

Importance of Nutrition and Provision for Pregnant Women Under Indian Government

Dr. Gazala Bhoje

Associate Professor, Department of Sociology

G. M. Momin Women's College, Bhiwandi

Abstract

A girl's good healthy adolescent growth and development helps her prepare for healthy pregnancies during her reproductive years. Females who stay in school are more likely to put off getting married and having children at an early stage. For teenagers under the age of 18, and especially for those under 15, an early pregnancy might have catastrophic repercussions. Teenage girls and their unborn children have a substantially increased risk of problems and fatalities. In order to protect their health and wellbeing, adolescents should postpone marriage and pregnancy, which can be accomplished with the aid of health professionals and community outreach programmes. Ensuring pregnancies at an appropriate reproductive age, taking into account the physical and mental fitness, will contribute towards reducing the maternal and infant mortality rates, both of which contribute towards various indices, that help determine our countries overall holistic growth and development.

Keyword

Girl Good Health, pregnancies, marriage, health programmes, unborn children.

Introduction

In addition to education and health care, girls need a nutritious diet during childhood and adolescence to reduce problems later in pregnancy and childbirth. A nutritious diet includes iodized salt and foods rich in essential minerals and vitamins such as beans and other pulses, grains, green leafy vegetables, and red, yellow and orange vegetables and fruits. Whenever possible, milk or other dairy products, eggs, fish, chicken and meat should be included in the diet. Add to this, many women and adolescent girls especially in developing countries like India, suffer from anaemia, therefore ensuring additional iron

and folic acid supplementation is also essential, to ensure a healthy pregnancy and reduce the incidence of birth defects as well.

Women will feel stronger and be healthier during pregnancy if they eat nutritious meals, consume greater quantities of nutritious food and get more rest than usual. Nutritious foods rich in iron, vitamin A and folic acid include- meat, fish, eggs, green leafy vegetables, and orange or yellow fruits and vegetables. All of these foods are safe to eat during pregnancy and while breastfeeding. The RDA during pregnancy in the second and third trimester is around 450-550 kcal/day,

After childbirth, women also need nutritious meals and a greater quantity of food and rest. Breastfeeding mothers need about 500 extra calories per day, the equivalent of an additional meal.¹ A competent healthcare professional can provide the expectant mother iron-folic acid or various micronutrient supplements during prenatal visits to help prevent or treat anaemia. Infections like hookworm or malaria can be treated if necessary. The medical professional can also check the expectant mother for night blindness and, if necessary, prescribe an appropriate dose of vitamin A to treat the woman and help ensure the proper growth of the foetus. The antenatal visits also include screening for diseases like Hypertension, Gestational Diabetes Mellitus, HIV and other Venereal diseases. Care should be taken to look out for TORCH infections as well, to decrease maternal and infant mortality.

The expectant mother should see a competent health professional if she suspects she has anaemia, malaria, or hookworms.

The help ensure a safe and healthy pregnancy

- Provide the pregnant woman with information on the changes occurring in her body.
- Check for high blood pressure, which can be dangerous to both mother and child.
- Check for anaemia and give iron-folic acid supplements; make sure the lady knows the significance of taking the supplements; and discuss the typical side effects, such as constipation and nausea. Elimination of Anemia is also targeted under the Anemia Mukht Bharat Programme,

¹ <https://factsforlife.org/02/9.html>

the beneficiaries of which include infants, children till 9 years of age, adolescent boys and girls, women of reproductive age, and pregnant and lactating women.

