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

## RAJYA SABHA STARRED QUESTION NO.256 TO BE ANSWERED ON THE 20<sup>TH</sup> MARCH, 2018 STEPS TAKEN TO ADDRESS THE HIGH MMR

#### \*256. SHRI MANISH GUPTA:

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

- (a) the steps taken by Government to address the high maternal mortality ratio (MMR) in India;
- (b) the steps taken by Government to address alleged and increasing reports of obstetric violence, i.e., the abuse of pregnant women by health workers, if any; and
- (c) the steps taken by Government to address the alleged violation of consent of pregnant women during delivery, especially the performance of episiotomy procedures without obtaining informed consent?

# ANSWER THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA)

(a) to (c): A statement is laid on the Table of the House

# STATEMENT REFERRED TO IN REPLY TO RAJYA SABHA STARRED QUESTION NO. 256\* FOR 20<sup>TH</sup> MARCH, 2018

- a) The key strategies being implemented under NHM for reduction of Maternal Mortality Ratio are:
  - Janani Suraksha Yojana (JSY), a demand promotion and conditional cash transfer scheme is being implemented with the objective of reducing Maternal and Infant Mortality by encouraging institutional deliveries.
  - Janani Shishu Suraksha Karyakram (JSSK) aims to eliminate out-ofpocket expenses for pregnant women and sick neonates. Under
    JSSK, every pregnant woman is entitled to free delivery, including
    caesarean section, in public health institutions. This also includes
    absolutely free transport, diagnostics, medicines, other consumables,
    food and blood, if required. The scheme has now been expanded to
    cover sick infants up to one year of age.
  - Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been launched to provide fixed-day assured, comprehensive and quality antenatal care universally to all pregnant women on the 9th of every month. While antenatal care is routinely provided to pregnant women, special ANC services are provided by OBGY specialists/ Radiologist/ Physicians at government health facilities under PMSMA.
  - LaQshya- Ministry of Health & Family Welfare has recently launched 'LaQshya - Labor room Quality improvement Initiative' on 11th Dec 2017. LaQshya program is a focused and targeted approach to strengthen key processes related to the labour rooms and maternity operation theatres in order to improve quality of care around birth and ensure respectful maternity care.
  - Maternal Death Surveillance and Response (MDSR) is being implemented at facilities and in the community to take corrective action for averting maternal deaths.

- Funds are being provided for strengthening of 'Delivery Points' for provision of comprehensive Reproductive, Maternal, New Born Child Health and Adolescent (RMNCH+A) services. Placing quality emergency obstetric care services at "Delivery Points" is a priority area.
- Maternal and Child Health (MCH) Wings are established at high caseload facilities to improve the quality of care provided to mothers and children.
- Operationalization of Comprehensive Abortion Care Services and services for Reproductive Tract Infections and Sexually Transmitted Infections (RTI/STI) at health facilities is prioritized.
- Capacity building of MBBS doctors in Anaesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills is undertaken to overcome the shortage of specialists in these disciplines, particularly in rural areas.
- Skill Labs with earmarked skill stations for different training programs are being set up to enhance the quality of training.
- Mother and Child Tracking System (MCTS) and Mother and Child Tracking Facilitation Centre (MCTFC): A name based web enabled system has been introduced by Government of India to track every pregnant women and child in order to ensure and monitor timely and quality services to them including ANC, JSY benefit, Immunization etc.
- Recently, operational guidelines for Universal screening Gestational Diabetes Mellitus, screening for hypothyroidism for high risk group during pregnancy, training of General Surgeons for performing Caesarean Section, calcium supplementation and de-worming during pregnancy, and promotion of birth companion during delivery have been disseminated.

- Monthly Village Health and Nutrition Days (VHND) are organized as an outreach activity at Anganwadi centres for provision of maternal and child care including nutrition in convergence with the Integrated Child Development Services (ICDS).
- Over 10 lakhs Accredited Social Health Activists (ASHAs) have been engaged to facilitate access of health care services by the community, particularly pregnant women.
- Under the National Iron+ Initiative, iron and folic acid supplementation is being given across life stages including pregnant, lactating women and adolescent girls at health facilities and during outreach activities.
- Regular IEC/BCC is conducted including messages on early registration for ANC, regular ANC, institutional delivery, nutrition and care during pregnancy etc.
- b) Key Steps taken by Government of India (GOI) to combat reports of obstetric violence, disrespect and abuse are:
  - 1) Under the recently launched 'LaQshya- Labor Room Quality Improvement Initiative':
    - Respectful maternity care (RMC) is one of the key objectives.
       The initiative clearly defines the Do's and Don'ts for care providers in labour room.
    - 50% of deliveries in LaQshya facilities take place in presence of the 'Birth Companion' is one of the targets under the programme.
    - Under LaQshya, providers will be trained in respectful maternity care and language, behaviour and conduct of staff in labour room & OT will be monitored.

- The National Quality Assurance Standards (NQAS) guidelines for certification under LaQshya include crucial RMC indicators such as no verbal or physical abuse, provision for privacy, not leaving the unattended and be women consent to taken/information before given to women examination/procedure.
- NQAS standards also state that facilities must document processes and procedures of providing respectful care to ensure privacy, confidentiality, and consent in its Standard Operating Procedures.
- 2) In addition to the above LaQshya initiatives, Ministry of Health and Family Welfare (MOHFW) is also working on Safe Motherhood:
  - To collaborate with the Indian Council of Medical Research to develop standards and indicators for ensuring respectful maternity care. Under this partnership, the RMC standards will be implemented in 22 tertiary care hospitals across India to document the challenges/barriers in RMC service provision.
  - To recognize/endorse/promote the RMC Charter, developed by various partners which highlights respectful maternity care as a basic human right.
- c) Steps taken by MOHFW to address unnecessary episiotomies:
  - In line with the latest international evidence, the Government of India guidelines such as the Skilled Attendance at Birth(SBA) and Dakshata recommend that Episiotomy as a procedure should not be performed routinely in all deliveries. This procedure is to be performed only when indicated to avert complications while conducting the delivery.
  - In 2016, GoI had shared the standardized versions of case sheets for all delivery points. The case sheets for higher levelfacilities include a provision of obtaining written informed consent for any medical, surgical or anaesthetic procedure required during conducting deliveries.

- The Gol's National programs like Dakshata and Daksh skills labs train the health providers on do's and don'ts of delivery. They explicitly classify the procedure of giving routine episiotomy (i.e. to all delivering women) as a DON'T, and stress on performing this procedure only when indicated with a prior information to the woman and her birth companion at the time of delivery. Health workers trainings under these programs are followed by structured onsite mentoring by trained mentors.
- Under NQAS, assessments are conducted routinely to identify the violations of standards for episiotomy. Such assessments are also included in the recently launched LaQshya programme.

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