



OFFICE OF THE MISSION DIRECTOR
NATIONAL RURAL HEALTH MISSION
JANA PATH, HOUSE NO. 16, KHANAPARA, GUWAHATI-22
PH.NO. : 0361-2363062; TELE-FAX : 0361-2363058

No. NRHM/MH/33/09-10/ 6491-517

Date: 03/06/2010

To

The Joint Director of Health Services & Member Secy., District Health Society -
*Baska/ Barpeta/ Bongaigaon/ Chirang/ Cachar/ Darrang/ Dhubri/ Dhemaji/ Dibrugarh/
Goalpara/ Golaghat/ Jorhat/ Karimganj/ K-Anglong/ Kamrup/ Kamrup - M/ Kokrajhar/
Lakhimpur/ Morigaon/ Nagaon/ Nalbari/ NC Hills/ Sivsagar/ Sonitpur/ Tinsukia/ Udalguri*

Sub: Routine use of 3 Misoprostal Tab. For prevention of PPH & Inj. Magnesium Sulphate for management of Eclampsia and other Maternal Health issues thereof.

Sir,

With reference to the subject I am to inform that information of Maternal Deaths are pouring in from the Districts for Maternal Death Audit as per GoI Guidelines. The preliminary analysis suggests that Hemorrhages, Sepsis, Toxemias (PET & Eclampsia), Obstructed Labour and Anemia (Indirect) are the contributing factors in majority of Maternal Deaths.

The following steps may be undertaken to improve the quality of service delivery and subsequent reduction of Maternal Deaths in general:

1. Ante-Natal Care (ANC): The Scope of quality ANC has been increased considerably with the introduction of "MAMONI" Scheme in the State. Registration of all pregnant women in the first trimester of pregnancy and subsequent tracking of all the pregnant women can be improved upon. The ANC is an important activity during which early detection of complication of pregnancy like **Pregnancy Induced Hypertension (PIH), Pre-Eclamptic Toxemia (PET), Dis-proportionate Weight gain, presence of Sugar/Protein in Urine and level of Hemoglobin** can be done for management of further complications. The high risk pregnancies detected during ANC need timely referral.

2. Inj. Magnesium Sulphate for management of Eclampsia: Eclampsia is one of the grave complications of pregnancy seen in the last trimester of pregnancy, during intrapartum and also seen in the immediate post partum period can be prevented effectively by controlling PIH, Weight Gain and Proteinuria through quality ANC. Inj. Magnesium Sulphate is the drug of choice for management of Eclampsia. 5gm (10ml) of Inj. Magnesium Sulphate deep Intra-Muscular in each buttock (total 10gm) on the event of appearance of an Eclamptic Fit and then be referred to a FRU or a District Hospital where the O&G Specialist can manage subsequently. SBA trained ANMs/Staff Nurses are authorized to administer the initial dose of 10gm of Inj. Magnesium Sulphate before referral to a Hospital can have better outcome. The referral Slip must contain the time of appearance of Eclamptic Fit, dose and route of administration of Inj. Magnesium Sulphate. **Availability of Inj. Magnesium Sulphate:** Inj. Magnesium Sulphate in 2ml Ampoule (50% - 1gm) are available in the PHC Drug Kit are supplied from NRHM, Assam.

3. Use of 3 Tab. Misoprostol (200micro gm each total 600 mcgm) for prevention of Post Partum Hemorrhage (PPH): Routine use of Oral or Sublingual administration of 3 tab. Misoprostol in the 3rd Stage of Labour (soon after the delivery of the baby) has greatly reduced the chances of Post-Partum Hemorrhage. Misoprostol Tablets are available in the PHC and Sub Center Drug Kit supplied from NRHM, Assam. Post Partum Hemorrhage can

be managed by 10 units Oxytocin IM+ IV Infusion of 20 units in 500ml of Ringer Lactate or Dextrose before referral. These practices are approved by Govt. of India for SBA trained ANMs/Staff Nurses also.

4. Management of Anemia during pregnancy and labour: *As per NFHS-III, 72% pregnant women* were found to have been Anemic in the State. Anemia in pregnancy is a major associated condition contributing for Maternal Deaths in the State. Prophylactic use of 100 Tab. of IFA Tab. or 200 tab. of therapeutic use for 100 days during pregnancy can improve the Anemic Status of the pregnant women. The Healthcare providers at all levels need to be pro-active for proper counseling for consumption of IFA Tab. by all pregnant women. **According to NFHS-III only 15.6% pregnant women** consumed IFA Tab. for 90 days or more in their last pregnancy. At present IFA tab. are available in the PHC Drug Kit, Sub Center Kit and ASHA Kit supplied from NRHM, Assam.

5. Post Partum Care for Mother and New Born: The mother and new born in the Hospital to be observed during the immediate Post Partum Period. Upto 2 hours after delivery is also termed as Fourth State of Labour need special attention for Post Partum Hemorrhage (PPH), Vulval Hematoma, Bleeding from the Genital Track Tear etc. After 1-hour of delivery following observational care are to be recorded by Nurse on duty in a separate sheet:

Routine check of Pulse and Blood Pressure
Inspection of the Vulval Pad for any unusual bleeding
Complain of abdominal or perennial pain after delivery need attention

For the new born:

Initiation of Breast feeding within half an hour after birth
Maintenance of Warmth
Inspection of Cord Stump for any oozing of blood
General Maintenance of cleanliness for Mother and New Born

2nd Day

For Mother to be looked for Passage of Urine/Stool, Body Temperature, Lochial Discharge, Breast Engorgement if any, Pulse and Blood pressure to be recorded.
For the New Born are to be looked for Passage of Urine/Stool, Body Temperature, Skin color for appearance of Jaundice, attachment of the baby at breast.

