GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
UNSTARRED QUESTION NO. 2179
TO BE ANSWERED ON 31st JULY 2026

PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAN

2179 SHRI B Y RAGHAVENDRA:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) the details of the salient features of the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) including the manner in which it provides fixed-day, assured and specialist-led antenatal care and the progress made thereunder since its launch along with the improvement in maternal health indicators;

(b) the cumulative number of antenatal check-ups conducted and high-risk pregnancies identified under the Abhiyan since its launch, State/UT-wise, particularly in Karnataka, district-wise;

(c) the details of the approach adopted under the Abhiyan for early identification, referral and management of high-risk pregnancies including the expansion of conditions screened and the individual tracking of such pregnancies under the extended e-PMSMA strategy until a healthy outcome for mother and child;

(d) the steps taken by the Government to encourage participation of private sector specialists and volunteer doctors under the Abhiyan; and

(e) the steps taken or proposed to be taken by the Government to further strengthen the Abhiyan, particularly in rural and remote areas of the country?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SMT. ANUPRIYA PATEL)

(a) The salient features of Pradhan Mantri Surakshit Matritva Abhiyan are as follows:

- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) provides a fixed day, free of cost, assured and quality Antenatal Care on the 9th day of every month.
- Under PMSMA, all pregnant women are provided services including drugs, laboratory investigations, ultrasound, and antenatal check-up by the OBGY specialist/ Medical Officer at designated Public Health facilities including DH, SDH, CHC-FRUs, non-CHC-FRUs, and PHCs.

- Obstetricians/ physicians from private sector and retired OBGY specialists are encouraged to provide voluntary services at designated public health facilities on the 9th of every month.
- Group Counselling is also provided to all pregnant women for diet, sleep, regular ANC check-up, institutional delivery, and breastfeeding including awareness about supplementary nutrition.
- Information Education & Communication (IEC), Inter-personal Communication (IPC) and Behaviour Change Communication (BCC) activities are undertaken.

(b) The progress made under Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) since its launch and improvement in maternal health indicators are as follows;

- Since its inception (2016), more than 7.91 crore pregnant women received antenatal care services and more than 1.24 crore high-risk pregnancies have been identified.
- As per the Sample Registration System (SRS), India's Maternal Mortality Ratio (MMR) has declined by 43 points from 130 per one lakh live births in SRS (2014–16) to 87 per one lakh live births in SRS (2022–24).
- First trimester antenatal registration of India increased from 58.6% in NFHS-4 (2015-16) to 76.2% in NFHS-6 (2023-24).
- Mothers receiving four or more antenatal care visits in India increased significantly from 51.2% in NFHS-4 (2015-16) to 65.2% in NFHS-6 (2023-24).
- Institutional deliveries in India increased from 78.9% in NFHS-4 (2015-16) to 90.6% in NFHS-6 (2023-24).

The State/UT-wise, including district-wise details for Karnataka, are placed at Annexure-I and Annexure-II, respectively.

(c) Government of India has adopted several approaches under the Abhiyan for early identification, referral and management of high-risk pregnancies, including the expansion of condition screened and the individual tracking of such pregnancies under the extended e-PMSMA strategy until a healthy outcome of mother and child. The key steps are as follows:

- PMSMA is based on a fixed day strategy, and it provides free of cost assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month.

- Early identification and clinical management of High-Risk Pregnancies (HRPs) through comprehensive antenatal check-ups.

- Name-based tracking of every identified High-Risk Pregnancy until 45 days after delivery, ensuring healthy outcome for both the mother and the new-born across all States/UTs under extended e-PMSMA.

- Provision of three additional antenatal check-ups for all HRPs, screened by Medical Officers /Obstetricians to monitor maternal and foetal well-being.

- Automated SMS alerts to beneficiaries and ASHAs at the time of HRP registration, reminders for scheduled visits, and follow-up appointments.

- Linkage of HRPs to the nearest First Referral Units (FRUs) to ensure safe delivery and timely management of complications.
- Provision of incentives for High-Risk Pregnant Women towards free transportation to attend follow-up ANC visits.

(d) The following steps have been taken by the Government to encourage the private sector specialists and volunteer doctors to extend their services voluntarily to pregnant women under the Abhiyan;

- Provision of 'I PledgeFor9' Achievers Awards for acknowledging voluntary contributions by private doctors for PMSMA.
- Centralised PMSMA Portal has been created for registering private practitioners.
- Participation of professional organisations viz. FOGSI (Federation of Obstetric and Gynaecological Societies of India), IMA (Indian Medical Association).

