SOP 3: Reproductive Maternal, Neonatal and Child Health Services

CHC Kanas, Puri

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Reviewed by:	***Approved by***
Superintendent, CHC Kanas	Superintendent, CHC Kanas,

SOP 3: RMNCH

1. **Purpose:**
   To develop a system for ensuring care of pregnant women from antenatal to postnatal period and also address the needs of the newborns, & Children up to 5year. It includes a comprehensive approach to reduce maternal mortality and to protect them from likely health risks they may face.

2. **Scope:**
   It covers eligible couples for prenatal counseling and pregnant woman during ANC, Intra natal and post-natal, from day of her registration

3. **Responsibility:**
   Medical Officer I/C, Medical Officer, Staff nurse/ ANM and Housekeeping staff.

4. **Procedure:**

S No	Activity	Responsibility	Ref Document/ Record
1	**Service Provision-**		
	All the Maternal and Child Health Services are provided as per IPHS for PHC and Operation Guidelines for Maternal & Child Health issued by MoHFW, Government of India/Odisha. This Includes- 1. Antenatal Care 2. 24X7 services for Emergency Obstetric Care & New-born care 3. Emergency Care of Sick Children 4. Family Planning Services 5. Medical Termination of Pregnancy 6. Counseling 7. Treatment of RTI/STI 8. Essential Laboratory Services 9. Referral Transport Services	MO In Charge	OPD Card , Patient Registration no.,
2	**Antenatal Care**		
2.1	**Registration and First ANC Visit-** Any pregnant women requiring services during antenatal period visit CHC and is registered at registration counter and OPD slips issued to her. Mother and child protection card is	Medical Officer/ Staff Nurse/ ANM	

	filled by respective ANM of the area • History a. Chief complaints b. Menstrual history c. Obstetrical history d. Past history e. Family History f. Personal history • General & Physical examination • Local Examination • Investigations Hb, Urine, Blood Group Rh factor, Syphilis, VDRL/RPR, HIV, blood sugar, & Hepatitis B are also done for each pregnant woman.		
2.2	**Mother & Child Protection Card-** For each ANC registration a Mother & Child Health Card is issued to pregnant women by respective ANM of the area. All the details including family identification, pregnancy records, institutional identification, next due date of ANC visit, findings of ANC examination and investigations, post-natal care, care of baby, details of immunization, growth of child etc. is recorded on this card at different stages of ante and postnatal care. Pregnant woman is instructed to bring this card at every subsequent visit to the CHC	MO/ANM	Registration Slip ANC register
2.3	**Schedule of Visit-** Minimum 4 ANC visit of every registered pregnant woman is insured as per following schedule **1st Visit-** < 12 Weeks **2nd Visit –** < 26 Weeks **3rd Visit –** <34 Weeks **4th Visit –** > 34 Weeks to term. If a women comes for registration later in her pregnancy, is also registered and care is provided according to gestational age Routine normal visit 12 to 13 for every pregnant patient	Medical Officer/ Staff Nurse/ ANM	
2.4	**Antenatal Checkup**	MO/staff	

	On each visit Patients history & complaints are taken and physical examination for weight, blood pressure, respiratory rate, pallor and edema is done. On each visit abdominal palpation for foetal growth, foetal lie and auscultation for foetal heart sound and breast examination is done according to stage of pregnancy. Laboratory test for Haemoglobin, urine albumin & urine sugar is done on each visit. Regular dose of folic acid is given1st trimester onwards and Iron folic acid on subsequent trimester for at least 100 days. First dose of Tetanus Toxoid Injection (Inj. TT) is given as soon as possible after ANC registration. A second dose given after one month from the 1st one. At each ANC visit pregnant women is counseled for nutritional requirements, recognizing danger sign of labour, birth preparedness, breast feeding institutional delivery, arrangement of referral transport, family planning etc. If during ANC patient is found to be requiring safe abortion they are processed for same within the ambit of MTP act.	nurse and ANM	
2.5	**Medical Termination of Pregnancy** If a pregnant woman during ANC is found to be requiring medical termination of Pregnancy they are preceded for same within the ambit of MTP Act 1972 as soon as possible. Consent is taken from pregnant women in form C prescribed by MTP Act. Form I & Form III (admission register)	MO	Consent Format
2.6	**Management of High Risk Pregnancy** If any of signs of high risk Pregnancy is identified during ANC visits the case is assessed by the MO	MO/ Obstetrician	

