



सत्यमेव जयते



SCOPE OF PRACTICE FOR MIDWIFERY EDUCATOR & NURSE PRACTITIONER MIDWIFE

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List of Abbreviations

ACS	Antenatal Corticosteroids
AFB	Acid Fast Bacillus
BPCR	Birth Preparedness and Complication Readiness
CBC	Complete Blood Count
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CPD	Cephalopelvic Disproportion
CTG	Cardiotocography
D&C	Dilatation and Curettage
D&E	Dilatation and Evacuation
DFMC	Daily Fetal Movement Count
DVT	Deep Venous Thrombosis
EBM	Expressed breast milk
ECP	Emergency Contraceptive Pills
ICM	International Confederation of Midwives
INC	Indian Nursing Council
IUCD	Intrauterine Contraceptive Device
ME	Midwifery Educator
MLCU	Midwifery Led Care Unit
MMA	Medical Methods of Abortion
MNT	Medical Nutrition Therapy
NPM	Nurse Practitioner Midwife
NST	Non-Stress-Test
OCP	Oral Contraceptive Pills
OGTT	Oral Glucose Tolerance Test
OLCU	Obstetric Led Care Unit
PE	Pre Eclampsia
PPFP	Post Partum Family Planning
PPH	Post Partum Hemorrhage
PPIUCD	Post Partum Intrauterine Contraceptive Device
Td	Tetanus and Adult Diphtheria
TSH	Thyroid Stimulating Hormone

INTRODUCTION

The Government of India (GoI) has launched the Midwifery Initiative to improve the quality of service provision for strengthening reproductive, maternal and neonatal health. This initiative will create a new cadre of “Nurse Practitioner in Midwifery” (NPM) who are skilled in accordance with International Confederation of Midwives (ICM) competencies, knowledgeable and competent in providing skilled, compassionate, respectful, women centered care.

These midwifery services will primarily be provided through ‘**Midwife Led Care Units**’ (MLCUs). One of the key components of establishing the NPM cadre and embedding them in the health system is a clear “Scope of Practice” which also guides their education, regulation and ongoing professional development to ensure optimal midwifery care.

1. Definition of a Midwife (International Context)

The ICM defines a Midwife as:

“... a person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located and that is based on the International Confederation of Midwives (ICM) Essential Competencies for basic midwifery practice and the framework of the ICM Global Standards for Midwifery Education; has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’ and who demonstrates competency in the practice of midwifery.” (ICM¹).

2. Definition of a Nurse Practitioner Midwife (NPM) (Indian Context)

An NPM is one who has successfully completed the 18 months’ Nurse Practitioner in Midwifery training program designed by the Indian Nursing Council (INC) based on the ICM essential competencies for basic midwifery practice and recognized in India by the Ministry of Health and Family Welfare, Government of India, and who will be registered and licensed to practice midwifery in high caseload facilities across the country under the title ‘Nurse Practitioner Midwife’, upon demonstrating competency in the practice of midwifery.

¹ www.internationalmidwives.org/assets/files/definitions-files/2018/06/eng-definition_of_the_midwife_2017.pdf

- The NPM is a responsible and accountable professional who works in partnership with women to provide the necessary support, respectful care and advice to women and their families during pregnancy, childbirth and the postpartum period
 - The NPM will function primarily in the MLCUs alongside Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) centres, under the overall supervision of the Obstetrician at the facility, as envisaged by GoI. MLCUs shall promote normality during pregnancy, labour, birth and the postpartum period, early and timely detection of complications, carry out first line emergency measures, refer and facilitate access to a full range of medical and surgical care as well as provide preventive care
 - The NPM will be able to competently perform the full scope of practice as per the education and training curriculum laid down by INC in accordance with MoHFW regulations and guidelines.
 - They are fully responsible and accountable to provide care within their defined scope of practice in the country
 - They have the authority within their area of expertise to:
 - Educate and counsel women and their families on birth preparedness and complication readiness (BPCR), care prior to, during and after pregnancy, care of the healthy newborn, healthy timing and spacing of pregnancy including postpartum family planning and other health
 - Advocate for women's needs, autonomy and agency
 - Order and interpret diagnostic procedures and laboratory tests (Annexure 1)
 - Prescribe selected medications (Annexure 2)
 - Assess and triage women at the time of admission and refer the high-risk cases to the Obstetric Led Care Unit (OLCU)
 - Provide care for women, and their newborns according to best evidence during normal pregnancy, labour, birth and the postnatal period including identification and initial management of selected complications during this period
 - Consult with and refer to other professionals and services for care outside of their scope of practice and ensure continuity of care from preconception to the postnatal period
 - Document and review provision of care
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The primary function of NPMs is to act professionally within their work environment to ensure the wellbeing of childbearing woman and her newborn. NPMs should instill confidence in women for their capabilities in childbirth and empower them to assume responsibility for their health, to enable them to learn for themselves, to build on their strengths and to access services in a timely way.

