

ASMAN

(Alliance for Saving Mothers and Newborns)

Leveraging Technology for Intra-partum Management

NHM, MP

Intrapartum management and MMR

- Fall in maternal mortality not commensurate with rise in institutional birth
- Intra-partum conditions now account for 69% of maternal deaths (WHO-2014)
- Weak intra-partum management
 Low skill base of nursing staff
 Poor monitoring
 - ➢ Poor adherence to protocols

MP : Trend of MMR and Institutional Deliveries

MMR (SRS) — Institutional Deliveries (NFHS III & IV) Maternal Mortality per 1,00,000 live birth 400 100 335 350 80.8 80 Deliveries 300 250 60 188 % Institutional 200 173 40 150 26.2 100 20 50 0 0 2004-06 2014-16 2015-17

Continuum of Care

- Block level skill labs for MPW(F)
- Mandatory 4 ANCs by CHOs/SNs
- Iron Sucrose administration for all institutional ANCs
- Demand Generation through CCT

Organizing inputs for quality ANC

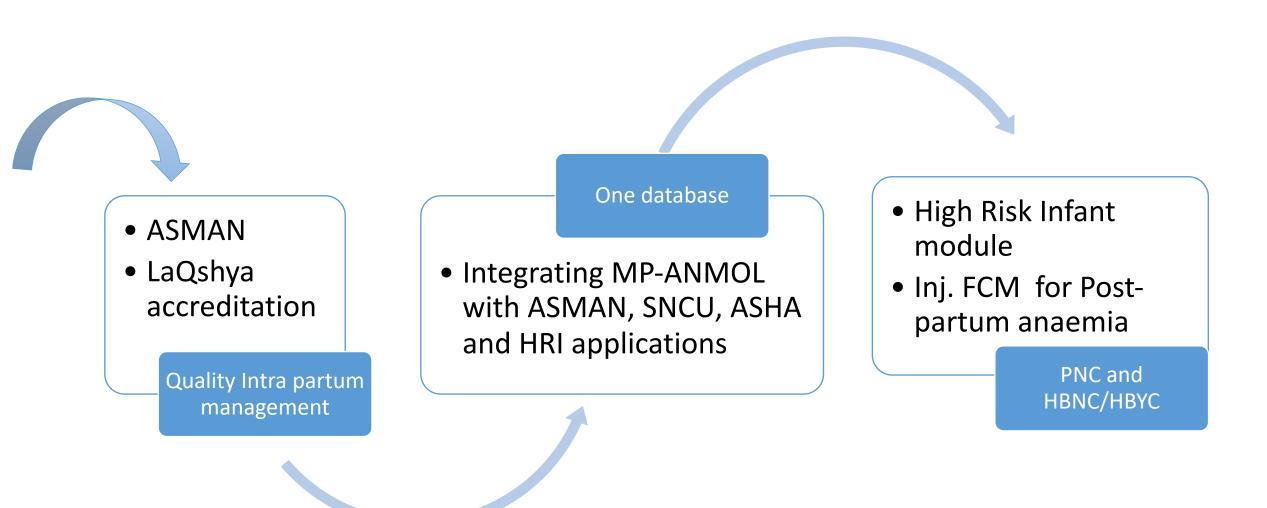
Tracking and managing HRPs

- 3rd and 4th ANC by SMO
- Mandatory ANC by PGMO at CHC
- 104 calling initiated for HRPWs

