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Maternal and Newborn Health Programmes in India

Midwifery & Obstetrical Nursing

Maternal and child health services, RMNCH+A, Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), LaQshya and related national programmes.

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CHAPTER 23 / MIDWIFERY AND OBSTETRICAL NURSING 23. Maternal and Newborn Health Programmes in India

1. Health service continuum

NHM's RMNCH+A strategy evolved into RMNCAH+N (reproductive, maternal, newborn, child, adolescent health and nutrition) continuum. Community ASHA/ANM/CHO, Ayushman Arogya Mandir/PHC, CHC/FRU, district hospital, medical college and specialist facilities link care based on acuity. Ensure timely referral, transport, blood and emergency obstetric/neonatal capability.

Programme	Purpose and nursing relevance
JSY (Janani Suraksha Yojana)	Safe motherhood initiative promoting eligible institutional births through incentives; identify eligibility and help access.
JSSK (Janani Shishu Suraksha Karyakram)	Free entitlements for covered maternity and sick infant services in public facilities, including treatment, diagnostics, medicines, blood and transport as specified.
PMSMA / e-PMSMA	Assured ANC at designated facilities on ninth of month (second/third trimesters), high-risk identification and extended tracking.
LaQshya	Quality improvement in labour rooms and maternity OTs: safety, respectful care, protocols and quality indicators.
SUMAN	Assured respectful and quality maternal/newborn care, reducing preventable mortality and addressing denial of services.
Anemia Mukt Bharat	Anaemia prevention, testing/treatment, IFA and behaviour change for target groups.
FBNC / MNCU	Facility-based newborn care: NBCC, NBSU, SNCU and mother-newborn care units as appropriate.
SSBSK / HBNC-HBYC continuity	Current NHM community-based programme integrates home-based newborn/young-child care to age three; track at-risk newborns and referral.
RBSK	Child screening and early intervention for four Ds; refer identified defects, diseases, deficiencies and developmental delays.

2. Monitoring and indicators

Maternal mortality ratio = maternal deaths per 100,000 live births in defined period; neonatal mortality rate = deaths within first 28 completed days per 1000 live births. Other indicators: early ANC, coverage of visits, institutional births, skilled attendance, IFA/Td, early breastfeeding, PNC and referral completion. Definitions and

data period matter; use authorized registers and HMIS. Maternal/perinatal death surveillance and response reviews deaths to identify preventable factors and improve systems, not blame individuals.

3. Nursing responsibilities

Register pregnancy, assess risk, support ANC and entitlement information, arrange referral and transport; maintain maternal/child records and counselling. In labour use safety checklist/bundle and timely escalation. Provide postnatal/newborn assessment, home follow-up linkages, immunization and family planning. Protect dignity and confidentiality; check current state eligibility, service and reporting requirements.

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B.SC. NURSING / CHAPTER-WISE STUDY NOTES

4. Important Examination Questions

Long Answer Questions

1. 1. Explain major maternal and newborn health programmes in India and nursing role.

Short Answer Questions

1. 1. Differentiate JSY/JSSK
2. 2. describe PMSMA, LaQshya and SUMAN
3. 3. define MMR and NMR.

Very Short Answer Questions (with answers)

1. 1. When is PMSMA normally held? - 9th of month.
2. 2. MMR denominator? - 100,000 live births.

5. Quick Revision

- Programmes connect community and facilities.
- Entitlements vary with eligibility/rules.
- Quality improvement and referral completion matter.

6. Conclusion

Programmes connect community and facilities. Entitlements vary with eligibility/rules. Quality improvement and referral completion matter.

Practice questions

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

1. Which programme focuses on quality improvement in labour rooms and maternity operating theatres?

A. JSY

B. LaQshya

C. Anemia Mukt Bharat

D. RBSK

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2. What is the denominator used for the maternal mortality ratio?

A. 1,000 live births

B. 100,000 total pregnancies

C. 100,000 live births

D. 1,000 women of reproductive age

3. What is the purpose of maternal and perinatal death surveillance and response?

A. Assign blame to individuals as its primary aim

B. Replace accurate registration of deaths

C. Count deaths without reviewing care

D. Identify preventable factors and improve systems

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Answer key and explanations

1. B - LaQshya

LaQshya targets safety, respectful care and quality in labour rooms and maternity OTs.

2. C - 100,000 live births

MMR expresses maternal deaths per 100,000 live births in a defined period.

3. D - Identify preventable factors and improve systems

Surveillance and response uses reviews to improve care systems.

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