

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

UNSTARRED QUESTION NO:2263

ANSWERED ON:06.08.2010

MATERNAL MORTALITY RATE

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

- (a) the Maternal Mortality Ratio (MMR) in India per 100,000 live births;
- (b) the reasons for such high ratio;
- (c) whether the Government proposes to draft new guidelines for antenatal care and to empower women health workers and providing them basic training in child birth;
- (d) if so, the details thereof; and
- (e) the other steps taken by the Union Government to check such high MMR?

Answer

MINISTER OF THE STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a) to (e): 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.

As per the Report of Registrar General of India titled "Maternal Mortality in India: 1997-2003 trends, causes and risk factors", major medical causes of maternal deaths in the country are Haemorrhage (38%), Sepsis (11%), Hypertensive Disorders (5%), Obstructed Labour (5%), Abortion (8%) and Other Conditions (34%). Besides this, socio-economic determinants like low level of education, poverty, cultural misconceptions and lack of access to services also contribute to Maternal Mortality.

To provide quality care during pregnancy and child birth, guidelines for Antenatal care and Skilled Attendance at Birth by Auxiliary Nurse Midwives/Lady Health Visitors/ Staff Nurses including training tools were developed in the year 2005. These have now been revised and updated based on the latest available scientific evidence in the field.

The revised Guidelines along with the training tools are a comprehensive source of knowledge and define and illustrate the skills needed to provide quality ante-natal, intra-natal and post-natal care to pregnant women, mothers and their newborns. These guidelines are a tool for the trained service provider (ANMs/SNs/LHVs) for early detection and management of life threatening conditions during pregnancy and child birth.

The National Rural Health Mission (NRHM) and under its umbrella, the Reproductive and Child Health Programme Phase II, seeks to improve the availability of and access to quality health care including Maternal and Child Health services particularly to rural population throughout the country, with a special focus on 18 States with weak public health indicators and weak infrastructure. Under this programme, the steps taken by the Government to reduce maternal mortality are:

1. Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women, which has brought about significant increases in institutional delivery.
2. Operationalizing Community Health Centres as First Referral Units (FRUs) and Primary Health Centres (24X7) for round the clock maternal care services, including Ante-natal, Intra-natal and Post-natal care.
3. Augmenting the availability of skilled manpower by means of different skill- based trainings such as Skilled Birth Attendance; training of MBBS Doctors in Life Saving Anesthetic Skills and Emergency Obstetric Care including Caesarean Section.
4. Provision of Ante-natal and Post Natal Care services including prevention and treatment of Anemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation. IFA tablets are distributed to pregnant and lactating woman through the Sub-Centre ANMs and through outreach activities at Village Health and Nutrition Days (VHNDs).
5. Appointment of an Accredited Social Health Activist (ASHA) for every 1000 population to facilitate accessing of health care services by the community;

6. Referral systems including emergency referral transport, for which the states have been given flexibility to use different models of emergency referral transport.