

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

UNSTARRED QUESTION NO:415
ANSWERED ON:20.11.2002
MATERNAL MORTALITY RATE
MANIBHAI RAMJIBHAI CHAUDHARY;T.M. SELVAGANAPATHI

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

- (a) whether the Government are aware that the delivery and abortion related deaths are increasing in the country;
- (b) if so, the details thereof, separately alongwith the reasons therefor; and
- (c) the preventive measures taken/proposed to be taken by the Government in this regard?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA)

(a) to (c) A statement is enclosed.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA UNSTARRED QUESTION NUMBER 415 FOR REPLY ON 20.11.2002

Data on the number of delivery and abortion related deaths are not available. Registrar General of India, however, makes available data with regard to maternal mortality ratio. Maternal Mortality Rate

This is defined as the number of maternal deaths on account of pregnancy, childbirth or within 42 days of childbirth per 100,000 live births.

Estimates of maternal mortality rate are available for the National level and some major States from the Sample Registration System of the Registrar General of India for the year 1997 and 1998 only. These are given at Annexure-I. 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 Programme

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, Gynaecologists, 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 for eight backward states.
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 decentralized 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 MMR considerably and improving maternal health in general has been strongly stressed in the National Population Policy - 2000, which has recently been approved by the Government. 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.

ANNEXURE-I

ANNEXURE REFERRED TO IN REPLY TO LOK SABHA UNSTARRED QUESTION NUMBER 415 FOR REPLY ON 20.11.2002

MATERNAL MORTALITY RATE INDIA AND BIGGER STATES

(SOURCE: RGI, SRS, 1997, 1998)

Major State	MMR (1997)	MMR (1998)
India	408	407
Andhra Pradesh	154	150
Assam	401	409
Bihar	451	452
Gujarat	29	28
Haryana	105	103
Karnataka	195	195
Kerala	195	198
Madhya Pradesh	498	498
Maharashtra	135	135
Orissa	361	367
Punjab	196	199
Rajasthan	677	670
Tamil Nadu	76	79
Uttar Pradesh	707	707
West Bengal	264	266