	and treatment is started as per Standard Treatment Guidelines as early as possible. If the management cannot be done at the facility patient is referred to higher facility/ tertiary hospital.		
3	**Emergency Obstetric Care**		
3.1	**Rapid Initial Assessment & Management –** When a woman of child bearing age presents with a problem a rapid assessment of her condition on the basis of danger signs is done to determine the degree of illness. This includes assessment of Circulation, Airway and breathing, vaginal bleeding, dangerous fever, abdominal pain etc. Initial Management done as per Standard Protocols.	MO/ Staff Nurse	
3.2	**Communication with pregnant woman** While communicating with pregnant woman/mother service providers ensure following respect The woman's dignity and right to privacy: If male doctor/ Staff examining the female patient , female attendant is mandatory • are sensitive and responsive to the woman's needs; • are non-judgmental about the decisions that the woman and her family have made thus far regarding her care.	MO/ Staff Nurse	
3.3	**Admissions & Shifting Referral** The Pregnant women are admitted to the CHC either when they arrive in labor or when they nearing the delivery. Pregnant women directly reaching labour room are received by nursing staff on duty. Medical officer/ staff nurse analyzes condition of the patient along with history and reviews old records, including referral slip if available to assess any complications associated with pregnancy.	MO/Nursing Staff	

	If pregnant woman are in first stage of labour she is shifted to ward for observation where vitals and dilatation is monitored on periodic basis and partograph is established. If pregnant women is in second stage of Labour she is shifted to labour room. Primary management of High risk cases is done and then referred to higher facility Pregnant women in false labour/ Observation are monitored and subsequently discharged. When the condition of the patient is such that she cannot be handled at the CHC due to the complications or due to lack of facilities, timely referral is done for the next higher facility with full record and ambulance services. For every admitted pregnant Woman bed head ticket is generated and entry is done in IPD register.		
3.4	**Arrangement for intervention** The Staff Nurse makes arrangement for the necessary equipment, drugs and other facilities required for the delivery.	SN	(IPD file)
3.5	**Labor Room Management** New Born Care Corner is available as per Guidelines Maternal and Newborn Health Guidelines Availability and functionality of required equipments and consumables is ensured and checked on daily basis Any breakdown of equipment or shortage of supply is immediately intimated to MO in charge**.**	SN	Equipment Handover register
4	**Intra Partum Care**		
4.1	**Management of 1st stage of labour:** The patient is informed about the condition, counseling is done and consent is taken by the Nurse in charge	Medical Officer/ SN	Referral Register/ IPD file

	and Medical Officer. A partograph is established by Staff Nurse. Monitoring & charting of uterine contraction, Fetal heart rate, emergency signs, cervical dilatation, BP, temperature and Pulse is monitored on periodic basis depending upon low/ high risk pregnancy and progress is updated in partograph. In any condition of unsatisfactory progress of labour due prolonged latent phase, non progress of labour, prolonged active phase, foetal distress, cephalo-pelvic disproportion, obstruction, mal-presentation, mal-position, prolonged expulsive phase are referred to the higher facility and follow up of the PW is done by SN.		
4.2	**Management of 2nd stage of labour:** • Record vitals as per the partograph • Monitor Uterine contraction, FHR & liquor half hourly • Perineal support and maintaining of flexion in normal labor • Episiotomy only if required • Sex ,time date of delivery of baby to be recorded and told to the mother • Ensure foot print impression of the baby on the file • Identification tag to both mother and child • Cord is tied and cut with a sterile blade after 2-3 minutes of delivery. Immediate newborn care is given. If newborn cry in 30 seconds newborn resuscitation is started.	SN	Medication Chart
4.3	**Management of 3rd stage of labour:** Palpate abdomen to rule out second baby Inj. Oxytocin is administered. Controlled cord traction is done for assisting expulsion of placenta. Uterine massage is given to prevent PPH or it is managed as per standard protocol.	MO/SN	IPD file/ delivery register

