

# **Maternal Mortality in India**

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# **Maternal Mortality in India: Progress & Challenges**

### **Context:**

Maternal Mortality is a key indicator of public health. India's **Maternal Mortality Ratio (MMR)** is declining steadily, but significant **regional disparities** and **systemic challenges** remain—especially in the **EAG states**. Achieving **SDG 3.1** (MMR < 70 by 2030) requires targeted interventions.

# **Definition:**

- Maternal Death (WHO): Death of a woman during pregnancy or within 42 days of its end, due to causes related to pregnancy, excluding accidental causes.
- MMR: Number of maternal deaths per 1,00,000 live births.



• Highest MMR (EAG States):

• Madhya Pradesh - 175, Assam - 167, Uttar Pradesh - 151

- Lowest MMR (Southern States):
  - Kerala 20, Andhra Pradesh 45, Tamil Nadu 49
- Other States:
  - Maharashtra 38, Gujarat 53, Punjab 98

#### **Major Causes of Maternal Deaths:**

- Postpartum Hemorrhage (PPH)
- Obstructed labor due to anemia/malnutrition
- Hypertensive disorders (eclampsia)
- Sepsis from unsafe home deliveries
- Unsafe abortions
- Infections and co-morbidities like malaria, TB

# **Government Initiatives:**

- Janani Suraksha Yojana (JSY): Promotes institutional deliveries
- PM Matru Vandana Yojana (PMMVY): Financial support for mothers

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- Surakshit Matritva Abhiyan (PMSMA): Free monthly check-ups
- 108 Ambulance Services: Emergency transport
- NHM: Focus on maternal and child health

• ASHA/ANM Workers: Awareness and care linkage

#### Kerala Model (Best Practice):

- Introduced by Dr. V.P. Paily
- Uses **confidential reviews**, modern tools like **uterine clamps**, and manages rare complications

- Addresses mental health
- Kerala's MMR is only 20, lowest in India

#### **Key Challenges:**

- Regional inequality, especially in EAG states
- Lack of specialists, blood banks, emergency services
- Social issues: poverty, early marriage, poor nutrition
- Three delays: in seeking, reaching, and receiving care

#### Way <mark>Forward</mark>:

- State-specific strategies based on local needs
- Strengthen First Referral Units (FRUs)
- Replicate Kerala model in high-burden states
- Focus on nutrition, awareness, and quality care

# **Conclusion:**

India is progressing, but achieving SDG 3.1 requires **targeted**, **inclusive**, **and well-coordinated healthcare reforms** with focus on high-risk regions.