(e) The Government has taken several measures to further strengthen PMSMA, particularly in rural and remote areas of the country. These include:

- Provision of additional PMSMA sessions beyond the designated 9th day of every month under the Extended Pradhan Mantri Surakshit Matritva Abhiyan (e-PMSMA) for timely follow-up and continuity of antenatal care for high-risk pregnant women.
- Strengthening of individual name-based line listing, tracking, and monitoring of identified high-risk pregnancies through the centralized PMSMA Portal.
- Capacity building of healthcare providers at all levels for early identification, risk stratification, timely referral, and appropriate management of high-risk pregnancies.
- Early identification of high-risk pregnancies and referral linkages for timely management of obstetric complications and prevent adverse maternal and neonatal outcomes.
- Provision of case-based incentives to ASHAs for mobilizing and follow-up of high-risk pregnant women, along with transport incentives for beneficiaries to facilitate attendance at scheduled antenatal care (ANC) visits.
- Regular monitoring and review of programme implementation at National and State levels to improve service delivery and coverage.
- Promoting awareness through regular Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) activities.

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Annexure referred in reply to part (b) of Lok Sabha Unstarred Q No. 2179 to be answered on 31.07.2026

Annexure-I

Since its launch, State/UT-wise the total number of Pregnant Women who received antenatal care and High-risk pregnancies identified under PMSMA (Source: *PMSMA Portal*)

Sr.No.	State/UT	Total number of pregnant women Received Antenatal care under PMSMA	Total Number of high-risk pregnancies identified
	India	**7,91,68,912**	**1,24,05,174**
1	Andaman and Nicobar Islands	29,208	4,885
2	Andhra Pradesh	64,23,068	14,27,713
3	Arunachal Pradesh	33,884	1,966
4	Assam	9,74,293	1,32,614
5	Bihar	81,46,004	3,91,028
6	Chandigarh	1,03,352	28,803
7	Chhattisgarh	25,43,159	3,48,469
8	Dadra and Nagar haveli and daman and Diu	1,24,426	13,267
9	Delhi	7,06,873	1,17,428
10	Goa	1,00,291	12,308
11	Gujarat	37,54,360	5,44,778
12	Haryana	30,46,173	5,75,459
13	Himachal Pradesh	5,77,036	77,045
14	Jammu and Kashmir	5,81,140	61,640
15	Jharkhand	18,84,336	77,849
16	Karnataka	35,13,527	12,28,200
17	Kerala	49,435	6,806
18	Ladakh	20,835	2,577
19	Lakshadweep	8,354	3,114
20	Madhya Pradesh	63,18,495	9,86,332
21	Maharashtra	43,46,267	5,28,494
22	Manipur	1,00,072	7,902
23	Meghalaya	3,47,867	82,665
24	Mizoram	82,237	6,375
25	Nagaland	25,594	2,897
26	Odisha	27,84,723	5,24,893
27	Puducherry	42,848	9,211
28	Punjab	13,13,032	2,92,146
29	Rajasthan	58,97,428	3,69,111
30	Sikkim	13,767	1,868
31	Tamil Nadu	34,40,002	11,94,104
32	Telangana	23,33,882	4,57,346
33	Tripura	1,68,387	19,381
34	Uttar Pradesh	1,69,29,896	18,98,267
35	Uttarakhand	2,24,206	21,589
36	West Bengal	21,80,456	9,46,644

Annexure referred in reply to part (b) of Lok Sabha Unstarred Q No. 2179 to be answered on 31.07.2026

Annexure-II

Since its inception, district-wise the total number of Pregnant Women who received antenatal care and High-risk pregnancies identified under PMSMA in Karnataka (Source: *PMSMA Portal*)

Sr.No.	District	Total number of pregnant women who received antenatal care under PMSMA	Total Number of high risk pregnancies identified
1	Bagalkot	52,511	22,718
2	Ballari	1,32,430	49,564
3	Belagavi	3,59,159	1,92,339
4	Bengaluru rural	27,980	11,259
5	Bengaluru urban	1,81,870	77,791
6	Bidar	92,553	20,138
7	Chamarajanagar	22,775	5,878
8	Chikballapur	76,282	47,664
9	Chikkamagaluru	99,836	36,791
10	Chitradurga	1,44,983	44,857
11	Dakshin kannad	83,309	21,068
12	Davangere	1,74,442	31,178
13	Dharwad	1,76,799	1,18,892
14	Gadag	1,09,808	52,317
15	Hassan	1,50,399	21,404
16	Haveri	29,907	13,303
17	Kalaburagi	1,31,082	31,915
18	Kodagu	37,497	10,062
19	Kolar	79,665	49,646
20	Koppal	1,23,592	35,780
21	Mandya	1,24,041	29,368
22	Mysuru	2,34,163	43,768
23	Raichur	1,11,449	26,630
24	Ramanagara	1,87,965	54,697
25	Shivamogga	58,763	21,112
26	Tumakuru	1,43,154	39,135
27	Udupi	63,559	20,901
28	Uttar kannad	1,14,779	41,274
29	Vijayanagar	37,334	16,490
30	Vijayapura	1,15,611	25,442
31	Yadgir	35,918	14,878