3. Scope of Practice for ME & NPM

Applies to specialized midwifery care competencies gained through the 18 months educational program that is competency-based education (Annexure 3). This document is combined with and adapted from key competencies for essential midwifery practice (ICM 2019) and sets out the contours for NPM practice in India as follows:

A. Pre-pregnancy Care (Sexual and Reproductive Health)

- Provide Family planning counselling and services
- Provide Pre-conception care and counselling
- Perform measures in prevention and screening for Sexually Transmitted Infections and advice treatment based on the syndromic management approach

B. Antenatal care

- Determine health status of pregnant women
- Detect and confirm pregnancy, estimate gestational age from history, physical examination and advice on laboratory test from the recommended list of investigations
- Monitor the progression of pregnancy
- Assess fetal and maternal wellbeing
- Promote and support healthy behaviors that improve women's wellbeing including ANC exercises.
- Detect, manage, and refer women with complicated pregnancies
- Provide counselling to the women and their family on the following: Preparation of birth preparedness and complication readiness plan
 - Antenatal education and anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, postpartum family

²For 2 hours after birth to the woman and newborn

³Include management of shoulder dystocia; initial management fetal distress; cord prolapse etc

- planning and change in the family.
- Self-care in normal pregnancy at every contact
- Pregnancy options and care to women with unintended or mistimed pregnancy
- Safe abortion services and post abortion care to women
- Post-partum & Post- abortal Family Planning Methods

C. Care during labour and birth (Intrapartum Care)

- Confirm onset of labour
- Provide supportive respectful care to all women in normal labour at term and in immediate postnatal period 2(e.g. facilitate alternate birthing positions, birth companionship chosen by women, facilitate informed choices/rights-based care)
- Identify complications during labour, childbirth and the immediate postpartum period, and provide immediate management³ and referral when indicated
- Assist physiological birthing processes leading to a safe birth and active management of the third stage of labour for the prevention of postpartum hemorrhage
- Provide immediate essential newborn care (warmth, early initiation of breastfeeding, delayed cord clamping, Vitamin K, eye and cord care)
- Perform neonatal resuscitation when indicated
- Identify newborn complications, perform immediate management and when indicated, initiate a timely referral
- Perform and repair episiotomy for evidence based indications with the woman's consent
- Repair perineal, vaginal and vulval lacerations (excluding 3rd /4th degree or complicated tears)

D. Ongoing care of women and newborns (Postpartum Care)

- Provide postnatal care which focuses on continuing health assessment of women and infant, health education, intake of IFA & Calcium, support for breastfeeding, detection of complications and provision of family planning services
 - Support maternal and infant bonding and healthy child-rearing practices
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- Identify postpartum complications in the women and newborn, provide immediate management and when indicated, initiate referral promptly
- Counsel on postpartum family planning services
- Provide anticipatory guidance to the woman and her family on prompt recognition of danger signs in both the mother and baby and seek immediate care

4. Additional Roles & Responsibility for ME

In addition to the above-mentioned roles illustrated from points A to D, the ME's will have the following additional responsibilities:

- Play a dual role of imparting training to the NPMs at State Midwifery Training Institutes alongside performing clinical practice themselves
- Supervise the NPMs during their clinical practice sessions
- Mentor and handhold the NPMs during and after the training

5. Principles of Collaborative Care

While NPMs are a specialized cadre of nurse-midwives in India and are fully responsible and accountable for care within their defined scope of practice, they work within a health care system that recognizes the need for consultation, collaboration and referral between health care professionals. Collaboration between NPMs, Obstetricians, Pediatricians and Medical Officers In-charge (MO) requires confidence, trust and effective communication. When effective collaboration occurs, the specialists can extend their contribution to the care of women and newborns experiencing complications and requiring specialized care.

