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**MATERNAL HEALTH IN INDIA: ISSUES AND PRIORITIES**

**Introduction**

Health is an essential component of India's philosophy of development for all. A healthy society makes way for development. Maternal health is central to the development of any country in terms of building a healthy social capital. The survival and well-being of mothers is not only important in their own right but are also central to solving the broader, economic, social and developmental challenges.

**Significance of Maternal Health**

Improving the well-being of mothers, infants and children is an important public health goal. Their well-being determines the health of the next generation and can successfully address the future public health challenges for families, communities and the health care system. Women with better education and health get greater household decision-making power and can prioritize the well-being of their children.

All women need access to antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth. All births should be assisted by skilled health professionals, as timely management and treatment can make the difference between life and death for both the mother and the baby.

## Maternal Mortality Ratio in India<sup>1</sup>

India has made remarkable progress in improving maternal health in the recent years and has progressed towards achieving the National and Global targets of maternal mortality reduction. Massive and strategic investments have been made under the National Health Mission (NHM) for improvement of maternal health. The National Health Mission has provided support for the implementation of key national policies and programs. As India strives towards achieving the Sustainable Development Goals (SDGs), progress in reducing maternal mortality becomes an important frontier. Continuous efforts have been taken to ensure that the pregnant mothers receive special care.

With sustained efforts the 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<sup>2</sup>. The pace of decline in MMR since 1990 has been 78 per cent, which is higher than the global decline of 45 per cent. Considering the compound annual rate of decline in the last ten years, India is likely to achieve the SDG target of MMR by 2025 (SDG 3 Goal of MMR: 70/100,000 live births by 2030). As per the Sample Registration system (SRS) 2015-17, three States such as Kerala (42), Tamil Nadu (63) & Maharashtra (55) have already attained the SDG target of MMR: Eleven States, namely, Kerala, Maharashtra, Tamil Nadu, Andhra Pradesh, Jharkhand, Telangana, Gujarat, Uttarakhand, West Bengal, Karnataka and Haryana have achieved the target set under the National Health Policy 2017 (NHP target of MMR: 100/lakh Live Births by 2020).

Globally, the World's MMR fell by nearly 44 per cent over the past 25 years, to an estimated 216 maternal deaths per 100 000 live births in 2015, from an MMR of 385 in 1990 at an average annual decline of 2.3 per cent, While India recorded a decline of 77 per cent reduction in maternal deaths over 25 years.<sup>3</sup>

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<sup>1</sup> The data pertaining to MMR have been provided by the Ministry of Health & Family Welfare

<sup>2</sup> Sample Registration System (SR) released by the Registrar General of India;

<sup>3</sup> Annual Report 2018-19 of the Health Ministry, chapter 3, Page 30.

The other maternal healthcare indicators have also improved significantly from the NFHS<sup>4</sup>-3 (2005-06) to NFHS-4 (2015-16). Institutional deliveries have increased from 38.7 per cent to 78.9 per cent, along with the percentage of deliveries taking place in public institutions from 18 per cent to 52 per cent. Skilled birth also increased from 46.6 per cent (NFHS-3) to 81.4 per cent (NFHS-4).

**The detailed State-wise table on maternal deaths is given below:<sup>5</sup>**

SI. No	State/UT	SRS 2011-13	2014-16 (Mid year 2015)	2015-17 (Mid year 2016)
1	Andhra Pradesh	800	640	640
2	Assam	2100	1720	1660
3	Bihar	6100	4900	4900
4	Chhatisgarh	1400	NA	890
5	Gujarat	1500	1200	1150
6	Haryana	700	570	560
7	Jharkhand	1700	NA	630
8	Karnataka	1500	1230	1110
9	Kerala	300	230	210
10	Madhya Pradesh	4400	3440	3740
11	Maharashtra	1300	1170	1060
12	Odisha	1900	1490	1390
13	Punjab	600	540	540
14	Rajasthan	4400	3630	3390

<sup>4</sup> National Family Health Survey

<sup>5</sup> Unstarred Question number 985 answered on 22.11.2019 by the Minister of State in the Ministry of Health & Family Welfare

15	Tamil Nadu	900	750	710
16	Telangana	600	520	490
17	Uttar Pradesh	16000	11480	12340
18	West Bengal	1700	1480	1380
19	Uttarakhand	500	NA	930
20	Other states / UTs		940	930

