

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

UNSTARRED QUESTION NO:3006

ANSWERED ON:19.08.2011

MATERNAL AND INFANT MORTALITY RATE

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

(a) whether about 67000 women die every year due to pregnancy-related complications and 9 lakh children die within the first four weeks of life in the country even after implementation of National Rural Health Mission (NRHM);

(b) if so, the reasons therefor and the response of the Government thereon; and

(c) the concrete steps taken by the Government to provide free services to pregnant women for delivery and neo-natal care?

Answer

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

(a) & (b) As per the latest Registrar General of India- Sample Registration System (RGI-SRS) estimates on Maternal Mortality (2007-09), the MMR in India has declined from 254 per 100,000 live-births in 2004-06 to 212 per 100,000 live-births in 2007-09 which translates into a decline from approximately 67,000 maternal deaths per year in 2004-06 to approximately 56,000 per year in 2007-09.

As per RGI-SRS estimates, Neonatal Mortality Rate (NMR) has declined from 37 per 1000 live births in the year 2004 to 34 per 1000 live births in 2009, which translates into a decline from approximately 9.67 lakhs neonatal deaths per year in 2004 to approximately 8.95 lakh neonatal deaths per year in 2009.

Major medical causes of maternal deaths in the country include Haemorrhage, Sepsis, Hypertensive Disorders, Obstructed Labour, Abortion, etc.

Similarly the common causes of death in neonatal period are neonatal infections, prematurity, birth asphyxia, birth trauma and congenital malformations.

Maternal and neonatal Mortality is also influenced by socio-economic determinants which include low level of education, early age at marriage & child bearing, cultural misconceptions, economic dependency of women etc. Shortage of trained human resource particularly specialists, poor health seeking behaviour, out of pocket expenses on health care and inadequate physical infrastructure are some of the systemic constraints impacting maternal and newborn health.

(c) A new initiative namely Janani Shishu Suraksha Karyakaram (JSSK) has been launched on 1st June, 2011 under the overall umbrella of NRHM which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Sick new borns till 30 days after birth are also entitled for the free treatment at public health institutions.

The initiative supplements ongoing efforts under NRHM to improve Reproductive & Child Health which include the following:

Promotion of institutional deliveries through Janani Suraksha Yojana.

Capacity building of health care providers in basic and comprehensive obstetric care.

Operationalization of sub-centres, Primary Health Centres, Community Health Centres and District Hospitals for providing 24x7 basic and comprehensive obstetric services.

Name Based Tracking of Pregnant Women to ensure antenatal, intranatal and postnatal care.

Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.

Antenatal, intranatal and postnatal care including Iron and Folic Acid supplementation to pregnant & lactating women for prevention and treatment of anemia.

Immunization of pregnant mothers against Tetanus for preventing neonatal Tetanus

Essential Newborn care at delivery points (Navjaat Shishu Suraksha Karyakram (NSSK) - a programme for training health care providers on Basic newborn care and resuscitation).

Promotion of early initiation of breast feeding and exclusive breastfeeding.

Home-based newborn care of all newborns. ASHAs are equipped with the required skills to assess the newborn, promote healthy practices, early diagnosis of neonatal illness, manage simple problems and refer those with serious illnesses.

Integrated Management of Newborn and Childhood Illnesses (IMNCI)– for early diagnosis of neonatal illnesses, treatment and prompt referral – both at community and Facility level (F-IMNCI).

Referral and treatment of sick newborns at Sick New Born Care Units at District Hospitals, newborn stabilization Units at FRUs.

Engagement of more than 800,000 Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.

Village Health and Nutrition Days in rural areas as an outreach activity, for providing services to mothers and children.