

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

**LOK SABHA
UNSTARRED QUESTION NO. 953
TO BE ANSWERED ON 8TH DECEMBER 2023**

MATERNAL AND INFANT HEALTH

953. SHRI PARVESH SAHIB SINGH VERMA:

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

- (a) whether any significant changes have been observed in maternal and infant mortality rates in India during the last five years and the current year;
- (b) if so, the details thereof along with the current maternal and infant mortality rate ;
- (c) whether any measures have been taken/proposed to be taken by the Government to address this issue, particularly in rural and underserved regions of the country;
- (d) if so, the details thereof along with the effectiveness of such measures in improving maternal and child health, as per recent health surveys/studies;
- (e) whether the Government plans to collaborate with international organizations /other countries to take initiatives to address the maternal and infant health challenges for reducing mortality rates in the future; and
- (f) if so, the details thereof along with innovative approaches/technologies adopted to enhance healthcare delivery for mothers and infants in the country?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(DR. BHARATI PRAVIN PAWAR)**

(a) & (b): As per the Special Bulletin on Maternal Mortality Ratio (MMR) released by the Registrar General of India (RGI), the MMR of India has shown significant decline by 25 points from 122 per 100000 live births in 2015-17 to 97 per 100000 live births in 2018-20 and Infant Mortality Rate (IMR) has declined by 6 points from 34 infant deaths per 1000 live births in 2016 to 28 infant deaths per 1000 live births in 2020.

(c): Under National Health Mission (NHM), the Government of India has taken various measures to address issues pertaining to maternal and new-born health across the country including rural and underserved regions, which are as follows;

- **Surakshit Matritva Aashwasan (SUMAN)** provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting public health facilities to end all preventable maternal and newborn deaths.
- **Janani Suraksha Yojana (JSY)**, a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- **Under Janani Shishu Suraksha Karyakram (JSSK)**, every pregnant woman is entitled to free delivery, including caesarean section, in public health institutions

along with the 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 strategy was launched to ensure quality ANC to pregnant women, especially to high-risk pregnancy (HRP) women and individual HRP tracking till a safe delivery is achieved by means of financial incentivization for the identified high risk pregnant women and accompanying ASHA for extra 3 visits over and above the PMSMA visit.

- **Optimizing Postnatal Care** aims to strengthen the quality of post-natal care by laying emphasis on detection of danger signs in mothers and incentivization of ASHAs for prompt detection, referral & treatment of such high-risk postpartum mothers.
- **Midwifery Initiatives** provides respectful and positive birthing experiences to all pregnant women by promoting natural birthing through Nurse Practitioner Midwives (NPMs) who are skilled in accordance to (ICM) competencies.
- **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.
- **Monthly Village Health, Sanitation and Nutrition Day (VHSND)** is an outreach activity at Anganwadi centers for provision of maternal and child care including nutrition in convergence with the ICDS.
- **Birth Waiting Homes (BWH)** are established in remote and tribal areas to promote institutional delivery and improve access to healthcare facilities.
- **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.
- **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
- **Setting up of Maternal and Child Health (MCH) Wings** at high caseload facilities to improve the quality of care provided to mothers and children.
- **Obst. HDU & ICU:** Operationalization of Obst. HDU & ICU in high case load tertiary care facilities across the country to handle complicated pregnancy
- **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.
- **Mother and Child Protection (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.

- **Regular IEC/BCC:** is also a part of all the schemes for greater demand generation. Health and nutrition education through mass and social media is also promoted to improve healthy practices and to generate demand for service uptake.
- **Facility Based New-born Care:** Special New-born Care Units (SNCUs) are established at District Hospital and Medical College level, New-born Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/ Community Health Centres (CHCs) for care of sick and small babies.
- **Community Based care of New-born and Young Children:** Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, home visits are performed by ASHAs to improve child rearing practices and to identify sick new-born and young children in the community.
- **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative implemented since 2019 for reduction of childhood morbidity and mortality due to Pneumonia.
- **Rashtriya Bal Swasthya Karyakram (RBSK):** Children from 0 to 18 years of age are screened for 32 health conditions (i.e. Diseases, Deficiencies, Defects and Developmental delay) under Rashtriya Bal Swasthya Karyakram (RBSK) to improve child survival. District Early Intervention Centres (DEICs) at district health facility level are established for confirmation and management of children screened under RBSK.
- **Intensified Diarrhoea Control Fortnight / Defeat Diarrhoea (D2) initiative** implemented for promoting ORS and Zinc use and for reducing diarrhoeal deaths.
- **Capacity Building:** Several capacity building programs of health care providers are taken up for improving maternal and child survival and health outcomes.

(d): As per the National Family Health Survey (NFHS-5) in 2019-21 report, following key indicators have shown significant improvements under maternal health from NFHS-3 (2005-06) report;

- Mothers who had an antenatal check-up in the first trimester has increased from 43.9% (NFHS-3) to 70%(NFHS-5)
- Institutional births (%) has increased from 38.7% (NFHS-3) to 88.6%(NFHS-5).
- Births attended by skilled health personnel has increased from 46.6%(NFHS-3) to 89.4 % (NFHS-5).

(e)& (f): The Government of India has been working closely in collaboration with various international Organisations to strengthen Maternal Health initiatives/schemes like SUMAN, PMSMA, LaQshya and Midwifery etc. in order to improve maternal and new born health in the country.
