

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

UNSTARRED QUESTION NO:1129
ANSWERED ON:07.03.2007
MATERNAL MORTALITY RATE
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether every seven minutes, a woman dies of child birth related complications in the country as reported in The Hindustan Times dated February 11, 2007;
- (b) if so, the facts of the matter reported therein alongwith the reasons therefor;
- (c) whether the UNICEF has stated that mortality rate of women at the time of child birth is much higher in Madhya Pradesh as compared to other States;
- (d) if so, the reasons for not providing basic facilities in rural areas at the time of delivery;
- (e) the details of deaths of women while delivering baby during the year 2005-06 and till date during the year 2006-07, State-wise; and
- (f) the steps proposed to be taken by the Government to remedy the situation?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE (SMT. PANABAKA LAKSHMI)

(a) to (f) Yes. Based on the official estimates of Registrar General of India (RGI), the Maternal Mortality Ratio (MMR) for India is 301 per 100,000 live births (SRS 2001-03). This translates into an absolute number of maternal deaths of approximately 77,000 per year or in other words one woman dying every seven minutes due to complications related to pregnancy and child birth.

As per the latest survey reports (SRS – 2001-03), the reasons for high Maternal Mortality in the country are – Hemorrhage - 38%, Sepsis – 11%, Abortion – 8%, Obstructed Labour – 5%, Hypertensive Disorders – 5% and Others - 34%.

MMR as estimated for major states by the Registrar General of India (Sample Registration System 1998 and 2001-2003) are given in Annexure. As per these figures 3 states have a MMR higher than that of Madhya Pradesh, which is 379 per 100,000 live births. Data on details of Maternal Deaths state-wise and year-wise is not available.

To provide basic facilities in rural areas including those at the time of delivery the Government of India has launched the National Rural Health Mission (NRHM) in the year 2005, with special emphasis on improving the health status of rural population throughout the country. The Mission will operate over a period of seven years from 2005 to 2012 with a goal of achieving reduction of Maternal Mortality Ratio to 100 per 100,000 live births. Under the NRHM (2005-2012) and the RCH Programme Phase II (2005-2010), with the above goal in view, the Government of India is strengthening services by implementation of :

Janani Suraksha Yojana (JSY), a scheme to promote Institutional Delivery for reducing Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) by providing quality maternal care during pregnancy, delivery and immediate post-delivery period with appropriate referral transport system along with cash assistance to pregnant women with a special focus on Below Poverty Line (BPL) women. The scheme also covers SC/ST women delivering in the Govt. Health Institutions and accredited Private Institutions.

Appointment of an Accredited Social Health Activist (ASHA) for every village with a population up to 1000. ASHA will facilitate in accessing health care services to the community and will have specific responsibility of mobilizing pregnant women for antenatal care, institutional delivery and post-natal checks and immunization to children.

Ensuring skilled attendance at every birth both in the community and the Institutions.

Operationalising 2000 Community Health Centers as First Referral Units (FRU) for providing Emergency Obstetric and Child Health services

Making 50% Primary Health Centers functional for providing 24-hours delivery services, over the next five years

Strengthening of sub-centre by providing untied fund of Rs. 10,000/- for utilizing at the sub-center to improve the service delivery. The fund shall be operated jointly by the Local Panchayat Representative and ANM.

Organizing of Village Health & Nutrition Day at Anganwadi center at least once in every month.

Ensuring quality of services by implementing Indian Public Health Standards (IPHS) for Primary Healthcare Facilities.

Training of Medical doctors in emergency obstetric care and anesthesia.