

# Process Manual

Set-up of Ante, Post & Neonatal  
(APN) Clinic at Urban Health Posts



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## Acknowledgements

This manual has materialized due to the valuable contribution of many people in SNEHA and in the Municipal Corporation of Greater Mumbai (MCGM).

We express our sincere thanks to the MCGM for being a collaborative partner in all our initiatives at the public health system. We are indebted to them for the trust shown and expressed in our involvement and commitment to the quality of health care provision to the deprived women and children of the slums of Mumbai.

Along the way, we sincerely thank our partners, ICCHN (ICICI Center for Child Health and Nutrition), PATH (Program for Appropriate Technology in Health), Women and Children First UK and Department for International Development Government of UK who went with us the extra mile to help us with funds and expertise to conduct what we set out to do.

We also acknowledge the women and children who access the health care and give it meaning to continue and thrive to serve them better.

## Background

Slums are overcrowded urban areas inhabited by the impoverished. It is said that in Mumbai one in three live in these crowded abodes with compromised hygiene - which are often the breeding grounds for many diseases, especially the vector borne. Women and children are the most vulnerable of those living in these conditions. Women bear the burden of being both a homemaker and a bread winner, very often compromising their health, dogged by anemia, malnourishment, and reproductive tract infections. Though vital to the family's well being, a women's health is low in their priorities.

Under these circumstances, pregnancy, delivery and newborn care entail added risks and need special attention. Responding to these demands, the Municipal Corporation of Greater Mumbai (MCGM) established primary care facilities called health posts and *dispensaries* located near these communities in 1988. These were meant to provide easy access to women for their antenatal & postnatal care and that of their children as well as to people seeking treatment for minor ailments that did not require a visit to the hospital.

The majority of these primary care centers, especially the health posts, cater to many preventive and promotive programs such as polio eradication- the latter claiming the major portion of effects. DOTS for TB, leprosy and malaria control, family planning promotion, disease surveillance etc. are the activities that consume the health post staff's time and efforts. In carrying out all these, one of the original purposes, namely maternal and child services has been relegated to the background. Thus, the non-availability of these services is one of the factors that has resulted in late registration of pregnancies, increased morbidity and mortality in mothers and their newborns living in the slums.

Hence, initiating antenatal, postnatal and neonatal (APN) clinics at the health post level to ensure healthy pregnancy, safe delivery and childhood for the inhabitants of these communities become a priority. It is an investment in ensuring a sturdy future generation and a healthy family among this marginalized sector.

SNEHA and MCGM through the City Initiative for Newborn Health (CINH) and Sure Start projects have worked together to initiate these APN clinics in 13 health posts. This manual highlights the processes and challenges involved. It is a joint publication of MCGM and SNEHA. It aims at outlining the process of set-up of an APN clinic and the operations thereof.

The manual is based on the experience gained by SNEHA in the last 5 years in this field. The idea took shape when we initiated and worked towards revival of the original purpose of a Health Post i.e. health care for mother and child. All government health care departments with their local health authorities wanting to set-up an APN clinic can adapt the processes documented here.

This manual is divided into 3 sections. In the first section we would like to share our success story regarding the MCGM - SNEHA partnership. The subsequent sections focus on setting up an APN clinic, and SOP involved in the operations of an APN clinic.

We would be glad to offer further assistance if you wish to carry out this initiative in your areas. We solicit your feedback on the manual. You may reach SNEHA at [snehamumbai@snehamumbai.org](mailto:snehamumbai@snehamumbai.org). For more information about SNEHA, please visit our website, [www.snehamumbai.org](http://www.snehamumbai.org).

Dr. Shanti Pantvaidya, Trustee SNEHA

Section 1  
Knowledge Sharing

**MCGM - SNEHA Partnership - An overview**

MCGM and SNEHA's partnership has witnessed nine rewarding years in serving mothers and newborn. This public private partnership approach has led to strengthening primary health care and improving quality of care at public health facilities.

Some of the crucial outcomes of this partnership are:

1. Formal APN services offered at 30 health posts by MCGM with strengthening of the outreach.
2. Referral and clinical care products for Maternal and Newborn Care established and followed across all in-patient facilities.
3. Behavioral skills training on communication and motivation for all the Staff at health posts and maternity homes.

