

Government of West Bengal
Department of Health & Family Welfare
State Family Welfare Bureau
Swasthya Bhawan
GN 29, Sector V, Salt Lake, Kolkata- 700091

No. H/SFWB/12P-01-2015/4305

Date 18/03/....., 2015

MEMORANDUM

Subject: Deworming in pregnancy

Maternal health occupies a pivotal position in the continuum of care under Reproductive, Newborn, Child and Adolescent health (RMNCH+A) Strategy. Anemia during pregnancy is a public health problem with long term implications for both mother and child. We all know that intestinal worm infestation is one of the key factors associated with incidence of anaemia.

It is estimated that around 58% pregnant women in India are anaemic and It is an important cause of maternal morbidity and mortality, pre-term birth, Intra Uterine Growth Restriction (IUGR), Low Birth Weight (LBW) and poor iron status in the infant.

Soil Transmitted Helminthes (STH) infections are common worldwide, contributing to a high burden of malnutrition and morbidity in resource poor settings. The most common STH parasites are *Ascaris lumbricoides* (roundworm), *Trichuris Trichuria* (whipworm), *Ancylostoma duodenale* and *Necator americanus* (hookworm). Hookworm infestation is one of the commonest STH infestations contributing to the burden of anaemia in the community.

Available scientific evidence establishes the fact that worm infestation during pregnancy is a major health issue and in some populations up to 41% of iron deficiency anaemia in pregnant women is attributed to hookworm infestation.

WHO recommends periodic treatment with anthelmintic (deworming) medicines, without previous individual diagnosis to all at-risk people living in endemic areas. It defines at-risk people as pre-school-aged children, school-aged children, and women of childbearing age (including pregnant women in their second and third trimesters and lactating women).

Considering the above facts and in compliance to the policy decision of the Govt. of India it is decided that deworming of all pregnant women would be carried out in our State as per "National Guidelines for Deworming in Pregnancy" module. The regimen suggested in the guidelines is very simple and easy to implement and hinges on **Directly Observed Treatment (DOT)** to make it more effective.

Some of the salient points of the guidelines are detailed below.

1. Protocol for deworming during pregnancy:

Albendazole is the recommended drug of choice for deworming of PW. Deworming should be done after the 1st trimester of pregnancy (preferably during the 2nd trimester). **A single dose of Tablet Albendazole (400 mg) IP is recommended.**

2. Side effects and contraindications:

There is no specific contraindication/side effect except nausea, vomiting, rash, and abdominal pain, urticaria in some cases. It should not be used in the 1st trimester of pregnancy.

3. In conjunction with the Anthelmintic drug treatment, it is imperative that sanitation measures are encouraged in the community through proper education and counselling (in all areas, irrespective of the degree of prevalence of STH infestation). Measures such as Water, Sanitation and Hygiene (WASH) are critical for sustainable helminth control.

4. Counseling:

Ensure focused behaviour change communication (BCC) for improving sanitation and hygiene among pregnant women. Counseling focused on improving sanitation and hygiene among pregnant women should be emphasized. WASH interventions, including social measures to curb unhealthy practices like open defecation etc., need to be addressed.

5. Other supportive measures:

- The disposal of all human faeces (including that of young children) in water sealed latrines in order to minimize environmental contamination
- Use of footwear to prevent hookworm infestations
- Washing of fruits and vegetables before consumption
- Drinking safe potable water
- Personal hygiene and hand washing before meals and after using the toilet
- Environmental sanitation: Water stagnation and garbage free surroundings should be ensured in villages/towns. State specific action plans for liquid and solid waste management have to be implemented.
- Accredited Social Health Activists (ASHAs) should follow all the processes of BCC to ensure the change in the behaviour of pregnant women.
- Village Health and Sanitation Committee (VHSC) forums should be used for disseminating information and ensuring the physical infrastructure required for establishing WASH measures.

6. Supply and storage of Albendazole tablets :

The total number of Albendazole doses required for a district should be calculated accordingly at the district level, after taking into account the total number of pregnant women registered for ANC and a 10% add on. Albendazole tablets can be stored at room temperature (15-30°C). They should be stored away from heat, moisture, and light. The tablets should be made available at all levels of facilities that provide ANC services. It should be the responsibility of the healthcare worker providing ANC services to ensure that the tablet is distributed and consumed in her presence.

7. Operational aspects of the programme:

a) Roll out plan:

The programme will be implemented at all the levels that pregnant women come into contact with the health system e.g. Village Health and Nutrition Days (VHNDs), SubCentres, Primary Health Centres (PHCs) in urban and rural areas, Community Health Centres (CHCs), Sub-district Hospitals, District Hospitals (DHs) and Medical Colleges (MCs)

b) Strategy for Implementation:

Ideally, drug administration for deworming should be done under Direct Observation Treatment (DOT). For this purpose, it is recommended that the drug should be given to the pregnant woman during an ANC visit after the 1st trimester (preferably in the 2nd trimester), and the pregnant woman should be encouraged to consume the drug in the presence of the health worker at the time of the ANC visit.

c) Role of health personnel at different levels of health activity:

Anthelmintic drugs can be administered by all cadres of healthcare workers providing ANC to pregnant women, including Auxiliary Nurse Midwives (ANMs), Staff Nurses (SNs), Medical Officers (MOs) and Obstetricians. However, all such health workers should be sensitized on the timing, dose, and common side effects of the drugs. They should also be sensitized on procedures to follow in case of any adverse outcomes.

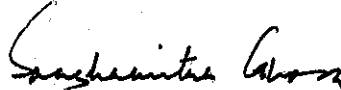
Albendazole tablet does not cause any serious side effects. The pregnant woman should be informed that she may experience minor side effects such as nausea, vomiting, rash, and abdominal pain, urticaria, etc., and in the event that she does experience any such side effects, she should not be unduly concerned. Occurrence of any major adverse event, however, should be immediately reported.

d) Capacity building & training of health personnel for deworming in pregnancy:

A one-day orientation programme on the guidelines should be organized for the district and block level programme officers. During this one – day orientation, planning for necessary logistics and training of healthcare workers should also be done.

e) Records & registers:

An appropriate entry should be made in the MCPC card of the pregnant woman after the administration of Albendazole tablet. A column should be added in the ANC register to record administration of Anthelmintic to pregnant woman. This component should be made a part of the regular monthly report of the ANC sent by various levels and subsequently under the Reproductive and Child Healthcare (RCH) portal.

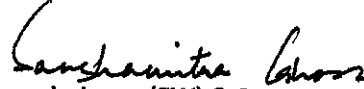

Commissioner (FW) & Secretary
to Govt. of West Bengal,

No. H/SFWB/12P-01-2015/4305/1(17)

Date 18/03/....., 2015

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