

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 4114
TO BE ANSWERED ON 3RD APRIL, 2018**

REDUCING THE MMR

4114. SHRI P.L. PUNIA:

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

- (a) whether India has achieved the Sustainable Development Goal (SDG) target of reducing Maternal Mortality Rate (MMR);
- (b) if so, the details thereof and if not, the reasons therefor;
- (c) the latest figures for Maternal Mortality Rate, category-wise, rural, urban, SC, ST, OBCs and others;
- (d) the total percentage of birth attended by skilled health workers, category-wise, rural, urban, SC, ST, OBCs and others for each State; and
- (e) the steps taken by Government in the last three years to reduce Maternal Mortality Rate in the country with special reference to SCs/STs?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(ASHWINI KUMAR CHOUBEY)**

(a) to (c): Under the Sustainable Development Goal 3 (SDG 3), the target is to reduce the Maternal Mortality Ratio (MMR) to less than 70 per 100,000 live births by 2030.

According to the latest available data on Maternal deaths released by Registrar General of India-Sample Registration Survey (RGI-SRS) in 2011-13, MMR in India is 167.

RGI-SRS (2011-13), does not provide disaggregated data based on rural and urban, SC, ST, OBC and others. The data on State-wise MMR is placed at **Annexure I**.

(d): The total percentage of birth attended by skilled health workers, category-wise, rural and urban, SC, ST, OBC and others for each State as per Rapid Survey of Children (RSOC 2013-14) is placed at **Annexure II**.

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(e): Under National Health Mission (NHM), the key steps taken by Government of India (GoI) to address the issue of maternal deaths and to accelerate the pace of reduction of MMR across all states including SC/ST in the past three years are as below:

- Promotion of institutional deliveries through Janani Suraksha Yojana.
- Janani Shishu Suraksha Karyakaram (JSSK) has been launched on 1st June, 2011, which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for ante-natal and post-natal complications during pregnancy and all sick infants accessing public health institutions for treatment.
- LaQshya program is being implemented in order to strengthen Labour Rooms and maternity Operation Theaters.
- 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.
- 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.
- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is conducted to detect and treat cases of high risk pregnancies which include anemic 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.
- 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.
- 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).
- Operationalization of Comprehensive Abortion Care Services and Reproductive Tract Infections and Sexually Transmitted Infections (RTI/STI) at health facilities.

- Various Capacity building programmes are being implemented for health personnel i.e. doctors, staff nurse and auxillary mid-wife (ANMs).
- 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.
- 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.
- 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.
- 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.
- 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.

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Maternal Mortality Ratio: India and State wise

State	Number of maternal deaths per 100,00 live births
India Total *	167
Assam	300
Bihar	208
Jharkhand	208
MP	221
Chhattisgarh	221
Orissa	222
Rajasthan	244
Uttar Pradesh	285
Uttaranchal	285
Andhra Pradesh	92
Karnataka	133
Kerala	61
Tamil Nadu	79
Gujarat	112
Haryana	127
Maharashtra	68
Punjab	141
West Bengal	113
*Others	126

*: Includes Others

(Source: RGI-SRS, 2011-13)

Annexure- II

Percentage of birth attended by skilled health workers, category-wise, Rural and Urban, SC, ST, OBCs and others for each state							
	Residence			Social category			
	Total	Rural	Urban	SC	ST	OBC	Others
India	81.1	77.2	90.2	78.8	72.7	81.6	86.1
J&K	74.9	70.3	88	69.4	57.1	67.3	80.7
HP	71.6	70.4	84.6	64.6	71.2	72.4	77.1
Punjab	85.4	84.1	87.7	83.9	83.7	81.9	88.4
Uttarakhand	69.8	64	82.8	69.1	75	68.3	71.5
Haryana	78.6	77.4	81.2	74.7	69.4	77.4	84.2
NCT of Delhi	85.5	76.5	85.7	76.8	76.5	84	91.6
Rajasthan	85.8	83.6	92.4	81.3	84.9	86.9	88.6
UP	65.1	63.3	71.6	62.2	60	63.1	74.9
Bihar	68.4	67.1	79	61.6	58.6	70.1	75
Sikkim	87.8	86.2	93.9	87.9	90.4	84	92.4
Arunachal Pradesh	65.4	58.2	87.4	58.5	64.3	65.4	77.1
Nagaland	20.5	13.7	40.2	25.3	21	12.4	*
Manipur	73.5	64	93.7	*	44.6	84.1	93.8
Mizoram	96	93.6	98	*	96.8	*	*
Tripura	80.4	75.2	96.3	93.5	64.1	96.6	80.3
Meghalaya	68.6	63	92	97.4	67.5	*	67.6
Assam	74.9	72.6	90.1	87.6	85.5	90.1	63.9
West Bengal	78.9	74	89.2	88.3	77.4	77.6	77.7
Jharkhand	61	54.8	84.1	55.7	50.8	66.5	70.4
Odisha	83.7	81	97.9	88.3	63.7	90.1	96.3
Chhattisgarh	64.2	60.1	79.3	57.7	57.8	67.7	90.5
Madhya Pradesh	79	75.6	89.2	77.1	64.1	86	90.6
Gujarat	89.6	89	90.6	89.2	89.6	88	91.5
Maharashtra	93	90.2	96.2	92.2	83.2	93.4	95.3
Andhra Pradesh	93.3	91.8	96.7	92.7	80.7	94.5	96.8
Karnataka	92.6	90.7	95.7	84.2	93	92	97.2
Goa	99.6	100	99.4	100	100	99.5	99.6
Kerala	99.5	99.1	100	100	89.8	100	100
Tamil Nadu	99.5	99.3	99.8	99.7	100	99.4	99.5

‘*’ Percentage not shown; based on fewer than 25 unweighted samples.

Source: Rapid Survey on Children 2013-2014