

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:1114
ANSWERED ON:30.07.2010
CASES OF MATERNAL DEATH
Sinha Shri Yashwant

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

- (a) whether cases of maternal deaths while delivering babies are very high in the country;
- (b) if so, the details thereof, State/UTwise and reasons therefor; and
- (c) the further steps proposed to be taken by the Government to check maternal deaths in the country and to monitor the health of women and new born children during the initial critical hours?

Answer

MINISTER OF THE STATE IN THE MIISTRY OF HEALTH & FAMILY WELFARE (SHRI GHULAM NABI AZAD)

(a) to (c) Specific data regarding maternal deaths while delivering babies is not available. However, as per the Sample Registration System of the Registrar General of India (RGI-SRS), Maternal Mortality Ratio (MMR) has shown a decline from 301 per 100,000 live births during the period 2001-03 to 254 per 100,000 live births during the period 2004-06.

Details of MMR in India state wise are annexed.

Maternal Deaths during delivery and immediately after delivery are mainly due to haemorrhage, eclampsia and obstructed labor. The other reasons for maternal deaths are sepsis, unsafe abortion besides socio-economic determinants like low level of education, poverty, cultural misconceptions and lack of access to services.

To check maternal deaths and to monitor maternal and newborn health the following key strategies and interventions are being implemented under the National Rural Health Mission:

Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a focus on Below Poverty Line (BPL) and SC/ST pregnant women, which has brought about significant increases in institutional delivery.

Providing services for Essential and Emergency Obstetric and Newborn Care at health facilities like District Hospitals, Community Health Centers, other sub-district level facilities and 24 X 7 Primary Health Centers.

To provide quality care in the critical hours after delivery to the mother and the newborn, nurses and ANMs are being trained as Skilled Birth Attendants (SBA) and doctors in basic and comprehensive obstetric care.

Doctors, Nurses and ANMs are also being trained in Essential New Born Care including Resuscitation under the Navjaat Shishu Suraksha Karyakram (NSSK).

Prevention and treatment of anemia in pregnant and lactating women by supplementation with Iron and Folic Acid tablets during Ante-natal check-up.

Appointment of an Accredited Social Health Activist (ASHA) for every 1000 population to facilitate accessing of health care services by the community;

Referral systems including emergency referral transport, states have been given flexibility for establishing systems for timely access for mothers and newborns to transport services for emergency care.