NPMs can also be involved in the care of women with high-risk pregnancies, pregnancy related complications and women/newborns as part of the multidisciplinary team. In these situations, the overall accountability rests with the Obstetrician/Mo I/c of the hospital/health center.

Annexure 1

Laboratory Tests

Maternal	
Condition	Laboratory tests to order
Prevention/Routine	Pregnancy test (Serum/Urine)
	Haemoglobin, Complete Blood Count (CBC)*
	Blood group, Rh typing
	Hepatitis B (HBsAg)/ Hepatitis C (HCV DNA)*
	Multi-reagent Urine dipsticks
	75 gm Oral Glucose Tolerance Test (OGTT)
	Rapid POC tests: HIV, syphilis. RPR for syphilis if available
TORCH Infections	TORCH Panel*
UTI	Multi-reagent Urine dipsticks: albumin, sugar nitrites, leucocytes, blood
	Urine microscopy
	Urine culture and sensitivity*
Uncomplicated Malaria	Rapid test: Malaria / thick drop or thin smear
Severe PE / Eclampsia	Urine dipsticks: Albumin
Thyroid Disorders	Thyroid Stimulating Hormone (TSH)*
TB in Pregnancy	Sputum for Acid-Fast Bacillus (AFB)

*Subject to Indication in individual pregnant women

Annexure 2

Medications

Maternal	
Condition	Medications to prescribe
Prevention/Routine	Folic Acid, Iron Folic Acid tablets
	Calcium with Vit D3
	Albendazole
	Td vaccine
	Medical-Nutrition Therapy for potential gestational diabetes (Women with GDM will be referred for ANC with OBGYNs)
Preterm labour	Antenatal corticosteroids
IV fluids	Normal saline
	Ringer's Lactate
Antipyretic/Analgesic	Paracetamol tablets
RTI/STI(Syphilis, Chlamydia, Gonorrhoea, Vaginal candida infection, BV/Trichomoniasis)	For the woman: Erythromycin/Ceftriaxone/Metronidazole/Clotrimazole vaginal pessaries
	For the partner: Tetracycline /Doxycycline/Ciprofloxacin
UTI	Amoxicillin, Nitrofurantoin
Hypertensive disorders in Pregnancy	Loading dose of Magnesium Sulphate
Management of PPH	Oxytocin
Puerperal infection	Ampicillin, Metronidazole and Gentamycin
Newborn	
Condition	Medications to prescribe
Preventive treatment	Vitamin K1
	ART prophylaxis for newborns of HIV mothers
Possible serious illness, severe umbilical infection or severe skin infection	Ampicillin
	Gentamicin
	Oxygen
Gonococcal eye infection	Ceftriaxone/Kanamycin
Vaccinations	Birth dose <ul style="list-style-type: none"> ➤ BCG ➤ '0' dose Polio ➤ Hepatitis followed by the routine immunization as per UIP

Annexure 3(a)

**Procedural competencies/skills that NPMs can perform independently,
in collaboration or refer**

NPM can do independently	NPM can do under supervision/Collaboration	NPM should refer
ANTENATAL CARE		
Health assessment – medical and obstetric history collection, physical and obstetric examination		Women with high risk pregnancy or any other complication.(Refer to Annexure 3b)
Urine pregnancy test		
Estimation of Hemoglobin using Sahli’s Hemoglobinometer/Digital Hemoglobinometer	Management of mild and moderate anemia (7-9%)	Women with severe (<7gm%) anemia
Urine testing for albumin and sugar , Testing blood sugar by 75 gm OGTT using Glucometer and MNT	Medical Nutrition therapy (MNT)	Women with GDM not controlled by MNT
Preparation of peripheral smear for malaria	Women with Uncomplicated Malaria	Women with Severe Malaria
Point of care HIV test		Women with HIV
Point of care syphilis test		Women with STIs/ RTI
Preparation of woman for USG		
Counsel on use of Kick chart / DFMC (daily fetal movement count) in the 3 rd trimester; evaluate reduced kick counts		Reduced fetal movements/No fetal movements
Preparation and recording of CTG / NST		Non reassuring NST/CTG
Antenatal counseling – diet, exercise, rest, personal care, birth preparedness, complication readiness, Post Partum Family Planning		
Administration of Td		
Prescription of iron and folic acid tablets, albendazole tablets, calcium		
Prenatal counseling and care of general and vulnerable groups such as adolescent pregnant woman		Women with complications(Ref Annexure 3b)

