

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

UNSTARRED QUESTION NO:1536

ANSWERED ON:27.11.2009

CASES OF MATERNAL DEATHS

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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 the 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 MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

(a) to (c) As per the estimates of Maternal Mortality Ratio (MMR) given by the Office of Registrar General of India (RGI) from the Sample Registration System (SRS) through periodic surveys, the MMR for India has declined from 301 per 100,000 live births in the years 2001 - 03 to 254 per 100,000 live births in the years 2004-06. State-wise detail of MMR is at Annexure. As per the survey report titled "Maternal Mortality in India: 1997-2003 trends, causes and risk factors" published in the year 2006 by the Registrar General of India, the leading causes of maternal mortality are "hemorrhage-38%", "sepsis-11%", "abortion-8%", "obstructed labour-5%", "hypertensive disorders-5%" and "other conditions-34%". 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:

- i. 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.
- ii. Operationalizing Community Health Centres as First Referral Units (FRUs) and Primary Health Centres for round the clock (24X7) services
- iii. 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 Anaesthetic Skills and Emergency Obstetric Care including Caesarean Section.
- iv. 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.
- v. Organizing Village Health & Nutrition Day at Anganwadi Centres.
- vi. Appointment of an Accredited Social Health Activist (ASHA) to facilitate accessing of health care services by the community including pregnant women.
- vii. Strengthening of Health Facilities like District Hospitals, Community Health Centres, Primary Health Centres and Sub-centres.
- viii. Monitoring of the programme implementation including care of mother and new-born during the process of birth and thereafter is being done through a Health Management Information System.