

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

**LOK SABHA
UNSTARRED QUESTION NO. 3648
TO BE ANSWERED ON 21/03/2025**

DEATHS OF PREGNANT WOMEN

3648. SHRI GOVIND MAKTHAPPA KARJOL:

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

- (a) whether the Government is aware of the fact that large number of pregnant women died during the maternity operation due to negligence of doctors and use of harmful medicines in Government hospitals in the State of Karnataka , if so, the details thereof ;
- (b) whether the Government has constituted any investigation committee/team to investigate this serious issue, if so, the details thereof and if not, the reasons therefor;
- (c) whether the Union Government has made consultations with the State Government of Karnataka in this regard, if so, the details thereof along with the outcomes;
- (d) whether the Government has any special scheme for financial support to the deceased families and to their children for their education and livelihood, if so, the details thereof; and
- (e) the steps taken/ proposed to be taken by the Government to control maternal deaths in the country?

ANSWER

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

(a) to (d) The information received on maternal deaths from the State of Karnataka, provides details on the various steps taken by the State on prevention of maternal deaths. These include the following:

- Audit of all the maternal death cases by State level Technical Committee
- Guidance at the state and district levels for all doctors and staff of all government and private health institutions to address the shortcomings in skills, implementation, and coordination.
- Monitoring the transfer protocol during referral from lower-level hospitals to higher level hospitals.
- Compulsory visit by the Chief of hospital to the delivery rooms and operation theaters, twice a day, to check the availability of medicines, equipment, human resources, and cleanliness.

- Hospitals to follow pre-natal and post-natal protocols.
- Refresher training by National Level Obstetricians has been given in the last 2 months to all levels of Obstetricians in the State.
- Steps taken to store various components of blood in the blood storage units of all the taluk hospitals, facilitating the provision of blood components to pregnant.
- The drugs for the treatment of anemia are supplied to all the health facilities.
- Counselling to all pregnant women regarding the importance of nutrition and awareness.
- **As per the latest information provided by the State of Karnataka, Rs. 5 lakhs compensation has been distributed to the families of the 5 deceased.**

The Government of India monitors the maternal mortality through various means as follows:

- Establishing the system of Maternal Death and Surveillance Response (MDSR), which is a continuous cycle of identification, notification and review of maternal deaths.
- Monitor/review the implementation of Maternal Health programmes by undertaking periodic Regional/State Level Review meetings and field visits in States/UTs and Common Review Mission (CRM).
- HMIS & RCH Portal are the key tools to report, review and monitor the maternal health indicators and provide key inputs on policy formulation and programme interventions.
- Communications through multiple channels with State Governments including letters, video conferencing, etc.

(e) Under National Health Mission (NHM), the Government of India (GoI) has undertaken following steps to control maternal deaths in the country including State of Karnataka as follows;

- **Janani Suraksha Yojana (JSY)** is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- **Janani Shishu Suraksha Karyakram (JSSK)** entitles every pregnant woman to free delivery, including caesarean section, in public health institutions along with the provision of free transport, diagnostics, medicines, blood, other consumables and diet.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost assured and quality antenatal checkup by an obstetrician/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 until a safe delivery is achieved through financial incentivization for the identified high-risk pregnant women and accompanying ASHA for extra three visits over and above the PMSMA visit.
- **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)** 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.
- **Maternal Perinatal Child Death Surveillance Response (MPCDSR) software** is an online data reporting platform designed to facilitate real-time monitoring of maternal and newborn deaths by providing information to strengthen maternal and child health interventions.
- **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.
- **Birth Waiting Homes (BWH)** are established in remote and tribal areas to promote institutional delivery and improve access to healthcare facilities.
- **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.
- **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 the Maternal and Child health services and community mobilization as well as to track high-risk pregnancies.