MCGM and SNEHA have played complementary roles to institutionalize the quality care at the health posts for mothers and newborns.

**Role of MCGM**

- To allocate human resources, equipments and supplies necessary for the efficient functioning of the clinic.
- To maintain detailed records of the clinics and dispatch data regularly to higher authorities.
- To maintain seamless referral networks with the higher level of hospitals to provide continuum of care for the mothers and newborns.

**Role of SNEHA**

- To develop standards (protocols) for APN clinics at health posts in a participatory Manner and consultation with MCGM.
- To motivate the health staff and build their capacity on Operative Standards for APN clinics and behavioral change and communication.
- To facilitate the process of monitoring and evaluation in order to use APN clinic data in a productive manner.
- To help the health post staff and their skills for planning and execution of community mobilization and community events.
- To initiate and facilitate effective referral networks.

**Insights from MCGM SNEHA partnership:**

Joint initiatives of MCGM and SNEHA have given many useful insights which can be used in any similar context. The crucial lessons are :

- A public private partnership can be useful in strengthening primary care of the public health system. If the NGO works through the existing health systems, by identifying its strength and potential and playing a supportive role then system can deliver better.
- Ongoing capacity building and training is required to motivate the public health staff to deliver quality care. This is maintained by appreciation and recognition of good work and results, when appropriate, on a regular basis.

**Supportive NGOs need to bring their expertise in the processes of monitoring and evaluation, so that the data is used in a more effective manner.**

## Section 2 Setting-up the Antenatal, Postnatal and Neonatal (APN) Clinic



APN Clinic at Health Post

### What is an APN clinic?

An APN clinic is an acronym for *Antenatal, Postnatal and Neonatal* clinic. This is first point of contact for a pregnant women from the community with the health providers. These held at a Health Post or similar level of health care centre which offers out patient services. In the course of a normal pregnancy the women continues her visits at the clinic till the 7<sup>th</sup> month when she is referred to the nearest maternity home or general hospital for further visits, where facilities for birthing are available.

### Process to set up an APN clinic

#### STEP 1

##### **Taking Approvals from relevant local health authorities**

It is essential to get approvals from relevant local health authorities to set up an APN clinic at the health post even if there is an active partnership with the Municipal Corporation.

#### STEP 2

##### **Infrastructure-Identification and assessment of suitability**

An APN clinic can operate at any Urban Health Post/similar health centre which wishes to offer the out patient services to pregnant mothers and newborns. Proximity to the community it intends to serve is crucial.

#### STEP 3

##### **Human resources-Defining roles and responsibilities and recruitment of suitable personnel.**

The following information regarding required human resources and their roles has been extracted from the MCGM Public Health Department Manual.

The following information human resources are essential for a health post/similar health centre covering 60,000 to 1,00,000 population:

#### **1. Medical Officer - 1 per health post**

- **Qualification**-MBBS
- **Role**-To Plan and supervise the overall functioning of the clinic
  - Supervise the Out Reach Services preventive, promotive services rendered by PHN/ ANMS / MPW (Multi Purpose Worker).
  - Supervise the work of other staff.
- To provide support to the PHN or ANM conducting the clinic services.
- To establish and maintain referral networks with the nearby hospitals, particularly for high risk mothers and infants.
- To be the administrative incharge of the Health Post and to be responsible for smooth and co-ordinated working of the Health Post.
- To be responsible for all the trainings of PHN ANM and MPW.

## Section 2

Setting-up the Antenatal, Postnatal and Neonatal (APN) Clinic

### 2. Public health nurse (PHN) - 1 per health post

- **Qualification**-Degree in Nursing
- **Role**-Overseeing the smooth running and regularity of services
  - Responsible for effective establishment and monitoring of out Reach Preventive and Family Planning services in the Health Post area.
  - Responsible for continuous training of the Male Multi Purpose Workers/Auxiliary Nurse Midwives/Voluntary Women Health Workers (Link workers/ASHA/Community Health Volunteers).

### 3. Auxiliary Nurse Midwife (ANM) - 4 per health post

- **Qualification** - Midwifery course (degree/diploma/certified course in midwifery)
- **Role** - Along with Male purpose Workers (MPW) to render services to a population of 13,000 to 17,000 in urban areas and 5000 in rural areas.
  - Organize immunization/well baby/ANC/PNC clinics for the beneficiaries in her area, once a week, at the health post.
  - Responsible for conducting necessary check ups and completing documentation during the clinic.

