

**GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA  
UNSTARRED QUESTION NO. 1861  
TO BE ANSWERED ON 29<sup>TH</sup> NOVEMBER, 2019**

**DECLINE IN MATERNAL MORTALITY RATE**

**1861. SHRI SANJAY JADHAV:  
SHRIMATI QUEEN OJA:  
SHRI MOHAN S. DELKAR:  
DR. BHARATIBEN DHIRUBHAI SHIYAL:**

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

- (a) whether as per the data released recently by the Government, the Maternal Mortality Rate (MMR) has shown a decline, if so, the details thereof and the percentage of this decline;
- (b) whether the Government has conducted a survey in this regard to ascertain the factors responsible for MMR if so, the details thereof;
- (c) the schemes formulated and operated by the Government resulting in such decline in MMR, State/UT/Districtwise including Dadar and Nagar Haveli, Marathwada district of Maharashtra during the last three years; and
- (d) the other steps taken by the Government to further reduce MMR?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI ASHWINI KUMAR CHOUBEY)**

- (a): As per the latest report of Sample Registration System (SRS) released by Registrar General of India (RGI), Maternal Mortality Ratio (MMR) of India has reduced by 8 points from 130, per 100,000 live births in SRS 2014-16 to 122 in SRS 2015-17. The details are placed in Annexure.
- (b): As per the RGI-SRS report titled “Maternal Mortality in India: 2001-2003 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%), which includes anaemia.
- (c)&(d): Under the National Health Mission (NHM), following steps are taken by the Government to reduce maternal deaths in the country including Dadar and Nagar Haveli and Marathwada district of Maharashtra.

- **Janani Suraksha Yojana (JSY)**, a demand promotion and conditional cash transfer scheme was launched in April 2005 with the objective of reducing Maternal and Infant Mortality.
- **Janani Shishu Suraksha Karyakram (JSSK)** aims to eliminate out-of-pocket expenses for pregnant women and sick infants (up to one year of age). Under JSSK, every pregnant woman is entitled to free delivery, including caesarean section, in public health institutions. This also includes free transport, diagnostics, medicines, other consumables, diet and blood (if required).
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** Under PMSMA, all pregnant women are provided fixed day, free of cost assured and quality Antenatal Care. As part of the campaign, a minimum package of antenatal care services (including investigations and drugs) is being provided to the beneficiaries on the 9<sup>th</sup> day of every month.
- **Surakshit Matratva Ashwasan( SUMAN)** a comprehensive multipronged and coordinated policy approach with an aim to assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every women and newborn visiting public health facilities in order to end all preventable maternal and newborn deaths and morbidities and provide positive birthing experience
- **Comprehensive Abortion Care services** are being strengthened through trainings of health care providers, supply of drugs, equipments, Information Education and Communication (IEC) etc.
- **Monthly Village Health and Nutrition Days (VHND)** as an outreach activity at Anganwadi centers for provision of maternal and child care including nutrition in convergence with the ICDS.
- **Midwifery programme** has been initiated in 2018 to create a cadre for Nurse Practitioners in Midwifery who are skilled in accordance to International Confederation of Midwives (ICM) competencies and capable of providing compassionate women-centred, reproductive, maternal and new-born health care services.
- **Capacity building** is undertaken of MBBS doctors in Anesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas.
- **Skill Labs** with earmarked skill stations for different training programs are established to enhance the quality of training. Five National and over 100 State level Skills labs are now operational for conducting training.
- **Maternal and Child Health (MCH) Wings** at high caseload facilities to improve the quality of care provided to mothers and children.
- **Obs HDU&ICU-** Operationalization of Obstetric ICU/HDU in a high case load tertiary care facilities across country to handle complicated pregnancies
- **Delivery Points-**Over 25,000 'Delivery Points' across the country have been strengthened in terms of infrastructure, equipment, and trained manpower for provision of comprehensive RMNCAH+N services.
- **Functionalisation of FRUs:** Provision of Emergency Obstetric care at FRUs is being done by operationalizing FRUs. While operationalizing, the thrust is on the critical components such as manpower, blood storage units, referral linkages etc.
- **LaQshya** - LaQshya programme aims to improve the quality of care in Labour room and Maternity operation theatres to ensure that pregnant women receive respectful and quality care during delivery and immediate post-partum.

- Regular IEC/BCC is conducted for early registration of ANC, regular ANC, institutional delivery, nutrition, and care during pregnancy etc.
- Over 10 lakhs Accredited Social Health Activists (ASHAs) have been engaged to facilitate access of health care services by the community, particularly pregnant women.
- **Maternal Death Surveillance Review (MDSR)** is being implemented both at facilities and at the community level. The purpose is to take corrective action at appropriate levels and improve the quality of obstetric care.
- Name Based Web enabled Tracking of Pregnant Women and New born babies so as to ensure provision of regular and complete services to them.
- MCP Card and Safe Motherhood Booklet are being distributed to the pregnant women for educating them on dietary diversification and promotion of consumption of IFA

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## ANNEXURE

### Trends in Maternal Mortality Ratio (per 1,00,000 live births)

<b>MATERNAL MORTALITY RATIO (per 1,00,000 live births)</b>				
<b>India/States</b>	<b>2014-16</b>	<b>% annual compound rate of decline 2014-16 over 2011-13</b>	<b>2015-17</b>	<b>% change (2015-17 over 2014-16)</b>
<b>India</b>	<b>130</b>	<b>-8</b>	<b>122</b>	<b>-6.2</b>
Andhra Pradesh	74	-7	74	0
Assam	237	-7.6	229	-3.4
Bihar	165	-7.4	165	0
Chhattisgarh			141	
Gujarat	91	-6.7	87	-4.4
Haryana	101	-7.4	98	-3
Jharkhand			76	
Karnataka	108	-6.7	97	-10.2
Kerala	46	-9	42	-8.7
Madhya Pr	173	-7.8	188	8.7
Maharashtra	61	-3.6	55	-9.8
Odisha	180	-6.8	168	-6.7
Punjab	122	-4.7	122	0
Rajasthan	199	-6.6	186	-6.5
Tamil Nadu	66	-5.8	63	-4.5
Telangana	81		76	-6.2
Uttar Pradesh	201	-11	216	7.5
Uttarkhand			89	
West Bengal	101	-3.7	94	-6.9

*Source: Registrar General of India, Ministry of Home Affairs (SRS Estimates)*