- Check the lady for night blindness to see if she needs vitamin A treatment, and if so, prescribe it to ensure both the mother's safety and the fetus's proper development.
- Review the mother's tetanus immunization status and give the dose(s) needed to protect her and her newborn baby.
- Encourage all pregnant women to use only iodized salt in food preparation to help protect their children from mental and physical disabilities and to protect themselves from goitre.
- To assist prevent low birthweight, encourage the use of an insecticide-treated mosquito net and prescribe antimalarial medicines as appropriate.
- Educate the father on how he may help, counsel the woman on self-care and nursing, and prepare the mother and father for the experience of childbirth and caring for their newborn.
- Prescribe antimalarial tablets and recommend use of an insecticide-treated mosquito net where needed.
- Give the expectant mother and her family advice on where to have the baby and how to receive aid if issues emerge before, during, or just after delivery.
- Where appropriate, send pregnant women experiencing abuse to community organisations that offer assistance and protection.
- Advise on how to avoid STIs, including HIV.
- Check for infections during pregnancy, especially urinary tract infections and STIs, including HIV, and treat them with appropriate medications.²

Every pregnant woman and her family need to know that pregnancy and childbearing can have risks :

² <https://factsforlife.org/02/messages.html>

As difficulties cannot be expected, it is typically advised that women give birth in a facility with a trained birth attendant. This is particularly crucial for some women because there is a higher chance of difficulties if they:

- Are under 18 or over 35 years of age
- Gave birth less than two years ago
- Have had several previous pregnancies
- Have had a previous premature birth or a baby weighing less than 2 kilograms at birth
- Have had a previous difficult birth or Caesarean birth
- Have had a miscarriage or stillbirth
- Weigh less than 38 kilograms
- Are less than 1.5 metres tall
- Have been through infibulation or genital cutting
- Have HIV or other STIs.

A pregnant woman should receive support in learning how to spot labor's early warning signals and when it's time to find a trained birth attendant to help with the delivery.³

During the prenatal visit the pregnant women and her family :

As the pregnancy proceeds, the birth plan and potential problems should be reassessed at each prenatal care appointment because circumstances may change. The location of the closest maternity facility or hospital and the means of swiftly transporting the lady there at any time of day or night should be included in the plan for emergency care in case of problems.

- Where the woman will give birth and where she will go if complications arise
- Who will accompany her
- How she will get there
- What supplies she needs to take for herself and her baby

³ <https://my.clevelandclinic.org/health/diseases/22190-high-risk-pregnancy>

- What costs are involved and how they will be covered
- Who will help take care of her family while she is away
- Who can donate blood if it is needed.

When giving birth, expectant mothers should have access to a maternity clinic or hospital. This is crucial if the mother and her family are aware that the birth will probably be challenging. It may be ideal in some situations for the expectant mother to move closer to the clinic or hospital as her due date approaches so she is near to medical services, especially if distance and/or an anticipated dangerous birth are considerations. Pregnant teenagers need special attention from health professionals, families, and communities since they are more likely to experience pregnancy difficulties and, in some situations, may not have the authority to ask for help or make decisions for their families.⁴

Health protection :

Anganwadi Services: Under Anganwadi Services, a package of six services is provided to Pregnant Women and Lactating Mothers and to Children under the age of 6 years, this is included in the Integrated Child Development Services(ICDS) i.e. (i) Supplementary Nutrition (SNP); (ii) Pre-school Non-formal Education; (iii) Nutrition & Health Education; (iv) Immunization; (v) Health Check-up, and (vi) Referral Services. Three of the six services, viz., Immunization, Health check-up and Referral Services are related to health and are provided through NRHM & Public Health Infrastructure.⁵

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) was launched to provide fixed-day assured, comprehensive and quality antenatal care universally to all pregnant women (in 2nd and 3rd trimester) on the 9th of every month.

While pregnant women receive prenatal care on a regular basis, PMSMA-compliant government health facilities offer unique ANC services delivered by OBGY experts, radiologists, and physicians. As part of the campaign, pregnant women in their second and third trimesters are given a minimal package of antenatal care services at government health facilities (PHCs, CHCs, DHs, urban health facilities, etc.)

