

Millennium Development Goal 5:

Improving Maternal Health

Save the Children®

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A world which respects and values each child.

A world which listens to children and learns.

A world where all children have hope and opportunity.

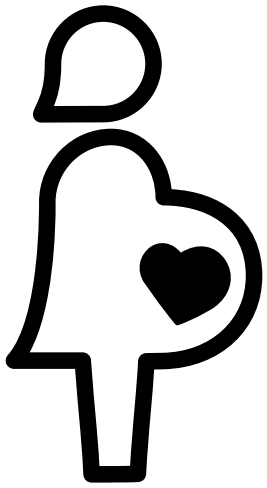
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The issue of maternal health cannot be viewed in isolation – the progress made on all the other aspects of women's health, literacy and security underpins the issue of maternal mortality and progress on improving maternal health will continue to remain slow and retarded if we do not view the matter of women's health more holistically. Globally, less than 50% of the countries (with high maternal mortality ratios) will be able to meet their MDG MMR targets by 2015. Plagued by unrelenting poverty and malnutrition, Africa continues to struggle in its endeavor to reduce MMR in the continent: ***nearly 16 African countries are estimated to have very high MMRs of 500 or more deaths per 100,000 live births and the sub-Saharan Africa region alone accounted for 62% of global deaths in 2012.***[1]

Globally, MMRs reduced by ***45% from an estimated 546,000 deaths in 1990 to around 289,000 maternal deaths in 2013 with Eastern Asia recording the sharpest decline in MMR of almost 65%.***[1] Despite the overall success in MMR reduction, the developing world - where development and security challenges abound - continues to grapple with high rates of maternal mortality: ***a woman's life time risk of dying during pregnancy and childbirth in a developing country is 1:38 whereas it is exponentially lower in a developed country at 1:3700.***[1]

Measures taken to reduce MMR globally have met with substantial success and yet a lot of work still remains unfinished. Although the increase in institutional deliveries has been a contributing factor to reducing MMR, there are several indirect causes such as high fertility rates and under-aged pregnancies that continue to contribute to high rates of maternal mortality. It is estimated that just by satisfying the unmet need for family planning around the world alone maternal deaths could be cut down *by almost a third.* It is therefore necessary that we tackle this challenge from a more broad based perspective and address even those factors that have an indirect but substantial impact on MMR around the world.

MDG 5 Indicators

1. Maternal Mortality Ratio
2. Proportion of births attended by skilled health personnel

MMR Definition ▶

Maternal mortality rate is defined as number of women who die during pregnancy or within 42 days of the termination of pregnancy per 100,000 live births during the same period

CARING FOR MOTHERS IN INDIA



47% of girls in India **marry under the age of 18** leading to underage pregnancies

India records **one maternal death** every 8 minutes

India accounts for nearly 16% of all maternal deaths worldwide

70% of maternal deaths occur due to **preventable causes**

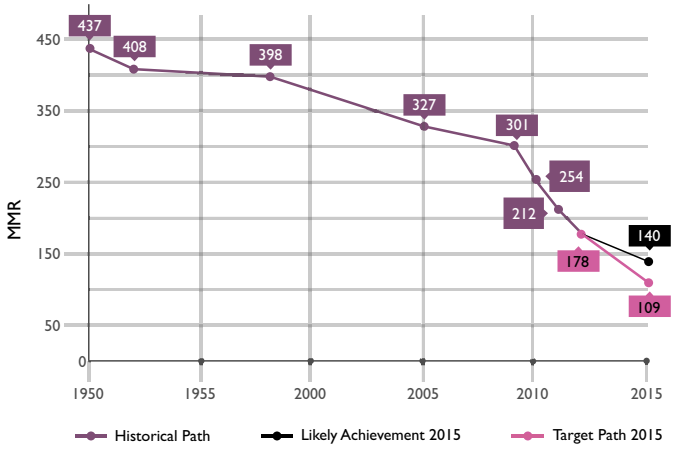
87% of pregnant women in India are diagnised as **anaemic**

