

## **Institutional delivery and Public hospitals**

### **What is the issue?**

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In India there are many initiatives for addressing maternal mortality, but there are no mechanism to address traumatic experience of childbirth.

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### **What is maternal mortality rate?**

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- The Maternal mortality rate (MMR) is the annual number of female deaths per 100,000 live births from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes).

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- The global average of MMR is 216 deaths per 100,000 live births, Assam's MMR is 300 which is higher than global average.

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- India contributes 15% of world maternal deaths, to address this it has committed to reduce maternal deaths as a result it has reduced MMR from 254(in 2004) to 167(in 2013)

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### **What are government measures to address MMR?**

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- India introduced Conditional cash transfers along with several other health system reforms in order to help the rural women.

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- Mandatory outreach clinics encourages women in rural areas to have their deliveries in public health institutions.

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- Mobilisation through village-level health workers or Accredited Social Health Activists (ASHA) is also provided.

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- Many States boast of high rates of institutional deliveries as a marker of success of the National Rural Health Mission and subsequent efforts.

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### **What are women's experiences with institutional deliveries?**

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- In India, Public hospital birthing experience of women is neither safe nor dignified.
- Institutional delivery means giving birth to a child in a medical institution under the overall supervision of trained and competent health personnel.
- Where there are more amenities available to handle the situation and save the life of the mother and child.
- The women who end up for their deliveries in government facilities tend to be overwhelmingly poor and rural.
- They have reported various types of abuse such as conducting operation at the peak of their pain without providing anaesthesia.
- The accompanying relatives of the admitted women are not treated with dignity by the public hospital and are abused while speaking on behalf of the women.
- Many women have also experienced of being referred from one hospital to another for blood transfusion to arrest emergency obstetric complications.

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### **What are the issues with public institutions?**

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- Indian public health institutions fails to offer a high quality of care and are not equipped to deliver gender-sensitive care.

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- Poor women population end up having considerable out-of-pocket expenses due to unnecessary procedures, intended delays and corruption prevailing in Public institutions.

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- There are unsanitary conditions such as gauze/cotton being left behind that lead to infections.

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- There are instances where patients being left alone in pain without being given any information on how labour is progressing or what they need to do.

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### **What is the way forward?**

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- Some of these problems can be attributed to the large footfalls in infrastructural inadequacies, with reductions in the health Budget the problems are bound to worsen.

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- While reliable private institutions are mushrooming in the metros of India, the experience of giving birth in State hospitals is starkly different.

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- Two possible avenues for ensuring safe, humane and dignified childbirth in India could be the revival of the trained-midwife programme and embedding gender sensitivity in the medical education curriculum.

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**Source: The Hindu**

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