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POLICY BRIEF

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INNOVATIONS IN MATERNAL AND CHILD HEALTH SERVICES IN TAMIL NADU

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Since the launch of the National Rural Health Mission (NRHM) in 2005, the state of Tamil Nadu has introduced several novel/ innovative programmatic interventions in delivering primary health care services. This policy brief highlights 10 such interventions. States where such innovative programmatic interventions have not yet been introduced may find such efforts worth perusing. In each intervention, the key messages and challenges are highlighted.

National Context

The National Health Mission (NHM) has promoted maternal and child health nationwide through several programmes and schemes, such as: 1) community level care arrangements for home-based newborn care, including awareness of early breastfeeding practices and Kangaroo Mother Care (KMC) in case of low birth weight and preterm babies; 2) Cash assistance under the Janani Suraksha Yojana to promote institutional delivery and post-delivery care; 3) Free entitlements including drugs, consumables, diet, diagnostics and food for pregnant and sick newborns under the Janani Shishu Suraksha Karyakram (JSSK); 4) Ambulance services—the Janani Express and 109/8 services—to address the challenges of transportation and reaching health facilities on time; 5) Identification of high priority districts (HPDs) for intensified efforts and resources to improve MNH services; 6) Adoption of LaQshya—a labour room quality Improvement Initiative; 7) Operational guidelines for obstetric high dependency Units and intensive care units; and 8) Identification of high-risk pregnancies for appropriate and early referral through observation on Pradhan Mantri Surkshit Matritva Abhiyan (PMSMA) day at PHCs.

The NHM encourages State-specific innovative approaches as per local needs and priorities. These innovative approaches hold the potential to improve the quality of services, bring services closer to home, and expand equitable access to essential MCH.

The many innovative initiatives introduced by NHM-TN with respect to maternal and newborn care are presented here. These initiatives are highlighted for cross-learning purpose. They have the potential for scaling up across different states in India. They have been identified and selected after a careful review of TN HFW Policy Note for the years 2006-2020 and Reports of the Central Review Team of HFW Dept (GoI). Field visits over the years and interactions with several officials have helped us understand these interventions better.

KEY MESSAGES

- Targeted programs towards tribal populations—those at highest risk and most underserved—such as Birth Waiting Rooms, can have significant positive improvements in maternal and child health.
- The Tamil Nadu experience shows that effective integration of AYUSH with antenatal care is possible at primary care facilities. People do seek and utilize alternative supplementary/ integrated approach when provided.
- Introduction of ultrasound monitoring and training physicians and nurses in pre-natal screening for congenital defects have enormously increased the demand for maternal care at primary health centers.
- Effective maternal death audit should be institutionalized.
- An effective MCH registry (as PICME) is essential for improving MCH services as well as for strengthening public healthcare system.
- It is essential to assess the impact of these innovative initiatives on maternal and child health outcomes, in order to redesign the efforts made so far and to have a greater impact in the future.

Special initiatives by Tamil Nadu to promote Maternal and Child Health?

1. Birth Companion Program

Based on the experience of Christian Medical College (CMC, Vellore) with the Birth Companion Program in 2002, and in Chennai Municipal Corporation, this program was scaled up across all government hospitals in the state in 2004. This was a pioneering and most innovative program introduced by any state until then and till the Government of India adopted this program almost ten years later. A person can be a companion if she is a female relative of the pregnant woman, if she has undergone labor earlier and would accompany the mother during the labor period. As noted in the Policy Note of 2019-20, this program has had “positive impact on increasing institutional deliveries in public facilities”.

2. Prenatal screening of antenatal mothers for detecting congenital fetal anomalies

The scheme for training doctors in ultrasound for screening of congenital fetal defects was introduced in 2010 across public health institutions, including PHCs, in Tamil Nadu. Through this program, medical officers will have the skills to use ultrasound images as part of antenatal screening to detect fetal abnormalities, and prevent birth defects and adopt early referrals. This is one of the successful partnership programs with private sector.

