

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

**LOK SABHA
UNSTARRED QUESTION NO -792
TO BE ANSWERED ON – 07/02/2025**

REGULATION ON C-SECTION DELIVERIES

792. Ms. PRANITI SUSHILKUMAR SHINDE

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

- (a) whether the Government is aware of the findings of the IIT Madras study in 2021, which states that 21.5% of births in India are delivered via Cesarean Section (C-section), with rates as high as 49.7% in private hospitals;
- (b) if so, the details thereof;
- (c) whether the Government has analysed the reasons for this high rate of C-section deliveries in private hospitals and if so, the details thereof;
- (d) whether the Government has taken any steps to align the rate of C-section deliveries with the WHO recommendation of 10% to 25%, especially in private hospitals and if so, the details thereof and if not, the reasons therefor;
- (e) whether there are any plans formulated to address the issue and if so, the details thereof; and
- (f) the mechanism/system in place to ensure that C-sections are performed only when medically necessary and to increase awareness among patients and healthcare providers about the risks of unnecessary C-sections?

ANSWER

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

(SMT. ANUPRIYA PATEL)

(a) and (b) The Government is aware of the findings of the IIT Madras study in 2021 which analysed the prevalence of caesarean sections (C-section) between private and public hospitals nationwide, specifically in Tamil Nadu and Chhattisgarh. The study highlights trends observed over the five-year interval between the two rounds of the National Family Health Survey (NFHS-4 and NFHS-5).

(c) As per the report of Population Research Centre (PRC) - JSS Institute of Economic Research Dharwad, Karnataka under Ministry of Health & Family Welfare (MoHFW), Government of India, a study conducted on “Understanding the Context of Caesarean

Delivery from the Providers' and Receivers' Perspectives'', mentions the main reasons behind the increase rate of C-section Deliveries in the country as;

- **Clinical Decision-Making by Doctor:** Clinical indications, such as maternal age, multiple pregnancies, fetal distress, previous C-sections, prolonged labour, placenta previa, as well as maternal complications have a greater likelihood of caesarean delivery.
- **Patient/Community Preferences:** These have decision-making role in the matter

(d) to (f) Under National Health Mission, various measures/initiatives have been taken to address the arising challenges pertaining to high C-section rates, including establishment of monitoring mechanism in all States/UTs in the country which are as follows:

- CGHS empanelled hospitals are required to prominently display information regarding the ratio of deliveries by Caesarean section vis-à-vis normal deliveries.
- Data Reporting and monitoring has been strengthened at health care facilities.
- Under LaQshya initiative, a dedicated C-section audit component is embedded in the LaQshya assessment checklist for Maternity OTs for all Government Hospitals.
- Various training programs, including Daksh, Dakshta, Skilled Birth Attendant (SBA) and Nurse Practitioner Midwifery (NPM) have been instituted to ensure the availability of well-trained human resources, especially in remote areas in order to promote normal deliveries.