Maternal health in India



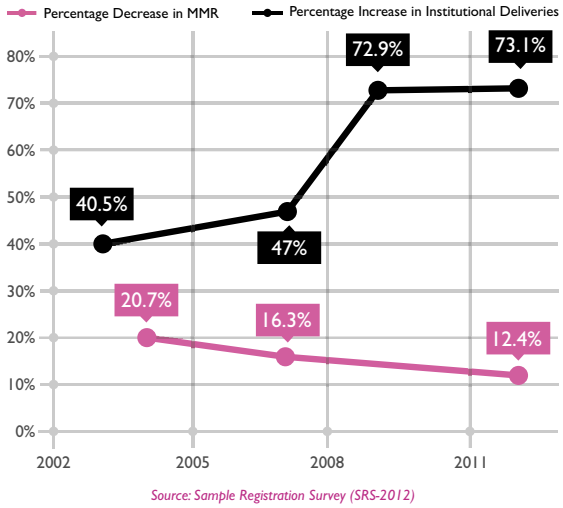
India's MMR declined from a high rate of ***437 deaths per 100,000 live births in 1990 to an MMR of 178 in 2013, registering a 70% decline over the past two decades.***[3] While the reduction has been substantial, it still does not compare favourably with the pace and quantum of improvements made by some of the other developing countries around the world, including neighbours like Bangladesh and Nepal.

Bangladesh is expected to meet its MDG 5 target of 143 deaths per 100,000 live births by 2015. Despite slow progress in increasing the number of skilled birth attendants and institutional births, Bangladesh has made enormous reductions in maternal mortality merely by paying attention to the most



Source: Sample Registration Survey (SRS-2012)

critical aspect of gender empowerment: improving girls' literacy. ***Compared to India, where 75% of births today are institutionalized, only about 20% of births in Bangladesh take place in health care institutions.***[4] And yet, Bangladesh has achieved enormous success in its battle against maternal mortality and there may be valuable lessons for India here.



Source: Sample Registration Survey (SRS-2012)

While India's success with institutionalizing deliveries has yielded appreciable success, it may not suffice that we just take our pregnant women to health care centres; due attention must also be directed toward ensuring that the medical facilities and professionals at these centres are well equipped to handle all kinds of antenatal and neonatal complications and are able to provide a safe and sanitized environment for mothers and new-born babies. Additionally, the centres should be able to provide an assured quality of service without requiring the families to incur any additional expenses. More importantly – and as evidenced by the Bangladesh success story – concerted efforts to increase female literacy almost guarantee positive improvements in the overall status of maternal and child health (P. Sandiford, 1995; C. Shieh, 2009). India must therefore look at a multi-pronged and holistic approach to reduce maternal mortality and not limit its effort to merely institutionalizing deliveries or providing medical attention toward the last few months of pregnancy.