### 4. Community health volunteer (CHV)/ Link workers - 15 to 20 depending on the slum population

- **Qualification** - Passed 7<sup>th</sup> standard. These are Women from the community with experience of working on community health.
- **Role** - Identifying expectant mothers from the community and motivating them for early registration (within 12 weeks of conception).
  - Disbursing Iron and Folic acid tablets to pregnant and lactating Mothers.
  - Collection of immunization records of infants and newborns in their community.

#### STEP 4

##### Equipment and Drugs

An APN clinic would need the following:

1. Stethoscope - 1

2. Adult weighing scale - 1
3. Infant weighing scale - 1
4. BP measuring apparatus - 2
5. Measuring tape - 1
6. Height scale - 1
7. Drugs and chemicals - Required quantity will depend on the population served by the Health post
  - Iron and Folic acid tablets (IFA)
  - Calcium tablets
  - Injection tetanus Toxoid (TT)
  - Urine albumin testing strips
  - Urinary pregnancy test kits

**Important note:** The supply inventory should be maintained and checked regularly. It is advisable to indent for fresh supplies when 50% of the existing stock is over. Waiting till the stock is almost exhausted can lead to periods of unavailability affecting clinic services.

#### STEP 5

##### Resources: Calculating the resource cost involved in setting-up of an APN clinic

An APN clinic needs a sanctioned budget for it to function smoothly and effectively. The funds required can be calculated taking into account cost of human resources, equipment and drugs needed as mentioned in step 3 and 4.

#### STEP 6

##### Training-Using clinical protocols for the Health posts/similar health centres and behavioral guidelines to cover the following topics:

#### 1. Clinical training

- Importance of early registration
- Importance of regular ANC and PNC check ups

## Section 2

Setting-up the Antenatal, Postnatal and Neonatal (APN) Clinic

- Components of ANC and PNC check up - Height, weight, BP, Per abdomen examination, measuring fundal height, IFA and Calcium tablets, relevant trimester wise advice (Please refer to page 16), 2 Injection TT, advice regarding exclusive breastfeeding during PNC visit.
- Normal newborn care.
- Identifying danger signs during pregnancy, post natal period and among the newborns and appropriate referrals to higher facilities, ensuring exclusive breastfeeding.
- Maintaining clinic documentation

### 2. Behavioral skills training

- Health care provider-patients communication
  - Team building
    - Vision building for the health post
    - Managerial and Leadership skills

These modules will be made available on request.  
Please contact SNEHA Behind Building no. 11, BMC colony, Shastri Nagar, Santacruz West, Mumbai - 400054

### STEP 7

#### Community mobilization by CHVs - Improving community outreach

It is crucial that CHVs/ Link workers co-ordinate the campaigns to be regularly organized in the health posts with different IEC material and exhibitions.

Campaigns can be organized on the following themes using different creative ideas:

- Importance of early registration
- Diet and rest during pregnancy
- Importance of IFA supplementation
- Danger signs during pregnancy and post natal period
- Neonatal danger signs
- Importance of regular check ups

- Janani Suraksha Yojana (Conditional cash transfer scheme to promote institutional deliveries)

For these campaigns CHVs have to motivate the pregnant mothers to come to the health posts, using different techniques.

**A booklet of these can be requested from the following address:**

SNEHA Behind Building no. 11, BMC colony, Shastri Nagar, Santacruz West, Mumbai - 400054

### STEP 8

#### Documentation

Documentation is crucial for the following reasons:

1. It helps in monitoring the effectiveness and efficiency of the APN clinic.
2. It serves as a ready reference of the medical history of the mother and newborn.
3. It helps in management of medico-legal issues if any are encountered.

#### Documents to be maintained

- **R 15 register**- This is kept at the Health Post/similar health centre and carries all information about the mother regarding her ANC check ups. This register needs to be filled in during every clinic so that records of all the women are updated regularly.

| Reg No | Name of the woman | Address | Age | Gravida/ Para | LMP/EDD | Weeks of gestation | Registration date |
|--------|-------------------|---------|-----|---------------|---------|--------------------|-------------------|
| 1      |                   |         |     |               |         |                    |                   |

After these details, following details need to be maintained for every visit:

| Weight | IFA/Calcium | Inj TT | Code for danger sign if any |
|--------|-------------|--------|-----------------------------|
|        |             |        |                             |

Health post staff can maintain the above records for 3 ANC follow up visits. Code for danger signs is listed at the beginning of R 15 register.

