

8. Identification and management of high-risk pregnancies

Identifying high-risk factors and follow-up are paramount during the pre-pregnancy and antenatal period. Screening is to be done in monthly meetings of mothers and ECs, Home visits, VHSND, ANC clinic and PMSMA. It can be achieved through the following interventions.

- Under the MAA campaign Mothers meeting and EC meeting to be conducted by ASHA, ANM shall attend such meetings for check-ups and identification of HR
- Strengthening of VHSNDs by making regular supportive supervision visits. CHO to remain present in VHSNDs.
- Strengthening of PMSMA through regular monitoring and improving collaboration with private specialists
- Also, in PMSMA, if private specialists are not available, explore sending a paediatrician & gynaecologist in the district in the tribal and complex area on 9th
- Health checks in Manav Vikas Camps and other camps organised to provide specialist care
- Regular capacity building of ANM and ASHA for early identification of high risks.
- Screening of all pre-pregnant and pregnant women for high-risk identification
- Maintaining and updating the line list of high-risk pregnancies
- Home visits to high-risk pregnant women by CHOs, ANMs and ASHAs
- Monitoring of every high-risk pregnancy by a Medical Officer at the PHC level
- High-risk pregnancies are to be identified on MCH day in all hospitals and specifically communicated back to DHO/THO/UPHCs for follow-up
- Wherever the Gynaecologist is available on MCH day, the examination will be done by the Gynaecologist and, if not at least Mos.
- Review of services given to high risks at the block and district level

9. Strengthening of Newborn and Child follow up through HBNC and HBYC program

Home-based neonatal care (HBNC) and Home-based young child care (HBYC) programmes must be strengthened to ensure the early identification of danger signs and prompt referral of babies to health facilities. This will also provide complementary feeding at six months follow-up of SAM/MAM, LBW, and SNCU discharged babies. Following interventions should be done to strengthen new-born and child follow-up;

- Regular capacity building of ASHA, ANMs and CHOs for identification and referral of high-risk children
- Exclusive breastfeeding counselling during each home visit
- Advice and ensuring starting complementary feeding at six months of age and then follow-up to ensure adequate quantity and frequency of feeding.
- Home visits of medical officers and CHOs to the high-risk children to ensure the proper service delivery
- Block facilitator and Health supervisors to be involved explicitly for HBNC & HBYC monitoring.
- Child growth monitoring in WHO growth chart- Ensure the growth monitoring by AWW & ANM
- Ensuring complementary feeding at six months of age
- Treating malnutrition under six months of age

10. Special health care plan for low birth weight and preterm babies

Low birth weight babies need special care to ensure survival and proper growth and development compared to their healthy counterparts. The following activities should be done to ensure the management of LBW and pre-term babies.

- Kangaroo mother care should be given to all LBW babies at the health facilities and home.
- Capacity building of all health workers should be done on the provision of kangaroo mother care
- Special training sessions of ASHAs should be taken on the provision of home-based KMC during monthly meetings at PHCs

