

## Maternal deaths and stillbirths in India

### Why in news?

United Nations has released Maternal Mortality Estimation Inter-Agency Group (MMEIG) 2020 report which provides global estimates of MMR.

Key terms
<p><b>Maternal Mortality Rate</b></p> <ul style="list-style-type: none"> <li>It is defined as the number of maternal deaths during a given time period per 100,000 live births during the same time period.</li> </ul>
<p><b>Still Birth</b></p> <ul style="list-style-type: none"> <li>A baby who dies after 28 weeks of pregnancy, but before or during birth, is classified as a stillbirth.</li> </ul>

### What are the key findings of the report?

*Sustainable Development Goal (SDG 3.1) reduce global MMR to less than 70 maternal deaths per 100 000 live births by 2030*

- **UN MMEIG**- It comprises of
  - World Health Organisation (WHO),
  - United Nations Children's Fund (UNICEF),
  - United Nations Population Fund (UNFPA),
  - World Bank Group and
  - United Nations Department of Economic and Social Affairs, Population Division (UNDESA/Population Division)
- The report presents internationally comparable global, regional and country-level estimates and trends for maternal mortality between 2000 and 2020.
- **Title**- "Trends in maternal mortality 2000 to 2020"

MMR	2000	2020	Average annual rate of reduction
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<b>Global</b>	339	223	2.07%
<b>India</b>	384	103	6.36%

- **SDG regional groupings-** In 2020 **sub-Saharan Africa** was the only region with a very high MMR - estimated at 545 maternal deaths per 100 000 live births.
- **Nigeria-** It had the highest estimated number of maternal deaths, accounting for **over one quarter** (28.5%) of all estimated global maternal deaths in 2020, with approximately 82 000 maternal deaths.
- **India-**The data on maternal mortality and stillbirth is maintained by the [Ministry of Health and Family Welfare](#).
- [Sample Registration Report](#)- It is released by Registrar General of India (RGI)
  - **MMR-** It is reduced from 130 in 2014-16 to 97 in 2018-2020.
  - **Still birth-** It is reduced from 4 in 2016 to 1 in 2020.

### **What are the initiatives taken by India to tackle maternal mortality and still birth?**

- **Pradhan Mantri Surakshit Matritva Abhiyan(PMSMA)-** It is launched with an aim to provide fixed-day, free of cost, assured, comprehensive and quality antenatal care on the *9th day of every month*, universally to all pregnant women in their *2nd / 3rd trimesters of pregnancy*.
- **Extended PMSMA strategy-** It was launched to ensure quality Ante Natal Care to pregnant women, especially to high-risk pregnancy (HRP) women and individual HRP tracking till a safe delivery is achieved by means of *financial incentivization* for the identified high risk pregnant women and accompanying ASHA for extra 3 visits over and above the PMSMA visit.
- **Surakshit Matritva Aashwasan (SUMAN)-** It aims to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility.
- **Janani Shishu Suraksha Karyakaram-** It entitles every pregnant woman to free delivery including for caesarean section, in public health institutions along with the provision of free transport, diagnostics, medicines, other consumables, diet and blood (if required).
  - Similar entitlements have been put in place for all sick infants accessing public health institutions for treatment.
- **LaQshya (Quality Improvement Initiatives) -** It was launched in 2011 to *improve the quality of care* in labour room and Maternity operation Theatres.
- **Pradhan Mantri Matru Vandana Yojana (PMMVY)-** It is a centrally sponsored *direct benefit transfer* (DBT) scheme that provides support to the mother for safe delivery, address partial compensation for wage loss and immunization of her first living child.
- **PMMVY 2.0-** It is revised in 2022 under *Mission Shakti*, maternity benefit is also provided for 2<sup>nd</sup> child (only girl child) to discourage pre-birth sex selection and to promote and celebrate the girl child.
- **Mission Saksham Anganwadi and Poshan 2.0-** Supplementary nutrition is provided to pregnant women and lactating mothers with focus on strengthening nutritional content, delivery, outreach and outcomes.
- **Poshan Tracker-** It is a new, robust Information and Communications

Technology(ICT) *centralized data system* that is linked with the Reproductive and Child Health (RCH) Portal (Anmol) of the Ministry of Health and Family Welfare.

- [Anaemia Mukh Bharat](#)- It was launched in 2018 in a **6x6x6 strategy** to reduce anaemia prevalence among children, adolescents and women in reproductive age group.
- **Monthly Village Health, Sanitation and Nutrition Day (VHSND)** - It is an *outreach activity* at Anganwadi centres for provision of maternal and child-care including nutrition in convergence with the ICDS.
- **Outreach camps in rural**- They are also provisioned for improving the reach of health care services especially in tribal and hard to reach areas.
  - This platform is used to increase awareness for the Maternal and Child health services, community mobilization as well as to track high risk pregnancies.
- **Health and wellness centre**- It organizes camps on a periodic basis, reaching the marginalized, support treatment compliance and follow-up pregnant women and newborn etc.,
- **Mother-Child Protection Card (MCP)**- It was launched in 2018 which serves as an entitlement card, a counseling aid, and a family empowerment tool.
  - It is a valuable tool used in routine maternal and child health care
- **Safe Motherhood Booklet**- They are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.
- **IEC/BCC campaigns**-One of the key focus areas of Maternal Health is to generate demand through Information Education & Communication (IEC), Inter-personal Communication (IPC) and Behaviour Change Communication (BCC) activities.

### What lies ahead?

- Interventions must recognize and address social determinants of maternal health, including ethnicity, age, disability etc., which impede women's access to and use of sexual and reproductive health services.
- Improving maternal health requires intersectoral action from a stronger gender and human-rights perspective to improve women's empowerment, eliminate poverty and reduce gender-based inequality.
- There is a continued, urgent need for maternal health and survival to remain high on the global health and development agenda

### References

1. [PIB- India's MMR declined by 6.36%](#)
2. [UNPF- Trends in Maternal Mortality from 2000 to 2020](#)