## Section 2

Setting-up the  
Antenatal, Postnatal and  
Neonatal (APN) Clinic

- **Mother and Child Protection Card**- it is issued by the Government. This is kept with the mother and she should carry it for every visit including her PNC and immunization visits for her child. It should be filled in by the AMO/PHN/ANM after the visit. One copy of the card remains with the health post/similar health centre.
- **Referral slip**- This is given to the mother when she is referred to a higher-level facility for high-risk or danger sign management. The mother carries it to the referred facility so that the treating physician is apprised of the clinical background. Referrals can be carried out as per Clinical Protocol defined by the Local health authority.

**A different color (preferably Pink) for danger sign referrals should be used.**

Following details need to be maintained on a referral slip:

- A. Name of the women
- B. Age
- C. Time of referral
- D. Place of referral
- E. Clinical summary
- F. Investigations done
- G. Treatment given
- H. Provisional diagnosis
- I. Reasons for referral

**The slip also includes feedback component which is to be filled and sent by medical officer of the receiving facility. Please refer Appendix 1 for reference.**

- **Immunization register**- Immunization records for the mother and baby need to be maintained in the immunization register

The following need to be maintained:

- A. Name of the child/name of the women (for ANC TT)
- B. Date of birth
- C. Name of the immunization given
- D. Expiry date of injection administered

**Section 3**  
Standard Operating  
Procedures  
(SOPs) - APN Clinic

**Basic Guidelines for operating an APN clinic**

1. The APN clinic should be run at least once in a week.
2. The Postnatal and Neonatal clinic can be scheduled to run along with immunization OPD day to make it more efficient.
3. In places where an AMO is not available, the PHN will manage the routine in the OPD. She will refer any complicated or high risk cases.
4. All the suspected high-risk cases should be referred to levels of hospitals designated in the Clinical Protocol.
5. After identification of the pregnant women from the area, link workers are required to motivate and inform the women to avail of health post clinic services for registration and follow-up visits.
6. A feedback survey is to be undertaken to monitor the efficiency and effectiveness of the APN clinic once every 6 months.
7. Feedback camps with the pregnant mothers are to be organized within community every quarter to monitor and improve the services. Besides this they act as great motivation for the clinic staff.
8. Identify gaps and successes and take action to improve services by enhancing what is working and closing the gaps with the help of the feedback results.

**Antenatal OPD**

| Activity  | Frequency   |
|---|---|
| Registration of patient   | One time  |
| Create ANC card   | One time  |
| Confirmation of pregnancy with UPT  | One time  |
| Physical examination-Hight, weight, systemic examination, breast examination, measuring BP  | Once a month till 7 <sup>th</sup> month   |
| Obstetric examination-only per abdomen. Internal examination is not recommended at health post  | 3 times till completion of 2 <sup>nd</sup> trimester  |
| Referral-To nearest hospital for investigations (Blood investigations-Hemoglobin, HIV, VDRL, Blood group, Blood Sugar, Urine) and confirmation of normalcy of the Pregnancy   | One time at the time of registration and as and when needed   |
| Referral for USG  | At the time of registration to confirm normalcy of pregnancy<br><br>Second during second trimester                      |
| Advice <ul style="list-style-type: none"> <li>• Importance of visits (once every 4 weeks till 28<sup>th</sup> week -Once every month till seventh month)</li> <li>• Diet, hygiene, rest</li> <li>• Danger signals</li> <li>• Do's and don'ts during pregnancy</li> <li>• Selection of appropriate hospital for delivery</li> <li>• On safe abortion of required</li> <li>• Breast feeding</li> <li>• Family planning</li> </ul> | Detailed on first visit<br><br>As and when required during follow-up visits<br><br>Additionally through awareness camps |
| Supplementation<br><br>Iron, calcium and folic acid tablets (to be taken daily)   | Ensure adequate supply at each visit  |
| Immunization<br><br>2 doses of inj. TT  | 1 <sup>st</sup> dose at the time of registration and 2 <sup>nd</sup> dose within 7 months of pregnancy                  |