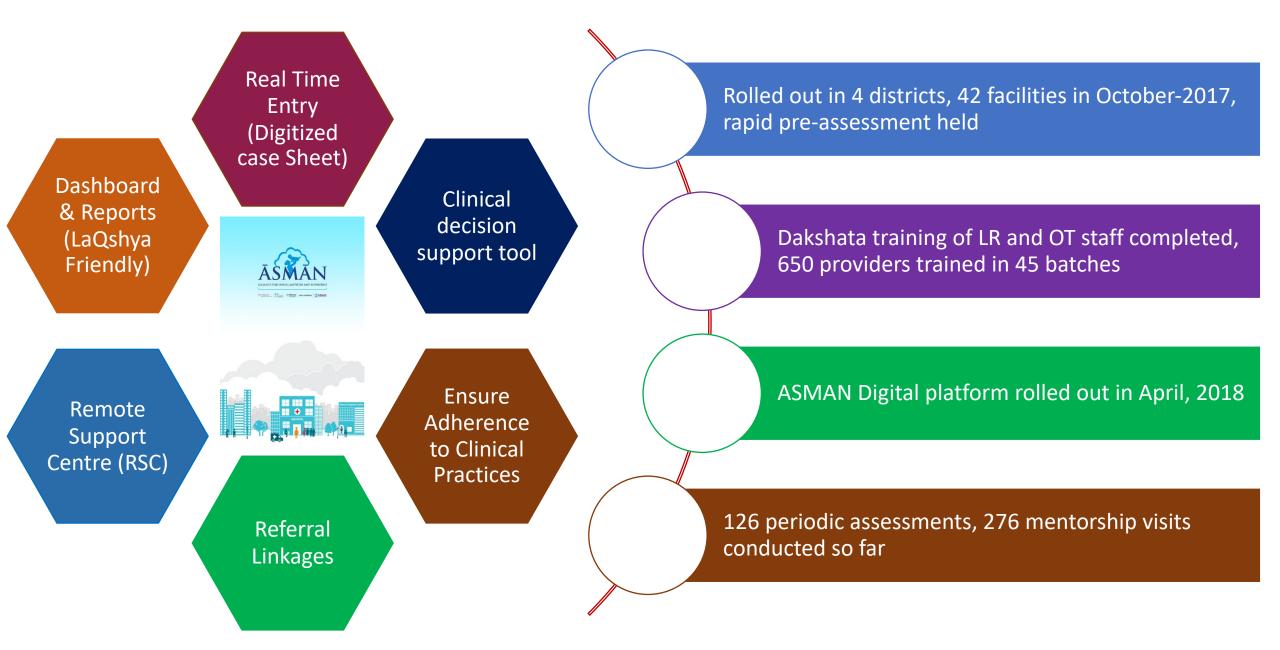
 HRPW module riding RCH mirror portal – MP-ANMOL

- EDD calendar based tracking
- Pre-assignment of PW to facility

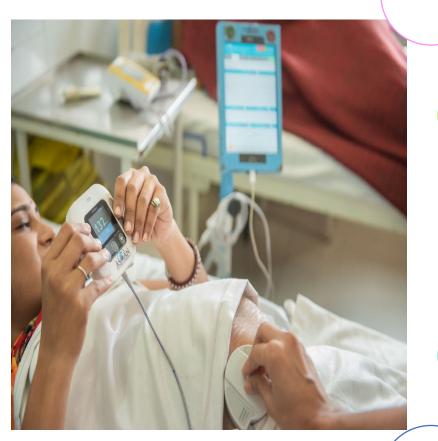
Strengthening data systems and monitoring



ASMAN : Pilot for Quality Intra-partum and Immediate Post-Partum



Intra-partum monitoring and management



More than a lakh (1.05 lakh) admissions till Oct'19, Average 7671 admissions per month

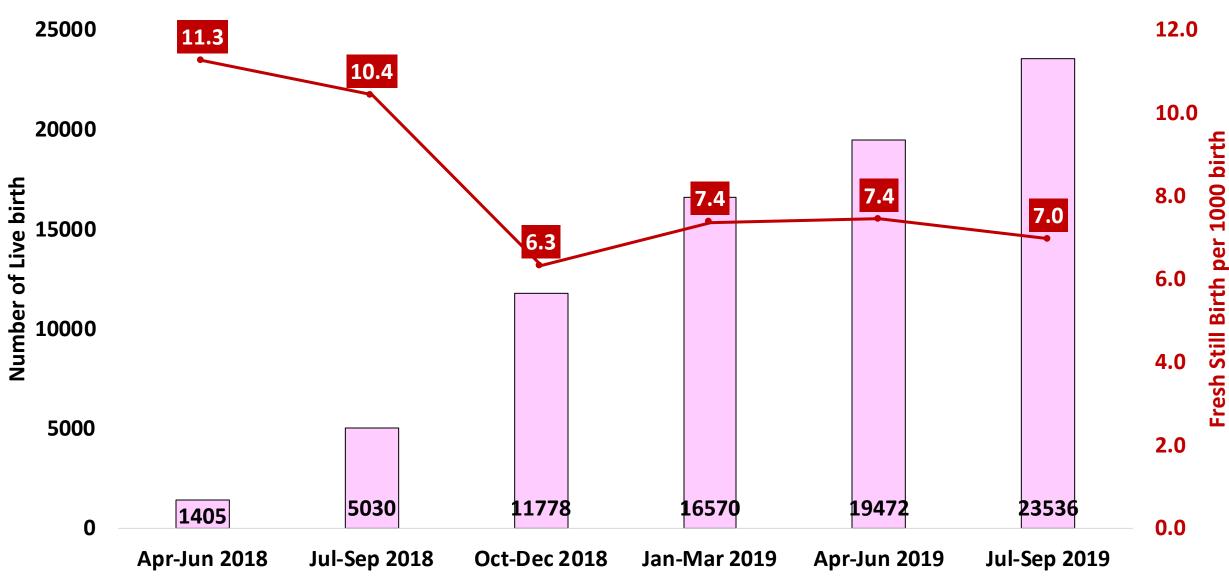
46.6% of over 1 lakh deliveries conducted pegged as high-risk (>90% due to anemia)

