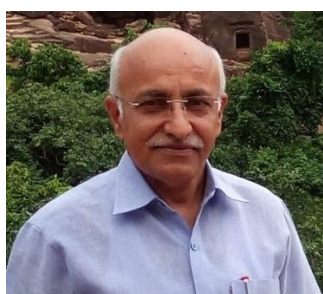


Guest Editorial

STRATEGIES TO REDUCE MATERNAL MORTALITY IN INDIA

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It is indeed a very important topic to which the current issue of JIAOG is dedicated. Maternal mortality in India is the death of a woman during pregnancy or after pregnancy within 6 weeks postpartum, including post-abortion or post-birth periods. Maternal health is an indicator of the development of any nation in terms of growing equity and reducing poverty. Different countries and cultures have different rates and causes for maternal death. Within India, there is a marked variation in healthcare access between regions and in socioeconomic factors; accordingly, there is also variation in maternal death rates for various states, regions, and demographics of women.

Pregnancy involves a vulnerability that put women at high risk, and India is one of many countries who record a high number of pregnancy-related deaths of women each year. Women die as a result of complications during and following pregnancy and childbirth or abortion. Most of these complications that develop during pregnancy are easily preventable or treatable and thus avoidable. Some other complications may exist before pregnancy but are worsened during pregnancy, especially if not managed as part of the pregnant

woman's care.

Till recently, India contributed one-fifth of the global burden of absolute maternal deaths.

Maternal mortality rates (MMR) are very high in Asia and Africa compared with Northern Europe's 4/100,000 live births. An Indian hospital study found the MMR to be 4.21/1000 live births. 50-98% of maternal deaths are caused by direct obstetric causes (haemorrhage, infection, and hypertensive disorders, ruptured uterus, hepatitis, and anaemia). 50% of maternal deaths due to sepsis are related to illegal induced abortion. MMR in India has not declined significantly in the past 15 years.

The Maternal and reproductive health caught the global eye in 1980s, when the Safe Motherhood Initiative, was launched at Nairobi in 1987. Since then several National and International initiatives have been adopted to reduce the unacceptable maternal deaths, especially in low resource countries.

Maternal Mortality Ratio (MMR) is an indicator of maternal and infant health. In 1990, the global MMR was 400, while in India it was 600 contributing to 27% of the total maternal deaths. In 2010 when the global MMR was 210, India had reduced its MMR to 178 in 2011. Now India

is contributing to 16% of total maternal deaths. The National Rural Health Mission (NRHM) was launched by the Prime Minister on 12th April 2005, to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups. JSY (Janani Surakhshya Yojna) program was one the components of this, aiming at a 100% institutional delivery rate, especially in the vulnerable sections of society, as a weapon to bring down the high MMR. In this, the Accredited Social Health Activists (ASHA) workers are acting as an effective link between the government and poor, pregnant women. The total number of JSY beneficiaries has risen from 7.39 lakhs in 2005-06 to more than 1.05 crore in 2016-17. The success of the JSY scheme established building blocks for the JSSK (Janani Sishu Surakhsha Karyakram) scheme which was launched in 2011 with free entitlements to the pregnant women, sick new-borns and infants for free delivery including caesarean section and treatment in public health institutions.

To catch every pregnant woman, neonate as well as infant for quality antenatal, intranatal, postnatal, family planning and immunization services; a web enabled Mother and Child Track System (MCTS) is being implemented all over the country.

Finally, a maternal death review (MDR) policy has been institutionalized across the country, both at the facility and community levels to identify the medical causes, socioeconomic cultural factors and gaps in the system which contribute to maternal deaths. The highest rates of decline are evident from the years 2004-2006, the period just after the launch of NRHM and JSY program.

In fact, the need of the hour is more resource investment, political commitment and focused research to reduce the annual half a million unacceptable maternal deaths.

Government of India adopted the Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCH+A) framework in 2013. It essentially aims to address the major causes of

mortality and morbidity among women and children.

Ministry of Health & Family Welfare, Government of India has launched a new initiative namely- SUMAN- Surakhshit Matritva Aashwasan" with an aim to provide assured, dignified, respectful and Quality healthcare at no cost and zero tolerance for denial of services for every woman and new-born visiting the public health facility in order to end all preventable maternal and new-born deaths and morbidities and provide, a positive birthing experience. The expected outcome of this new initiative is "Zero Preventable Maternal and New-born Deaths and high quality of maternity care delivered with dignity and respect"

According to the latest figure released by Registrar General of India - Sample Registration System (RGI-SRS) Maternal Mortality Ratio (MMR) for the period 2014-16 is 130 maternal deaths per 100,000 live births. With this, India has achieved the Millennium Development Goal (MDG) 5 i.e. India has achieved a reduction in MMR by three quarters between 1990 to 2015. The last recorded MMR in 2016-2018 was 113. Some states which have achieved an MMR of 100 per 1,00,000 live-births in 2011-13 are Kerala, Tamil Nadu, Maharashtra and Andhra Pradesh. The States of Gujarat, Haryana, Karnataka and West Bengal have also reached the MDG-5 target.

To reduce it further, the Govt. of India has initiated a number of programmes like Pradhan Mantri Surakhshit Matritva Abhiyan (PMSMA), LaQshya, Training programmes to augment skilled human resource both in medical and paramedical cadres.

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