## Section 3

### Standard Operating Procedures (SOPs) - APN Clinic

| Activity   | Frequency                          |
|--|------------------------------------|
| <p><b>1<sup>st</sup> PNC visit</b></p> <ul style="list-style-type: none"> <li>• Advice regarding care of episiotomy or caesarian sutures as required.</li> <li>• Inquiry about maternal fever, weakness, excessive bleeding</li> <li>• Weight of newborn</li> <li>• Ensuring BCG immunization (if not completed in the maternity home) and recording the same in the immunization register and card.               <ul style="list-style-type: none"> <li>• Informing the mother about the immunization schedule</li> <li>• Advice regarding exclusive breastfeeding and added maternal nutrition</li> <li>• Advice regarding keeping the baby warm, keeping the cord clean and dry by not applying anything, new born care messages.</li> </ul> </li> </ul> | <p>Within 10 days of delivery.</p> |
| <p><b>2<sup>nd</sup> PNC visit</b></p> <ul style="list-style-type: none"> <li>• Check for involution of uterus</li> <li>• Advice regarding contraception and child spacing</li> <li>• Immunization of baby with DTP and Hepatitis B</li> </ul>   | <p>At 6 weeks post delivery</p>    |
| <p>Referral - Referring the women/neonates with any danger signs to higher facilities as per the protocols.</p>  |                                    |

## Evaluation-effectiveness and efficiency measures

Some of the methods that can be used for evaluating the clinic performance are listed below:

### Feedback meetings:

These are recommended for the following purpose:

1. To hear experiences of women and their feedback regarding the ANC clinic.
2. To share quarterly ANC data with the health post staff.
3. To recognize achievements, appreciate the team and discuss challenges and possible solutions. Case studies can be used for this.

### Independent Surveys:

- **Surveys of the eligible couples** (men and women in the age group of 18-45 who have not undergone permanent sterilization) can be conducted by CHVs in order to identify pregnant mothers. These women need to be followed up for ANC visits, institutional delivery, Postnatal visits for the mother and newborn baby.
- **Evaluation of outreach coverage:** Based on the identified numbers of pregnant mothers, coverage during APN clinic can be estimated quarterly to assess the proportion of women availing services at APN clinic. Thus the health post can assess their outreach capacity and further actions can be planned.

### Important points to remember...

- APN clinic should only manage uncomplicated **pregnancies upto the 7<sup>th</sup> month.**
- Only normal post natal mothers can be managed at health posts. Any mother with post natal danger signs or complications needs immediate referral.
- Only normal babies can be managed at the health post. Any illness like cough, cold, breathlessness, excessive crying, dehydration needs examination by a trained nurse or doctor and referral to specialist if required.



## References

1. Clinical Protocols developed by MCGM and SNEHA
2. R - 15 Register of MCGM
3. Immunization Register of MCGM
4. Referral slips developed by MCGM and SNEHA
5. MCGM Public Health Department Manual - It is a manual published by MCGM which lists the roles of different levels of public health staff.

**Appendix 1**

**Referral Slip format**

**Name of the local health authority**

Ref No.

HP reg no: .....

Date/ Time of Referral:.....

From: .....Health Post

To:.....Hospital

Referral for: *Clinical check up* & Investigations / Management of *high risk pregnancy* /  
Management of danger signs (Please tick wherever applicable)

Patient's Name:.....Age..... Sex: M/F : .....

Clinical Summary .....

.....

.....

Investigations (if done, please mention results)

.....

.....

Provisional Diagnosis: .....

Treatment Given: .....

Reasons for Referral: .....

Name & Signature of AMO

Health Post Stamp

**Feedback Slip**

**Ref. No.**

(To be filled by the doctor attending the patient)

Date..... Time.....am/pm. Unit: .....

Name of the doctor: .....Lecturer / Resident – Registrar, House Officer

To.....Health post

Name of Patient.....Age:..... Sex: M/F.....

Admitted: YES/NO ward no./ Indoor no..... Unit Name.....

Management proposed.....

\* Please write N A , if not applicable

Signature

AMO / Lecturer / resident-(registrar, house officer).

Hospital stamp