In >90% of cases Temperature, BP, HB, FHR, HIV testing was done and recorded

In 91% cases, filling of real-time partograph initiated, in 73% cases, partographs used to monitor labour progress

AMTSL performed in 97% cases

Trend of Fresh Still Birth Rate



ASMAN : Improvement in Screening and Management of Complications

Indicators	2017-18	2018-19	Status	Source
Number of eclampsia cases managed during delivery	228	304	33%	HMIS data as on 8 Nov'19
Number of cases of pregnant women with Obstetric Complications attended	4228	10064	138%	
Maternal Death (Bleeding, High fever, Obstructed /prolonged labour, Severe hypertension/fits, Other Causes (including causes not known))		26	28%	

Adherence

- Adherence to SOPs, protocols
- Better clinical decisions
- E-Partograph
- Notifications and alerts for duty doctors

Accountability

- No manual entries
- Enables Audits (Referral, MDR, Drug use)

Monitoring

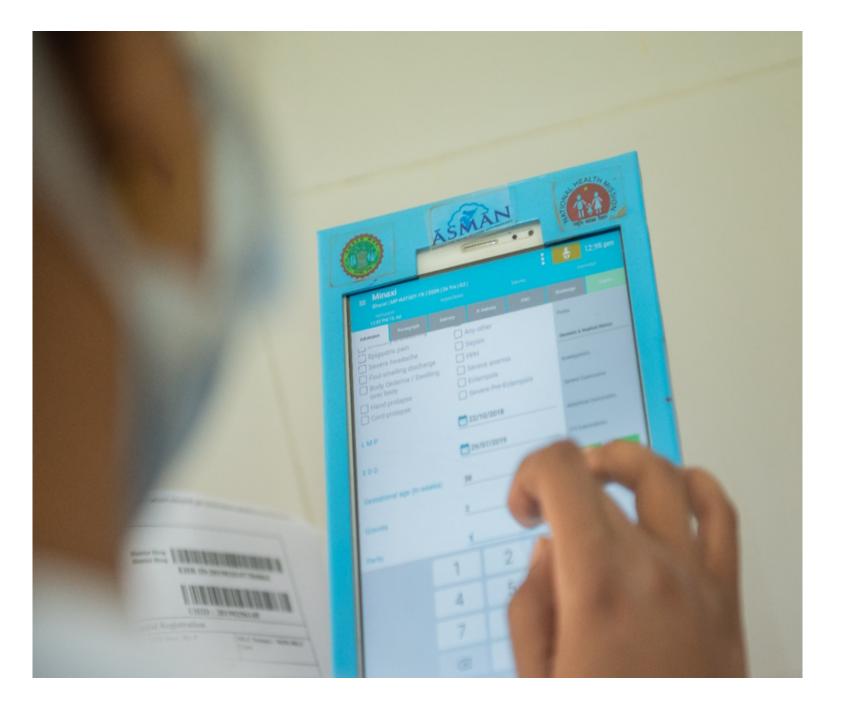
- Record maintenance for LaQshya – phasing out physical sheets and registers
- Dashboards for monitoring progress

Support

- Remote support center
 established at
 MG Medical
 College, Indore
- Clinical advice on demand

Way forward

- Scale up to all high case load facilities across 07 aspirational districts and 05 High-priority districts
- Dakshata training and scaling up mentorship
- Online training modules for providers and doctors
- Integration with MP-ANMOL application, SNCU, HRI modules
- Standardization for LaQshya concurrent assessment at all covered facilities



Thanks