

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

UNSTARRED QUESTION NO:3167

ANSWERED ON:19.08.2011

STILLBIRTH AND MATERNAL DEATHS

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

(a) whether the Government has taken note of certain studies which state that a large number of stillbirth and maternal deaths take place every year in India;

(b) if so, the details thereof alongwith the facts in this regard;

(c) the reason for the high prevalence of the incidences of stillbirth babies in the country; and

(d) the steps taken/proposed to be taken by the Government to provide better maternal and obstetric care in order to avoid such incidents?

Answer

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

(a) & (b) : As per the Registrar General of India- Sample Registration System 2009 (RGI-SRS 2009), the estimates for stillbirth rate at National level is 8 per 1,000 live births in the year 2009, which translates into approximately 2,10,000 stillbirths in that year.

As per the latest 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.

(c): Stillbirths can occur due to a variety of reasons e.g. complications in the mother during pregnancy and child birth like obstructed labour, ante-partum haemorrhage and infections, foetal conditions like congenital abnormalities, foetal growth restriction etc.

(d): Under the National Rural Health Mission (NRHM) and within its umbrella the Reproductive and Child Health Programme Phase II, many interventions have been launched to improve the quality of obstetric care for the mothers in the country and these include the following:

Promotion of institutional deliveries through Janani Suraksha Yojana.

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

Operationalisation 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.

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.

A new initiative namely Janani Shishu Suraksha Karyakaram (JSSK) has been launched recently, 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.