

Special Guest Editorial

STRATEGIES FOR REDUCTION OF MMR

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INTRODUCTION

Maternal Mortality is a sensitive indicator, not only for maternal health care but also for the level of advancement achieved in overall health care system, for the preparedness of the system to deal with emergency situations. This is also an important parameter for socio - economic development of women, gender equality and identifies the Gender gaps in the country.

The latest available Sample Registration System (SRS) Data, 2018 on Maternal Mortality Ratio (MMR) indicate that the national average is 113 maternal deaths which are occurring annually for every 100,000 live births. India has reduced the maternal mortality in an accelerated pace, but the reduction has not been uniformed throughout the country. There are variations in between the States- Assam, UP, Bihar, Madhya Pradesh, Chhattisgarh, Rajasthan, Odisha, Punjab still have large burden of mortality during pregnancy. Even within these States, there exist pockets of concentration. The SDG (Sustainable Developmental Goals) target is to reduce MMR to 70 per 100,000 live births at National and Sub National level.

Reduction of maternal mortality needs holistic

strategies encompassing a life cycle approach. Early marriage and teenage pregnancy carry high risks of pregnancy complications. Family planning methods for delaying the first pregnancy till 21 years of age, increasing spacing between the pregnancies and preventing multiparity have contributed a lot for mortality reduction. Another area of concern is nutrition in adolescent girls and women of reproductive age group- Anamia being of particular importance. Improving nutritional status and reduction of anaemia in these two age groups are important strategies for combating mortality.

ANTENATAL CARE STRATEGIES

Provision of Comprehensive Antenatal Care to all Pregnant Women and accelerated efforts for identification and management of High-risk Pregnancies are essential. Every Pregnant Woman must be ensured at least four ANC checkups through complete and regular antenatal services with follow up. Proper birth planning of all pregnant women for timely referral to identified health facility based on the

high-risk conditions and emergencies must be in place well in advance.

Institutional deliveries are promoted through various schemes like JSY (Janani Suraksha Yojana), PMMVY (Pradhan Mantri Matru Vandana Yojana). With an aim of zero out of the pocket expenditure for the pregnant women, all deliveries including Caesarian sections are being supported through Janani Shishu Suraksha Karyakaram (JSSK) (for Drugs and Consumables, Diagnostics, Diet, Blood and Transport).

Deaths due to unsafe abortions can be averted easily by increasing access to Comprehensive Abortion Care services and ensuring safe abortions at all high delivery load points.

Moderate and Severe anaemia and their attendant complications are often underlying causes of maternal death. Administration of Iron and Folic Acid supplementation orally as well as Iron sucrose injections for the moderate and severe anaemic cases for correction of anaemia levels among pregnant women, Nutrition Supplementation for the undernourished -can prevent such cases.

INTRA-NATAL CARE STRATEGIES

Institutional delivery by skilled birth attendants is the cornerstone for improved pregnancy outcomes. The day of birth accounts for 46% of maternal mortality. Government of India is implementing LaQshya Programme where in quality certification are issued to the facilities on achieving the set standards for delivering quality care for pregnant women and newborn in intra partum and immediate post-partum periods. Labor room infrastructure strengthening as well as improving the quality of care, service delivery and close monitoring of safe practices during childbirth are of paramount importance for reduction of childbirth related mortalities. The Laqshya programme aims at ensuring quality and respectful maternity and newborn care. Triaging of all pregnant women at the time of admission for the mode of delivery, after conducting USG for any complications, will facilitate early identification of complications and ensure focused care. Provision of facilities like Caesarian section to high risk deliveries when

indicated, drugs, diagnostic, Blood etc are of critical importance Transport services including drop back are essential for timely referral to appropriate level of care through JSSK are free in public health system.

It is important to have skilled workforce for preventing mishaps. Capacity building of the health care providers at various levels are done through trainings like Skill Birth Attendant training, Midwifery training, Dakshata training on evidence-based practices to ensure early identification of complication and for proper pre referral management.

All attempts may be made for decreasing the unwarranted caesarian section rates by implementing C-section audits and strengthening of referral mechanism by strictly implementing the referral protocols. Ensuring availability of specialists-Obstetricians and Anaesthetists round the clock in high delivery points along with availability of all resources are the greatest of challenges but undoubtedly, they are absolutely essential.

POST-NATAL CARE STRATEGIES

Each mother must receive counselling on danger signs and family planning methods as well as diet plans before discharge from the facility. The most serious and life threatening post-natal complications like Post-Partum Haemorrhage, Hypertension, Septic complications, anaemia etc need be actively monitored by post- partum visits of health workers.

Each Maternal death and each Near miss case of critical illness tells us the story of many things gone wrong leading to the unfortunate event. Effective implementation of the Maternal Death Surveillance and Reporting (MDSR) system must be stressed upon by strengthening the reporting mechanisms. Each death must be reported and reviewed at facility and community level and corrective actions are to be taken at all the levels starting from the State level to community level. Most of the maternal deaths are preventable. The reviews, if done seriously, point out the flaws in clinical care, delays in seeking and receiving care and in the health care system.

Each maternal death is a tragic event and associated with many untold miseries for the

family and the child apart from the untimely loss of precious life of the woman full of hope and expectation for arrival of a new life. Women continue to die during pregnancy because the society and the health system failed to accord adequate importance for preventing that death. It is time that we focus all our efforts to prevent each maternal death.

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