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6. Pradhan Mantri Surakshit Matritva Abhiyan - A Decade of Transforming Maternal Healthcare

The Union Health Minister launched the nationwide campaign "10 Years of PMSMA – A Decade of Care" in New Delhi to celebrate ten years of the Pradhan Mantri Surakshit Matritva Abhiyan.

1. Over its decade-long journey, PMSMA has provided free comprehensive antenatal services to more than 7.50 crore pregnant women transforming maternal healthcare delivery.
2. India achieved a 43-point reduction in Maternal Mortality Ratio from 130 per lakh live births (2014-16) to 87 (2022-24) with PMSMA acting as primary driver.

1.About PMSMA - Design and Structure

Launch and Institutional Framework

1. Launched in 2016 by Ministry of Health and Family Welfare, PMSMA aims to provide free and quality antenatal care to pregnant women across India.
2. The scheme operates under the broader Reproductive, Maternal, Newborn, Child, and Adolescent Health plus Nutrition (RMNCAH+N) strategy under National Health Mission (NHM).
3. Services delivered through a vast network including 1.8 lakh Ayushman Aarogya Mandirs ensuring geographic reach.

The 9th of the Month Rule

1. Conducted on 9th day of every month across designated government health facilities providing fixed-day, assured, and completely free Antenatal Care (ANC).
2. Fixed scheduling enables patients to plan visits in advance, healthcare workers to prepare resources, and facilities to deploy specialists.
3. Services target pregnant women in their second and third trimesters when risk monitoring is most critical.

Comprehensive Care Package

1. Single-window system delivers clinical examinations by specialists eliminating need for multiple visits to different facilities.
2. Crucial laboratory tests including blood and urine tests, ultrasonography, free medicines, and counseling for birth preparedness provided in each session.
3. Distribution of Mother and Child Protection Cards and safe motherhood booklets enables continuous tracking.

Public-Private Partnership Model

1. Private obstetricians, gynecologists, and radiologists voluntarily commit 12 days per year to treat patients at government facilities bridging specialist gaps.
2. Top contributors recognized through 'IPledgeFor9' Achievers Awards incentivizing private sector participation.
3. Public-private collaboration addresses specialist shortage in rural government health centers.

Core Objectives of PMSMA

1. Ensuring every pregnant woman receives at least one checkup by physician/specialist during second or third trimester.
2. Improving quality of care during antenatal visits through standardized protocols.

3. Identifying and managing high-risk pregnancies (HRP) at early stage preventing complications.
4. Appropriate birth planning and complication readiness for each pregnant woman.
5. Ensuring appropriate management of women with malnutrition addressing nutritional deficiencies.
6. Special focus on adolescent and early pregnancies addressing vulnerable demographic groups.

2.High-Risk Tracking Through Color-Coded System

25-Risk Factor Screening

1. Doctors screen for 25 distinct high-risk factors including severe anemia, gestational diabetes, and pregnancy-induced hypertension.
2. Color-coded stickers pasted on Mother and Child Protection (MCP) card enable quick identification by all healthcare workers.
3. Systematic risk stratification enables appropriate allocation of specialist care and monitoring intensity.

Color-Coded Classification System

1. Green Sticker indicates normal pregnancy with no risk factors detected requiring routine monitoring.
2. Red Sticker designates High-Risk Pregnancy (HRP) requiring strict monitoring and specialized care interventions.
3. Blue Sticker identifies pregnancy complicated by hypertension (high blood pressure) requiring blood pressure management.
4. Yellow Sticker marks pregnancy co-existing with other diseases like hypothyroidism or malaria requiring disease-specific management.

3.Extended PMSMA (e-PMSMA) Launched 2022

Dedicated Follow-Up Tracking

1. Introduced to protect high-risk cases between monthly sessions guaranteeing additional, specialized ANC visits.
2. Continuous tracking for every red-sticker patient until safe delivery ensuring no high-risk patient lost to follow-up.
3. Up to four additional PMSMA sessions per month for high-risk cases addressing intensity of monitoring required.

Financial Incentives for Compliance

1. Beneficiary receives ₹100 per visit offsetting travel expenses for up to three extra follow-up visits.
2. ASHA workers receive ₹100 per visit for tracking and additional ₹500 upon ensuring healthy outcome for both mother and child 45 days post-delivery.
3. Financial incentives align interests of beneficiaries and community health workers with program objectives.

Digital Alert System

1. Automated SMS reminders sent to both patient and local ASHA worker regarding upcoming clinic dates.
2. Digital alerts reduce missed appointments and improve follow-up compliance.
3. Name-based line listing of High-Risk Pregnancies enables systematic tracking and accountability.