3. Dr Muthulakshmi Reddy Maternity Benefit Scheme (MRMBS)

Tamil Nadu was among the first states in the country to introduce a large cash assistance scheme to the tune of INR 6,000 in 2006 for pregnant women below poverty line. In 2011-12, the amount was enhanced to INR 12,000 up to two children for "poor women". It was proposed that first INR 4,000 would be paid during the seventh month after completing antenatal care, INR 4,000 immediately after delivery in a government health facility, and final INR 4,000 in the fifth month after the child receives immunization as per national schedule. What is innovative about this scheme now is that part of the benefits is given in kind: from 2018, the amount has been further enhanced to INR 18,000 up to two children, which is in part provided in-kind equivalent to 6,000 (in the form of nutritional-kit, in two installments, before and after the delivery).

4. Pregnancy Infant Cohort Monitoring & Evaluation (PICME) and linkage with Civil Registration System (CRS)

The PICME, introduced in 2008, is used for the purpose of capturing data on all pregnant mothers (from the date of conception till date of delivery and end of post-natal period), and all MCH services rendered to them. PICME will be the Registry with a unique RCH-ID for all pregnant women. It was integrated with MRMBS in 2012 for receiving cash payments, and later with birth certificate systems in 2016-17. The novelty here is that registration of births under PICME is essential in order to get a birth certificate from public or private institution/facility where the birth takes place.

5. Maternal Death Audit

Tamil Nadu is the first state in the country to have instituted maternal death audit in 2004 (GO 223 HFW (R1), 09/07/2004). Every maternal death is audited at PHC level, district level (by District Collectors) and at state level by MD-NHM. States that have introduced this audit system in recent years can learn from the experience of TN in implementing it effectively.

6.Prevention & control of sickle cell anemia and Thalassemia

Thalassemia and sickle cell anemia are common among the tribal population. The state is among the first to introduce a program in 2017 for early detection of these defects and to provide genetic counseling with a view to prevent transmission of the carrier from parents to offspring. The program is being implemented in 30 tribal blocks (over 13 districts), including children of 12th standard, and unmarried dropouts from schools. Five regional centers have been established for providing "comprehensive integrated treatment" for those suffering from sickle cell anemia and Thalassemia.

7. Antenatal clinic integrated with AYUSH

AYUSH clinics, in particular SIDDHA clinics, have been established in primary health centers over the years across the states. All block level PHCs have a Siddha unit and all district hospitals have provided other AYUSH services. As per Policy Note 2019-20, the state has a total of 1,875 AYUSH clinics across the state located in public institutions. Of these, close to 900 Siddha clinics are located in PHCs, half of which are supported by NHM. About 70 AYUSH wellness clinics provide yoga and naturopathy services for expectant mothers. Expectant mothers visiting primary health centers for ANC are also given consultation by yoga and naturopathy physicians.

8. Birth Waiting Room (BWR) in tribal regions

To overcome geographic barriers to access PHCs in tribal regions, BWRs were established in 2014 in 17 PHCs, located in remote hilly regions of 16 districts. These BWRs admit tribal pregnant women two weeks before the Expected Date of Delivery (EDD) to ensure safe institutional delivery. BWRs are manned by Medical Officer, staff nurses and supportive staff and provide round the clock BEmONC services and continuous monitoring of vitals. They also provide nutritious diet for mother and one attendee throughout their stay. This scheme has helped reduce home deliveries as well as maternal and perinatal morbidity and mortality caused by delays in reaching obstetric care. During 2018-19, 2,851 mothers had used BWRs.

9. Cochlear Implants for children with severe hearing loss—under CM's Health Insurance Scheme (CHCHIS)

Tamil Nadu was perhaps the first state in the country to have financed cochlear implants under the Chief Minister's insurance scheme in the year 2010. By 2018, more than 3,000 children had benefited from this scheme. Cochlear implants are now covered under many other states' health insurance schemes.

