

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

**RAJYA SABHA
UNSTARRED QUESTION NO. 3620
TO BE ANSWERED ON 24TH MARCH 2026**

**MATERNAL MORTALITY RATIO AND INFANT MORTALITY RATE
IN THE COUNTRY**

**3620# SHRI MAYANKKUMAR NAYAK:
SHRI SHAMBHU SHARAN PATEL:
SHRI BRIJ LAL:
SHRI KESRIDEVSINH JHALA:
DR. PARMAR JASHVANTSINH SALAMSINH:
DR. KAVITA PATIDAR:
SHRI RYAGA KRISHNAIAH:
SHRI AMAR PAL MAURYA:
SHRI NARHARI AMIN:
SMT. DARSHANA SINGH:**

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

- (a) the current maternal mortality ratio and infant mortality rates in the country;
- (b) whether Government has identified districts with high maternal mortality rates;
- (c) if so, the details thereof;
- (d) the steps taken to strengthen institutional delivery services under the Ministry's flagship schemes;
- (e) whether additional incentives are being provided to encourage more check-ups for antenatal care; and
- (f) if so, the details thereof?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(SMT. ANUPRIYA PATEL)**

(a) As per the Special Bulletin on Maternal Mortality, 2021-23, released by the Registrar General of India, the Maternal Mortality Ratio (MMR) of the country is 88 per lakh live births.

The Infant Mortality Rate of India is 25 per 1000 live births as per the latest Sample Registration System (SRS) report 2023.

(b) & (c) District-wise MMR is not captured separately in the data set of Registrar General of India.

(d) The Government of India has undertaken various interventions under the National Health Mission (NHM) to strengthen institutional delivery across the country. The key interventions include:

- **Janani Suraksha Yojana (JSY)** is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- **Janani Shishu Suraksha Karyakram (JSSK)** under which every pregnant woman and sick infant is entitled to free delivery, including caesarean section, in public health institutions along with provision of free transport, diagnostics, medicines, blood, other consumables & diet.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month.
Extended PMSMA (e-PMSMA) strategy was launched for individual tracking of high-risk pregnant women till a safe delivery.
- **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.
- **Surakshit Matritva Aashwasan (SUMAN)** aims 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 to end all preventable maternal and newborn deaths.
- **Village Health, Sanitation and Nutrition Day (VHSND)** is a monthly outreach activity at Anganwadi centers for provision of maternal and childcare including counseling for institutional delivery and birth planning.
- **Outreach camps** are provisioned to improve the reach of health care services, especially in tribal and hard-to-reach areas. This platform is used to increase awareness for Maternal and Child health services, including institutional delivery and community mobilization as well as to track high-risk pregnancies.
- **Strengthening of infrastructure**, including functionalization of First Referral Units (FRUs), setting up of Maternal and Child Health (MCH) Wings, operationalization of Obstetric High Dependency Units & Intensive Care Units (Obst. HDU & ICU), establishment of Birth Waiting Homes (BWHs) in difficult terrain, remote and tribal areas to improve access to healthcare facilities and promote institutional delivery.

(e) & (f) Under the **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)**, every pregnant woman identified as a High-Risk Pregnancy (HRP) is provided with an incentive of Rs.100 per visit, for up to a maximum of three antenatal follow-up visits, to support transportation costs.