### Key issues and challenges of Maternal Health<sup>6</sup>

- **States with high Maternal Mortality Rate:** Seven States namely Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Assam, Odisha and Chhattisgarh accounts for over 70 per cent maternal deaths in the country.
- **Quality of Antenatal Care (ANC):** 51.2 per cent pregnant women received 4 Antenatal Care visits, 30.3 per cent of mothers consumed IFA tablets for 100 or more days and 21 per cent pregnant women received full ANC (NFHS-4, 2015-16).
- **Anemia prevalence among pregnant women and women in reproductive ages:** According to NFHS-4, 50.4 per cent pregnant women and 53.1 per cent women in reproductive age group (15-49 years) are anemic.
- **Disproportionate C (Cesarean) section:** C-Section rates in India have increased from 8.2 per cent in 2006 to 17.2 per cent in 2016 (NFHS). Nine States in the country currently have C-Section rates of over 30 per cent. Most of the Empowered Action Group (EAG)<sup>7</sup> States/UTs have C-section rates of less than 10 per cent which pose a challenge for providing access to emergency obstetric care and therefore contribute to maternal mortality in these States/UTs.
- **Quality care around child birth relating to Intrapartum and immediate postpartum care:** It is estimated that approximately 46 percent maternal deaths, over 40 per cent stillbirths and 25 per cent of Under-5 deaths take place on the day of the delivery. In India, as per Sample Registration System report (2017) of Registrar General of India, neonatal deaths account around 60per cent all deaths among children under age 5. Nearly, 70 percent of infant deaths

<sup>6</sup> Ministry of Health & Family Welfare

<sup>7</sup>The government had constituted an Empowered Action Group (EAG) under the Ministry of Health and Family Welfare following 2001 census to stabilise population in eight states (called EAG states) that were lagging in containing population. As per the latest census, EAG states Bihar, Jharkhand, Uttar Pradesh, Uttarakhand, Rajasthan, Madhya Pradesh, Chhattisgarh and Odisha have shown little improvement. They cover over 45 per cent of India's population.

occur in the first month of life. Among those, nearly 80 per cent die in their first week out of which (1<sup>st</sup> week newborn mortality) nearly 40per cent deaths happen on the day of birth only. Half of the maternal deaths each year can be prevented if quality health care is provided. Quality of care is increasingly recognized as a critical aspect of the maternal and newborn health agenda, mainly with respect to the care around labour and delivery and in the immediate postnatal period.

- **Unsafe abortion:** Unsafe abortion contributes for nearly eightper cent of all maternal deaths in India which is a substantial contribution to maternal mortality and morbidity.
- **Shortage of trained Human Resources:** As per the Rural Health Statistics (RHS) 2019, only 25 per cent (1351) obstetricians are in place against 5335 at Community Health Centres across the country. This holds a similar situation for the deployment of paediatricians because of the skewed presence of specialists in urban areas.
- **Functionality of CEmONC facilities:** Efforts are on to strengthen the Comprehensive Emergency Obstetric and New Born Care (CEmONC). The facilities available at present are not adequate in infrastructure and manpower in many parts of the country, especially in the Empowered Action Group (EAG) states. Only 1588 First Referral Units (FRUs) out of 3150 fulfil the conditionality criteria.

### Initiatives taken to address the issues<sup>8</sup>

Several initiatives/steps have been taken under National Health Mission (NHM) to improve the maternal health status, such as:

- **Janani Suraksha Yojana (JSY):** Under the National Health Mission Janani Suraksha Yojana (JSY) is intended to reduce poor pregnant women. Launched on 12 April 2005, the Scheme is under implementation in all states and Union Territories (UTs), with a special focus on Low Performing States (LPS). JSY is a centrally sponsored scheme, which integrates cash assistance with delivery and post-delivery care. The Yojana has identified Accredited Social Health Activist (ASHA) as an effective link between the government and pregnant women. It has increased its coverage from 7.39 lakhs in 2005-06 to an average of 1 Crore in the last few years.
- Year wise number of mothers benefited under JSY:

Year	No. of beneficiaries (in lakhs)
2005-06	7.39
2006-07	31.58
2007-08	73.29

<sup>8</sup> Ministry of Health & Family Welfare

2008-09	90.37
2009-10	100.78
2010-11	106.97
2011-12	109.37
2012-13	106.57
2013-14	106.48
2014-15	104.38
2015-16	104.16
2016-17	104.59
2017-18	110.21
2018-19	100.41
<b>2019-20 (Provisional)</b>	<b>105.82</b>

- **Janani Shishu Suraksha Karyakaram (JSSK):** The Janani Shishu Suraksha Karyakaram (JSSK) launched in June 2011 aim at eliminating out-of-pocket expenses for pregnant women delivering in public health institutions and sick infants accessing public health institutions for treatment. The entitlements include free drugs and consumables, free diagnostics, free blood wherever required, and free diet. JSSK also provides for free transport from home to institution, between facilities in case of a referral and drop back home.
- More than 42,000 Delivery Points have been strengthened throughout the country for provision of comprehensive Reproductive, Maternal, New Born Child Health and Adolescent (RMNCAH+N) services.
- 3150 First Referral Units (FRUs) have been operationalized to provide comprehensive emergency obstetric care services and blood transfusion services.
- As on September 2019, 26321 ambulances have been operationalized under the National Ambulance Services to provide toll free number based referral and emergency transport services.

### **Initiatives for improving the maternal health since 2014**

- I. **Surakshit Matritva Aashwasan (SUMAN):** Launched on 10 October 2019, this initiative aims at providing an assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting a public health facility in order to end all preventable maternal and newborn deaths and morbidities and provide a positive birthing experience.
- II. **Midwifery initiative:** To improve the quality of care and ensure respectful care to pregnant women and newborns, the Midwifery Services was rolled out in the country in 2018. The 'Midwifery Services Initiative' aims to create a cadre of Nurse Practitioners in Midwifery who are skilled in accordance to competencies prescribed by the International Confederation of Midwives (ICM) and are knowledgeable and capable of providing compassionate women-centered, reproductive, maternal and newborn health care services.

The first batch (30 participants from five states) of Midwifery educator training was started on 6 November 2019 at the National Midwifery Training Institute at Fernandez Hospital, Telangana.

- III. **LaQshya (Labour Room Quality Improvement Initiative):** LaQshya launched in December 2017, aims at improving quality of care in labour room and maternity Operation Theatre (OT) to reduce preventable maternal and newborn mortality, morbidity and stillbirths associated with the care around delivery in Labour room and Maternity OT and ensure respectful maternity care. A total of 2444 facilities have been selected including 193 Medical colleges for LaQshya certification<sup>9</sup>. As on 13<sup>th</sup> of April, 2020, 552 Labour rooms and 499 Maternity Operation Theatres at the State level and 255 Labour rooms and 221 Maternity Operation Theatres at National Level are LaQshya certified.
- IV. **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)**<sup>10</sup>: This initiative was launched in 2016 to provide a comprehensive and quality Antenatal Care (ANC) to pregnant women on the 9th of every month. PMSMA guarantees a minimum package of ANC services to women in their 2nd / 3rd trimesters of pregnancy at designated government health facilities. This programme follows a systematic approach for engagement with the private sector which includes motivating private practitioners to volunteer for the campaign; developing strategies for generating awareness and appealing to the private sector to participate in the Abhiyan at the government health facilities. Till 1 May 2020, more than 2.43 crores pregnant women have received ANC, more than 12 lakhs High risk pregnancies are identified and more than 6000 volunteers are registered under PMSMA.
- V. **Maternal Death Surveillance and Response (MDSR):** The MDSR system is a continuous cycle of identification, notification, and review of maternal deaths followed by actions to improve quality of care and prevent future deaths.<sup>11</sup> The process of MDSR including Maternal Death Reviews has been institutionalized across the country both at the facilities and in the community to identify not just the medical causes, but also some of the socio-economic, cultural determinants, as well as the gaps in the system, which contribute to these deaths. This is with the objective of taking corrective actions at the appropriate levels and improving the quality of obstetric care. The States are being monitored closely on the progress made in the implementation of MDSR and MNM (Maternal Near Miss). Name based web enabled tracking of pregnant women and new born babies is being done so as to ensure provision of regular and complete services to them. Till date, 65 per cent

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<sup>9</sup> Ministry of Health & Family Welfare

<sup>10</sup> <https://pmsma.nhp.gov.in/> & <https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1308&lid=689>

<sup>11</sup> [https://www.who.int/maternal\\_child\\_adolescent/epidemiology/maternal-death-surveillance/en/](https://www.who.int/maternal_child_adolescent/epidemiology/maternal-death-surveillance/en/)

maternal deaths are reported and 60 per cent are reviewed (MDSR 2019-20)<sup>12</sup>.

