

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

**RAJYA SABHA  
UNSTARRED QUESTION NO - 597  
TO BE ANSWERED ON 7<sup>TH</sup> FEBRUARY 2023**

**STILLBIRTHS IN THE COUNTRY**

**597: SHRI ABDUL WAHAB:**

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

- (a) Whether Government has conducted any study to determine the magnitude of COVID-19 impact on stillbirths in the country;
- (b) If so, the details thereof and if not, the reasons therefor;
- (c) The number of stillbirths during the last five years, State-wise;
- (d) Whether it is a fact that India has the highest number of stillbirths in the world; and
- (e) If so, the actions Government has taken to reduce stillbirths?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY  
WELFARE  
(DR. BHARATI PRAVIN PAWAR)**

(a) to (e):

As per Sample Registration System (SRS) Report of Registrar General of India, Stillbirth Rate (SBR) is 3 per 1000 births in 2020. State wise details of Stillbirth for a period from 2016 to 2020 as per SRS are placed in Annexure I.

MoHFW is supporting all States/UTs in Implementation of Reproductive, Maternal, New-born, Child, Adolescent health and Nutrition (RMNCAH+N) strategy under National Health Mission (NHM) based on the Annual Program Implementation Plan (APIP) submitted by States/ UTs to improve maternal and child health outcome.

The steps taken by Ministry of Health and Family Welfare (MoHFW) under the National Health Mission (NHM), to prevent still births are placed as follows:

- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** is an initiative to ensure quality antenatal care to pregnant women in the country. A minimum package of antenatal care services is provided to the beneficiaries on the 9th day of every month at the designated public health facilities to ensure that every pregnant woman receives at least one check-up in the 2nd or 3rd trimester of pregnancy by a doctor. This includes provision of services such as diagnostic, screening for clinical conditions, appropriate management of any existing clinical condition like anaemia, pregnancy induced hypertension, gestational diabetes etc. and proper counselling services.
- Trained service providers and ASHA identify and reach out to pregnant women who have not registered for ANC (left out/missed ANC) and also those who have

registered but not availed ANC services (dropout) as well as High Risk pregnant women.

- **Labour Room Quality Initiative (LaQshya)** improves the quality of care in labour room and maternity operation theatres to ensure that pregnant women receive respectful and quality care during delivery and immediate post-partum.
- **Janani Suraksha Yojana (JSY)** is a demand promotion and conditional cash transfer scheme for promoting institutional delivery to promote safe deliveries. .
- Under **Janani Shishu Suraksha Karyakram (JSSK)**, every pregnant woman is entitled to free delivery, including caesarean section, in public health institutions along with the provision of free transport, diagnostics including ultrasound, medicines, other consumables & diet.
- **MCP Card and Safe Motherhood Booklet** are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.
- **Surakshit Matritva Aashwasan (SUMAN)** provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting public health facilities to end all preventable maternal and newborn deaths.
- **Setting up of Maternal and Child Health (MCH) Wings** at high caseload facilities to improve the quality of care provided to mothers and children.
- **Functionalization of First Referral Units (FRUs)** by ensuring manpower, blood storage units, referral linkages to improve the access to quality of care for pregnant women including Caesarean Section.
- **Capacity building** is undertaken of MBBS doctors in Dakshta, Anesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas.
- **Regular IEC/BCC** is conducted for early registration of ANC, regular ANC, institutional delivery, nutrition, and care during pregnancy etc.
- **Monthly Village Health, Sanitation and Nutrition Day (VHSND)** is an outreach activity at Anganwadi centres on monthly basis for provision of maternal and child care including nutrition in convergence with the ICDS.

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## Annexure I

Status of Stillbirth Rate					
	2016	2017	2018	2019	2020
<b>India</b>	<b>4</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>3</b>
Andhra Pradesh	3	3	3	1	1
Assam	2	2	2	2	3
Bihar	3	2	2	1	1
Chhattisgarh	10	13	9	9	6
Delhi	4	5	5	1	0
Gujarat	6	5	4	3	4
Haryana	5	9	6	5	7
Himachal Pradesh	24	12	7	5	4
Jammu & Kashmir	2	1	1	1	3
Jharkhand	0	1	1	1	2
Karnataka	6	6	5	5	3
Kerala	6	7	5	3	4
Madhya Pradesh	8	6	5	6	5
Maharashtra	4	5	5	3	3
Odisha	13	12	10	8	10
Punjab	6	5	5	3	3
Rajasthan	3	8	6	3	4
Tamil Nadu	3	3	4	4	2
Telangana	1	1	2	0	2
Uttar Pradesh	3	3	3	2	4
Uttarakhand	9	11	8	3	6
West Bengal	3	5	5	5	4
<b>Source:</b> Sample Registration System of Registrar General of India					