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Maternal and Child Health and Family Welfare Programmes

Community Health Nursing

Family planning methods, contraceptives, reproductive health services, maternal health initiatives, child health programmes, adolescent health services and reproductive, maternal, newborn, child and adolescent health (RMNCH+A).

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CHAPTER 20 / COMMUNITY HEALTH NURSING 20. Maternal and Child Health and Family Welfare Programmes

1. Concept and objectives

Family welfare integrates voluntary family planning, reproductive health, safe motherhood, newborn and child health, adolescent services and equitable access. Objectives include preventing unintended pregnancy where desired, supporting healthy intervals between births, reducing avoidable morbidity and mortality and ensuring reproductive rights.

2. Contraceptive methods

Method	Examples	Key features
Barrier	Male/female condoms	User-dependent; condoms also reduce STI transmission
Combined hormonal	Combined oral contraceptive	Daily use; eligibility depends on health risks
Progestin-only	Pills, DMPA injectable (Antara)	Method-specific schedule and eligibility
Non-hormonal oral	Centchroman (Chhaya)	Programme-specific schedule; counsel correctly
Intrauterine	Cu-IUD; hormonal IUS where available	Long-acting reversible; trained provider insertion
Implant	Progestin implant where available	Long-acting reversible; trained provider
Permanent	Vasectomy, tubal sterilisation	Intended permanent; informed voluntary decision
Fertility awareness/withdrawal	Cycle tracking, withdrawal	Higher typical-use failure; requires correct use

Counselling includes effectiveness, side effects, contraindications, reversibility, STI protection and preferences. Use medical eligibility criteria; avoid recommending one method to everyone. [17]

3. Emergency contraception and LAM

Emergency contraception can help prevent pregnancy after unprotected intercourse; oral options are time-sensitive, and a copper IUD may be an option within five days where eligible. Seek timely clinical or

pharmacy advice; it does not terminate an established pregnancy. Lactational amenorrhoea method (LAM) requires all three: infant younger than six months, no return of menstruation and exclusive or near-exclusive breastfeeding with frequent feeds. If any condition changes, discuss another method.

4. Reproductive health services

Provide contraceptive counselling and access, STI testing/referral, infertility counselling, cervical cancer prevention, menstrual health, adolescent-friendly services, safe abortion referral within legal requirements, and respectful care after pregnancy loss. Respect consent, confidentiality and non-discrimination; avoid coercive targets or spousal permission assumptions for competent adults.

NURSE'S CONTENT / COMMUNITY HEALTH NURSING 61

B.SC. NURSING / STUDY NOTES

5. Maternal and child health initiatives

Initiative	Purpose
JSY	Promote institutional delivery through eligible benefits
JSSK	Specified free services/entitlements for eligible mothers and sick infants in public facilities
PMSMA/e-PMSMA	Quality ANC and additional tracking of high-risk pregnancy
SUMAN	Assured, respectful maternal and newborn services
LaQshya	Improve quality of labour room and maternity operation theatre care
RBSK	Screening and referral for child health conditions (four Ds)
HBNC/HBYC/SSBSK	Home-based newborn and early-childhood care, integrating into SSBSK in 2026
UIP	Routine immunisation and outreach
PMMVY	Maternity benefit support under defined eligibility rules

6. Adolescent health

RKSK (Rashtriya Kishor Swasthya Karyakram) addresses nutrition, sexual/reproductive health, mental health, injury/violence, substance misuse and NCD prevention for adolescents aged 10-19. Services include adolescent-friendly health clinics, peer education and menstrual health support where available. Maintain appropriate privacy while following consent and safeguarding laws for minors. [18]

7. RMNCH+A continuum

RMNCH+A integrates reproductive, maternal, newborn, child and adolescent health across life stages and across home, community and facility levels. Nutrition is also explicitly emphasized in RMNCAH+N terminology. Integrated referral, risk tracking, outreach and service quality help prevent missed care. Programmes evolve; verify state-specific implementation and eligibility. [3,6,10]

8. Nursing responsibilities

Provide non-directive counselling, assess eligibility, obtain consent, provide authorized services, support method follow-up and referral, monitor ANC/PNC and infant health, coordinate ASHA/ANM/Anganwadi services, maintain records and advocate for reproductive autonomy.

