MINUTES OF STATE LEVEL TASK FORCE COMMITTEE MEETING ON MATERNAL DEATH HELD ON 29th March 2014 AT SECRETARIAT CONFERENCE HALL NO-1.

At the outset, Secretary Health & Family Welfare welcome all the participants and asked Dr. J. L. Baidya, Associate Professor, AGMC to present about the study report of maternal deaths occurred at AGMC. After that Dr. Kamal Reang, SPO, RCH presented the district wise and cause wise maternal deaths for the year 2013-14. He also presented actions taken and to be taken to reduce maternal deaths. After all presentations, discussion among the members were held and following decisions are taken:

1. Consumption of abortive pill without medical prescription is causing complication i.e. incomplete abortion, missed abortion etc and this has to be checked seriously as maternal sepsis due to incomplete abortion is biggest killer in Tripura. Illegal selling of abortive pills by medical shops should be checked.

   (Action:- Dy. Drug Controller)

2. Full ANC is 65% in the state but still mothers are dying of hypertension and other preventable causes. Quality ANC care should be ensured by all field staffs.

   (Action:- SPO-RCH/CMOs)

3. JSSK (Janani Shisu Suraksha Karyakram) is for saving mother and child. Proper utilization of JSSK, JSY and RSBY should be ensured. (Action:- SPO, RCH, CMOs)

4. ASHA should be mentored and monitored properly on maternal and child care.

   (Action:- BO-NHM)

5. ANM, SN, LT & MO are the key persons in maternal health. Their skill assessment and up-gradation is needed in all level. As state TOT is completed, district TOT should be completed as early as possible so that training of frontline workers can be taken up.

   (Action:- SPO, RCH)

6. There are 27 nos. Telemedicine centres in the state. Telemedicine centre should be utilized for Obstetric emergency.

   (Action:- NO-IT)

7. "Kulekhar" herb seems to have iron contain and it should be promoted after proper study in preventing anemia of pregnant mother.

   (Action:- BO-AYUSH)

8. Post partum hemorrhage is a major cause of maternal death in the state. Non-pneumatic Anti-shock garment should be purchased for remote facilities.

   (Action:- SPO, RCH)

Continued in next page-
9. PIH and hypertension is no.1 killer among pregnant women. All MPWs, ANMs shall ensure that each mother is screened for PIH and hypertension by BP instrument and urine albumin. MO-AYUSH shall maintain PHC wise data of PIH cases and follow up cases in detail.  
   (Action:- CMOs & BO-Ayush)

10. EmOC and LSAS training are conducted by Guwahati Medical College. Many a time MOs are reluctant to go for training outside Tripura. Necessary arrangement for accrediting AGMC for training of EmOC and LSAS should be taken up.  
   (Action:- SPO, RCH)

11. Overcrowding in maternity wards is the concern for infection control in the state and district hospital. More space should be provisioned for maternity wards in all district and state hospitals.  
   (Action:- DHS)

12. There is shortage of MOs (Allopath) at facility level. MOs (AYUSH) should be utilized for supervising ANC and PNC.  
   (Action:- BO-Ayush)

13. Community and facility level maternal death review is mandatory. Monthly/quarterly review of maternal death including high risk mothers should be done at all facilities.  
   (Action:- CMOs)

14. Lack of awareness in the community on maternity issue is causing underutilization of services at facilities. IEC campaign on high risk pregnancy and MTP to be intensified.  
   (Action:- PRO)

15. Teenage marriage and teenage pregnancy are the concern for maternal death. Publicity plan on preventing teenage marriage should be planned.  
   (Action:- PRO)

16. Anemia and other high risk pregnancy should be identified by frontline workers and ensure follow-up actions.  
   (Action:- CMOs)

17. All EmOC trained doctors are not posted in FRU. Rational deployment of SBA, BEmOC, LSAS & EmOC trained persons should be ensured.  
   (Action:- DHS/DFWPM)

18. Due to shortage of specialists, SDHs could not be made functional FRU. Training of EmOC and LSAS from in-service MOs are to be taken up to make FRUs functional.  
   (Action:- BO-NHM)

19. ANM and MO to explain for any maternal death in their area.  
   (Action:- CMOs)

Meeting ended with thanks to all.

Sd/-
(M. Nagaraju)
Secretary (Health & FW)
Government of Tripura
No. F. 3 (5-2581)-FWPM/SHFWS/MH/2012

16th April 2014

Copy to:

1. The Director, Health Services, Government of Tripura for information.
2. The Director, Family Welfare and Preventive Medicine, Government of Tripura for information.
3. The Director, Medical Education, Government of Tripura for information.
4-11. The Chief Medical Officer, West/Sepahijala/ Khowai/ Gomati/ South/ Dhalai/ Unakoti/ North District, Govt. of Tripura for information and needful.
12-14. The HOD O&G, AGMC/ TMC/ IGM, Govt. of Tripura.
15. The Member Secretary, SH&FWS Tripura for information and needful please.
13-14. The Branch Officer-NRHM/AYUSH, Tripura for information and needful.
15-21. The State Programme Officer, RCH Tripura for information and needful.
22. The Deputy Drug Controller, Tripura for information and needful.
23. The Nodal Officer-IT, DFWPM Tripura for information and needful.
23. The PRO, DFWPM for information and needful.

Copy also forwarded to:

The PS to the Secretary (Health & FW), Government of Tripura for information please.

(Dr. Sandeep K. Mahatme, IAS)
Mission Director, NRHM
Government of Tripura