

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

STARRED QUESTION NO:445
ANSWERED ON:24.04.2002
DELIVERY DEATH
NAGMANI

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

- (a) whether as per report of the United Nations Population Fund, out of every one thousand pregnant women in India, four die at the time of delivery every year;
- (b) if so, the details thereof alongwith the reasons therefor; and
- (c) the measures being taken by the Government to tide over the problem?

Answer

MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR)

(a)to(c) A statement is laid on the table of the Lok Sabha.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 445 FOR 24.4.2002

According to the data published by United Nations Population Fund, in their published report on `The State of World Population - 2001`; for every 1000 live births in India, 4.4 women die from conditions related to pregnancy, delivery and related complications. This fact is in conformity with the estimates on maternal mortality ratio published by the Sample Registration System of the Registrar General of India. According to these estimates for 1998, the maternal mortality ratio for India was 407 per 100,000 live births.

The main causes of maternal deaths are :

1. Direct Causes: Haemorrhage, infections, Obstructed Labour, Unsafe Abortion, Toxemia of Pregnancy etc.
2. Indirect Causes: Anemia, Viral Hepatitis, Tuberculosis and Malaria.
3. Socio economic causes: Early age of marriage, adolescent pregnancy, low status of women, low level of female education, lack of access to health services, gender bias and economic dependency.

Maternal health care is an integral part of the Family Welfare Programme. Certain vertical interventions like the National Nutritional Anemia Control Programme and Tetanus Immunisation Programme for pregnant mothers have been going on under the Family Welfare Programme since 1977-78. In 1992, the nationwide Child Survival and Safe Motherhood (CSSM) (1992-97) was launched with World Bank support, for integrating various vertical interventions in the area of Maternal and Child Health. The Reproductive and Child Health (RCH) Programme, which was launched in 1997 for five years, continues by way of strengthening of the CSSM activities along with certain new programmes. The major interventions of RCH programmes aimed at bringing down maternal, infant and child mortality are:

1. Provision of Essential Obstetric Care
2. Provision of Emergency Obstetric Care
3. Provision of services in backward districts by holding RCH Camps at Primary Health Centres.

4. Contractual appointments of additional ANMs for backward districts.
5. Provision of contractual or part time appointment of Anaesthetists, Safe Motherhood Consultants and technical staff like Laboratory technicians, Public Health Nurses etc.
6. Provision of drugs and equipment for Maternal Health at sub centres, primary health centres, community health centres/first referral units -including Iron and Folic Acid tablets for maternal and childhood anemia.
- 7 A scheme for 24-hour delivery services at selected primary health centres and community health centres.
8. Referral transport for pregnant women.
9. Facilities and training for medical termination of pregnancies for safe abortions.
10. Prevention, management and control of Reproductive Tract Infections (RTI), Sexually Transmitted Infections (STI).
11. Intensification of information, Education and Communication Programmes for Maternal and Child Health through the mass media as also decentralised local specific activities at the grass root level.
12. Involvement of NGOs in awareness generation and service delivery where government services are not adequate.
13. Training of medical/paramedical and other service providers.
14. Training of Dais.

The need for bringing down Maternal Mortality Rates significantly and improving maternal health in general, has been strongly stressed in the National Population Policy - 2000. This Policy recommends a holistic strategy for bringing about total inter-sectoral coordination at the grassroots level and also for involving the NGOs, civil society, Panchayati Raj Institutions and women's groups in bringing down MMR and Infant Mortality Ratio.