

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

**LOK SABHA
UNSTARRED QUESTION NO. 451
TO BE ANSWERED ON 21ST JULY 2023**

PREMATURE BIRTH RATE

451: DR. BEESETTI VENKATA SATYAVATHI:

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

- (a) Whether the Government is aware that India accounts for 13 per cent of the premature birth rate among the top five countries;
- (b) If so, whether the Government has conducted any study to identify the reasons for this high preterm birth rate leading to higher mortality risk and if so, the details thereof;
- (c) The steps taken/proposed to be taken by the Government to ensure the provision of quality health services to the women before/during pregnancy in order to identify/manage risks of premature birth;
- (d) The action taken/proposed to be taken to improve the neo-natal infrastructure under Newborn Action Plan since its implementation in 2014 to make it more expansive and improve the last-mile connectivity; and
- (e) The State/UT-wise details and number of Special Newborn Care Units established and functional so far?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE**

(DR. BHARATI PRAVIN PAWAR)

(a) and (b):

As per State/ UT report under Health Management Information System for the period of 2022-23, 4.1% Pre term (< 37 weeks of pregnancy) births happened in the country.

As per Cause of Death Statistics 2017-19 released by Office of the Registrar General & Census Commissioner, India; Prematurity & low birth weight is one of the leading causes of newborn mortality in India.

(c) The Ministry of Health and Family Welfare (MoHFW) supports all States/UTs in implementation of Reproductive, Maternal, and 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. Under National Health Mission various programmatic interventions are implemented to ensure quality health services to the women before /during pregnancy. The details of interventions are placed at annexure I.

(d) A Guidance document on India Newborn Action Plan (INAP) was released in 2014, to accelerate the reduction of preventable newborn deaths to attain 'Single Digit Neo-natal Mortality Rate (NMR) by 2030'. Under National Health Mission support is provided to strengthen and establish Newborn Facilities at District level and sub-district level based on annual proposal submitted by States/ UTs under Annual Program Implementation Plan (APIP).

(e) The State/ UT wise details of Functional Special Newborn Care Units (SNCU) and Neonatal Intensive Care Units (NICU) is placed at Annexure II.

Annexure I

The details of various programmatic interventions to ensure quality health services to the women before /during pregnancy are placed as below:

1. **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.
2. **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides fixed-day, assured, comprehensive and quality antenatal care universally to all pregnant women in their 2nd / 3rd trimesters on the 9th of every month. As part of the Abhiyan, a minimum package of antenatal care services is provided by OBGY specialists/ Radiologist/ Medical Officers at government health facilities.
3. **Extended Pradhan Mantri Surakshit Matritva Abhiyan (E-PMSMA)** - continuing with the effort to ensure safe motherhood through PMSMA and with the vision to further improve individual HRP tracking and also to strengthen follow-up activities, Extended -Pradhan Mantri Surakshit Matritva Abhiyan (e-PMSMA) has been envisaged.
4. **Labour Room Quality Improvement Initiative (LaQshya)** aims 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 period.
5. **Janani Suraksha Yojana (JSY)**, a demand promotion and conditional cash transfer scheme which aims at promoting institutional delivery. Financial assistance under JSY is available to all pregnant women in those States/UTs which are categorized as Low Performing States. However, in remaining States/UTs where the levels of institutional delivery are satisfactory (categorized as High Performing States), pregnant women from BPL/SC/ST households only are entitled for JSY benefits. For home delivery, financial assistance under JSY is available to pregnant women from BPL households only.
6. **Janani Shishu Suraksha Karyakram (JSSK)** entitles every pregnant woman to free delivery including for caesarean section, in public health institutions along with the provision of free transport, diagnostics, medicines, other consumables, diet and blood (if required). Similar entitlements have been put in place for all sick infants accessing public health institutions for treatment.
7. **Village Health Sanitation and Nutrition Days (VHSNDs)** are observed for provision of maternal and child health services and creating awareness on maternal and child care in convergence with Ministry of Women and Child Development. Health and nutrition education through mass and social media is also promoted to improve healthy practices and to generate demand for service uptake.
8. **Birth Waiting Homes (BWH)** are established in remote and tribal areas to promote institutional delivery and improve access to healthcare facilities.
9. **Outreach camps** are provisioned for improving the reach of health care services especially in tribal and hard to reach areas. This platform is used to increase the awareness for the Maternal & Child health services, community mobilization as well as to track high risk pregnancies.

10. **Reproductive and child health (RCH) portal** is a name-based web-enabled tracking system for pregnant women and newborn so as to ensure seamless provision of regular and complete services to them including antenatal care, institutional delivery and post-natal care.
11. **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.
12. **Setting up of Maternal and Child Health (MCH) Wings** at high caseload facilities to improve the quality of care provided to mothers and children.
13. **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.
14. **Capacity Building:** Several capacity-building programs of health care providers are taken up for improving maternal, child survival, and health outcomes.

Annexure II

Name of the State/UT	Total Number of SNCU/ NICU Functional
Andaman & Nicobar Islands	1
Andhra Pradesh	61
Arunachal Pradesh	5
Assam	34
Bihar	45
Chandigarh	3
Chhattisgarh	29
Dadra-Nagar Haveli & Damna -Diu	2
Delhi	30
Goa	3
Gujarat	53
Haryana	29
Himachal Pradesh	16
Jammu and Kashmir	32
Jharkhand	26
Karnataka	50
Kerala	22
Ladakh	2
Lakshadweep	0
Madhya Pradesh	62
Maharashtra	69
Manipur	5
Meghalaya	5
Mizoram	5
Nagaland	5
Odisha	44
Puducherry	4
Punjab	24
Rajasthan	62
Sikkim	2
Tamilnadu	83
Telangana	42
Tripura	7
Uttar Pradesh	98
Uttarakhand	10
West Bengal	69
Source: - State/UTs Functionality Report	