

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

UNSTARRED QUESTION NO:367  
ANSWERED ON:02.03.2005  
MATERNAL MORTALITY RATIO  
Yadav Dr. Karan Singh

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

- (a) the Current National Maternal Mortality Ratio (MMR), state-wise;
- (b) the reasons for high MMR;
- (c) the steps taken/proposed to be taken to reduce the MMR;
- (d) whether the Government proposes to start Blood Bank in Community Health Centres and First Referral Unit as a measure to check the threat of Haemorrhage; and?
- (e) if so, the details thereof?

**Answer**

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

(a) & (b) The National Maternal Mortality Ratio as estimated for major states by the Registrar General of India for the year 1997 and 1998 is given in the 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

(c) The ongoing Reproductive and Child Health Programme is being implemented in all States/Union Territories since 1997. The programme, besides other things, aims at bringing down the maternal mortality and morbidity. Under this programme various interventions focussed on reducing maternal deaths are being implemented. These are essential obstetric care; Emergency Obstetric Care; provision for referral transport for pregnant women with complication of pregnancy through Panchayats; provision of drugs and equipment at first referral units; provision of contractual staff like Additional Health Workers, Staff Nurses, Laboratory Technicians and hiring of Anesthetists from private sector for provision of emergency obstetric care. Funds are also being provided for schemes like 24 hours delivery services at selected Primary Health Centres and Community Health Centres and training of dais. Funds are also provided for organizing Reproductive and Child Health camps in remote and under utilised Primary Health Centres in all districts of EAG States. Under the existing National Maternity Benefit Scheme, pregnant women belonging to BPL families are being assisted for better nutrition by providing cash assistance of Rs.500 for the first 2 live births.

(d) & (e) To take care of requirement of blood for transfusion to the patients in Community Health Centres (CHCs) / First Referral Units (FRUs) Government has amended the Drugs & Cosmetic Rules for setting up Blood Storage Centres at these facilities. Blood Storage Centres will store tested and safe blood obtained from the linked mother blood bank to take care of emergencies in the CHC/FRU. Guidelines for setting up Blood Storage Centres at First Referral Units have been drawn up and issued to the States. Setting up of blood storage centres at FRUs/CHCs is included in the RCH Programme-Phase II.

Annexure-I

Maternal Mortality Rate India and Bigger States (Source: RGI, SRS, 1997, 1998)

(1997) (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