NPM can do independently	NPM can do under supervision/Collaboration	NPM should refer
INTRANATAL CARE		
Identification, assessment of woman in labour		Women with high risk pregnancy or any other complication. (Refer to Annexure 3b)
Labour monitoring through Doppler and Cardiotocography (CTG)		Non reassuring CTG
Plotting and interpretation of Partograph		CPD, contracted pelvis, cervical dystocia
Vaginal examination during labour including clinical pelvimetry		Prolonged labour, obstructed labour, other complications
Preparation for birth– physical and psychological		
Setting up of the delivery room / unit		
Supportive, respectful care of women in labour – ambulation, positions, hydration, birth companionship		
Pain management during labour: non –pharmacological	Pharmacologic pain management	
Conduction of delivery as per protocol – facilitate normal physiological birthing		Prolonged 2 nd second stage, vaccum, forceps, Obstructed labour
Identify perineal and vaginal tears		Suspected cervical tears
Repair of 1 st and 2 nd degree perineal and vaginal tears		Management of 3 rd and 4 th degree perineal, vaginal
Essential newborn care		
Newborn resuscitation		Neonatal complications
Active management of third stage of labour		
Insertion of PPIUCD		
Examination of placenta		
Care during fourth stage of labour		
Initiation of breast feeding and lactation management		
Assessment and weighing of newborn	Care of small/pre- term newborn	Sick newborn
Administration of Vitamin K		

NPM can do independently	NPM can do under supervision/Collaboration	NPM should refer
POSTNATAL CARE		
Postnatal assessment and care-women and newborn		Women with high risk pregnancy or any other complication. (Refer to Annexure 3b)
Perineal / Episiotomy care		
Breast care		
Postnatal counseling – diet, exercise, rest, hygiene, breast feeding, identification of danger signs-women and newborn , resumption of sexual activity, and return to fertility, consumption of IFA and calcium for 6 months		Postnatal complications(Refer to Annexure 3b)
Postpartum family planning		Tubal ligation
NEWBORN CARE		
Kangaroo Mother Care		
Identification of minor disorders of newborn and their management		Sick newborn
Neonatal immunization–as per the Universal Immunization Program		
CARE OF WOMAN WITH COMPLICATIONS		
Identification of antenatal complications- pre-eclampsia/eclampsia, anemia, antepartum hemorrhage, diabetes, thyroid disorders& medical disorders in pregnancy		Women with severe pre-eclampsia/eclampsia, severe anemia, APH, diabetes, thyroid disorders& medical disorders in pregnancy
Glucose Challenge Test / Glucose Tolerance test/OGTT using Glucometer		Women with GDM not controlled by MNT
Hypertensive Disorders of Pregnancy-identification, diagnosis and administration of loading dose of MgSO ₄ for severe PE/eclampsia	Gestational HTN, management of Severe PE-administration of loading dose of MgSO ₄ and anti-hypertensive drugs	Severe pre-eclampsia/eclampsia

NPM can do independently	NPM can do under supervision/Collaboration	NPM should refer
CARE OF WOMAN WITH COMPLICATIONS		
Identification of fetal distress and its immediate management and referral as required		Fetal distress
Prepare for Vacuum delivery		Vacuum delivery
Diagnosis of Malpresentations and Malpositions and referral		Malpresentations and Malpositions
Cord Presentation or Cord Prolapse- Initial stabilization and referral (depending upon the stage of labour). Midwives should be capable of initial management and delivery if second stage of labour.		Cord prolapsed
Diagnosis of Preterm Labour – correct estimation of gestational age, stabilize, administration of Antenatal Corticosteroids as per indication and refer	Antenatal corticosteroids (Antenatal Corticosteroids)	Preterm Delivery
Prepare for Breech delivery- (depending upon the stage of labour). Midwives should be capable of initial management and delivery if second stage of labour.		Breech delivery
Diagnosis of RH (Negative) pregnancy	Administration of Anti-D immunoglobulin	Delivery of RH (Negative) pregnancy
Diagnosis and management of STIs during pregnancy		STIs with complications
Diagnosis and referral of Prolonged labour		Prolonged labour
Prepare for Forceps birth		Forceps Birth
Manual removal of the placenta (already separated placenta)	Manual removal of the placenta	Morbid adherent placenta
Diagnosis and management of PPH - Bimanual Compression of uterus, Balloon Tamponade for Atonic uterus, Aortic Compression for PPH, Prescription and administration of fluids, uterotonics and electrolytes through intravenous route.	Stabilize and refer	
Identification and first aid management of obstetric shock	Stabilize and refer	
Diagnosis and initial management of puerperal sepsis	Stabilize and refer	Management of puerperal sepsis