States' achievements on reducing MMR

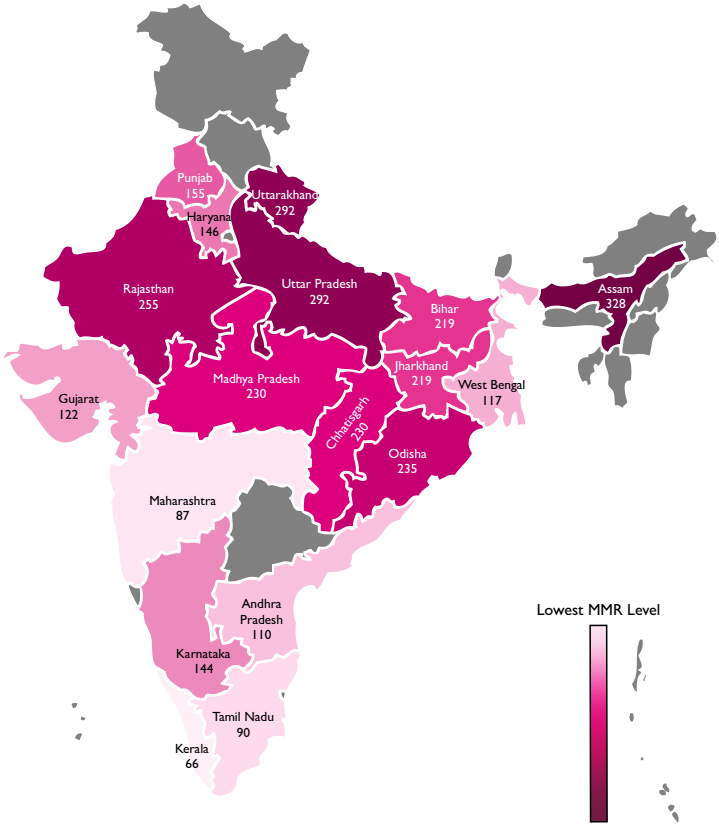


Huge disparities exist among the Indian states with a difference of 262 points between the highest (Assam) and lowest (Kerala) MMR levels in the country. Among the states that have achieved substantial improvements in the level of MMR, such as Haryana, West Bengal, Punjab etc., overall improvements in the socio-economic indices along with a steady progress in female literacy levels, have resulted in remarkable reduction in MMRs.

Though institutional deliveries have played a significant role in reducing the overall MMR in the country, a closer state-wide inspection reveals a less than emphatic correlation between institutional deliveries and low MMRs. For instance, ***nearly 70% of all deliveries in Assam were institutional and yet it recorded the highest MMR in the country.***

However, it may be heartening to note that the sharpest decline in MMRs across the country have been achieved by states

Maternal Mortality Rate
2011-12



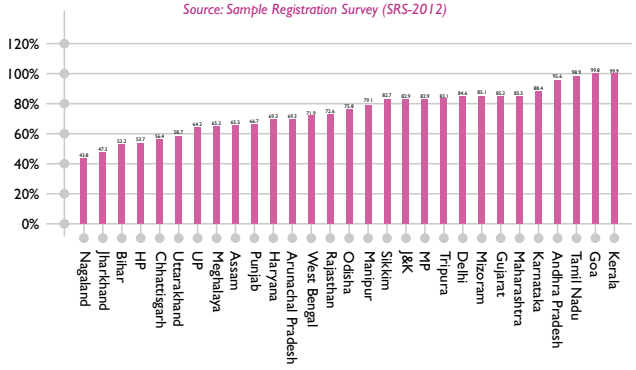
Source: Sample Registration Survey (SRS-2012)

with some of the highest MMRs in the country. While the all India MMR reduced by 149 points between 2010 and 2012, around the same time states like Uttar Pradesh/ Uttarakhand (declined by 247 points), Rajasthan (declined by 246 points), Odisha (declined by 189 points), Bihar/Jharkhand (declined by 181 points), Madhya Pradesh/ Chhattisgarh (declined by 177 points) exceeded the national annual MMR reduction rate.

States' expenditure toward improving maternal health has also been the highest in states with high MMR (except Assam) suggesting that the government is proactively looking to tackle issues of maternal health across high-need states.

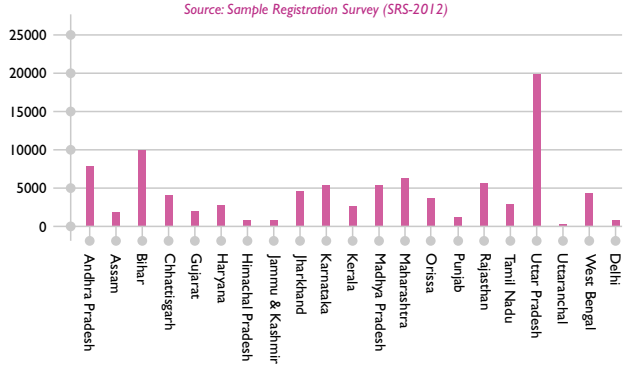
Deliveries attended by skilled health personnel (%) 2009

