

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

**LOK SABHA
UNSTARRED QUESTION NO. 931
TO BE ANSWERED ON 29TH APRIL, 2016
MATERNAL MORTALITY DUE TO ANAEMIA**

931. SHRI BHAIRON PRASAD MISHRA:

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

- (a) the details of maternal mortality reported due to anaemia during the last three years, State/UT-wise;
- (b) whether the Government has put in place programmes/schemes to prevent anaemia in pregnant women and curb maternal mortality; and
- (c) if so, the details thereof along with the steps taken by the Government in this regard?

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

(a): As per the latest report of the RGI-SRS, MMR of India for the period 2011-13 is 167 per 100,000 live births.

- As per the RGI-SRS report titled “Maternal Mortality in India: 2001-2003 trends, causes and risk factors”, major causes of maternal deaths in the country are haemorrhage (38%), sepsis (11%), hypertensive disorders (5%), obstructed labour (5%), abortion (8%) and other Conditions (34%) , which includes anaemia.
- Separate details of Maternal Mortality reported due to anaemia during the last three years, State/UT wise is not available.
- Data on the causes of Maternal deaths(2001-2003) is placed at Annexure.

(b): Under the National Health Mission (NHM), various steps have been taken to tackle anaemia in pregnant and lactating women to curb Maternal Mortality.

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(c): The steps taken to tackle anaemia in pregnant and lactating women to curb Maternal Mortality under NHM are:

- Universal screening of pregnant women for anaemia is a part of ante-natal care and all pregnant women are provided iron and folic acid tablets during their ante-natal visits through the existing network of sub-centers and primary health centres and other health facilities as well as through outreach activities at Village Health & Nutrition Days (VHNDs).
- Every pregnant woman is given iron and folic acid, after the first trimester, to be taken 1 tablet daily and same is continued during the post natal period. Pregnant women, who are found to be clinically anaemic, are given additional 1 tablet for taking two tablets daily. This has been now expanded to 6 month during ANC and 6 month during PNC.
- Government of India has given directions to the States for identification and tracking of severely anaemic cases at all the sub centres and PHCs for their timely management.
- Health and nutrition education through IEC & BCC to promote dietary diversification, inclusion of iron folate rich food as well as food items that promotes iron absorption.
- To tackle the problem of anemia due to malaria particularly in pregnant women and children, Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) are being distributed in endemic areas.
- Both the Health management information system & Mother Child tracking system are reporting the cases of anemic and severely anemic pregnant women.
- 184 High Priority Districts (HPDs) have been identified and prioritized for Reproductive Maternal Newborn Child Health+ Adolescent (RMNCH+A) interventions for achieving improved maternal and child health outcomes.
- Safe Motherhood Booklet is being distributed to the pregnant women for educating them on dietary diversification and promotion of consumption of IFA.

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Annexure

Causes of Maternal Deaths from 2001-03 Special Survey of Deaths*

Maternal Causes	India (%)	EAG and Assam(%)	South (%)	Others (%)
Haemorrhage	38	37	30	40
Sepsis	11	11	17	10
Hypertensive Disorders	5	4	13	6
Obstructed Labour	5	5	9	4
Abortion	8	10	4	3
Other Conditions	34	33	26	37
Total	100	100	100	100

* Sample Registration System: Maternal Mortality in India: 2001-2003 Trends, Causes and Risk Factors.