Guidelines for
Antenatal Care and Skilled Attendance at Birth
by ANMs/LHVs/SNs

सत्यमेव जयते

Maternal Health Division
Ministry of Health and Family Welfare
Government of India
April 2010

NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

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Health Minister's Message

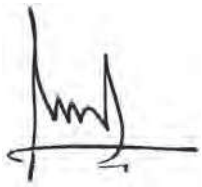
Women are strong pillars of any vibrant society. Motherhood is an event of joy and celebration for every family. However, high maternal mortality during pregnancy and childbirth is a matter of great concern worldwide. Maternal mortality is a strong indicator for measuring the attention paid to the health care of the women.

The burden of maternal mortality is quite high in India at 254 deaths per 100,000 live births as per the data of Sample Registration System (SRS) for the period 2004-06. However, India is committed to meet the MDG 5 target of less than 100 deaths per 100,000 live births by the year 2015.

GoI's strategy for maternal mortality reduction focuses on building a well functioning Primary Health Care System, which can provide essential obstetric care services with a backbone of skilled birth attendant for every birth, whether it takes place in the facility or at home, which is linked to a well developed referral system with an access to emergency obstetric care for all women who experience complications.

The revised guidelines are meant for orientation and training of our ANMs/LHVs and SNs who are there at the Primary level of health care and are the first contact of care, particularly for women residing in rural areas. I hope these guidelines will help in knowledge and skill acquisition of all the service providers involved in mid-wifery care services and will thus help in reduction of maternal mortality.

I complement Maternal Health division for bringing out the guidelines along with the training tools.



(Ghulam Nabi Azad)
Union Minister for Health &
Family Welfare
Ministry of H&FW
Government of India

New Delhi
Date: April 2010

Preface

Government of India has a commitment under National Population Policy, NRHM/RCH to ensure universal coverage of all births with skilled attendance both in the institution and at community level and to provide access to emergency obstetric and neonatal care services for women and the new born.

In accordance with the GoI's commitment for universal skilled birth attendance, a policy decision was taken to permit ANMs/LHVs and SNs to give certain injections and undertake interventions for Basic Management of Complications which might develop while providing care during pregnancy and child birth. Accordingly, guidelines for Ante-Natal Care & Skilled Attendance at Birth by ANMs/LHVs and SNs as well as training tools were published in the year 2005.

However, based on the evidence of implementation and also due to certain technical advancements, there was a need to revise these guidelines and also the training package. The revised Guidelines for Antenatal Care and Skilled Attendance at Birth by ANMs/LHVs and SNs have been updated, which will help the trainees in skill and acquisition of knowledge in various technical interventions.

The Maternal Health Division of the Ministry based on inputs from experts, NGOs and development partners has revised the guidelines accordingly for use by State and District program Officers, Trainers and also ANMs/LHVs and SNs who are involved in practicing mid-wifery. It is hoped that the revised guidelines would improve the quality of SBA Training in the states and help in providing quality essential obstetric services thereby accelerating the reduction of maternal mortality.

(K. Sujatha Rao)
Secretary (Health & FW)
Ministry of H&FW
Government of India

New Delhi
Date: April 2010

Foreword

NRHM has a commitment for reduction of maternal and infant mortality/ morbidity so as to meet the National and Millennium Development goals. The quality of services rendered and also handling of Basic and Comprehensive Obstetric Care services at the health facilities particularly at primary and secondary level has a bearing on reduction of maternal mortality ratio.

To achieve these objectives, steps have been taken under NRHM to appropriately strengthen and operationalise the 24X7 PHCs and designated FRUs in handling Basic and Comprehensive Obstetric Care including Care at Birth. For improvement of service delivery, it is important that the service providers particularly the ANMs/LHVs and SNs are oriented on care during pregnancy & childbirth so that the primary and secondary health facilities can effectively handle complications related to pregnancy and care of new born.

GoI has already launched the guidelines and training package for training of paramedical workers i.e., ANMs/LHVs and SNs for developing their skills in provision of care during pregnancy and child birth. However, based on the feedback received and due to new technical advancements, there was a need to revise the guidelines and also the training package.

The training guidelines for Antenatal Care and Skilled Attendance at Birth by ANMs/LHVs and SNs have now been updated and revised. This will assist the health personnel involved in midwifery practice particularly at sub-centre and 24x7 PHCs to effectively provide the requisite quality based services for women and newborns nearest to their place of residence.

