3. Maternal Mortality Rate – Economy

The Union Health Ministry recently said that the rate of institutional deliveries in the country has increased to 89%, which led to a significant reduction in the Maternal Mortality Rate (MMR)

Maternal Mortality - Concept and Definition

Maternal mortality refers to the death of a woman during pregnancy or within 42 days of termination of pregnancy, irrespective of the duration or site of pregnancy. The cause of death must be directly related to or aggravated by pregnancy or its management, excluding accidental or incidental causes (such as road accidents). his definition is internationally standardised by the World Health Organization (WHO) to allow cross-country comparison.

Key Indicators Used to Measure Maternal Mortality

Maternal Mortality Ratio (MMR) - Defined as the number of maternal deaths per 1,00,000 live births. It is the most widely used indicator to assess the safety of pregnancy and childbirth.

Reflects -

1. Quality of maternal healthcare services
2. Access to skilled birth attendance
3. Effectiveness of referral and emergency obstetric systems

Maternal Mortality Rate

Calculated as maternal deaths among women aged 15–49 years per lakh women in that age group. Reported in India through the Sample Registration System (SRS). Indicates the overall risk of maternal death in the female population, not just among those giving birth.

Global Commitment - SDG Target on Maternal Mortality

Under United Nations Sustainable Development Goal (SDG) 3.1, countries aim to -

1. Reduce global MMR to less than 70 per 1,00,000 live births by 2030
2. Ensure that no country has an MMR more than twice the global average

Maternal mortality is considered a core indicator of health system strength, gender equity, and social development.

Progress Made by India in Reducing Maternal Mortality

Declining Maternal Mortality Ratio

India's MMR declined significantly -

1. 130 per 1,00,000 live births (2014–16)
2. 97 per 1,00,000 live births (2018–20)

This reflects improvements in -

1. Institutional delivery coverage
2. Antenatal and postnatal care
3. Emergency obstetric services

Expansion of Institutional Deliveries

Institutional births increased from -

1. 79% (NFHS-4, 2015–16)
2. 89% (NFHS-5, 2019–21)

States/UTs with 100% institutional delivery -

1. Kerala
2. Goa
3. Lakshadweep
4. Puducherry
5. Tamil Nadu

More than 90% institutional deliveries in 18 other States/UTs.

Rural–Urban Improvements

Rural areas - Approximately 87% of births occur in institutions, indicating success of outreach and incentive-based schemes.
Urban areas - Institutional deliveries exceed 94%, supported by better facility density and transport access.

Persistent Challenges in Reducing MMR in India

High Out-of-Pocket Expenditure (OOPE)

Despite free service schemes, families often incur costs for -

1. Diagnostics and medicines
2. Emergency referrals to private facilities
3. Informal payments

OOPE disproportionately affects poor and marginalised households, delaying care-seeking.

Sociocultural and Gender Barriers

1. Early marriage and repeated pregnancies
2. Low female literacy and health awareness
3. Limited decision-making power of women within households
4. Social stigma and neglect of antenatal care, especially in patriarchal settings

Rise in High-Risk Pregnancies

Increasing prevalence of -

1. Delayed childbearing
2. Obesity and poor nutrition
3. Hypertension and gestational diabetes
4. Short inter-pregnancy intervals

These factors increase the likelihood of complications such as pre-eclampsia, haemorrhage and sepsis.

Infrastructure Gaps in Remote Areas

Rural, tribal, hilly and conflict-affected regions face -

1. Shortage of specialists (obstetricians, anesthetists)
2. Poor emergency transport and referral networks
3. Lack of blood banks and functional First Referral Units (FRUs)

Government Initiatives to Reduce Maternal Mortality

Janani Suraksha Yojana (JSY) - Launched in 2005 under the National Health Mission.
Objective - Promote institutional deliveries, especially among poor and vulnerable women. Provides **cash incentives** linked to antenatal check-ups and institutional childbirth.

Pradhan Mantri Matru Vandana Yojana (PMMVY)

A maternity benefit scheme under the Ministry of Women and Child Development. Provides ₹5,000 cash assistance for the first living child, subject to health and nutrition conditionalities. Under **PMMVY 2.0 (Mission Shakti)** - Additional incentive for the second child if it is a girl, promoting both maternal health and gender equity.

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

Launched in 2016. Ensures -

1. Fixed-day (9th of every month) free, quality antenatal care
2. Early detection of high-risk pregnancies
3. Specialist consultation at public health facilities

LaQshya Programme

Launched in 2017. Focuses on quality improvement in labour rooms and maternity operation theatres.
Emphasises -

1. Respectful maternity care
2. Infection control
3. Reduction in preventable maternal and newborn deaths

Capacity Building and Skill Enhancement

Training of MBBS doctors in -

1. Life Saving Anesthesia Skills (LSAS)
2. Emergency Obstetric Care (EmOC) including C-sections

Addresses specialist shortages, especially in rural and underserved areas.

Maternal Death Surveillance and Response (MDSR)

Implemented at -

1. Facility level
2. Community level

Purpose -

1. Identify medical and systemic causes of maternal deaths
2. Take corrective and preventive action
3. Improve accountability and quality of care

Digital and Community-Based Interventions

Village Health, Sanitation and Nutrition Day (VHSND) - Outreach platform for antenatal care, nutrition, and counselling.

Reproductive and Child Health (RCH) Portal - Name-based digital tracking of pregnant women and newborns. Ensures continuity of ANC, institutional delivery and postnatal care.

State-Level Innovations in Maternal Healthcare

Madhya Pradesh – 'Dastak Abhiyan'

Community-driven initiative for -

1. Early identification of high-risk pregnancies
2. Door-to-door screening and referral

Strengthens last-mile maternal health delivery.

Tamil Nadu – Emergency Obstetric Care Model

1. Strong referral and transport network.
2. Functional Comprehensive Emergency Obstetric and Newborn Care (CEmONC) centres.
3. Has contributed to near-universal institutional delivery and low MMR.

Way Ahead

India has successfully achieved the National Health Policy target of MMR below 100 by 2020, marking a major public health milestone. However, to meet SDG 3.1 by 2030, sustained and targeted efforts are essential.

Key priorities

1. Strengthening health infrastructure in aspirational and remote districts
2. Reducing out-of-pocket expenditure through comprehensive service coverage
3. Addressing socio-economic and gender inequalities affecting maternal health
4. Enhancing quality of care, not just coverage, in public health facilities

Source - https -//www.thehindu.com/news/national/indias-maternal-mortality-rate-declined-significantly-because-of-rise-in-institutional-deliveries-jp-nadda/article70429313.ece