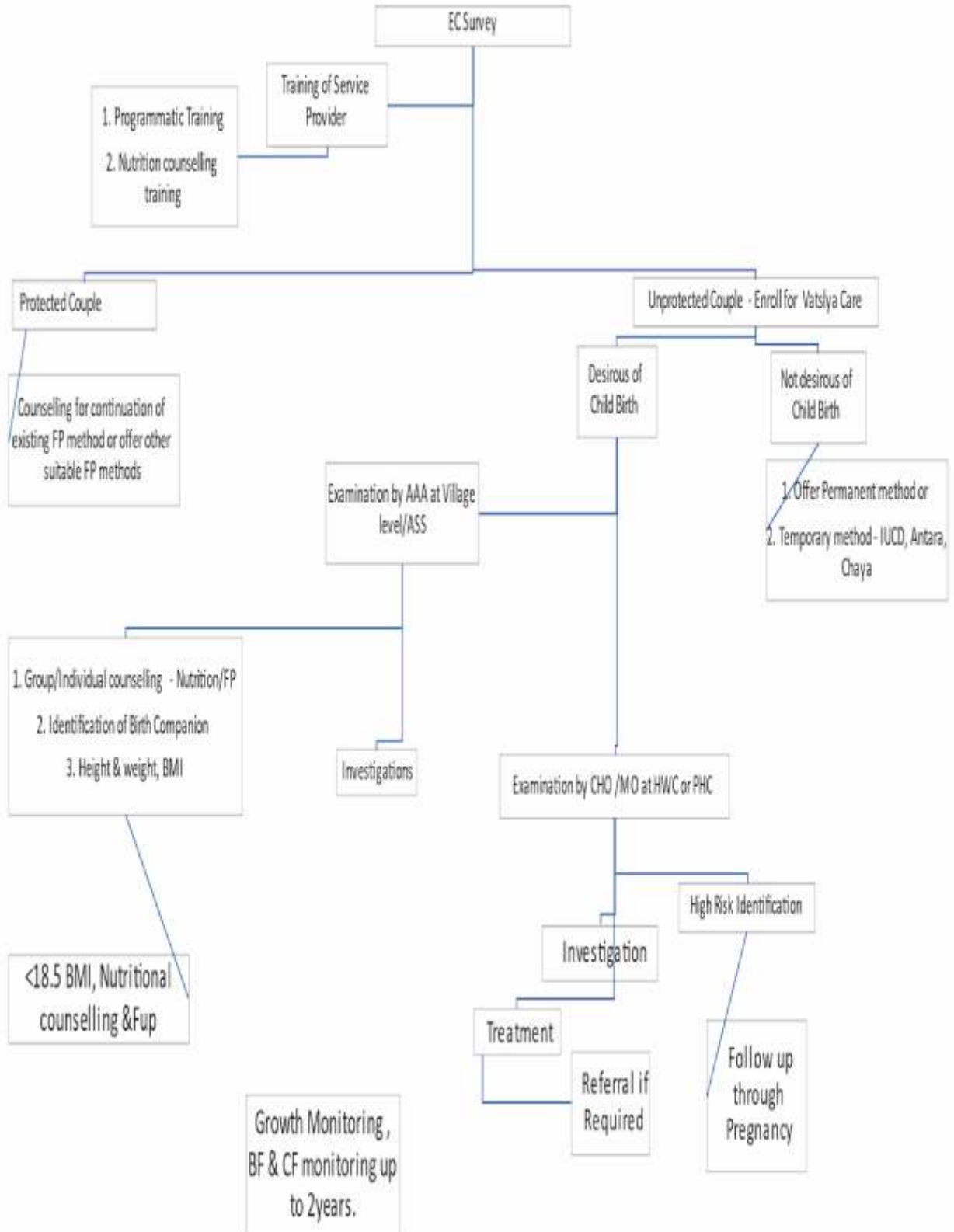
- Ensuring standard practices for within one hour of initiation of breastfeeding & breast crawl
- Labour bed in all labour rooms for active management of 4th-stage labour
- Monitoring from district and block officials
- Ensure Iron, Calcium, and Vita D supplementation up to 40 weeks after birth

