GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:1102
ANSWERED ON:05.08.2011
INFANT/MATERNAL MORTALITY RATE
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether infant and maternal mortality rate in India is one of the highest in comparison to other countries;

(b) if so, the reasons therefor alongwith the number of cases of infant and maternal mortality reported in rural and urban areas during the last three years and the current year in the country, State-wise and Union Territory- wise including Madhya Pradesh;

(c) whether the malnutrition is one of the main causes for this high rate of mortality; and

(d) if so, the details of the programmes/ schemes that are operational to boost up nutrition both in pre-natal and post-natal period in the country to reduce the high rate of mortality particularly in tribal areas?

Answer

THE MINISTER OF STATE FOR HEALTH & FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY)

(a): As per the report, "Trends in Maternal Mortality: 1990 to 2008" released by the WHO, UNICEF, UNFPA and the World Bank, the Maternal Mortality Ratio (MMR) in India is 230 per lakh live births and India ranks 117 among 172 countries when arranged in ascending order of MMR.

As per the State of World Children, UNICEF Report 2010, India with an Infant mortality rate(IMR) of 50 per 1000 live births, is ranked 49th in the descending order of the estimated Infant mortality rate for the year 2009 among 192 countries.

(b): Lack of awareness, poor health seeking behaviour, inappropriate child care practices and insufficient health services are contributing factors for IMR. The medical causes of infant deaths in India 2001-03 as given by the Registrar General of India, Ministry of Home Affairs, are:

a) Perinatal conditions (46%)

b) Respiratory infections (22%)

c) Diarrhoeal disease (10%)

d) Other infectious and parasitic diseases (8%).

e) Congenital anomalies (3.1%)

The State-wise and rural-urban wise IMR as given by Sample Registration System (SRS) for the years 2006, 2007, 2008 and 2009 are given at Annexure-1.

Maternal Mortality Ratio by Registrar General of India (RGI) is reported only for a block of 3 years. It does not give rural and urban estimates of MMR. The state wise MMR for the last 3 RGI reports, including for the state of Madhya Pradesh is given at Annexure- 2.

As per the Report of RGI titled "Maternal Mortality in India: 1997-2003 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%) .

(c): Yes. As per WHO/CHERG 2010 estimate, Malnutrition is an underlying cause and contributes about 35% of Under 5 Morality.

(d): Steps taken in this direction are:

Under the National Rural Health Mission (NRHM) (2005-2012), the Reproductive and Child Health Programme Phase II, the following interventions are implemented to reduce maternal and infant mortality.

i) Integrated Management of Neonatal and Childhood Illness (IMNCI) and Facility Based Integrate Management of Neonatal and Childhood Illnesses (F-IMNCI).

ii) Early detection and appropriate management of Diarrhoea disease and Acute Respiratory Infections.

iii) Navjaat Shishu Suraksha Karyakram (NSSK), a programme for training health care providers in Essential newborn care and resuscitation.

iv) Improving Infant and young child feeding practices including early initiation of breastfeeding, exclusive breast feeding for first six months of life and promotion of breast feeding.

v) Immunisation against six vaccine preventable diseases.

vi) Vitamin A supplementation.

vii) Establishment of Special New Born Care Units (SNCU) at District Hospitals, New-Born Stabilization Units at Community Health Centres(NBSU)at CHCs and New Born Care Corners (NBCC)at 24x7 Primary Health Centres (PHCs) to provide new born and child care services.

viii) Home based newborn care by ASHAs by at least six home visits in post-natal period and one additional visit with-in 24 hours of birth for home deliveries.

ix) Establishment of Nutritional Rehabilitation Centres to address severe and acute malnutrition.

x) Janani Suraksha Yojana (JSY), a conditional cash transfer 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.

xi) Upgrading and operationalizing the Primary Health Centres (PHCs) as 24X7 facilities and the Community Health Centres (CHCs) as First Referral Units (FRUs) for providing basic and comprehensive obstetric and new- born care services.

xii) Augmenting the availability of skilled manpower through different skill- based trainings such as Skilled Birth Attendance for Auxiliary Nurse Midwives/ Staff Nurses/Lady Health Visitors; training of MBBS Doctors in Life Saving Anaesthetic Skills and Emergency Obstetric Care including Caesarean Section.

xiii) Provision of Ante-natal and Post Natal Care services including prevention and treatment of Anaemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation.

xiv) Organizing Village Health and Nutrition day in rural areas every month at Anganwadi centres for provision of maternal and child health services.

xv) Engagement of an Accredited Social Health Activist (ASHA) to facilitate accessing of health care services by the community;

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

New initiatives:

Name Based Tracking of Pregnant Women and children

Maternal Death Review

Mother and Child Health Protection Card

Janani- Shishu Suraksha Karyakram (JSSK):Ensuring cashless (free) institutional delivery of pregnant women (normal and caesarean) including free drugs and consumables, free diagnostics, free blood, free diet. Free referral transport from home to facility, from facility to higher facility and drop back home to pregnant women and similar entitlements for sick neonates upto 30 days after birth.