

NATIONAL HEALTH MISSION

From,
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To

1. The Director of Medical Education & Research, Kilpauk, Chennai-10.
2. The Director of Medical and Rural Health Services, Chennai-6.

R. No. 6326 /P1/NHM/2025,

Dated: 10-02-2025

Sir,

Sub: NHM-TN – Maternal Mortality Ratio – Steps to reduce maternal death in CEmONC facilities – Certain instructions –Adherence requested - reg.

Maternal Mortality Ratio in Tamil Nadu was at 45.5 (as per HMIS) in 2023-2024. The MMR for this year between April to December 2024 is 40.2. This reduction was made possible because of the commitment and hard work of all the doctors, staff nurses, paramedical personnel and the field level teams. As you are aware the maternal deaths are audited within 48 hours in the last 2 months.

It has been found that death due to sepsis and fever is heigh. It was also observed increasing number of deaths are due to DVT and other thrombotic disorders. It has been observed that PN mothers are dying after 5-10 days of hospitalization inspite of delivering in the CEmONC institutions and relatively stable status at the time of admission. Though it is not possible to prevent all deaths because the mother's inherent clinical status determines the outcome, it has been observed that a better coordination between the anaesthesia, medicine, cardiology, nephrology, vascular surgery and other departments could have had an impact in the outcome. Hence, to reduce the maternal deaths occurring at the CEmONC Institutions, the following practices are required to be followed in every Institution.

1. A Critical Care Board to be constituted in each Institution comprising of all the HODs. Every day at an appointed time, the obstetric cases in HDU to be presented by the HOD OG for discussion on the details of the management.
2. A separate WhatsApp group termed **Obs Red Alert** should be constituted with HODs of all the specialities in the hospital. The Dean and the Medical

Superintendent will ensure that any message posted in the group calling for help or advice in the group will be attended to by the concerned specialist ASAP. The clinical updates of the critical cases will also be posted so that early interventions are done without waiting for the board next day.

3. In Medical colleges where specialists are not available within the Institution, the HOD can take the assistance of the specialist in the nearby Medical Colleges where the specialists are available through WhatsApp / Mobilg.
4. All call overs to Obstetric HDUs to be attended by senior faculty only. Pregnancy and postnatal period involves many changes in the pathophysiology of woman, which can be better managed by a clinician who is senior and has experience in managing such cases.
5. Sensitisation on Turn around time of biochemical results to be done as most critical care patients are facing PPH (PT,APTT,INR,Fibrinogen,d-dimer levels) and Sepsis (CRP,PROCALCITONIN,SWAB RESULTS) where early reports will shape the treatment direction.
6. If needed MOU with private labs to be instituted if specific high end lab tests are not available in that facility.
7. CEmONC centers have already developed infection control and antibiotic policy as part of LaQshya requirement. This should be strictly followed and the head of the institution should ensure adherence.
 - a. Where such policy is yet to be finalized it should be developed immediately and strictly adhered too.
8. If a woman on regular follow up for chronic diseases with a specialty department becomes newly pregnant, the attending specialty department should ensure that the AN mother gets appropriate AN care in Obstetric department. The mother's details should be shared with the OG dept and a comprehensive plan of management can be arrived at. A board to be kept in the specialty clinics stating that " All pregnant mothers should attend the AN clinic(No... of the clinic) after attending the specialty clinic".
9. BLS training to be periodically given once in 3 months to all the staff and para medical personnel of OG department. Emphasis on cardiac resuscitation, essential drugs, defibrillator to be promoted. The training will facilitate early resuscitation efforts and will improve the survival of mothers who faced cardiac arrest related events.
10. Near miss and critical events audits at the institution level to be meticulously done by the Near Miss committee as per the GOI guidelines.
11. Every CEmONC in DMS institutions should develop their ICU to handle critical care cases of obstetrics with prime aim of stabilizing the patient, so that the golden hour is not lost.
12. To start with, the first two beds of ICU in these hospitals to be specifically designated to handle obstetric patients. Improved ICU cot, standard multi para monitors, designated staff to monitor patients, employment of para medical technicians is to be improved.
13. Next referral unit to be identified which has better facility than the primary referral

- unit and to be notified to DMCHO and to the field team.
14. Staff nurses posted to labour ward should not be routinely shifted. The GOI guidelines should be followed in posting and changing labour ward staff nurses. This will ensure that they are aware of the protocols & drills and also can be trained periodically.
 15. It is reiterated to conduct regular mock drills.
 16. District CEMONC nodal officer to conduct visits to their referral units and impart knowledge on how to identify critical cases and make early referral. This will significantly reduce late referral from the treatment facilities.
- I request the Deans/ JDHS/ CMOs to bestow their personal attention and ensure that the above said measures are instituted in the hospitals under their control.

ARUN THAMBURAJ A
MISSION DIRECTOR

Copy to

The Additional Commissioner , Health , GCC
The Director of Public Health and Preventive Medicine
The CMO , GCC
The CHO GCC
The OSD, War Room, Maternal Health
The Joint Director MCH
The Joint Director CEMONC
All DHOs
All JDHS
All Deans of MCH

Signed by
B Shanthi
Date: 12-02-2025 10:19:16