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

<table>
<thead>
<tr>
<th>Year</th>
<th>MMR (SRS)</th>
<th>Institutional Deliveries (NFHS III &amp; IV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-06</td>
<td>335</td>
<td>0</td>
</tr>
<tr>
<td>2014-16</td>
<td>26.2</td>
<td>80.8</td>
</tr>
<tr>
<td>2015-17</td>
<td>173</td>
<td>188</td>
</tr>
</tbody>
</table>

Maternal Mortality per 1,00,000 live birth

% Institutional Deliveries
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

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

Strengthening data systems and monitoring

- HRPW module riding RCH mirror portal – MP-ANMOL
- EDD calendar based tracking
- Pre-assignment of PW to facility

Cont...
- ASMAN
- LaQshya accreditation

Quality Intra partum management

- Integrating MP-ANMOL with ASMAN, SNCU, ASHA and HRI applications

One database

- High Risk Infant module
- Inj. FCM for Post-partum anaemia

PNC and HBNC/HBYC
ASMAN: Pilot for Quality Intra-partum and Immediate Post-Partum

Real Time Entry (Digitized case Sheet)

Clinical decision support tool

Ensure Adherence to Clinical Practices

Referral Linkages

Dashboard & Reports (LaQshya Friendly)

Remote Support Centre (RSC)

Rollered out in 4 districts, 42 facilities in October-2017, rapid pre-assessment held

Dakshata training of LR and OT staff completed, 650 providers trained in 45 batches

ASMAN Digital platform rolled out in April, 2018

126 periodic assessments, 276 mentorship visits conducted so far
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

Trend of Fresh Still Birth Rate

Number of Live birth

April-June 2018: 1405
July-September 2018: 5030
October-December 2018: 11778
January-March 2019: 16570
April-June 2019: 19472
July-September 2019: 23536

Fresh Still Birth Rate per 1000 birth

April-June 2018: 11.3
July-September 2018: 10.4
October-December 2018: 6.3
January-March 2019: 7.4
April-June 2019: 7.4
July-September 2019: 7.0
<table>
<thead>
<tr>
<th>Indicators</th>
<th>2017-18</th>
<th>2018-19</th>
<th>Status</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of eclampsia cases managed during delivery</td>
<td>228</td>
<td>304</td>
<td>33%</td>
<td>HMIS data as on 8 Nov’19</td>
</tr>
<tr>
<td>Number of cases of pregnant women with Obstetric Complications attended</td>
<td>4228</td>
<td>10064</td>
<td>138%</td>
<td></td>
</tr>
<tr>
<td>Maternal Death (Bleeding, High fever, Obstructed/prolonged labour, Severe hypertension/fits, Other Causes (including causes not known))</td>
<td>36</td>
<td>26</td>
<td>28%</td>
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</table>
How ASMAN has helped in Quality Intra-partum and Immediate Post-Partum Care

<table>
<thead>
<tr>
<th>Adherence</th>
<th>Accountability</th>
<th>Monitoring</th>
<th>Support</th>
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<tbody>
<tr>
<td>Adherence to SOPs, protocols</td>
<td>No manual entries</td>
<td>Record maintenance for LaQshya – phasing out physical sheets and registers</td>
<td>Remote support center established at MG Medical College, Indore</td>
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<tr>
<td>Better clinical decisions</td>
<td>Enables Audits (Referral, MDR, Drug use)</td>
<td>• Dashboards for monitoring progress</td>
<td>• Clinical advice on demand</td>
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<tr>
<td>E-Partograph</td>
<td></td>
<td></td>
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<tr>
<td>Notifications and alerts for duty doctors</td>
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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