and documented properly?	Yes/No
Availability and cleanliness of toilet for patients in PN ward	
UPS/Generator available for uninterrupted power supply?	

Signature of the BMO with Date: