

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
STARRED QUESTION NO. 158
TO BE ANSWERED ON THE 16TH DECEMBER, 2022**

PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAN

†*158. SHRI NIHAL CHAND:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Government is implementing the Pradhan Mantri Surakshit Matritva Abhiyan through private hospitals;
- (b) if so, the details thereof and if not, whether any decision is likely to be taken in this regard; and
- (c) the details of the guidelines issued to the State Governments for proper implementation of the said scheme in the country?

**ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(DR MANSUKH MANDAVIYA)**

(a) to (c) A Statement is laid on the Table of the House.

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 158* FOR 16TH DECEMBER, 2022**

(a) to (c) Government of India launched “Pradhan Mantri Surakshit Matritva Abhiyan” (PMSMA) with an aim to provide fixed-day, free of cost, assured, comprehensive and quality antenatal care on the 9th day of every month universally to all pregnant women in their 2nd / 3rd trimesters of pregnancy, at designated public health facilities by Obstetricians/Medical officers. The programme also invites active participation from private practitioners on a voluntary basis. Since inception, more than 3.69 crore pregnant women have received comprehensive ANC under this programme across all States and UTs.

One of the key focus areas during Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is to generate demand through Information Education & Communication (IEC), Inter-personal Communication (IPC) and Behavior Change Communication (BCC) activities. Extensive use of audio-visual and print media in raising mass awareness is an integral part of IEC/BCC campaign. Auxiliary Nurse Midwife (ANM), Accredited Social Health Activist (ASHA) and Anganwadi Worker (AWW) play a pivotal role in mobilization of the community and potential beneficiaries in both rural and urban areas for availing of services during the PMSMA.

The guideline details issued to the States/UTs are placed at “Annexure”

1. Introduction:

- 1.1.** The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) was introduced to ensure quality antenatal care to pregnant women in the country. Under the campaign, a minimum package of antenatal care services is provided to the beneficiaries on the 9th day of every month at the designated public health facilities to ensure that every pregnant woman receives at least one checkup in the 2nd or 3rd trimester of pregnancy by a doctor.
- 1.2.** During this campaign, trained service providers and ASHA focus their efforts to identify and reach out to pregnant women who have not registered for ANC (left out/missed ANC) and also those who have registered but not availed ANC services (dropout) as well as High Risk pregnant women. It also ensures that not only all pregnant women complete their scheduled ANC visits but also undertake all essential investigation.
- 1.3.** PMSMA provides quality ANC & also detection, referral, treatment and follow-up of high risk pregnancies and women having complications.

2. Key focus areas Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA):

- 2.1.** Key focus area under Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is to generate demand through Information Education & Communication (IEC), Inter-personal Communication (IPC) and Behaviour Change Communication (BCC) activities. Extensive use of audio-visual and print media in raising mass awareness is an integral part of IEC/BCC campaign. Auxiliary Nurse Midwife (ANM), ASHA and Anganwadi Worker (AWW) play a pivotal role in mobilization of the community and potential beneficiaries in both rural and urban areas for availing services.

3. Objective:

- 3.1.** To provide adequate, appropriate and quality ANC to every pregnant woman across the country.

4. Engagement with Private/voluntary sector

- 4.1.** Under PMSMA, services are provided by the Medical Officer and OBGY specialist. Facilities where such trained manpower is not available, services from Private Practitioners (OBGY) on a voluntary basis are arranged.
- 4.2.** Obstetricians/ physicians from private sector and retired OBGY specialists are encouraged to provide voluntary services at designated public health facilities on the 9th of every month.
- 4.3. Strategies implemented for engaging with private sector encompass:**
 - A portal for registration of doctors willing to volunteer for the PMSMA is created at the National level.
 - States /UTs to collaborate with organizations such as Federation of Obstetric and Gynecological Societies of India (FOGSI), & Indian Medical Association (IMA) to facilitate the participation of private doctors in the initiative
- 4.4. Strategies to sustain participation:**
 - Recognition of efforts of volunteer doctors for providing exemplary services through awards
 - Utilization of social media for recognizing the work of volunteers.