⁴ <https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/prenatal-care/art-20044581#:~:text=The%20goal%20of%20prenatal%20care,weeks%20throughout%20the%20second%20trimester>

⁵ <https://pib.gov.in/Pressreleaseshare.aspx?PRID=1776872>

in both urban and rural locations. It is planned to provide all pregnant women visiting PMSMA clinics with a minimal package of investigations and medications, such as IFA and calcium supplements, using the principles of a single window system. One of the critical components of the Abhiyan is identification and follow-up of high-risk pregnancies and red stickers are added on to the Mother and Child Protection cards of women with high risk pregnancies.⁶ Green cards are given to normal pregnancies, and blue cards to mothers suffering from pre-eclampsia.

Pradhan Mantri Matru Vandana Yojana (PMMVY):

Is a Centrally Sponsored DBT scheme with the cash incentive of ₹ 5000/- (in three instalments) being provided directly in the bank/post office account of Pregnant Women and Lactating Mothers.⁷

Janani suraksha yojana (JSY):

The National Rural Health Mission (NRHM) is implementing the Janani Suraksha Yojana (JSY) as a safe motherhood intervention with the goal of lowering maternal and neonatal mortality by encouraging institutional delivery among expectant underprivileged women. All states and UTs are implementing the Yojana, which was introduced by the Hon. Prime Minister on April 12, 2005, with a focus on underperforming states.⁸

HIV positive pregnancy : Zindagi mile dobara

The study of HIV during pregnancy holds great significance because many women are first diagnosed with HIV during pregnancy. Similarly, it is equally important in cases where one or both partners are HIV positive and wish to conceive. During the recent years, universal HIV prenatal testing, antiretroviral therapy (ART), scheduled cesarean delivery for HIV positive women with elevated viral loads, appropriate ART for infants and avoidance of breastfeeding have shown encouraging results, and

⁶[https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1308&lid=689#:~:text=Pradhan%20Mantri%20Surakshit%20M,atriva%20Abhiyan%20\(PMSMA\)%20was%20launched%20to%20provide,the%209th%20of%20every%20month](https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1308&lid=689#:~:text=Pradhan%20Mantri%20Surakshit%20M,atriva%20Abhiyan%20(PMSMA)%20was%20launched%20to%20provide,the%209th%20of%20every%20month)

⁷ <https://web.umang.gov.in/landing/department/pmmvy.html>

⁸ <https://jalaun.nic.in/scheme/janani-suraksha-yojana-jsy/>

the Centers for Disease Control and Prevention now aims to eliminate HIV transmission from mother to child by reducing its incidence to <1 infection per 100,000 live births.⁹

A pregnant HIV-positive woman should speak with a qualified health professional for advice on how to lessen the risk of infecting her unborn child during pregnancy, childbirth, and breastfeeding as well as how to take care of herself and her unborn kid. It is important to encourage pregnant women who suspect they may have HIV to be tested and seek counselling. The expectant father should also undergo testing and counselling.

First days and weeks are especially risky for low birth weight babies :

- Recognize and promptly address any danger indications.
- Provide additional breastfeeding assistance, such as cup feeding and milk expression.
- Assist the mother or another carer with skin-to-skin contact, often known as “Kangaroo Mother Care,” to keep the infant warm.
- If the newborn is unable to nurse or absorb expressed milk, submit the child for emergency care.¹⁰

Breastfeeding :

Compared to babies fed formula milk, those who are breastfed tend to be healthier and have optimal growth and development. According to estimates, at least 1.2 million children’s lives would be saved annually if the vast majority of infants were exclusively fed breastmilk for the first six months of their lives. This would mean that they wouldn’t be given any other liquids or solids, not even water. The health and development of millions of children would significantly improve if breastfeeding was continued for at least the first two years of life.

Even when artificial feeding is economical, clean water is available, and adequate hygienic conditions for producing and feeding infant formula exist, breastfeeding is the natural and advised method of feeding all infants. A mother who is HIV-positive runs the risk of passing the virus to her

⁹ <https://www.ncbi.nlm.nih.gov/books/NBK558972/>

¹⁰ <https://factsforlife.org/02/9.html>

nursing child. Counseling can assist her in carefully weighing the hazards and selecting the feeding method that will be most comfortable for both her and her baby.