- VI. **Comprehensive abortion care (CAC):** Comprehensive and safe abortion services are provided at public health facilities including 24 x 7 Primary Healthcare Centres (PHCs) / First Referral Units (FRUs) District Hospitals (DHs) / Sub Divisional Hospitals (SDHs) / (Community Health Centres (CHCs)) including the Delivery Points. Supply of Nischay Pregnancy detection kits to Sub-Centres for early detection of pregnancy is in place. More than 14,000 Medical Officers have been trained in Comprehensive Abortion Care (CAC) trainings<sup>13</sup>.
- VII. **Anemia Mukht Bharat (AMB) program:** was launched in April 2018 for providing preventive and curative mechanisms to tackle anemia through a 6x6x6 strategy which includes six target beneficiaries, six interventions and six institutional mechanisms. AMB aims to strengthen the existing mechanisms and foster newer strategies to tackle anemia and to achieve the envisaged target of a reduction of anemia prevalence by three per cent point every year under the POSHAN Abhiyaan, which is Government of India's flagship programme to improve the nutritional outcomes for children, pregnant women and lactating mothers.

#### **POSHAN Abhiyaan<sup>14</sup>**

The Prime Minister's Overarching Scheme for Holistic Nutrition (POSHAN) Abhiyaan or National Nutrition Mission, is Government of India's flagship programme to improve the nutritional outcomes for children, pregnant women and lactating mothers. Launched on the occasion of the International Women's Day on 8 March, 2018 from Jhunjhunu in Rajasthan, POSHAN Abhiyaan directs the attention of the country towards the problem of malnutrition and addresses it in a mission-mode.

It is a multi-ministerial convergence mission with the vision to ensure attainment of malnutrition free India by 2022. The objective of the POSHAN Abhiyaan to reduce stunting in identified Districts of India with the highest malnutrition burden by improving utilization of key Anganwadi Services and improving the quality of Anganwadi Services delivery.

- VIII. **Maternal & Child Health (MCH wings):** State of the art MCH Wings have been sanctioned at the District Hospitals/District Women's Hospitals and other high case load facilities at Sub-district level, as integrated facilities for providing quality obstetric and neonatal care. More than 42,000 additional beds

<sup>12</sup> Ministry of Health & Family Welfare

<sup>13</sup> Ministry of Health & Family Welfare

<sup>14</sup> <https://niti.gov.in/poshan-abhiyaan>

have been sanctioned across more than 600 health facilities across States/UTs<sup>15</sup>.

- IX. **Obstetric HDU &ICU:** Operationalization of Obstetric ICU/HDU in a high case load tertiary care facilities across country to handle complicated pregnancies. Till date, 259 Obstetric HDU &ICU have been sanctioned<sup>16</sup>.
- X. **Skills Lab:** Government of India has established five National Skills Labs in Delhi and NCR region in 2014 and 104 stand-alone skill labs established at different States for the capacity building and skill enhancement of healthcare providers to offer quality RMNCH+A services. Skills Lab comprise of skill stations where the trainees learn through practicing skills on mannequins, simulation exercises, demonstration videos and presentations.
- XI. Several capacity building programmes have been launched like Daksh training, Dakshata training, Skill Birth Attendant training etc. to enhance the capacity of health workers to provide quality of maternal health care. MBBS doctors are being trained in Life Saving Anesthesia Skills (LSAS) and obstetric care including C-section (Emergency Obstetric Care) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas.

## Conclusion

Women are strong pillars of any vibrant society. Sustained development of the country can thus be achieved only if we take holistic care of our women and children. Maternal health is an important aspect for the development of any country in terms of increasing equity and reducing poverty. The survival and well-being of mothers is not only important in their own right but are also central to solving large broader, economic, social and developmental challenges.

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<sup>15</sup> Ministry of Health & Family Welfare

<sup>16</sup> Ministry of Health & Family Welfare