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

LOK SABHA
STARRED QUESTION NO. 136
TO BE ANSWERED ON THE 04TH MARCH, 2016
MISCARRIAGES

***136. SHRI DALPAT SINGH PARASTE:**
KUNWAR HARIBANSH SINGH:

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

(a) whether as per the recent study, the miscarriage rate among Indian women is higher as compared to global figure;

(b) if so, the details of the study and the reasons for higher rate of miscarriages;

(c) the number of pregnant women presently availing the benefits of Central Health Schemes in Primary Health Centres; and

(d) the steps taken/being taken to reduce the incidents of miscarriages?

ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)

(a) to (d): A statement is laid on the Table of the House

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 136* FOR 04TH MARCH, 2016

a) & b) A recent study titled 'An Epidemiology Study to Determine the Prevalence and Risk Factors Associated with Recurrent Spontaneous Miscarriage in India' published in 2015, states that of the 2398 Indian females screened, 767 (32%) had a history of at least one spontaneous miscarriage. The risk factors associated with recurrent spontaneous abortion, as mentioned in the study, include the age of the woman, clotting disorders, immunological factors, infections and genetic disorders.

However, the results of the study cannot be generalized to the entire population of India on account of its small sample size representing only 5 Metro Cities and having selection bias, it does not provide robust estimates at the national level.

As per the survey data of District Level Household And Facility Survey (DLHS 3), 2007-08, 4.7 % of all pregnancies of currently married women aged 15-49 years ended in spontaneous abortion. While all India figures for DLHS - 4 (2012-13) are unavailable, data from 18 States show that rate of spontaneous abortion among currently married women aged 15-49 years varies from 6.2 % in Goa (maximum) to 0.1 % in Tripura (minimum), which is much lower than the 32% quoted in the study.

c) Number of pregnant women receiving benefits under the Central Health Schemes in all health care facilities including Primary Health Centres is as follows:

1. More than 1.15 Crore pregnant women have received benefits under the Janani Shishu Suraksha Karyakram (JSSK) in 2014-15.
2. More than 1 crore pregnant women receive benefits under the Janani Suraksha Yojana every year.
3. More than 5.86 lakh women have received benefits under the Indira Gandhi Matritva Sahyog Yojana of Ministry of Women & Child Development in 2014-15.

d) Government of India has taken the following steps to address the issue of foetal loss due to preventable causes :

The Reproductive Maternal Newborn Child & Adolescent Health (RMNCH+A) strategy of continuum of care throughout the life cycle of women, under the National Health Mission, emphasizes on providing quality antenatal care to all pregnant women and timely detection of any risk factors that may threaten the life of the foetus or the pregnant woman. Each visit includes care that is appropriate to the overall condition and stage of pregnancy. Every pregnant woman receives at least 4 ante natal checkups during pregnancy (Registration and 1st ante natal check-up within 12 weeks, 14-26 weeks, 28-32 weeks and 36-40 weeks).

The availability of Nishchay kit ensures early detection of pregnancy at the health centres and outreach facilities. Mother and Child Tracking System is used to ensure early registration of pregnancy and full ANC. The timely availability of nutrients like folic acid in the prenatal period and first three months of pregnancy avoids neural defects in the foetus. Iron and folic acid given to women in the reproductive age group and during pregnancy prevents complications due to anaemia. The supplementation of calcium during pregnancy has been rolled out to reduce incidence of Pre-eclampsia and hypertensive disorders during pregnancy.

In order to address the issue of miscarriages due to infections like Human Immuno deficiency Virus (HIV) and Syphilis, Government of India (GOI) has already launched an initiative for universal screening of pregnant women for HIV and Syphilis.

Similarly various measures have been initiated to reduce the incidence of foetal loss like the universal screening of pregnant women for Gestational Diabetes Mellitus and screening of pregnant women with risk of Hypothyroidism.

Under JSSK, women are entitled to free transport, drugs, diagnostics and management at the health care centres in case there are any symptoms of miscarriage. As and when required, women are provided services to completely evacuate the spontaneous abortion of the foetus to avoid any complication due to continuous bleeding. Model Comprehensive abortion care centres are also being set up in order to provide abortion services to women.