NPM can do independently	NPM can do under supervision/Collaboration	NPM should refer
CARE OF WOMAN WITH COMPLICATIONS		
Management of breast engorgement, lactation failure		Mastitis, breast abscess
Identification of suspected DVT	Stabilize and refer	DVT and its management
Identification of other postpartum complications – UTI, Obstetric fistulas etc	Stabilize and refer	Management of postpartum complications(Refer to Annexure 3b)
HIGH RISK NEWBORN		
Feeding of high-risk newborn – EBM(spoon/paladai)	Assisting in neonatal diagnostic procedures	Sick newborn
Insertion/removal/feeding – (Naso/oro gastric tube)		
Administration of medication – oral / parenteral		
Neonatal drug calculation		
Oxygen administration		
Care of neonate in incubator / warmer / ventilator		Neonatal intubation / ventilator
Care of neonate on phototherapy	Assist in exchange transfusion	
Organize different levels of neonatal care		
Transportation of high-risk newborn		
FAMILY PLANNING		
Family planning counseling		
Determine medical eligibility, support informed decision making and provide contraceptive of choice (except permanent methods). Provision of <ul style="list-style-type: none"> • Condoms(Nirodh) • OCP's(Mala-N , Chhaya) • ECP (Ezy Pill) • Injectables(Antara) 		Permanent method of Sterilization
Insertion and removal of Interval IUCD		
Insertion and removal of PPIUCD/PAIUCD		

NPM can do independently	NPM can do under supervision/Collaboration	NPM should refer
FAMILY PLANNING		
Preparation of the woman for Postpartum sterilization	Assist in Tubectomy, Vasectomy	
OTHER PROCEDURES		
Pre-conception counseling and care - nutritional assessment	Pre-conception counseling and care - nutritional assessment	
Prepare and counsel for D&C / D&E operations	Assist in D&C / D&E operations	Incomplete abortion, missed abortion
Prepare for Manual Vacuum Aspiration/Medical Methods of Abortion(MMA)	Assist in Manual Vacuum Aspiration	Women requesting MTP
Post abortion care and counseling		
Post abortion family planning services		
Screening for HIV		Women with HIV
Screening for Cervical cancer <ul style="list-style-type: none"> • Pap smear • Visual inspection with acetic acid / iodine (VIA/VILI) 	<ul style="list-style-type: none"> • Pap smear • VIA/VILI 	<ul style="list-style-type: none"> • Women with abnormal findings on Pap's Smear • Management of women with abnormal/suspicious findings on screening test • Women with Cervical Cancer
Counseling on Breast self-examination		
Clinical Breast Examination		Abnormal findings on Clinical Breast Examination
Reporting maternal and perinatal death	Conduction of maternal and perinatal death audit	
Maintenance of registers		
Maintenance of records		
Ordering selected lab investigations as per national guidelines		
Prescribing & administering selected medicines as per national guidelines		

Annexure 3(b)

**Maternal and Newborn Conditions that an NPM can perform
independently, in collaboration or refer**

Maternal care					
Condition		Triage / Identify	Manage independently	Manage collaboratively	Refer
Pre-pregnancy morbidities – type I/II DM; hypertensive disorders; obesity (BMI>35); cardiac disease; history of poor obstetric outcome (including perinatal death); mental illness; history of cervical or uterine surgery (including C-section); current alcohol or drug use/dependency; history of placental abruption, ,cervical incompetence, recurrent spontaneous abortion (3 or more), trophoblastic disease, obstetric fistula, PPH>1000 ml and medical disorders of pregnancy		✓			✓
Multiple pregnancy	Diagnosed in pregnancy	✓			✓
	Diagnosed in second stage of labour	✓	✓	✓	✓
Common discomforts in pregnancy		✓	✓		
Gestational DM	MNT	✓	✓	✓	
	Metformin				✓
	Insulin				✓
Anaemia during pregnancy	7-9 gm%	✓	✓	✓	
	<7 gm%	✓			✓
Syndromic management of chlamydia and gonorrhoea during pregnancy, labour, and postnatal period	Diagnosis	✓	✓		
	Initial management	✓	✓		
	Non-responsive infections				✓
Syphilis during	Counselling and testing	✓	✓		

