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

RAJYA SABHA STARRED QUESTION NO. 188 TO BE ANSWERED ON 18.03.2025

MATERNAL HEALTHCARE

*188. DR. K. LAXMAN:

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

- (a) the progress in reducing the Maternal Mortality Rate (MMR), and how it aligns with the National Health Policy and Sustainable Development Goals;
- (b) the manner in which the Surakshit Matritva Aashwasan (SUMAN) initiative ensure dignified and quality healthcare for women and newborns across public health facilities;
- (c) the manner in which Midwifery Educator Training program has strengthened maternal care through trained Nurse Practitioners in Midwifery; and
- (d) the role of Maternal, Perinatal, Child Death Surveillance and Response (MPCDSR) software in reducing preventable maternal and child mortality?

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

(a) to (d): A Statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO RAJYA SABHA STARRED QUESTION NO. 188 FOR 18.03.2025

(a): As per the Sample Registration System (SRS) released by the Registrar General of India (RGI), the current Maternal Mortality Ratio (MMR) of the country is 97 per lakh live births. There has been a significant decline of 33 points in MMR from 130 in 2014-16 to 97 in 2018-20.

India has achieved the National Health Policy (NHP) 2017 target of MMR 100 per lakh live births by 2020 and is aligned towards achieving the SDG target of MMR 70 per lakh live births by 2030.

Maternal Mortality Ratio (MMR) in India has declined by 83%, compared to the global reduction of 42%.

Similarly, the Under-Five Mortality Rate (U5MR) in India has decreased by 75%, exceeding global decline of 58%.

(b): The Government of India launched Surakshit Matritva Aashwasan (SUMAN) initiative in 2019 with an aim to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility.

The key components of SUMAN include the following;

- Public healthcare facilities are categorized into Basic, BEmONC (Basic Emergency Obstetric and Newborn Care), and CEmONC (Comprehensive Emergency Obstetric and Newborn Care) centers to provide comprehensive healthcare services.
- National Quality Assurance Standards (NQAS) certification of all notified healthcare facilities to maintain quality standards.
- Respectful maternity care, including the provision of a Birth Companion of choice during childbirth.
- A client feedback system through Mera Asptaal and Grievance Redressal mechanism.
- Community participation and mobilization through SUMAN volunteers & Mothers' picnic.
- (c): The Midwifery training program aims to create Nurse Practitioner Midwives (NPM) who are trained to achieve International level competence.

Maternal healthcare is strengthened by the NPMs by providing natural birthing, alternative birthing positions, reduced medical interventions thereby ensuring a respectful, compassionate, and positive birthing experience, especially at high caseload facilities.

(d): The Maternal Perinatal Child Death Surveillance Response (MPCDSR) software is an online data reporting platform designed to facilitate real-time monitoring by providing information to strengthen maternal and child health interventions.