	BP, Pulse, Temperature, vaginal bleeding is monitored periodically for two hours. In case the child delivered is dead, then the body is handed over to relatives and record is maintained in delivery register as still birth with time, date, sex and cause		
4.4	**Immediate Postpartum Care-** Assessment is done for 2hours Vital signs, contraction of uterus, bleeding per vaginal is done every 15min for one hour and then half hourly for one hour Mother and newborn is kept together. Breast feeding is encouraged**.** Birth Companion is asked to stay with the mother. She is instructed to call for help in case of any danger sign. Weight of new born is measured. Information of mother and new born is recorded in delivery register**.** Newborn and Mother is given Identification tags.	MO/ Staff Nurse / Labor Room Companion	IPD file/ delivery register/ new born register
4.5	**Essential Care of New Born** Essential new born care is given including maintain body temperature, maintaining airway & breathing, breastfeeding of new born, care of cord and eyes and to rule out CMF	Staff Nurse	IPD file
4.6	**Neonatal Resuscitation** The APGAR Score is calculated at 1stand 5thminute after birth. Resuscitation may be required in following condition- If APGAR score is < 7 then immediate resuscitation is started. Neonatal resuscitation is discontinued only after 10 mins of resuscitation if there is no sign of life. Prognosis of New born is discussed with parents before discontinuing resuscitation. All cases of still birth (If not conformed) are also given resuscitation for at least for 10 mins. If the baby is not managed it is referred to the higher facility. Prior	-	Indoor file/ delivery register

	communication is done with SNCU department /Pediatrician on duty.		
5	**Inpatient Care**		
5.1	**Post Natal Inpatient Care of Mothers** After delivery, mother is shifted to the labour ward for post-natal care Maternal health is monitored and every step shall be taken to improve well-being and good health of mother & new born. Medication is administered when required and prescribed by the doctor. The patient is encouraged for taking normal diet, plenty of fluids and start breast feeding the child.	Staff Nurse	Diet register, IPD file
5.2	**Post Natal Inpatient care of New Born** After delivery; all new born not needing special care shifted to the Labour ward with mother for postnatal care and Postnatal ward is kept warm (25°C). New Born is kept with mother on the same bed right from the birth. Mother is encouraged to breast fed baby within 1/2 hrs. of delivery. Postnatal new born care includes review of labor and birth record, communication with mother, examination of baby, assessment of breastfeeding, cord care, skin & eye care, administration of Vit K, counseling of mother, immunization BCG, OPV-0, Hepatitis B (HB-1) and follow-up.		Delivery Register/ IPD file/ immunization card
5.3	**Referral of Newborn to SNCU** If the new born has any of the following condition he/she is referred to new born care unit, at district hospital birth weight <2000 gms, Major congenital malformation Severe Birth Injury Severe Respiratory Distress PPV≥ 5 Minutes Needing Chest Compression or drugs	MO/ Staff Nurse/ Pediatrician	

	Any other indication decided by MO The referral slip is given to the patient and prior communication is done with SNCU department. The follow up of the patient is done by SN		
5.4	**Discharge of Patient** Discharge is done after delivery, depending upon the mother's Condition but not less than 48 hours for normal delivery. Discharge slip is prepared by the M.O. and entry is made in the IPD register by staff nurse. Mother is briefed about postpartum care and hygiene, nutrition for self &Newborn, Exclusive breastfeeding follow-up advice, keeping baby warm, complete immunization of newborn post partum visits, family planning. She is also counseled about the danger signs that should immediately reported to the CHC relating her and new born.	Medical officer/ nurse in charge	Discharge slip, IPD register
6	**Postnatal care after discharge-** Postnatal Care is provided through SN/MO to mothers referred to cHC from postnatal visits done by ASHA/ANM for postpartum complication like PPH and puerperal sepsis, severe anemia . They are assessed in OPD Clinic/ Emergency and admitted in the cHC if required or referred to the higher facility**.**	MO/ASHA/ANM	ANC register, HBPNC card
7	**Immunization** The hospital immunization facility under universal immunization program for children/newborn/neonates which includes all vaccines e.g. OPV, Pentavalent, TT, BCG, Measles, IPV, RVV etc. and register is maintained in the department by ANM. Auto Disposal syringes are used for immunization. Any serious adverse event following immunization such as	ANM	ANC Register/ Immunization card