Maternal care					
Condition		Triage / Identify	Manage independently	Manage collaboratively	Refer
Pregnancy, labour, and postnatal period	Treatment	✓		✓	✓
HIV during pregnancy, labour, and postnatal period	Counselling and testing	✓	✓		
	Management of drugs, disease and infections	✓			✓
	PMTCT	✓			✓
Hepatitis B or C during pregnancy, labour, and postnatal period		✓			✓
Syndromic management of vaginal infections (candidiasis, BV, trichomoniasis, warts, herpes) during pregnancy, labour, and postnatal period		✓	✓	✓	
UTI during pregnancy, labour, and postnatal period	Initial treatment	✓	✓		
	Recurrent infection	✓			✓
Acute pyelonephritis during pregnancy, labour, and postnatal period		✓			✓
Non-obstetric infections during pregnancy, labour, and postnatal period like Kochs, COVID ,HINI,		✓			✓
Malaria during pregnancy, labour, and postnatal period	Uncomplicated	✓		✓	
	Severe	✓			✓
Hypertensive disorders during pregnancy, labour, and postnatal	Gestational HTN	✓		✓	
	Non-severe PE	✓		✓	

Maternal care						
Condition			Triage / Identify	Manage independently	Manage collaboratively	Refer
Period	Severe PE / Eclampsia	Stabilization, loading dose of MgSO ₄	✓	✓	✓	✓
		Antihypertensive drugs			✓	✓
		Definitive management	✓			✓
Size – date discrepancy in pregnancy			✓		✓	✓
Reduced kick count in 3 rd trimester			✓		✓	✓
Intrauterine foetal death			✓			✓
Antepartum haemorrhage (bleeding in later pregnancy and labour)			✓			✓
Previous Ceasarean Section – VBAC/ C –Section			✓			✓
Foetal distress	Initial management		✓		✓	
	Late decelerations, persistent foetal distress		✓			✓
Pre-term labour / birth,	Antenatal Corticosteroids (ACS)		✓	✓		✓
	Preterm Delivery		✓			✓
Cord prolapse	First stage		✓			✓
	Second stage		✓		✓	

Maternal care						
Condition		Triage / Identify	Manage independently	Manage collaboratively	Refer	
Prolonged first stage of labour due to:	Dehydration		✓	✓		
	Immobility, lack of a companion, anxiety		✓	✓		
	Pain	Non –pharmacological pain management	✓	✓		
		Pharmacologic pain management	✓		✓	
	Amnionitis		✓		✓	✓
	Non-obstetric infection		✓		✓	✓
	OP, asynclitism		✓		✓	✓
	Frank/Complete breech with flexed head, chin anterior		✓			✓
	Inadequate uterine activity		✓		✓	✓
	CPD/Obstruction		✓			✓
	Arm, brow, chin posterior, transverse, footling, frank/- complete breech with poorly flexed head		✓			✓
Prolonged second stage of labour due to:	Birth position, companion, anxiety		✓	✓	✓	
	Has indications and meets criteria for vacuum-assisted birth		✓			✓
	Inadequate uterine activity		✓		✓	✓
	CPD/Obstruction/Malposition or malpresentation requiring caesarean birth		✓			✓
Primary PPH (within the first 24 hours after birth)	Initial management		✓	✓		
	SL/IM/IV uterotonic drugs, hemostatic agents		✓	✓	✓	✓
	Bimanual compression of uterus		✓	✓	✓	✓

Maternal care					
Condition		Triage / Identify	Manage independently	Manage collaboratively	Refer
	Balloon tamponade for atonic uterus	✓	✓	✓	✓
	Aortic compression for PPH	✓	✓	✓	✓
	Prescription and administration of fluids	✓	✓	✓	
	Refractory PPH	✓			✓
	Vulval/perineal haematoma	✓			✓
	Inverted uterus	✓			✓
	Ruptured uterus	✓			✓
Lacerations	Episiotomy repair	✓	✓		
	Repair of 1 st and 2 nd degree perineal lacerations	✓	✓		
	Repair of 3 rd and 4 th degree perineal and cervical lacerations	✓			✓
Retained placenta / fragments	Manual removal	✓		✓	
	Manual removal (Already separated placenta)	✓	✓	✓	✓
	Morbid adherent placenta (placenta accreta)	✓			✓
Postnatal fever / complications	Postpartum endometritis	Initial management	✓	✓	
		Ongoing care	✓		✓
	Pelvic abscess	✓			✓
	Peritonitis	✓			✓
	Breast engorgement	✓	✓		
	Mastitis	✓		✓	✓
	Breast abscess	✓			✓

