



## Institutional Deliveries in India

**For Prelims:** Related Initiatives such as Janani Suraksha Yojana (JSY), Pradhan Mantri Matru Vandana Yojana (PMMVY), LaQshya Programme, Poshan Abhiyaan, National Family Health Survey-5.

**For Mains:** Issues Related to Women, Health, Government Policies & Interventions, Institutional delivery recent trends, Step Taken to Increase Institutional Deliveries.

### Why in News?

It has been a decade-and-a-half since India started [incentivising institutional deliveries](#) to ensure safe childbirths. But **health indicators** for mothers and infants have not improved as much as the number of such deliveries.

### What is Institutional Delivery?

- It means **giving birth to a child in a medical institution** under the overall supervision of trained and competent health personnel.
- It also **signifies an availability of amenities** to handle the situation and save the life of the mother and child.

### What are the Recent Trends of Institutional Delivery in India?

- The share of India's **institutional deliveries increased to 88.6% in 2019-2021** ([National Family Health Survey 5 \(NFHS-5\)](#)) from 40.8 % in 2005-06 (NFHS 3).
- The **nine targeted states** Bihar, Uttar Pradesh, Uttarakhand, Madhya Pradesh, Rajasthan, Jharkhand, Odisha, Chhattisgarh and Assam recorded a similar uptick during the period, ranging from 50-64 % points.
  - Madhya Pradesh led the way with a 64.5 % point growth.
  - These states account for nearly half of India's population, over **60%** of maternal deaths, **70%** of infant deaths and **12%** of global maternal deaths.
- **Maternal mortality ratio (MMR)**, **infant mortality rate** and **neonatal mortality rate (NMR)**, have not improved at the same pace as institutional births.
  - The **nine focus states continue to have the highest MMR**, a majority of which are well beyond India's national average of 103.
- **Healthcare delivery and service utilisation are very different in two groups** of India's states — those performing better than the national average and those lagging behind.
  - The country as a whole may be able to meet the United Nations-mandated [Sustainable Development Goal of reducing MMR to 70 by 2030](#), but the lagging states will continue to perform poorly unless given an impetus.

### When are the Government Initiatives to Support Institutional Delivery in India?

- **Janani Suraksha Yojana:** Institutional deliveries were first incentivised by the central government in 2005 with [Janani Suraksha Yojana \(JSY\)](#), under which a **direct cash transfer** is promised if a woman delivered a baby at a medical facility, rather than at home.
  - **JSY** is a 100% [centrally sponsored scheme](#) which is being implemented with the objective of reducing maternal and [infant mortality](#) by promoting institutional delivery among pregnant women.
- **Janani Shishu Suraksha Karyakram (JSSK):** The Government of India launched Janani Shishu Suraksha Karyakram (JSSK) in **June, 2011**.
  - It is an initiative **to provide completely free and cashless services to pregnant women** including normal deliveries and caesarean operations and sick newborn (up to 30 days after birth) in Government health institutions in both rural & urban areas.
  - In 2013, the cost of treating “complications during ante-natal and postnatal period and sick infants up to one year of age” was also brought within the ambit of the scheme.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA):** It was launched in **June 2016**, to focus on conducting special [AnteNatal Check-ups \(ANC\)](#) checkup on **9<sup>th</sup> of every month** with the help of Medical officers to detect and treat cases of anaemia.
- **Pradhan Mantri Matru Vandana Yojana (PMMVY):** It is a [maternity benefit programme](#) being implemented in all districts of the country with effect from **1<sup>st</sup> January, 2017**.
- **LaQshya Programme: LaQshya (Labour room Quality Improvement Initiative)** intended **to improve the quality of care in the labour room and maternity operation theatres** in public health facilities.
- **Poshan Abhiyaan:** The goal of [Poshan Abhiyaan](#) is to achieve **improvement in the nutritional status of Children (0-6 years) and Pregnant Women and Lactating Mothers** in a time-bound manner.
- **State Government Schemes:** Similar incentive-driven schemes at a state-level that promote institutional births include **Shramik Seva Prasuti Sahayata Yojana** in Madhya Pradesh, **Janani Suidha Yojana** in Haryana, **Ayushmati Scheme** in West Bengal, **Chiranjeevi Yojana** in Assam and Gujarat and **Mamta Friendly Hospital Scheme** in Delhi.

## Way Forward

- **Holistic Approach is Needed:** Schemes incentivising institutional delivery are **not enough to ensure a safe birth**. A holistic approach is needed to address infrastructure and human resource shortcomings.
  - An infrastructure development plan focused on the actual patterns of use could close the remaining gaps in a very short time.
- **Strengthened Workforce:** The workforce involved in delivery of the various government schemes need to be strengthened to bring about a noticeable change.
  - [Accredited Social Health Activists \(ASHA\)](#) and [Auxiliary nurse midwives](#) are the backbone of the government schemes but are severely burdened.
- **Expansion of Eligibility Criteria:** The eligibility criteria for such schemes needs to be expanded, because currently it excludes those who actually need it.
  - Some schemes are applicable only if the mother is 19 years of age or above, some are only for the first child and some require ‘below poverty line’ identification.
  - An 18-year-old pregnant woman living below the poverty line is most vulnerable but would not make the cut for several schemes.
- **Monitoring of the Scheme:** An **ideal institutional delivery needs to be defined** for better monitoring of the scheme outcomes, so there is a need to monitor outcomes to understand how successful the scheme really is.
- **Address Data Gaps:** India must also **close the data gap, each institution must publish their morbidity and mortality data regularly**. Health centres must also be incentivised to deal with such a high load.

## UPSC Civil Services Examination, Previous Year Questions (PYQs)

**Q. Which of the following statements is/are correct regarding the Maternity Benefit (Amendment) Act, 2017? (2019)**

1. Pregnant women are entitled for three months pre-delivery and three months post-delivery paid leave.
2. Enterprises with creches must allow the mother minimum six creche visits daily.
3. Women with two children get reduced entitlements.

Select the correct answer using the code given below.

- (a) 1 and 2 only
- (b) 2 only
- (c) 3 only
- (d) 1, 2 and 3

**Ans: (c)**

**Q. Which of the following are the objectives of 'National Nutrition Mission'? (2017)**

1. To create awareness relating to malnutrition among pregnant women and lactating mothers.
2. To reduce the incidence of anaemia among young children, adolescent girls and women.
3. To promote the consumption of millets, coarse cereals and unpolished rice.
4. To promote the consumption of poultry eggs.

Select the correct answer using the code given below:

- (a) 1 and 2 only
- (b) 1, 2 and 3 only
- (c) 1, 2 and 4 only
- (d) 3 and 4 only

**Ans: (a)**

**Source: DTE**

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