It is expected that the trainers as well as the trainees will be benefitted in updating their knowledge and skills by using these guidelines along-with the training tools and thus help reducing the maternal mortality and morbidity by early identification and management of basic complications during pregnancy, childbirth and in post partum period.

(P. K. Pradhan)
AS & MD, NRHM
Ministry of H&FW
Government of India

New Delhi
Date: April 2010

Acknowledgement

National and international evidences indicate that reduction of maternal and infant mortality and morbidity can be accelerated if women are provided skilled care during pregnancy and child birth.

Based on these evidences, the Government of India has taken a policy decision that every birth, both institutional and domiciliary, should be attended by a skilled birth attendant. Accordingly, necessary policy decisions were taken for empowering ANMs/LHVs and SNs for handling basic obstetric care and common complications including Essential Newborn Care and Resuscitation Services. Pre-service and in-service training for these paramedical workers has already been initiated and is being implemented in the states to make them proficient in the provision of care during pregnancy and child birth.

From time to time, there is a need to update the technical knowledge and training tools, these being first published in the year 2005. Maternal Health Division of this Ministry with inputs from development partners like WHO, UNFPA, UNICEF and Professional Bodies like FOGSI, IAP, NNF has now revised the first edition of the guidelines. The revised version has to be now disseminated to the states.

The second edition of the Guidelines would not have been possible without the active interest, and encouragement provided by Ms K. Sujatha Rao, Secretary (H&FW) and Shri Naresh Dayal, Ex Secretary, Ministry of Health & Family Welfare. I also take this opportunity to appreciate the inputs given by development partners specially Dr. Rajesh Mehta, Dr. Sunanda Gupta and Dr. Vinod Anand of WHO- India, Dr Sonia Trikha, UNICEF-India and Dr. Dinesh Aggarwal, UNFPA. Contribution of TNAI, INC, JICA, USAID, DFID and also from states particularly Dr. Ajeesh Desai from Gujarat and Dr. Archana Mishra from Madhya Pradesh is also acknowledged.

I also take this opportunity to thank Dr. Bulbul Sood, Dr. Aparajita Gogoi, Ms. Medha Gandhi, Dr. Annie Mathew of CEDPA India and Dr. Manju Chhugani, Faculty, College of Nursing from Jamia Hamdard University for extending their support while the guidelines and training tools were being drafted. The contributions from FOGSI and other experts particularly Dr. Sudha Salhan & Dr. H.P. Anand from Safdarjung Hospital, Dr. Kamla Ganesh, Ex HOD & Dr. Sagar Trivedi and her team from Lady Harding Medical College Hospital, Dr. Reva Tripathi from Maulana Medical College hospital also needs special mention.

For achieving the revision of the guidelines, hard-work and untiring efforts of Dr. Himanshu Bhushan, AC(MH), Dr. Manisha Malhotra, AC(MH), Dr. Avani Pathak and Rajeev Agarwal of Maternal Health Division is highly appreciated. The inputs from RCH, Family Planning & Child Health Division helped in firming up various components of these guidelines

I hope the guidelines and the training tools will help the states in strengthening the technical interventions and in better implementation of SBA Training.

(Amit Mohan Prasad)
Joint Secretary (RCH)
Ministry of H& FW
Government of India

New Delhi
Date: April 2010

Programme Officer's Message

GoI has a commitment under NRHM/RCH to ensure universal coverage of all births with skilled attendance both in the institution and at community level and to provide access to emergency obstetric and neonatal care services for women and the new born. With this objective in mind, SBA Training for ANMs/LHVs and SNs is presently been undertaken in all the State/UTs to equip Auxillary Mid-Wives (ANMs) and Staff Nurses (SNs) for managing normal deliveries, identify complications, do basic management and then refer at the earliest to higher facilities thereby empowering them to save the life of both the mother and new born.

The earlier Guidelines in the year 2005 for Antenatal Care and Skilled Attendance at Birth by ANMs/LHVs and SNs has been revised and updated based on current scientific evidence and certain technical updates in the field. The revised Guidelines along with the Handbook provides up-to-date, comprehensive, evidence based information and defines and illustrates the skills needed to keep pregnant women, mothers and their newborns healthy, including routine and preventive care as well as early detection and management of life threatening problems. It will require effective training, logistics and supportive supervision to make skilled attendance at every birth in the country, a reality.

