



Memo No. HFW-27011/142/2020-NHM SEC/SFWB/1925

Date: 27/02/2023

**To :**

The Proprietor

.....

Kolkata.

**Subject:** Initiation of PMSMA clinics in the Private facilities providing gynaecological and obstetric healthcare services in Kolkata

Sir/Madam

The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) was launched in West Bengal in the year 2016, as a fixed-day, assured, comprehensive quality ANC service on the 9<sup>th</sup> of every month to every pregnant woman across the State. It is presently running in the government health facilities of the state.

With the success of the campaign in the state it has been felt that participation of private facilities providing gynaecological and obstetric care in this endeavour will further ensure quality ANC reaches every pregnant woman in the state. It will further enable us to identify the 'high risk pregnancies' (HRPs) and track them for counselling/management/birth preparedness/referral till outcome.

Screening, identification, line listing and appropriate management of high-risk pregnancies by OBGYN specialist and referral to appropriate higher facilities are some of the fundamental elements of PMSMA. A guidance note in this regard is placed in Annexure 1.

With this in mind, PMSMA in private health facilities will commence from 1<sup>st</sup> April 2023 in the state of West Bengal. You are requested to take appropriate measures in this regard and ensure the success of this effort of initiation of PMSMA in your facility providing gynaecological and obstetric care.

This endeavour would go a long way in improving the quality of obstetric and newborn care along with ending all preventable maternal deaths.

Yours faithfully

**MD, NHM & Secretary**  
**Department of Health & Family Welfare**  
**Government of West Bengal**

**Copy forwarded for information and necessary action please**

1. The DME, Dept. of Health & Family Welfare, Govt. of West Bengal
2. The DHS, Dept. of Health & Family Welfare, Govt. of West Bengal
3. AMD, NHM & Sr. Special Secretary, Dept. of Health & Family Welfare, Govt. of West Bengal
4. The PO-1, NHM & Deputy Secretary, Dept. of Health & Family Welfare, Govt. of West Bengal
5. The PO-2, NHM & Deputy Secretary, Dept. of Health & Family Welfare, Govt. of West Bengal
6. DDHS (Admin), Dept. of Health & Family Welfare, Govt. of West Bengal
7. DDHS (HA), Dept. of Health & Family Welfare, Govt. of West Bengal
8. DDHS (FW) & SNO-NUHM, Dept. of Health & Family Welfare, Govt. of West Bengal
9. The Principal (All Medical Colleges, Govt. of West Bengal)
10. The MSVP (All Medical Colleges, Govt. of West Bengal)
11. The DFWO, Kolkata, Dept. of Health & Family Welfare, Govt. of West Bengal
12. The ADHS (Maternal Health), Dept. of Health & Family Welfare, Govt. of West Bengal
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15. The DADHS (Child Health), Dept. of Health & Family Welfare, Govt. of West Bengal
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17. The CO-FBMC & SNO- MCDSR, Dept. of Health & Family Welfare, Govt. of West Bengal
18. DMCHO, Kolkata, Dept. of Health & Family Welfare, Govt. of West Bengal
19. Health Specialist/Officer, UNICEF
20. The Sr. PA to The Principal Secretary to the Govt. of West Bengal, H&FW Department
21. The IT cell of this Dept. for uploading in the Website
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SFWO & Jt. DHS

**Health & Family Welfare Department  
Govt. of West Bengal**



## Annexure 1: Guidance Note for PMSMA in the private facilities providing gynecological and obstetric care in West Bengal

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) was launched in 2016, as a fixed-day, assured, comprehensive quality ANC service on the **9th of every month** to every pregnant woman across the country. Screening, identification, line listing and appropriate management of **high-risk pregnancies** by OBGYN specialist and referral to appropriate higher facilities are some of the fundamental elements of PMSMA.

In West Bengal to provide quality antenatal care services and to identify and manage High-risk pregnancies, the PMSMA program has been running on 9th of every month since 2016.

As per literature, about **20-30% pregnancies belong to high risk category**, which is responsible for 75% of peri-natal morbidity and mortality in India.

With 30,000 estimated maternal deaths in a year across the country, high MMR remains a **matter of grave concern**, and thus it is paramount to ensure quality ANC to each pregnant woman, identify the 'high risk pregnancies' (HRPs) and track these for counseling, management birth preparedness and referral till the outcome to close the loop.

To meet the SDGs, it is paramount to ensure quality ANC to pregnant women, especially those with high -risk factors, and **individual HRP tracking till its outcome to close the loop**.

### Salient features of the Scheme:

#### 1. Identification of High Risk Pregnancy:

- a. PMSMA sessions are to be conducted at designated PMSMA clinics throughout the state on **9th of every month**.