

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

**RAJYA SABHA
STARRED QUESTION NO.269
TO BE ANSWERED ON THE 20TH MARCH, 2018
RISE IN MMR IN GUJARAT**

***269. SHRI B.K. HARIPRASAD:**

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

(a) whether it is a fact that in year 2014-15, Maternal Mortality Ratio (MMR) and anaemia cases in women in the age group 14-49 in Gujarat rose as compared to 2013-14; and

(b) if so, the details thereof and the reasons therefor?

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

(a) & (b): A statement is laid on the Table of the House

**STATEMENT REFERRED TO IN REPLY TO RAJYA SABHA
STARRED QUESTION NO. 269* FOR 20TH MARCH, 2018**

(a) & (b) The Sample Registration Survey (SRS) data on MMR which is released by Registrar General of India (RGI) is not available after 2011-13.

As per the SRS released by RGI, Maternal Mortality Ratio (MMR) in Gujarat for 2011-13 was 112 while it was 122 during 2010-12 survey.

No survey data is available about anaemia in the women of age group 15-49 years in Gujarat for 2013-14 and 2014-15. However, as per National Family Health Survey (NFHS) – 4, there has been a slight decline in anaemia in the women of age group 15-49 years in comparison to NFHS-3.

The key steps taken under the National Health Mission (NHM) to ensure quality maternal health care services and to reduce anaemia in all the states including Gujarat are as follows:

- i. Schemes like Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) have been implemented to promote safe institutional deliveries.
- ii. LaQshya program is being implemented in order to strengthen Labour Rooms and maternity OTs.
- iii. Universal screening of pregnant women for anemia is a part of ante-natal care and all pregnant women are provided iron and folic acid tablets during their ante-natal visits through the existing network of sub-centers and primary health centers and other health facilities as well as through outreach activities at Village Health & Nutrition Days (VHNDs). These women are also counseled for dietary habits.

- iv. Every pregnant woman is provided with about 360 tablets of iron and folic acid to cover the ante natal and post-natal period. Pregnant women, who are found to be clinically anemic, are given additional tablet for taking two tablets daily.
- v. Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is conducted to detect and treat cases of high risk pregnancies which include anemic pregnant women.
- vi. 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.
- vii. Maternal Death Surveillance Review (MDSR) and Maternal Near Miss (MNM) is being implemented to report maternal deaths and take corrective action at appropriate levels and improve the quality of obstetric care.
- viii. Recently, Operational Guidelines have been prepared and disseminated to the States for Screening for Diagnosis & management of Gestational Diabetes Mellitus, Hypothyroidism during pregnancy, Calcium supplementation during pregnancy and lactation, De-worming during pregnancy, Maternal Near Miss Review, screening for Syphilis during pregnancy, Guidance note on use of Uterotonic during labor and Guidance note on prevention and management of post-partum haemorrhage (PPH).
- ix. Operationalization of Comprehensive Abortion Care Services and Reproductive Tract Infections and Sexually Transmitted Infections (RTI/STI) at health facilities.
- x. Various Capacity building programmes are being implemented for health personnel i.e. doctors, staff nurse and auxillary mid-wife (ANMs).
- xi. Operationalization of adequate number of Obstetric High Dependency Units (HDUs) and ICUs, Mother and Child Wings, Primary Health Centres, First Referral Units (FRUs) for providing 24 x7 basic emergency obstetric care services, Blood banks in various facilities, etc. is being carried out.

- xii. Health management information system (HMIS) & Mother Child Tracking System (MCTS) /RCH Portal are implemented for reporting and tracking the cases of anemic and severely anemic pregnant women.
- xiii. To tackle the problem of anemia due to malaria particularly in pregnant women and children, Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) are being distributed in endemic areas.
- xiv. Information, Education and Communication (IEC) material in the form of posters, hoardings, wall-writings and audio-visuals have been developed disseminated to the States/UTs to promote prevention of anemia.
- xv. MCP Card and Safe Motherhood Booklet is being distributed to the pregnant women for educating them on dietary diversification and promotion of consumption of IFA.