9. Rights-based contraceptive counselling

Begin with the individual's reproductive goals, preferences, relevant health history and previous method experience. Explain available methods neutrally, including benefits, limitations, reversibility, possible adverse effects, STI protection and access requirements. Choose methods using medical eligibility guidance and appropriate provider assessment. Never coerce a person to accept contraception or sterilisation to meet programme targets.

Contraceptive category	Counselling emphasis
Barrier	Correct and consistent use; STI protection with condoms.
Oral hormonal or non-hormonal	Correct method-specific schedule; missed-dose guidance from approved instructions.
Injectable	Return schedule, bleeding changes and method-specific counselling.
Intrauterine or implant	Insertion and removal by trained providers; review warning signs and follow-up.
Permanent	Voluntary informed decision; intended permanence and limitations.

10. RMNCH+A service pathway example

A couple seeks spacing after childbirth. Assess whether the woman desires contraception, feeding pattern, timing of delivery, clinical history and method preferences. Explain LAM only if all criteria are satisfied and offer suitable alternatives through the authorized provider. Link the infant to immunisation and growth monitoring, assess postpartum needs, and arrange follow-up. The same household may also include adolescents requiring confidential age-appropriate health services.

Indicators of programme quality

Track access, informed choice, respectful care, appropriate follow-up, referral completion and clinical outcomes. Raw acceptor numbers do not demonstrate that consent was voluntary or care was appropriate.

11. Important Examination Questions

Long Answer Questions

1. 1. Classify contraceptives and explain family welfare programmes; discuss RMNCH+A and MCH initiatives.
2. 2. Describe rights-based family planning counselling and the RMNCH+A continuum.
3. 3. Compare major maternal and child welfare initiatives with their nursing applications.

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Short Answer Questions

1. 1. LAM
2. 2. Antara
3. 3. Chhaya
4. 4. JSY vs JSSK
5. 5. RKSK
6. 6. PMSMA
7. 7. Informed contraceptive choice.
8. 8. Postpartum family planning.
9. 9. Emergency contraception.
10. 10. Adolescent-friendly health services.

Very Short Answer Questions (with answers)

1. 1. LAM age limit? Under six months.
2. 2. Condoms benefit? STI and pregnancy risk reduction.
3. 3. RKSK age? 10-19 years.
4. 4. Which contraceptive method also reduces STI risk? - Condoms.
5. 5. Is sterilisation intended to be permanent? - Yes.

12. Quick Revision

- Family welfare is more than population control.
- Method selection depends on preference and medical eligibility.
- LAM requires all three criteria.
- Link reproductive care with maternal, newborn and adolescent services.

Conclusion

Family welfare is rights-based, voluntary and integrated across the life course.

NURSE'S CONTENT / COMMUNITY HEALTH NURSING 63

B.SC. NURSING / STUDY NOTES

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which contraceptive method also reduces transmission of sexually transmitted infections?

A. Tubal sterilisation
B. Condoms
C. Combined oral contraceptive pills
D. Copper IUD

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2. Which combination is required for lactational amenorrhoea method eligibility?

A. Infant under six months, returned menstruation and occasional feeds

B. Infant over six months, no menstruation and no breastfeeding

C. Infant under six months, no menstruation and exclusive or near-exclusive breastfeeding

D. Infant under one year, regular menstruation and mixed feeding

3. Which principle should guide contraceptive counselling?

A. Recommend the same method to every person

B. Require a spouse's decision for every competent adult

C. Choose a method only to meet numerical targets

D. Use eligibility criteria and the person's preferences

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Answer key and explanations

1. B - Condoms

Condoms provide contraception and reduce STI transmission.

2. C - Infant under six months, no menstruation and exclusive or near-exclusive breastfeeding

LAM requires all three conditions together, including frequent breastfeeding.

3. D - Use eligibility criteria and the person's preferences

Counselling considers eligibility, benefits, risks and informed preferences.

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