I hope that states will adopt the revised training package for effective implementation of the SBA training to enhance the quality. It is suggested that the training centres must be proficient and practicing the technical protocols defined and illustrated in the guideline before they take up the training batches. The first step for this should be the orientation/ training of all the health professionals involved in care during pregnancy and child birth at the training centre itself. Timely nomination, Provision of essential supplies such as Partographs, mannequins, drugs and structured monitoring through Quality Assurance Cell at the State, District and Facility level should be the next step. Up-scaling SBA Training by creating more training centres either at the government health facility or through Public-Private Partnership is another important step for achieving our commitment for attending every births by skilled personnel.

I am optimistic that if all the above inputs are implemented in a coordinated manner, the time is not far away for achieving universal coverage of births with skilled attendance both in the institution and at community level. I take this opportunity to thank everyone who has contributed in framing the training package.

(Dr. Himanshu Bhushan)
Assistant Commissioner
Maternal Health Division
Ministry of H& FW
Government of India

New Delhi
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Abbreviations

AMTSL	:	Active Management of the Third Stage of Labour
ANC	:	Antenatal Check-Up
ANM	:	Auxiliary Nurse Midwife
APH	:	Antepartum Haemorrhage
ASHA	:	Accredited Social Health Activist
AWW	:	Anganwadi Worker
CBO	:	Community-Based Organisation
CCT	:	Controlled Cord Traction
CHC	:	Community Health Centre
COC	:	Combined Oral Contraceptive
CPD	:	Cephalopelvic Disproportion
DDK	:	Disposable Delivery Kit
DMPA	:	Depot Medroxyprogesterone Acetate
ECP	:	Emergency Contraception Pill
EDD	:	Expected Date of Delivery
FHR	:	Foetal Heart Rate
FHS	:	Foetal Heart Sound
FRU	:	First Referral Unit
FS	:	Female Sterilisation
GoI	:	Government of India
HBsAg	:	Hepatitis B Surface Antigen
HCG	:	Human Chorionic Gonadotrophin
HIV	:	Human Immunodeficiency Virus
HLD	:	High Level Disinfection
HMIS	:	Health Management Information System
HPS	:	High Performing States
ICTC	:	Integrated Counselling and Testing Centre
IFA	:	Iron Folic Acid
IMNCI	:	Integrated Management of Neonatal and Childhood Illness
IUCD	:	Intrauterine Contraceptive Device
IUD	:	Intrauterine Death
IUGR	:	Intrauterine Growth Retardation
JSY	:	Janani Suraksha Yojana
KMC	:	Kangaroo Mother Care
LAM	:	Lactational Amenorrhea Method
LHV	:	Lady Health Visitor
LLIN	:	Long-Lasting Insecticidal Net
LMP	:	Last Menstrual Period
LPS	:	Low Performing States
MMR	:	Maternal Mortality Ratio
MO	:	Medical Officer
MoHFW	:	Ministry of Health and Family Welfare

MoWCD	:	Ministry of Women and Child Development
MPHW	:	Multipurpose Health Worker
MTP	:	Medical Termination of Pregnancy
MVA	:	Manual Vacuum Aspiration
NFHS	:	National Family Health Survey
NGO	:	Non-Governmental Organisation
NRHM	:	National Rural Health Mission
NSV	:	No-Scalpel Vasectomy
NVBDCP	:	National Vector-Borne Disease Control Programme
ORS	:	Oral Rehydration Solution
P/V	:	Per Vaginum
PHC	:	Primary Health Centre
PIH	:	Pregnancy-Induced Hypertension
PIP	:	Programme Implementation Plan
PNC	:	Postnatal Check-Up
PNDT	:	Pre-Natal Diagnostic Technique
POC	:	Products of Conception
PPH	:	Post-partum Haemorrhage
PPTCT	:	Prevention of Parent-to-Child Transmission
PRI	:	Panchayati Raj Institution
PROM	:	Premature Rupture of Membranes
RCH	:	Reproductive and Child Health
RDK	:	Rapid Diagnostic Kit
RPR	:	Rapid Plasma Reagin
RR	:	Respiratory Rate
RTI	:	Reproductive Tract Infection
SBA	:	Skilled Birth Attendant
SC	:	Sub-Centre
SDM	:	Standard Days' Method
SHG	:	Self-Help Group
SN	:	Staff Nurse
STI	:	Sexually Transmitted Infection
TBA	:	Traditional Birth Attendant
TT	:	Tetanus Toxoid
UT	:	Union Territory
UTI	:	Urinary Tract Infection
VDRL	:	Venereal Disease Research Laboratory
VHND	:	Village Health and Nutrition Day

Introduction

Pregnancy and childbirth are normal events in the life of a woman. Though most pregnancies result in normal birth, it is estimated that about 15% may develop complications, which cannot be predicted. Some of these may be life threatening for the mother and/or her baby. The presence of skilled attendants is therefore, crucial for the early detection and also for appropriate and timely management of such complications. The Government of India (GoI) has a commitment under its National Rural Health Mission (NRHM)/Reproductive and Child Health (RCH)-II programme to ensure universal coverage of all births with skilled attendance, both at the institutional and at the community level and to provide access to emergency obstetric and neonatal care services for women and newborns, and thereby restrict the number of maternal and newborn deaths in the country.

