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

LOK SABHA
UNSTARRED QUESTION NO. 2132
TO BE ANSWERED ON 31ST JULY 2026

RISING RATES OF CAESAREAN DELIVERIES

2132 DR. BACHHAV SHOBHA DINESH:
MS. PRANITI SUSHILKUMAR SHINDE:
ADV GOWAAL KAGADA PADAVI:
SHRI VISHALDADA PRAKASHBAPU PATIL:

Will the **MINISTER OF HEALTH AND FAMILY WELFARE** be pleased to state:
(a) whether the Government has taken cognizance of the consistently high and rising rates of caesarean section deliveries in private healthcare institutions, significantly exceeding the benchmark recommended by the World Health Organisation, if so, the details thereof;
(b) the details of the data on caesarean and normal deliveries reported over the last five years with specific reference in the country, State/UT-wise, particularly in Maharashtra;
(c) whether the Government has undertaken any assessment of non-clinical factors contributing to this trend including institutional practices, financial incentives, medico-legal considerations and socio-cultural preferences influencing elective caesarean procedures;
(d) if so, the details thereof; and
(e) the details of the regulatory, monitoring and corrective measures instituted to discourage medically unnecessary caesarean deliveries and safeguard maternal and neonatal health outcomes in this regard?

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

(a) & (b) The rate of caesarean section deliveries in private healthcare institutions and the details of caesarian section and total deliveries reported over the last five years, State/UT-wise, including Maharashtra, are provided at the link given below:

https://www.nfhsiips.in/nfhsuser/assets/National%20Family%20Health%20Survey%20(NFHS-6)%202023-2024%20Fact%20Sheets.pdf

(c) and (d) 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.

(e) Under the National Health Mission (NHM), various measures/initiatives have been taken to discourage unnecessary caesarean deliveries across all States/UTs. The key measures are:

- CGHS empaneled hospitals are required to prominently display information regarding the ratio of deliveries by Caesarean section vis-à-vis normal deliveries.
- Data Reporting and monitoring strengthened at health care facilities.
- Under National Quality Assurance Standards (NQAS), a dedicated C-section audit component is embedded in the assessment checklist for Maternity OTs for all Government Hospitals.
- Various training programs, including Daksh, Dakshta, Skilled Birth Attendant (SBA) and Nurse Practitioner Midwifery (NPM) instituted to ensure the availability of well-trained human resource.

To improve the maternal and neonatal health outcomes, the Government of India has taken following initiatives under NHM:

- **Janani Suraksha Yojana (JSY)** is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- **Janani Shishu Suraksha Karyakram (JSSK)** under which every pregnant woman and sick infant is entitled to free delivery, including caesarean section, in public health institutions along with 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 (e-PMSMA) strategy was launched for individual tracking of high-risk pregnant women till a safe delivery.
- **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)** aims to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility to end all preventable maternal and newborn deaths.
- **Optimizing Postnatal Care** aims to strengthen the quality of postnatal care by laying emphasis on detection of danger signs in mothers and incentivizing Accredited Social Health Activists (ASHAs) for prompt detection, referral & treatment of such high-risk postpartum mothers.

- **Monthly Village Health, Sanitation and Nutrition Day** is an outreach activity at Anganwadi centers for provision of maternal and childcare including nutrition in convergence with the Integrated Child Development Scheme (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 Maternal and Child health services and community mobilization as well as to track high-risk pregnancies.
- **Capacity Building** of staff in Skilled Birth Attendance (SBA), Daksh, Dakshata along with BEmONC, CEmONC and LSAS to provide comprehensive quality care during delivery at a health facility.
- **Strengthening of infrastructure,** including functionalization of **First Referral Units** (FRUs), setting up of **Maternal and Child Health** (MCH) Wings, operationalization of **Obstetric High Dependency Units & Intensive Care Units** (Obst. HDU & ICU), establishment of **Birth Waiting Homes** (BWHs) in difficult terrain, remote and tribal areas to improve access to healthcare facilities and promote institutional delivery.

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