

# Maternal Mortality in India

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## Maternal Mortality in India: Trends, Challenges and Interventions

### Context

Maternal mortality remains a critical public health concern in India. Despite improvements, the **Maternal Mortality Ratio (MMR)** still reflects significant **regional disparities, infrastructure gaps, and systemic healthcare failures**. The most recent data from **2019-21** shows India's MMR at **93 per 1 lakh live births**, signaling progress, but far from the **Sustainable Development Goal (SDG)** target.

### Understanding Maternal Mortality

- **Definition (WHO):** Maternal death is defined as the **death of a woman during pregnancy or within 42 days of termination**, due to causes related to or aggravated by the pregnancy or its management.
- **MMR Calculation:**  
Maternal Mortality Ratio = **Number of maternal deaths per 1,00,000 live births**, as per **Sample Registration System (SRS)** data.

### Key Data Highlights (2019-21)

- **India's MMR: 93**
- **Lowest MMR: Kerala - 20**
- **Highest MMR: Assam - 167**
- **Trend:** Southern states consistently perform better than **Empowered Action Group (EAG)** states like Bihar, Uttar Pradesh, Madhya Pradesh, and Odisha.

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## Significance of MMR

- **Public Health Indicator:** Reflects **quality of healthcare, women's health rights, and governance effectiveness.**
  - **Largely Preventable:** Most maternal deaths can be avoided through **timely and quality care.**
  - **Global Commitments:**  
Under **SDG 3.1**, India must reduce MMR to **below 70 by 2030**, requiring **accelerated interventions.**
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## Key Challenges in Reducing Maternal Mortality

### 1. Three Delays Model (Deborah Maine Framework)

- **Delay 1:** Delay in seeking care – due to **lack of awareness, sociocultural norms, and low autonomy.**
- **Delay 2:** Delay in reaching care – due to **remote location, poor transport, and geographical barriers.**
- **Delay 3:** Delay in receiving adequate care – due to **shortage of specialists, blood supply issues, and non-functional equipment.**

### 2. Infrastructure Gaps

- Of the **5,491 Community Health Centres (CHCs)** in India, only **2,856** operate as **First Referral Units (FRUs).**
- **66% of specialist positions** are **vacant**, leading to care delays and preventable deaths.

### 3. Medical Complications

- Major causes include:
  - **Postpartum haemorrhage**

- **Hypertensive disorders**
- **Obstructed labour**
- **Sepsis**
- **Unsafe abortions**

#### 4. Underlying Health Conditions

- Prevalent issues that increase maternal risk:
  - **Anaemia**
  - **Malnutrition**
  - **Malaria, Tuberculosis (TB), and Urinary Tract Infections (UTIs)**
- Particularly severe in **EAG states**.

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#### Government Initiatives to Reduce MMR

- **Janani Suraksha Yojana (JSY):**  
Encourages **institutional deliveries** through **cash incentives** to mothers and ASHAs.
- **Janani Shishu Suraksha Karyakram (JSSK):**  
Provides **free antenatal checkups, deliveries, transport, diagnostics, and postnatal care**.
- **Operationalising FRUs:**  
Goal: **At least 4 FRUs per district** with required **specialists, blood storage units, and emergency obstetric care**.
- **Maternal Death Reviews (MDRs):**  
Mandated under **National Health Mission (NHM)** to review each maternal death and recommend **corrective action**.

- **Kerala's Confidential Review Model:**

- Used **facility-level audits** and **targeted training** (e.g., uterine clamp use, embolism response).
  - Helped achieve **MMR of 20**, the lowest in India.
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## Way Forward

- **Focus on EAG States:**  
Prioritise **recruitment of specialists**, **health infrastructure strengthening**, and **community health awareness**.
  - **Strengthen Emergency Services:**  
Ensure availability of **24×7 blood banks**, **ambulances**, and **surgical facilities** in rural areas.
  - **Empower Community Health Workers:**  
Expand **ASHA-ANM coordination**, **maternal tracking**, and **family counselling** initiatives.
  - **Enhance Antenatal & Postnatal Care:**  
Make **early registration**, **iron-folic acid supplementation**, and **antenatal risk screening** compulsory.
  - **Replicate Best Practices:**  
States like **Tamil Nadu**, **Maharashtra**, and **Jharkhand** should adopt **Kerala's confidential review model** for systemic corrections.
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## Conclusion

Maternal deaths in India are **largely preventable**. The path to reducing MMR lies in a dual strategy: **strengthening health systems** and **empowering community-based interventions**. India must align its efforts with global targets to not only ensure **safe delivery**, but guarantee **safe motherhood** for every woman.