11. Early childhood development interventions during HBYC visits

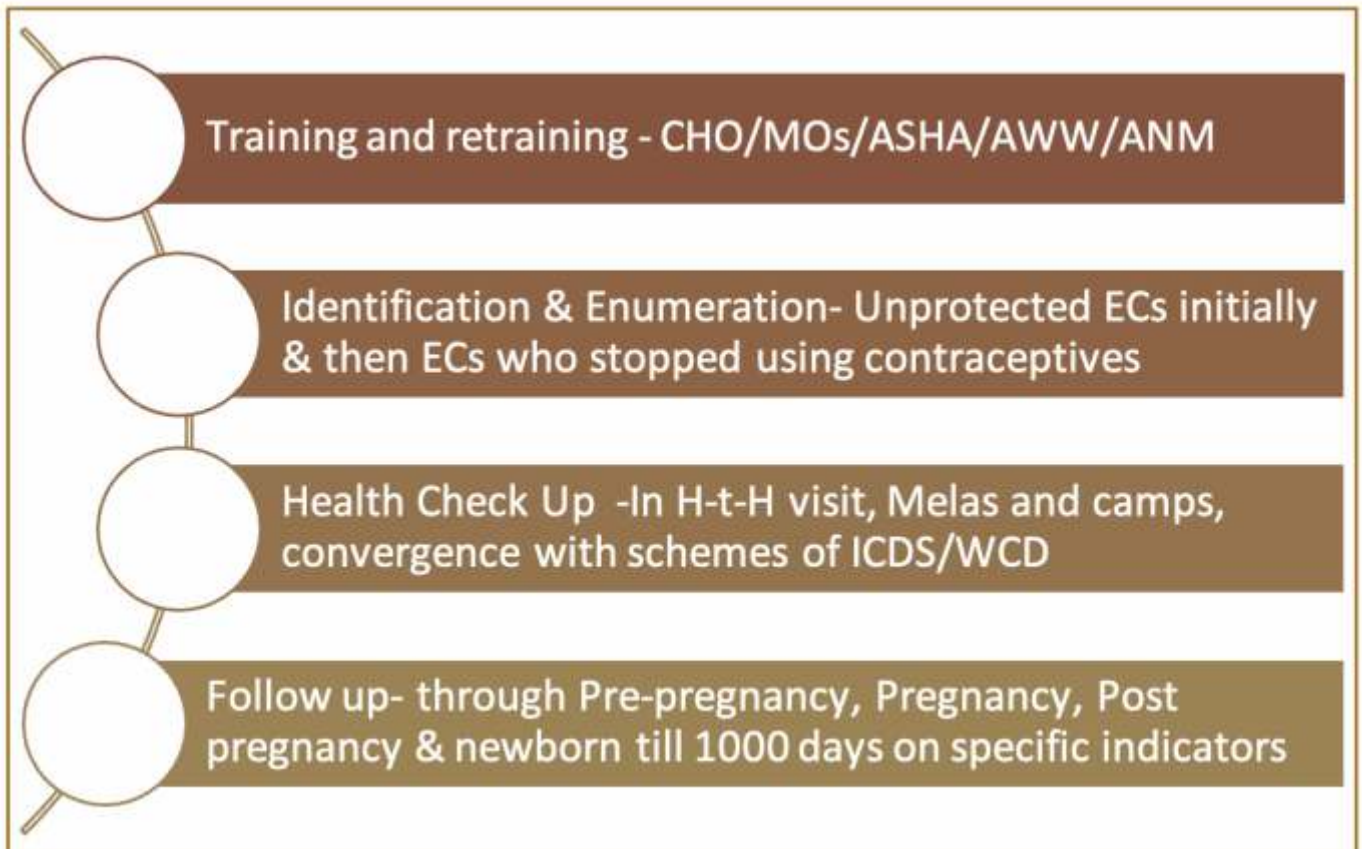
Home visits should be strengthened to empower the parents to provide nurturing care to their growing child. It is required to ensure the proper development of the child so that the child can achieve its full potential. Following interventions should be done to ensure early childhood development.

- Capacity building of ASHAs, ANMs and CHOs for early childhood development and identification of development delays for early interventions
- Ensure treatment of SAM and SUVs
- Ensure adequate complementary feeding.

Flow Chart of “ Vatsalya” Activities



Vatsalya Steps for Implementation



12. Activities:

A. Training

Healthcare staff, including ASHAs, will be trained to cater services to all eligible beneficiaries in the Vatsalya programme. Training on Nutrition counselling and programme implementation will be conducted separately. Details of training are given in the following sections.

