

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

**LOK SABHA
UNSTARRED QUESTION NO.985
TO BE ANSWERED ON 22ND NOVEMBER, 2019**

MATERNAL DEATH

985. SHRIMATI NUSRAT JAHAN RUHI:

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

- (a) the number of maternal deaths occurred in last three years in the country, State-wise; and
- (b) the reasons behind those deaths and steps taken by the Government to address the problem?

ANSWER

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

(a): Registrar General of India provides estimates on fertility and mortality using the Sample Registration System (SRS), which does not generate maternal mortality data on yearly basis. Maternal deaths being a rare event, require prohibitively large sample size to provide robust estimates. In order to enhance the SRS sample size, the results are derived by pooling the three years data to yield reliable estimates of maternal mortality.

As per the report of Sample Registration System (SRS) released by Registrar General of India (RGI), Maternal Mortality Ratio (MMR) of India reduced from 167, per 100,000 live births in SRS 2011-13 to 130 in SRS 2014-16 which further reduced to 122 per 100,000 live births in 2015-17.

The detailed state-wise maternal deaths is placed at 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

Under the National Health Mission (NHM), following steps are being taken to reduce maternal deaths in the country:

- **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).
- The **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** Under PMSMA, all pregnant women in the country 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 9th 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 RMNCH+A 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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State-wise Maternal Deaths

| <i>Sl.No.</i> | <i>State/UT</i> | Estimated Maternal deaths as per RGI-SRS 2011-13 | <i>2014-16(Mid year 2015)</i> | <i>2015-17 (Mid year 2016)</i> |
|---------------|------------------|--|-------------------------------|--------------------------------|
| 1 | Andhra Pradesh | 800 | 640 | 640 |
| 2 | Assam | 2100 | 1,720 | 1,660 |
| 3 | Bihar | 6100 | 4,900 | 4,900 |
| 4 | Chhatisgarh | 1400 | NA | 890 |
| 5 | Gujarat | 1500 | 1,200 | 1,150 |
| 6 | Haryana | 700 | 570 | 560 |
| 7 | Jharkhand | 1700 | NA | 630 |
| 8 | Karnataka | 1500 | 1,230 | 1,110 |
| 9 | Kerala | 300 | 230 | 210 |
| 10 | Madhya Pradesh | 4400 | 3,440 | 3,740 |
| 11 | Maharashtra | 1300 | 1,170 | 1,060 |
| 12 | Odisha | 1900 | 1,490 | 1,390 |
| 13 | Punjab | 600 | 540 | 540 |
| 14 | Rajasthan | 4400 | 3,630 | 3,390 |
| 15 | Tamil Nadu | 900 | 750 | 710 |
| 16 | Telangana | 600 | 520 | 490 |
| 17 | Uttar Pradesh | 16000 | 11,480 | 12,340 |
| 18 | West Bengal | 1700 | 1,480 | 1,380 |
| 19 | Uttarakhand | 500 | NA | 170 |
| 20 | Other States/UTs | | 940 | 930 |