Source: Sample Registration Survey (SRS-2012)



Actual Expenditure on PW & LM SN* (in lakh) in 2008-09

Source: Sample Registration Survey (SRS-2012)



Concerted efforts, comprehensive approach



- Causes for maternal mortality are primarily related to 3 factors: medical conditions, socio-economic factors and the access to quality of the health care system. With the 2015 MDG deadline for reducing MMR fast approaching, India must look at the gains it has already achieved and hasten the pace of progress by addressing the shortfalls and inadequacies in all these 3 factors, which also form a part of the other MDGs concerning poverty and gender equality.

- Poverty and the resultant lack of access to basic health, nutrition, sanitation and safe potable water, chronic levels of anaemia severely impede the fight against maternal mortality. ***Notably, rural areas of poorer states had an alarmingly high MMR (an average of 397) compared to urban areas of richer states (an average of 115).***[5] Therefore, effort must be directed to ensure that mothers and children even from the most remote, impoverished and vulnerable communities have access to quality prenatal and obstetric care throughout the life cycle of pregnancy and child birth.

- While institutional deliveries have contributed to reducing the MMRs in the country, deaths due to preventable causes have risen sharply. ***Post-partum haemorrhaege continues to be the major cause for maternal death accounting for nearly 40% of all maternal deaths (directly & in-directly) in India.***[5] This signifies the lack of adequate post-partum medical care at the health care centre, like availability of blood banks and it also points to the possibility that the health care workers are ill-equipped to counsel mothers and their families and attend to post-partum emergencies. Therefore, it may not suffice that deliveries take place in a health care centre but that institutions are equipped with adequate medical facilities and well-trained health professionals.

- Case studies from countries and states that have successfully managed to reduce and maintain a low level of maternal mortality reveal that ***low fertility rates actually have one of the most direct and***

sustainable impacts on MMRs. Low fertility rates are achieved through direct measures such as access to affordable contraception as well as indirect factors like an improvement in female literacy levels and prevention of early marriage and underage pregnancies. The government must look at these peripheral but critical factors that impact women's health and well-being and engage in meticulous and well planned community outreach programmes to disseminate such information.

- While there is political will to address maternal mortality in India, as evidenced by the schemes and resources that the government has dedicated to reducing MMRs, it must be accompanied by purposeful action to institute robust accountability and governance mechanisms. ***Every maternal death must be dealt with utmost seriousness*** and the cause for death must be clearly and unambiguously ascertained in an effort to understand what led to the death and what could be done to prevent such deaths in the future.

- Civil society has an important role to play in improving maternal and child health. ***The Government must endeavor to work with non-governmental organisations that operate at the grass root level*** and have access to data and information that would be invaluable to the government when formulating policies and designing interventions that would positively impact communities at the grass roots and margins of a largely conservative society.

Government Schemes & Policy interventions:

NRHM: Addressing the health needs of 18 states that had been identified as having weak public health indicators including high maternal deaths.

Janani Suraksha Yojana(JSY): Cash benefits are provided under the scheme to SC/ST /BPL women to promote institutional delivery.

Mother and Child Protection Card (MCP Card): Captures some of key services delivered to the mother & baby during Antenatal, Intra natal& Post natal care for ensuring that the minimum package of services are delivered to the beneficiary.

RMNCH+A: A programme directed at adopting a more holistic approach toward issues concerning reproductive health. It stands for "Reproductive, maternal, new born, child health and Adolescents."

Rogi Kalyan Samiti (Patient Welfare Committee) / Hospital Management Society: A group of trustees for the hospitals to manage the affairs of the hospital. It consists of members from local Panchayati Raj Institutions (PRIs), NGOs, local elected representatives and officials from Government sector who are responsible for proper functioning and management of the hospital / Community Health Centre

Maternal Health

- Better access to quality healthcare
- Civil society partnerships
- Community engagement
- Well trained health professionals
- Female literacy and low fertility rates
- Access to basic amenities such water and sanitation

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