10. State specific MCH schemes

There are many state-specific MCH schemes such as (a) Breast Feeding Rooms for lactating (traveling) mothers in Bus

Figure 1: Prevalence of stunted, wasted, and underweight children in Tamil Nadu, 1998-99 to 2015-16

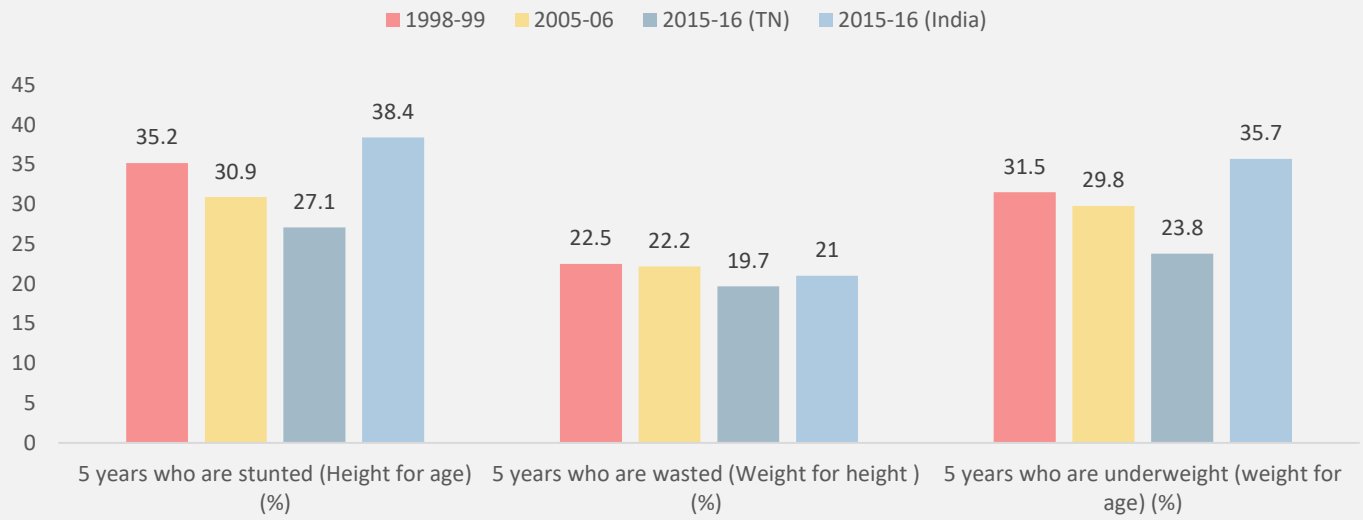

Table 1: Percentages of pregnancy anemia (in 15-49 years) in Tamil Nadu and All India from 1998-99 to 2015-16

	NFHS-4 (2015-16)	NFHS-3 (2005-06)	NFHS-2 (1998-99)
Tamil Nadu	44.4	54.6	57.1
India	50.4	57.9	49.7

Terminuses (b) Amma Arogya Thittam to provide annual checkup (in about 25 parameters) for women above 30 years of age in rural areas (in PHCs) and (c) Amma Baby Kit containing 16 items for baby care. Several thousands of mothers have benefited from these schemes. Although there is no systematic documentation of the progress of these schemes, they are worth mentioning here because of their unique features.

Challenges Ahead

Two critical issues with regard to MCH remain high on the agenda. Both require multisectoral and a more rigorous approach:

1. Child nutritional level continues to be low over a long period. The most worrying fact is that the proportion of children considered "wasted" (weight for height) has hardly reduced over past 20 years (Figure 1). And within the state of Tamil Nadu, districts ranked high according to the HDR 2017 show a higher proportion of children under the category "wasted" than the state's average, and vice versa.
2. Pregnancy Anemia continues to pose serious threats to maternal health. Special programmatic efforts such as provision of injectable iron could help those in acute need, but the extent of the problem needs greater resources and more innovative interventions (Table 1).

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PARTHIBANUR BPHC –Paramakudi District – Maternity Ward

Karubala HSC Shoolagiri block- Krishangiri district

Blood Bank, Mylem PHC. Villupuram District

Birth Waiting Room: Kadmalaigundu Block PHC – Theni District.

The India Health Systems Collaborative (IHSC) is a growing network of health systems researchers in India. IHSC is envisioned to be an integrated ecosystem of researchers that work in close collaboration with decision-makers, public, donor as well as big philanthropic organizations.

Founded in 2018, the collaborative was built with the dual purpose of responding to policy questions that are critical to India's health system and fostering a well-connected community of health system researchers in the country and strengthening research capacity in the process. IHSC aims to provide an interdisciplinary platform for collaborative research to generate evidence for policy interventions on challenges confronting the country's health system.

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