Maternal death is defined as the death of a woman while pregnant or within 42 days of the termination of pregnancy (delivery or abortion), irrespective of the duration and site of pregnancy, from any cause related to or aggravated by pregnancy or its management, but not due to accidents, trauma or incidental causes.

The Maternal Mortality Ratio (MMR), i.e. number of maternal deaths per 100,000 live births in India is very high. According to the latest data given by the Registrar General of India for the period 2004-2006, the MMR was estimated to be 254 per 100,000 live births. Like elsewhere in the world, the five major direct obstetric causes of maternal mortality in India are haemorrhage, puerperal sepsis, hypertensive disorders of pregnancy, obstructed labour and unsafe abortions contributing to about 70% of maternal deaths in the country. Maternal anaemia is a major contributor to the 'indirect' obstetric causes. While most of these causes cannot be reliably predicted, early detection and timely management can save most of these lives.

Women below the age of 18 years or above 40 years have greater chances of having pregnancy related complications. Primigravidas and grand multiparas (those who have had four or more pregnancies) are at a higher risk of developing complications during pregnancy and labour. Research shows that women who have spaced their children less than 36 months apart have greater chances of delivering premature and low birth weight babies, thereby increasing risk of infant mortality. An interval of less than two years from the previous pregnancy or less than three months from the previous abortion increases the chances of the mother developing anaemia.

Since any pregnancy can develop complications at any stage, so timely provision of obstetric care services is extremely important for management of such cases and as such, every pregnancy needs to be cared for by a Skilled Birth Attendant (SBA) during pregnancy, childbirth and the post-partum period. *GoI considers an SBA to be a person who can handle common obstetric and neonatal emergencies and is able to timely detect and recognise when a situation reaches a point beyond his/her capability, and refers the woman/newborn to an appropriate facility without delay.*

To be called an *SBA*, the health workers (Auxiliary Nurse Midwives (ANMs), Lady Health Visitors (LHVs) and Staff Nurses (SNs)) must possess technical competence related to routine care provision including identification and immediate management of complications arising during pregnancy and childbirth.

In India, 52.3% of births take place at home and of these, just 5.7% of births are attended by a skilled person (District Level Household and Facility Survey [DLHS]-3, 2007–08). These figures highlight that a high proportion of births in the country are still being undertaken by an unskilled person and as such, contribute to large number of maternal deaths. Therefore, the presence of an SBA at every delivery, along with the availability of an effective referral system, can help reduce maternal morbidity and mortality to a considerable extent. Past experiences with Traditional Birth Attendants (TBAs) have indicated that TBAs were not able to identify and manage complications during pregnancy and child birth despite repeated trainings, therefore, GoI does not consider TBAs as SBAs.

What can be done to combat maternal deaths?

- Most of the maternal deaths are linked with three types of delays which can result in an increase in maternal morbidity and mortality. They are:

Delay 1: **Delay in recognising** the problem (lack of awareness of danger signs) and **deciding to seek care** (due to inaccessible health facility, lack of resources to pay for services/supplies and medicines)

Delay 2: **Delay in reaching** the health facility (due to unavailability of transport, lack of awareness of appropriate referral facility)

Delay 3: **Delay in receiving** treatment once a woman has arrived at the health facility (due to inadequately equipped health facility, lack of trained personnel, emergency medicines, blood, etc.)

Sensitising the community and family for right decision at right time and timely referral through pre-identified transport can address the first two delays and would help women access the services available as and when required. Simultaneously, the health workers need to be technically competent and facility adequately equipped to provide services/care to the woman reaching the health facilities. This would help in ensuring the provision of skilled attendance to all women during pregnancy and childbirth.

- The ANM has an important role to play in reducing the MMR by fulfilling the role of a SBA: providing comprehensive Antenatal Care (ANC) and Postnatal Care (PNC); identifying complications in a timely manner, and referring women with complications after basic management to a higher centre for further management.