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10 Years of PMSMA: A Decade of Care on the 9th of Every Month

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10 Years of PMSMA: A Decade of Care on the 9th of Every Month

 **PIB Special Features** Chapter 2 · 2 min read ·

Source: PIB Background, June 8, 2026

The **Pradhan Mantri Surakshit Matritva Abhiyaan (PMSMA)**, launched **June 9, 2016** by the Ministry of Health and Family Welfare, completed ten years having provided free, quality antenatal care to **over 7.5 crore pregnant women**, on a design so simple it became a habit: the **9th of every month**, at designated government facilities.

THE DESIGN

- **Fixed-day services:** specialist check-up, blood and urine tests, ultrasonography, essential medicines, nutrition counselling and birth-preparedness advice, free, every month on the 9th
- **Target group:** women in the 2nd trimester (13-27 weeks) and 3rd trimester (28+ weeks)
- **Goal:** at least one specialist antenatal check-up for every pregnant woman, with early identification of high-risk pregnancies
- **Private-sector volunteering:** the “IPledgeFor9” campaign brought volunteer obstetricians into public facilities
- **e-PMSMA (2022):** high-risk pregnancy tracking with financial incentives, SMS alerts and up to 3 follow-up visits

THE OUTCOME LINE

Maternal Mortality Ratio: **130 per lakh live births (2014-16) to 87 (2022-24, per the background)**, a 43-point decline. India’s SDG 3.1 target is below 70 by 2030. PMSMA works inside a scheme stack: JSY (2005) for institutional delivery incentives, JSSK (2011) for free delivery care, PMMVY (2017) for maternity benefit, SUMAN (2019) for assured dignity of care.

MAINS ANGLE

Why the model worked: a fixed national day removed scheduling friction for both providers and beneficiaries, and specialist presence shifted high-risk detection earlier. **The unfinished agenda:** the MMR average hides state spreads (Kerala versus the EAG states), anaemia among pregnant women remains

stubborn, and follow-through after high-risk identification depends on referral transport and FRU readiness.

Way forward: publish facility-level high-risk follow-up rates, integrate e-PMSMA with U-WIN and ABDM records, and extend the fixed-day logic to postnatal care.

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SCHEME:

PMSMA launched June 9, 2016 (MoHFW); fixed-day ANC on the 9th of every month

7.5 crore+ pregnant women served in 10 years; e-PMSMA since 2022 for high-risk tracking

OUTCOMES AND STACK:

MMR: 130 (2014-16) to 87 (2022-24, per PIB backgrounder); SDG 3.1 target below 70 by 2030

Related schemes: JSY (2005), JSSK (2011), PMMVY (2017), SUMAN (2019)

Sources: [PIB](#), [Ministry of Health and Family Welfare](#)



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