S N	Activities	Type/Description	Participants/Immediately responsible for the execution	Modalities	Responsibilities	Timeline	Monitoring	Report Submission
1	Training	Nutrition Counselling	I/C Nutrition Bureau	Online, Nutrition Bureau to prepare nutrition counselling guidelines. Different nutrition plans for low BMI in rural setup/Indian setup.	Nutrition Bureau Nagpur	May /June Every year	Nutrition Bureau/DD PHI	Every month to state
			Anganwadis, ANMs, CHOs/ASHAs	Monthly meetings and PHI/HFWTC /Nutrition Bureau to organise webinars Training through DTT on the ECHO platform CHO is nodal to gather all team at HWC for training	PHI/HFWTC/Nutrition Bureau	June /July Every year	Nutrition Bureau/DD/PHI	Every month to state
			All counsellors under various programs	HFWTCs by Webinar	PHI/HFWTC/Nutrition Bureau	June /July Every year	Nutrition Bureau/DD/PHI	Every month to state
		Programmatic training	DHO/CS/MOH/DLOS/Dy CEO ICDS/Urban ICDS authorities	Online-RCH bureaus & Nutrition Bureau to take webinars for Programmatic training of Preconception care	RCH Bureau/Nutrition Bureau	May /June Every year	DD/RCH Bureau	Every month to state
			MOs, CHOs, CDPOs, AWW supervisors	Monthly meetings/online Webinars- RCH & Nutrition bureaus, meetings by DHO /MOH	DHO/MOH	May /June year	DD/RCH Bureau	Every month to state
			ASHA, AWW, ANMs	Monthly meetings/online Webinars- RCH & Nutrition bureaus, meetings by DHO/THO /MOH	DHO/MOH	May /June year	DD/RCH Bureau	Every month to state

B. Survey and enumeration

As mentioned in the above sections, the target beneficiary would be an unprotected eligible couple who will be followed for targeted interventions through their intended pregnancy till the baby reaches two years of age. To decide the exact number of Vatsalya beneficiaries, a survey of all eligible couples will be conducted by ASHAs in their working area twice a year. All the unprotected beneficiaries who are planning for their next baby will be included in the list. Also, a unique line list will be prepared at the ASHA level of all high-risk women for preconception and high-risk pregnancy.

The following activities will be conducted to enumerate the beneficiaries of the Vatsalya programme.

- Updating of Eligible couple register
- Identification of protected and unprotected couples
- Identification of target beneficiaries among unprotected couple
- Continued enumeration of EC who stopped using contraceptives in the program
- Identification of high-risk pregnant women.

S N	Activities	Type/Description	Participants /Immediately responsible for the execution	Modalities	Responsibilities	Timeliness	Monitoring	Report Submission
2	Enumeration: Eligible Couple survey Pregnant women with low BMI/Previous LBW/Previous Prematurity/Con sanguineous marriage/Age >35/Previous congenital defect in newborn	Updating of Eligible couple register	ASHA, ANM and Now Urban ANM and ASHAs	House-to-house survey	Medical officer, THO and DHO, MOH	April/ May	DHO/ MOH/ DD	Every month to state
		Identifying protected and unprotected couples	ASHA, ANM and Now Urban ANM and ASHAs	Enlisting after H-t-H survey	Medical officer, THO and DHO, MOH	April/ May	DHO/M OH/DD	Every month to state
		Counselling to unprotected couples to use contraception	ANM & CHOs	Arogya seva satra, H-t-H visit, Special Camps	Medical officer, THO and DHO, MOH	Every Month	DHO/M OH/DD	Every month to state
		After counselling, those who are unprotected become target couples for a health check-up.	ANM & CHOs	Arogya seva satra, H-t-H visit, Special Camps	Medical officer, THO and DHO, MOH	Every Month	DHO/M OH/DD	Every month to state
		Identify Pregnant women with low height/Previous	ASHA, ANM and Now Urban	Arogya seva satra, H-t-	Medical officer, THO and DHO,	Ongoing/ at the	DHO/M OH/DD	Every month to state

S N	Activities	Type/Description	Participants /Immediately responsible for the execution	Modalities	Responsibilities	Timeline	Monitoring	Report Submission
		LBW/Previous Prematurity/Conscious marriage/Age >35/Previous congenital defect in the newborn.	ANM and ASHAs	H visit, Special Camps	MOH	time of ANC registration/ ANC visits		
	Continued Enumeration: The EC who stopped using contraceptives are to be enumerated continuously	Identify the ECs who stopped using contraceptives in the monthly survey and register.	ASHA (R & U)/ANMs(R/U), AWW					

