Maternal Deaths in India

Mains: GS1 - population and associated issues, poverty and developmental issues

Why in the news?

Recent trends of Maternal Mortality Ratio (MMR) of India is on the decline, but there are States that need to focus on basic and systemic issues.

What is a maternal death?

- **Maternal death – As per World Health Organization (WHO), Maternal death is the *death of a woman while pregnant or within 42 days of termination of pregnancy.***

- **It will be irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.**

- **Maternal Mortality Ratio (MMR) - Annual number of *maternal deaths per 100,000 live births*.**

Status of MMR in India

- **Trends of Declining MMR - India's MMR is decreasing i.e. 103 (2017-19), 97 (2018-20), 93 (2019-21) per 1,00,000 live births, despite disparities exist between states.**
- **Regional status of MMR – States classified into 3 categories.**
- **"Empowered Action Group" (EAG) - In the EAG States, Assam has a very high MMR (167), the rest of the data is Jharkhand (51), and Madhya Pradesh (175).**
  - **Bihar, Chhattisgarh, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand are in the 100-151 range.**
  - **Highest MMR - Madhya Pradesh (175), Assam (167), Uttar Pradesh (151) among EAG States.**
- **"Southern" States – Andhra Pradesh (45), Telangana (46), Karnataka (63), Kerala (20) and Tamil Nadu (49).**
  - **Lowest MMR - Kerala (20) among Southern States.**
- **"Other" States - Cover the remaining States/Union Territories.**
- **Maharashtra is 38 and Gujarat 53; the rest of the data is Punjab 98, Haryana 106 and West Bengal 109.**

What are the medical causes of maternal deaths in India?

- **Bleeding after delivery – It is a *leading cause*, when the placenta is separated after delivery and the raw opened surfaces of the uterine wall will bleed profusely unless it immediately contracts.**
- **Obstructed labor - If mother have Anaemia due to stunted growth/malnutrition, it will increase severity of labor pain.**
- **Hypertensive disorders of pregnancy - These are high blood pressure disorders that can result in a dire emergency with convulsions and coma.**
- **Sepsis – It is a condition that the *presence of micro-organisms in blood*, often due to home deliveries by untrained attendants.**
- **Unsafe abortions — It may be due to of failed contraception and crude abortion techniques.**

- **Associated illnesses — The diseases like malaria, urinary tract infections, tuberculosis, increases the chances of maternal death especially in EAG States.**

What are the government initiatives?

- **Janani Suraksha Yojana – It aims to reduce maternal and neonatal mortality by promoting *institutional delivery* among poor pregnant women.**

- **Pradhan Mantri Matru Vandana Yojana (PMMVY) – It provides *financial assistance to pregnant and lactating mothers.***

- **Beneficiary identified from disadvantaged backgrounds, to compensate for wage loss and improve health and nutrition.**

- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) - Free *antenatal check-ups on the 9th of every month* at designated government health facilities.**

- **Screening for high-risk pregnancies and counseling for safe motherhood.**

- **Accredited Social Health Activists (ASHA) and Auxiliary Nurse Midwives (ANM) – They involve in promoting institutional deliveries and awareness.**

- **Emergency transport services - *108 ambulance system* improving access to facilities, quickly connecting institutions without delay.**

- **National Health Mission (NHM) – It focus on reproductive, maternal, newborn, child, and adolescent health.**

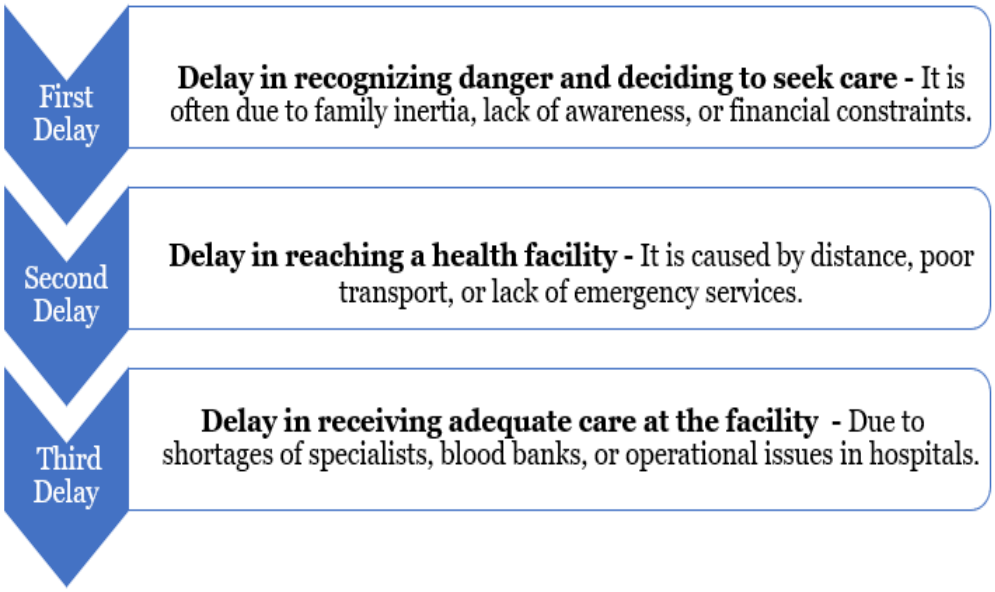
The Kerala model of a Confidential Review of Maternal deaths

- **Initiated by - Dr. V.P. Paily**
- **The model has some analytical leads on how Kerala can further reduce its already low MMR of 20.**
- **Features - The use of uterine artery clamps on the lower segment, application of suction canula to overcome atonicity of the uterus**
- **Sophisticated technology usage - Energetic *management of amniotic fluid embolism* diffused intravascular coagulation, hepatic failure secondary to fatty liver cirrhosis are strategies taught to obstetricians.**
- **They even *address antenatal depression and post-partum psychosis* as there were a few cases of pregnant mothers ending their life.**

Sustainable Development Goal (SDG) Target 3.1 deals Maternal mortality and states that by 2030, to reduce the global maternal mortality ratio to less than 70 per 100 000 live births.

What are the challenges in reducing maternal mortality?

- **Regional disparities - Some states lag, especially EAG States noting their connectivity to rural and remote areas.**
- **Persisting systemic issues - High *vacancies of specialists, lack of blood banks*, and inadequate emergency care facilities.**
- **Socioeconomic barriers - Poverty, low education, and poor nutrition among mothers.**
- **Lack of quality care - Need for improvement in emergency obstetric care and timely interventions.**
- **The major “three delays”**



What lies ahead?

- **Tailoring interventions to state-specific needs can be done.**
- **Strengthening healthcare infrastructure is a key strategy in reducing maternal mortality in this way a multifaceted approach is needed.**
    - **For example - First Referral Units (FRUs) with specialists and blood banks, institutions can provide timely quality care.**
- **Adopting best practices, for example, emulating Kerala's model and advanced clinical management techniques can reduce MMR, it can help reaching sustainable.**

Reference

[The Hindu| Fostering a Commitment to Stop Maternal Deaths]

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