Maternal care					
Condition		Triage / Identify	Manage independently	Manage collaboratively	Refer
	Wound abscess, wound seroma or wound haematoma	✓			✓
	Wound cellulitis	✓			✓
	Obstetric fistula	✓			✓
	Deep vein thrombosis	✓			✓
	Pulmonary embolism	✓			✓
Obstetric shock	First aid management	✓	✓		
	Definitive management	✓			✓
Puerperal sepsis	First aid management	✓	✓		
	Definitive management	✓			✓
Secondary PPH (following the first 24 hours after childbirth)	Initial management, stabilization	✓	✓		
	Definitive treatment	✓			✓
Postnatal mental health problems	Postpartum "blues"	✓	✓		
	Postnatal depression	✓		✓	✓
	Postnatal psychiatric disorders (e.g. bipolar psychosis)	✓			✓
Bleeding in early pregnancy	First aid management, stabilization	✓	✓		
	Threatened abortion	✓		✓	✓
	Ectopic pregnancy	✓			✓
	Complete abortion	✓		✓	
	Incomplete	Digital removal of POCs from the vagina/open cervical os	✓		✓

Maternal care					
Condition		Triage / Identify	Manage independently	Manage collaboratively	Refer
	abortion	Definitive management (NPM to assist the certified MTP provider with evacuation of POCs)	✓		✓
	Missed abortion		✓		✓
	Molar pregnancy		✓		✓
MTP	Counselling about pregnancy options		✓	✓	
	Medication abortion (NPM to assist certified MTP provider with the procedure)		✓		✓
	Aspiration abortion (NPM to assist certified MTP provider with procedure)		✓		✓
FP	Counselling for informed, voluntary choice			✓	
	IUCD (postpartum, interval and PAIUCD)			✓	
	LAM			✓	
	COCs			✓	
	POPs & Centchroman			✓	
	Injectables (MPA)			✓	
	Emergency contraception			✓	
	Fertility awareness methods			✓	
	Tubal ligation				✓
PAP / VIA	Normal findings		✓	✓	
	Abnormal findings		✓		✓
Breast examination	Normal findings		✓	✓	
	Abnormal findings		✓		✓

Newborn care					
Condition		Identify	Manage independently	Manage collaboratively	Refer
Asymptomatic (without symptoms) babies classified as at risk of infection	Membranes ruptured more than 18 hours before birth	✓		✓	
	Mother is being treated with antibiotics for infection	✓		✓	
	Mother has fever greater than 38°C	✓		✓	✓
	Mother has confirmed maternal colonization with Group B streptococcus without adequate antibiotic therapy during labour	✓		✓	✓
	Mother is infected with HIV and/or syphilis and/or hepatitis B / and or COVID-19	✓		✓	✓
	Mothers with Hypothyroidism and GDM	✓		✓	✓
	Mother started tuberculosis treatment less than two months before birth	✓		✓	✓
Minor disorders of newborn		✓			✓
Neonatal immunization			✓		
Care of the high risk newborn	Feeding of high-risk newborn	✓	✓	✓	✓
	Insertion/removal/feeding - Naso/oro gastric tube		✓		
	Administration of medication – oral/parenteral		✓	✓	✓
	Neonatal drug calculation		✓	✓	
	Oxygen administration		✓		
	Care of neonate in incubator/warmer/ventilator			✓	
	Care of neonate on phototherapy			✓	
	Organize different levels of neonatal care		✓		
Transportation of high-risk newborn		✓			
	Newborn screening of babies for congenital malformation	✓	✓		✓

Annexure 4

SOPs for NPMs responsibilities in initial management of common complications of pregnancy, childbirth and postnatal and newborn. (As per National guidelines -SBA module/Dakshata guidelines)

1. Bleeding in early pregnancy
2. Incomplete abortion with bleeding P/V
3. Bleeding in late pregnancy
4. Hypertensive Disorders in pregnancy
5. Convulsions in eclampsia
6. Breech in emergencies e.g. second twin
7. Prolonged labour
8. Vaginal/perineal tears
9. Prevention & management of PPH
10. Puerperal sepsis and delayed PPH
11. Initial care of small /LBW newborns

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