	death, Hospitalization, disability and other serious events that are thought to be related with immunization are immediately reported to DIO/ADMO (FW) over Phone. Other Serious AEFIs such as anaphylaxis, TSS, AFP, encephalopathy, sepsis, events Occurring in cluster is reported to district immunization officer within the prescribed time in prescribed format. All the serious AEFI are investigated by appropriate authorities and corrective action is taken. After each immunization 4 key messages are to be given to parents - What vaccine is given and it prevents what. What are minor side effects and how to deal with them? When to come for next visit		
8	**Making Payment (if any)** The ANC, maternal and IPD services are given free of cost under JSSK scheme. OPD services, drugs and diet are also free of cost at PHC under MMIY. All lab investigations are also provided free of cost under MMIY.	MO in charge	Bill / Cash Memo, Cash Book
9	**Provisions under Janani-Shishu Surakshya Karyakram** All indoor services including stay (up to 3days for normal delivery), drugs & Consumables, blood transfusion, diagnostics ,diet (dry ration) are provided free of cost for every pregnant women. Any kind of user charges are exempted in all such cases. Similarly all sick new born till one year of age is given all IPD services free cost. Further financial benefit of Rs.1400/- is being paid to beneficiary through PFMS & Rs.2200/- to post natal cases who undergoes sterilization operation within seven days of delivery. Post natal	MO in charge	JSSK Guidelines

	cases those who accept PPIUCD within 48 hours are also being paid Rs.300/-		
10	**Updating IPD Register** After discharge of patient, the relevant register/record such as IPD register/Diet Register, indoor file is updated.	Concerned nurse	IPD register/ indoor file
11	**Removing of used linens** After discharge of patient, the used linen such as bed sheets, pillow cover etc. is taken away for cleaning.	Staff Nurse/ Sweeper	
12	**Referral of patient** During course of treatment if the patient is required to be shifted to other centre then the treating doctor prepares a referral note.	MO/ Staff Nurse	Referral Slip
13	**Absconding** If any patient leaves the hospital during the course of treatment without informing the concerned staff. Police is informed and record of the same is maintained.	MO/ Staff Nurse	IPD Register /indoor file
14	**LAMA** If a patient wants to leave the hospital but as per the treating doctor she/he is not fit for discharge, a declaration is signed by the patient/ Next to Kin in the language she/he understands on indoor file. In case patient/ Next to Kin is illiterate then the thumb impression of the patient/ attendant is taken on the declaration which is witnessed by one neutral person. LAMA summary is prepared By the SN.	MO/ Staff Nurse	IPD Register and file
15	**Management of Death** If any IPD patient dies then the procedure of Management of Death is followed	MO/ Staff Nurse	Death Register
16	**Visiting hours-** Visiting hours for Wards / Rooms are between 07:00AM- 09:00AM 12:00AM to 02:00PM & 06:00 PM to 08:00 PM (Monday to Sunday).	MO in charge	Visitor Policy

	Any visitors having no patient in the hospital including Media Person and police are not allowed in the wards without prior permission from Mo I/C.		
17	**Patient Satisfaction Survey** Patient satisfaction survey is conducted on a periodic basis (30 patients per month). Analysis of data collected is done on quarterly basis.	Mo in charge	IPD feedback form

5. Records

S No	Name of Record	Record No	Minimum retention period
1	ANC Register	KN /RMNCH/RC/1	1 year
2	PMSMA Register	KN /RMNCH/RC/2	1 year
3	Admission Register(LR)	KN /RMNCH/RC/3	1 year
4	Delivery Register	KN /RMNCH/RC/4	1 year
5	Referral Register	KN /RMNCH/RC/5	1 year
6	IUCD/PPIUCD Register	KN /RMNCH/RC/6	1 year
7	Hand Over Register	KN /RMNCH/RC/7	1 year
8	Hand Over Register (equipment)	KN /RMNCH/RC/8	1 year
9	Autoclave Register	KN /RMNCH/RC/9	1 year
10	Stock register of drug & consumables	KN /RMNCH/RC/10	1year
11	Register related to comprehensive abortion care	KN /RMNCH/RC/11	1year
12	Birth immunization register	KN /RMNCH/RC/12	1year

**** End of SoP****