The Govt. of Assam has introduced a Baby Kit in the name and style of "MAMATA Kit" to encourage mothers to stay in Hospital at least 48-hours after delivery, so that, Neo-Natal and Maternal Morbidity and Mortality can be reduced.

6. Infection control measures in all delivery sites: The maintenance of hygienic environment in the Labour Room cannot be over emphasized. Contamination with infective agents is a potential hazard to the parturient and the new born. Maternal Deaths due to Sepsis is still very high. The Labour Tables with foam mattress need to be kept clean and a clean sheet of mackintosh/Rexin need to be used for each delivery case. A set of 6-10 sheets of Mackintosh/Rexin (1 Meter each) as per case load may be kept ready for use in each case a separate sheet need to be washed, cleaned and dried for re-use subsequently. Easily available freshly prepared 0.5% Chlorine Solution can be used as disinfectant for cleaning the Labour Table, foam mattress, mackintosh sheet with a cloth soaked in 0.5% Chlorine solution. The Labour Room need to be washed after each delivery conducted and clean the floor with a mop soaked in 0.5% Chlorine Solution.

Electric Sterilizers and Autoclaves are to be used for Sterilization of Equipments/Instruments as per need.

(Preparation of 0.5% Chlorine Solution: Mix about 10 tablespoonfuls/ 30 Teaspoonful of commercially available bleaching powder in 10 Ltrs of Tap Water. Before mixing, make a paste in small quantity of pre-measured water and then mix into the remaining water. The prepared solution can be used for 24 hours)

7. Use of Protocol Charts for Maternal and New Born Care: A set of 13 (thirteen) Protocol Charts on Maternal and New Born Care sent to District for display in Labour Rooms. Some of the Protocols like Management on **Severe PET & Eclampsia, Anemia and Post Partum Hemorrhage** to mention few are very useful for the Doctors/ANMs/Staff Nurses while conducting deliveries with above mentioned complications.

Kindly acknowledge the receipt of this communication and action taken thereof.

Yours faithfully


(Dr. J. B. Ekka)

Mission Director, NRHM, & Secy. to the
Govt. of Assam, H & F.W., Deptt, Assam

Memo No. NRHM/MH/33/09-10/ 518-32

Date: 03/06/2010

Copy for favour of information to

1. The PS to Addl. Chief Secretary, H&FW Dept., GoA, Dispur, Ghy - 06
2. The PS to Minister, H&FW, GoA for kind appraisal of the Hon'ble Minister.
3. The Comm. & Secy., H&FW Dept, GoA, Dispur, Guwahati - 06
4. The Director of Health Services, Hengrabari, Guwahati - 36
5. The Director of Health Services (FW), Hengrabari, Guwahati - 36
6. The Director, RRC-NE, Khanapara, Guwahati - 22.
7. Dr. A. Trakroo, Project Officer (Health), UNICEF, Assam.
8. The Deputy Commissioner & Chairman, District Health Society - Barpeta/ Bongaigaon/ Cachar/ Darrang/ Dhubri/ Dhemaji/ Dibrugarh/ Goalpara/ Golaghat/ Jorhat/ Karimganj/ K-Anglong/ Kamrup/ Kamrup - M/ Lakhimpur/ Morigaon/ Nagaon/ Nalbari/ Sivsagar/ Sonitpur/ Tinsukia/
9. The Principal Secretary & Chairman, District Health Society - BTAD, Kokrajhar/ K-Anglong, Diphu & NC Hills, Haflong
10. The Superintendent of Civil Hospital -
11. Dy. Superintendent of FRU.....
12. The Addl. CM&HO (FW), Barpeta/ Bongaigaon/ Cachar/ Darrang/ Dhubri/ Dhemaji/ Dibrugarh/ Goalpara/ Golaghat/ Jorhat/ Karimganj/ K-Anglong/ Kamrup/ Kamrup - M/ Lakhimpur/ Morigaon/ Nagaon/ Nalbari/ Sivsagar/ Sonitpur/ Tinsukia/
13. SDM & HO I/c, BPHC..... to distribute this letter to all the Health Institution conducting deliveries under the Block PHC and with a request to discuss these issues on PHC level Review meeting with Sector Medical Officers/ANMs/ Staff Nurses/LHVs and other Health Workers.
14. The District Program Manager - Baska/ Barpeta/ Bongaigaon/ Chirang/ Cachar/ Darrang/ Dhubri/ Dhemaji/ Dibrugarh/ Goalpara/ Golaghat/ Jorhat/ Karimganj/ K-Anglong/ Kamrup/ Kamrup - M/ Kokrajhar/ Lakhimpur/ Morigaon/ Nagaon/ Nalbari/ NC Hills/ Sivsagar/ Sonitpur/ Tinsukia/ Udalguri.
15. Officers of NRHM Directorate, Assam


Mission Director, NRHM, & Secy. to the
Govt. of Assam, H & F.W., Deptt, Assam