C. Screening and health checkup

I. Health Checkup of the unprotected eligible couple on Arogya Sevasatra/VHSND.

- ASHA will mobilize all eligible women to monthly VHSND/MAA/RKSK/HWC camps/Manav Vikas/PMSMA.
- ANM will arrange an afternoon session for pre-pregnancy care.
- Eligible women will be counselled and registered by ANMs
- ANMs and CHOs will screen eligible women to identify preconceptions of high risks and counsel for appropriate interventions.
- Especially women who are identified for high-risk factors for preterm and LBW babies will be counselled to delay the pregnancy until the risks are managed.
- ANM will refer the eligible women to the nearest primary health centre for a preconception health checkup by a medical officer.

II. Health Checkup of unprotected eligible couples in Health Camps at PHC /SC/HWC/Arogya Seva Satra.

- At PHC/HWC/SC, the medical officer/CHO will conduct health check-ups of eligible women after thorough history taking and clinical examination.
- The health check will include all physical examinations and laboratory investigations as prescribed in a preconception care package.
- Risk assessment of the preconception will be done to provide necessary treatment.
- After counselling, Eligible women with chronic diseases and other risk factors that need physician and gynaecologist consultation will be referred to higher health facilities.

III. Health checkup and nutrition counselling during home visit

- ASHA, ANM and CHO will make home visits to eligible women for follow-up.
- In follow-up visits, ANMs and CHOs will record the necessary information regarding risk factors and compliance with the advised interventions.
Counselling on nutrition and family planning will be provided during home visits, preferably with their male partner.

S N	Activities	Type/Description	Participant s/Immediately responsible for the execution	Modalities	Responsibilities	Timeline	Monitoring	Report Submission
3	Health Check up	Health Checkup of the unprotected eligible couple on Arogya Seva satra	ANM, CHOs & MOs	Arogya seva satra: All females are to be called by AWW and ASHAs in the afternoon session of Arogya seva satra	Medical officer, THO and DHO, MOH	Every Month	DHO/MOH/DD	Every month to state
		Health Checkup of unprotected eligible couples in Health Camps at PHC/SC/HWC/ Arogya Seva Satra.	ANM, CHOs & MOs	Special monthly Camps to be organised at HWCs or in Anganwadies for unprotected eligible couples/ANCs/PNCs	Medical officer, THO and DHO, MOH	Every Month	DHO/MOH/DD	Every month to state
		Health checkup and nutrition counselling during home visit	ANM, CHOs	CHOs, ANM, and ASHAs to take follow up on H-t-H visit	Medical officer, THO and DHO, MOH	Every Month	DHO/MOH/DD	Every month to state

D. Camps & Referrals

Camps for Health checkups of eligible couples, ANCs and PNCs will be organized monthly in a village.

- Monthly health check-ups and service provision camps will be organised on fixed days in every village.
- Monthly camps should be planned considering monthly visits of CHO and VHSNDs. It can be integrated with existing service delivery platforms like Mothers camps in MAA, Adolescent Health Day in the RKSK programme, Manav Vikas camps, PMSMA camps, and HWC camps.
- All eligible women should be mobilised for the camps to ensure the health check-up and counselling.
- High-risk pregnant women and low birth weight babies should also be considered to mobilise for the camp.
- Health checkups and investigations in the “Vatsalya” service package should be given.
- CHOs will be nodal officers for the organisation of camps along with BCM and RKSK counsellors.
- RBSK teams should be deployed for the camps to assist in screening children under two years of age for 4Ds.
- In tribal regions, MMU and Bharari Pathak should be deployed for the camps and further follow-up.
- Laboratory technicians and phlebotomists from outsourced agencies should be deployed to conduct the investigations and collect samples for the tests, which is not possible in the camps.
- Organisation of camps should be considered for the performance-based.
- District authorities should ensure the availability of all required logistics for the investigations.