4.Understanding Maternal Mortality Ratio (MMR)

Definition and Significance

1. Maternal Mortality Ratio is official statistical measure representing number of maternal deaths per 1 lakh (100,000) live births due to pregnancy-related or childbirth causes.

2. High MMR indicates systemic failures in maternal healthcare including inadequate antenatal care, skilled birth attendance, and emergency obstetric services.
3. MMR serves as critical indicator of healthcare system quality and gender equity in health outcomes.

India's MMR Trajectory

1. In 2014-16 baseline, India recorded MMR of 130 deaths per lakh live births driving national urgency for structured medical care.
2. UN Sustainable Development Goal (SDG) target aims to reduce global MMR to under 70 per 100,000 live births by 2030.
3. Between 2014-16 and 2022-24, India achieved remarkable 43-point reduction bringing MMR from 130 to 87.
4. This progress reflects cumulative impact of PMSMA and related maternal health interventions.

Tenth Anniversary Celebrations

National Activities on June 9, 2026

1. Ayushman Arogya Shivirs (Special health camps) providing quality checkups across 1.8 lakh Ayushman Aarogya Mandirs nationwide.
2. Government released special ₹75 commemorative coin and ₹5 postal stamp marking 10th anniversary.
3. Special healthcare drives held at all District Hospitals and First Referral Units re-engaging women who dropped out of regular checkups.

5.Integration with Broader Maternal Health Ecosystem

Janani Suraksha Yojana (JSY)

1. Safe motherhood intervention providing cash incentives encouraging institutional deliveries.
2. Has benefited over 11.96 crore women since 2014-15 driving shift from home deliveries to institutional care.

Janani Shishu Suraksha Karyakram (JSSK)

1. Entitles pregnant women and sick infants to 100% free drugs, diagnostics, diet, and transport reducing financial barriers.
2. Has supported over 18.05 crore beneficiaries eliminating out-of-pocket expenses for institutional delivery.

SUMAN Initiative

1. Surakshit Matritva Aashwasan scheme guarantees zero-tolerance for service denial providing assured quality care.
2. Network of over 99,290 public facilities ensures geographic coverage for quality maternal care.

LaQshya and PMMVY

1. LaQshya initiative improves quality of care in labor rooms and maternity operation theatres enhancing delivery outcomes.
2. Pradhan Mantri Matru Vandana Yojana (PMMVY) provides direct cash transfers for partial wage compensation and nutrition.

6.Key Challenges in Implementation

Regional Inequalities

1. States including Assam, Madhya Pradesh, and Uttar Pradesh continue reporting higher maternal mortality due to geographical barriers, poverty, and weaker healthcare infrastructure.
2. Interstate disparities require targeted interventions recognizing varying levels of development and healthcare capacity.

Specialist Shortage

1. Many rural Primary Health Centres and Community Health Centres lack sufficient obstetricians, pediatricians, and anesthesiologists needed for emergency maternal care.
2. Specialist deficit undermines service quality particularly in remote areas where private sector participation is limited.

Unexpected Complications

1. Some women initially categorized as low-risk pregnancies later develop sudden complications showing limitations of monthly checkup-based monitoring.
2. Dynamic risk assessment requires continuous monitoring capability beyond fixed monthly sessions.

Last-Mile Transport Problems

1. Delays in transporting pregnant women from remote or tribal areas to higher healthcare centers remain major cause of preventable maternal deaths.
2. Transportation infrastructure and emergency referral systems require substantial improvement particularly in hilly and tribal areas.

Uneven Awareness and Follow-Up

1. Lack of awareness, poor nutrition, social barriers, and irregular follow-up visits reduce scheme effectiveness in some regions.
2. Cultural and social factors including preference for home deliveries require sustained behavior change communication.

7.Way Forward

1. **Continuous Digital Monitoring** - Shift from only monthly checkups to real-time digital tracking of high-risk pregnancies through mobile applications and cloud-based health records.
2. **Better Specialist Distribution** - Strengthen First Referral Units and rural hospitals by improving deployment of trained gynecologists, pediatricians, and anesthesiologists.
3. **Dynamic Risk Screening** - Train Auxiliary Nurse Midwives and ASHA workers for more frequent community-level screening detecting rapidly developing complications early.
4. **Improved Emergency Transport** - Integrate ambulance systems with GPS-based tracking and village-level ASHA networks reducing emergency response times.
5. **Greater Community Awareness** - Expand campaigns on nutrition, institutional delivery, regular antenatal care, and danger signs in pregnancy especially in vulnerable regions.

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