

Maternal mortality: Current scenario in India

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Introduction

Maternal death is defined as death of the woman while pregnant or within 42 days from termination of pregnancy. It is irrespective of site or duration of pregnancy, from any cause related to or aggravated by pregnancy or its management but not from accidental or incidental causes [1].

It is an important yardstick to judge quality of health care in country. Maternal death is measured as Maternal Mortality Ratio (MMR). $MMR = \text{Number of maternal deaths} / 100,000 \text{ live births}$. India has made rapid strides in reducing MMR by 83% in recent years. MMR stood at 80/100000 [2]. The target 3.1 of SDG set by UN is $MMR < 70$ by 2030. Some states in India achieved significant reduction in MMR (Table-1) [3].

Table-1: MMR in high performing Indian states	
State	MMR
Kerala	19
Maharashtra	33
Telangana	43
Andhra Pradesh	45
Tamil Nadu	56
Gujarat	57
Karnataka	69

While Uttar Pradesh, Madhya Pradesh, Bihar need great efforts to bring down MMR. There are Direct causes, Indirect causes and Social causes for maternal mortality. Direct causes are Obstetrical complications like Hemorrhage (PPH, APH, Ectopic pregnancy, Abortion) Hypertension

(PET, Eclampsia), Sepsis Indirect causes are associated diseases e.g. Anemia, Heart diseases, Malaria, HIV Social factors VIZ poverty, Illiteracy, Ignorance, Teenage pregnancy, Staying in remote areas, lack of transportation also contribute to mortality. Following three types of delays worsen maternal condition;

- *Delay 1:* Patient's relatives waste time in making decision in approaching health facility
- *Delay 2:* Inability to reach health facility on time e.g. lack of roads, vehicle
- *Delay 3:* Failure to receive appropriate treatment at health facility

Maternal mortality is a multifaceted problem, hence to tackle it, Central and state governments, NGOs, FOGSI, Health workers at different levels came together with one aim to reduce maternal mortality. It turned out to be a success story How this was achieved?.

Central government implemented following programs;

- 1) Janani Shishu Suraksha karyakram: provides free services to pregnant lady
- 2) Pradhan mantri surakshit matritva abhiyan: antenatal care on fixed days extra attention to high risk cases
- 3) LaQshya program: High quality labour care and operation theatre care

Blood transfusion

Antenatal care registration reached 70% and institutional delivery rate of 89%, which is phenomenal [4]. Owing to appropriate

antenatal care, a pregnant lady has normal hemoglobin, controlled plasma glucose, B.P. and thyroid functions and she is well equipped to face labour and its complications. While institutional deliveries are conducted by a trained person at a facility where complications can be treated on time. Ambulance services 108 were deployed to transport pregnant ladies. Health care facilities were provided with trained staff, drugs, equipment, blood storage units. Under Basic emergency Obstetric care, important drugs like oxytocics, MgSo₄, steroids, antibiotics and antihypertensive are provided. It is possible to perform evacuation of uterus, MRP, instrumental delivery. Comprehensive emergency obstetric care additionally included facility of LSCS and blood transfusion. Medical officers are trained in basic obstetrical skills and LSCS. All these measures were game changers. Governments

played a pivotal role by supplying funds, drugs, training health workers.

Maternal Death Review

Every maternal death has to be reported in a prescribed form to concerned health authorities. A committee analyses cause of death, evaluation of 1st, 2nd and 3rd delay, suggests preventive steps. Audit in this form is helpful for improvement, avoidance of mistakes which will go a long way in further reducing the maternal death rate. India is poised for a bigger leap. Our dream is to bring down MMR to the level of MMR in developed countries. With better infrastructure, competent health workers, transport facilities and well educated, well-informed would-be mothers, this dream will be a reality in the days to come.

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