Maternity leave :

Maternity Leave is a time off from work that is compensated and given by an employer to a female employee before and after childbirth. New mothers use maternity leave to care for their health and the health of their unborn child. The Maternity Leave Benefit Act of 1961 is the name given to the first Maternity Act, which was formed in the year 1961. A woman is required by law to receive a paid leave of 12 weeks following childbirth. Any businesses with more than 10 employees must comply with the Maternity Benefit Act.¹¹

- Maternity leave increased from 12 to 26 weeks.
- Female employees with at least two children continue to be entitled to 12 weeks of maternity leave.
- Maternity leave will be granted of 12 weeks for female employees adopting a child below 3 months.
- Employers will provide a creche facility if they have an employee count of more than 50.
- Working mothers shall be entitled to work from home depending on work nature.
- A medical bonus of Rs. 3500 is entitled in addition to the 26 weeks of paid leave & 12 weeks of paid leave for already a mother of two.
- Pregnant Women and lactating mothers further draw a benefit of Rs. 6000/- under the National Food Security Act 2013.¹²

Employment protection :

This is a guarantee that pregnant women and new mothers will not be discriminated against and lose their job or job entitlements (pension, paid holiday leave, etc.) due to pregnancy, maternity leave or time off for childbirth

¹¹ Victoria Gordon *maternity leave policy and practice*, Taylor & Francis, June 2013.

¹² <https://www.keka.com/glossary/maternity-leave>

Cash (income) support and medical benefits :

Working mothers who are pregnant, their newborns, and their families typically require financial assistance as well as medical benefits. Monetary assistance compensates a portion of the lost income resulting from the women's work being interrupted due to pregnancy, childbirth, and newborn care. Pregnant women, new moms, and infants require medical benefits for prenatal, delivery, postnatal, and inpatient care as needed.

Conclusion :

All women have the right to emergency care should issues arise as well as the assistance of a qualified delivery attendant, such as a doctor, nurse, or midwife. Women and men can make educated decisions about their reproductive health with the help of high-quality healthcare that provides education and counselling. In order to take proper care of herself and her unborn child and to get medical treatment as necessary, including for prenatal care, childbirth, post-partum care, and emergency care, a woman in need of maternal care should have the support of her spouse or partner and family.

Governments should ensure that the cost of health services does not deter women, including adolescent girls, from using them with the help of the communities. Additional hurdles such as the cost of transit, lengthy distances, bad roads and cultural traditions also need to be addressed to provide access to health services.

Reference work

1. <https://factsforlife.org/02/9.html>
2. <https://my.clevelandclinic.org/health/diseases/22190-high-risk-pregnancy>
3. <https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/prenatal-care/art20044581#:~:text=The%20goal%20of%20prenatal%20care,weeks%20throughout%20the%20second%20trimester>
4. <https://pib.gov.in/Pressreleaseshare.aspx?PRID=1776872>

5. [https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1308&lid=689#:~:text=Pradhan%20Mantri%20Surakshit%20Matritva%20Abhiyan%20\(PMSMA\)%20was%20launched%20to%20p provide,the%209th%20of%20every%20month](https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1308&lid=689#:~:text=Pradhan%20Mantri%20Surakshit%20Matritva%20Abhiyan%20(PMSMA)%20was%20launched%20to%20p provide,the%209th%20of%20every%20month)
6. <https://web.umang.gov.in/landing/department/pmmvy.html>
7. <https://jalaun.nic.in/scheme/janani-suraksha-yojana-jsy/>
8. <https://www.ncbi.nlm.nih.gov/books/NBK558972/>
9. <https://www.keka.com/glossary/maternity-leave>
10. Victoria Gordon maternity leave policy and practice, Taylor & francic, June 2013.