

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

**LOK SABHA
UNSTARRED QUESTION NO.4450
TO BE ANSWERED ON 19TH JULY, 2019**

MATERNAL DEATHS

4450. SHRI AJAY BHATT:

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

- (a) whether as per the report of the World Health Organisation (WHO) the maximum/highest number of pregnancy related deaths per year in the world occurs in India;
- (b) if so, the details thereof and the reasons therefor along with the data in this regard during the last three years, State/ UT-wise particularly in Uttarakhand; and
- (c) the steps taken/being taken by the Government to reduce the number of such deaths?

ANSWER

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

(a) & (b): As per the latest report of Sample Registration System (SRS) released by Registrar General of India (RGI), Maternal Mortality Ratio(MMR) of India is 130 per 100,000 live births in 2014-16.

As per the latest RGI-SRS Report on Causes of Maternal Deaths (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%). The detailed state-wise MMR is placed at Annexure.

(c): Under the National Health Mission (NHM), following are the steps taken to reduce maternal deaths in the country:

- **Janani Suraksha Yojana (JSY)**, a demand promotion and conditional cash transfer scheme was launched in April 2005 with the objective of reducing Maternal and Infant Mortality.
- **Janani Shishu Suraksha Karyakram (JSSK)** was launched in June 2011 to reduce out of pocket expenditure for pregnant women and sick neonates. The initiative entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including caesarean section.

- The **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** Under PMSMA, all pregnant women in the country are provided fixed day, free of cost assured and quality Antenatal Care. As part of the campaign, a minimum package of antenatal care services (including investigations and drugs) is being provided to the beneficiaries on the 9th day of every month.
- **Mother and Child Tracking System (MCTS):** A Web based system has been introduced by Government of India to track every pregnant woman and child in order to ensure timely and quality services.
- **Monthly Village Health and Nutrition Days (VHND)** as an outreach activity at Anganwadi centers for provision of maternal and child care including nutrition in convergence with the ICDS.
- **Delivery Points** Over 25,000 'Delivery Points' across the country have been strengthened in terms of infrastructure, equipment, and trained manpower for provision of comprehensive RMNCHA services.
- **Functionalisation of FRUs:** Provision of Emergency Obstetric at FRUs is being done by operationalizing all FRUs in the country. While operationalizing, the thrust is on the critical components such as manpower, blood storage units, referral linkages etc.
- **Maternal Death Review (MDR)** is being implemented across the country both at facilities and in the community. The purpose is to take corrective action at appropriate levels and improve the quality of obstetric care.
- **Comprehensive abortion care** services are being strengthened through trainings of health care providers, supply of drugs, equipments, Information Education and Communication (IEC) etc.
- **Capacity building** is undertaken of MBBS doctors in Anesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas.
- **Skill Labs** with earmarked skill stations for different training programs established to enhance the quality of training in the states. Five National and over 100 State level Skills labs are now operational for conducting training.
- **Maternal and Child Health (MCH)Wings** established at high caseload facilities to improve the quality of care provided to mothers and children.
- **LaQshya** - LaQshya programme was launched in December 2017 to improve 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.

- **Midwifery programme** has been initiated in 2018 with an aim to create a cadre for Nurse Practitioners in Midwifery who are skilled in accordance to International Confederation of Midwives (ICM) competencies and capable of providing compassionate women-centred, reproductive, maternal and new-born health care services.
- Over 10 lakhs Accredited Social Health Activists (ASHAs) have been engaged to facilitate access of health care services by the community, particularly pregnant women.
- Regular IEC/BCC is conducted including messages on early registration for ANC, regular ANC, institutional delivery, nutrition, and care during pregnancy etc.

Annexure

Maternal Mortality Ratio: India and State wise

(Source: RGI-SRS MMR Bulletin 2014-16)

States	maternal deaths/ 1,00,000 live births
India	130
Assam	237
Andhra Pradesh	74
Bihar/Jharkhand	165
Gujarat	91
Haryana	101
Karnataka	108
Kerala	46
Madhya Pradesh /Chhattisgarh	173
Maharashtra	61
Odisha	180
Punjab	122
Rajasthan	199
Tamil Nadu	66
Telangana	81
Uttar Pradesh /Uttarakhand	201
West Bengal	101
*Others	97

*: Includes Others