

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

**LOK SABHA
UNSTARRED QUESTION NO. 144
TO BE ANSWERED ON 15TH DECEMBER, 2017**

MATERNAL DEATHS

144. DR. SANJAY JAISWAL:

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

- (a) whether the Government has identified primary causes for maternal deaths;
- (b) if so, the details thereof along with the details of maternal deaths during the last three years, State and year-wise;
- (c) whether the Government has noticed that Anaemia is one of the reasons behind maternal deaths; and
- (d) if so, the details thereof along with the steps taken/being taken by the Government to reduce maternal deaths in the country?

ANSWER

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

(a) to (c): Government has identified primary causes for maternal deaths. As per the RGI-SRS Report (2001-2003) the identified primary causes of maternal deaths are haemorrhage (38%), sepsis (11%), abortion-(8%), hypertensive disorders-(5%), obstructed labour (5%), other conditions (ectopic pregnancy, severe anaemia, embolism) etc (34%).

According to RGI-SRS, the latest data on maternal deaths in the country has been released in the year 2011-13. The details are placed at Annexure.

(d): Under the National Health Mission (NHM), the steps taken to tackle anaemia and to reduce maternal deaths are as follows:

- Ministry of Health and Family Welfare in 2013 launched “National Iron plus Initiative” as a comprehensive strategy to combat the public health challenge of Iron Deficiency Anemia prevalent across the life cycle. There are age specific interventions with Iron and Folic Acid Supplementation and Deworming for improving the hemoglobin levels and reducing the prevalence of anemia for all age groups, that is children 6-59 months, 5 – 10 years, adolescent girls and boys (10-19 years), pregnant and lactating women and women in reproductive age group (15 – 45 years).
- 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 counselled for dietary habits.

- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been recently launched to focus on conducting special ANC check up on 9th of every month with the help of Medical officers/ OBGYN to detect and treat cases of anemia.
- Health management information system & Mother Child tracking system is being implemented for reporting and tracking the cases of anemic and severely anemic pregnant women.
- 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.
- To address anaemia due to worm infestation, deworming of pregnant women is done after first trimester preferably in second trimester of pregnancy.
- Operationalization of Blood Bank in District Hospitals and Blood Storage Unit in Sub district facilities such as Sub-Divisional Hospital/ Community health Centers is being taken up to tackle complications due to severe anemia etc.
- 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.
- Health and nutrition education through IEC & BCC to promote dietary diversification, inclusion of iron folate rich food as well as food items that promotes iron absorption.
- 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.
- Information, Education and Communication (IEC) material in the form of posters, hoardings, wall-writings and audio-visuals have been developed to promote prevention of anemia.
- Videos and job-aids for nutrition and health education have also been disseminated to the States/UT.
- 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 all sick infants accessing public health institutions for treatment.
- Engagement of more than 9 lakhs Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.

Annexure

State	Maternal Mortality Ratio (MMR) (Maternal deaths per 1,00,000 live births)
INDIA	167
Assam	300
Bihar	208
Madhya	221
Orissa	222
Rajasthan	244
Uttar Pradesh/ Uttarakhand	285
Andhra	92
Karnataka	133
Kerala	61
Tamil	79
Gujarat	112
Haryana	127
Maharashtra	68
Punjab	17
West	33
Other states)	188

(Source: RGI –SRS 2011-13 bulletin)