



UN Report on Maternal and Infant Health

For Prelims: [United Nations \(UN\)](#), [Maternal mortality ratio](#), [Hemorrhage](#), [Janani Shishu Suraksha Karyakram\(JSSK\)](#), [LaQshya](#)

For Mains: Major Reasons Behind Maternal and Infant Deaths, Government Initiatives Related to Maternal and Infant Health.

Why in News?

A new report from the [United Nations \(UN\)](#) has found that progress in reducing the number of women and babies who die every year during **pregnancy, childbirth, or the first weeks after birth has stopped since 2015.**

What are the Key Findings of the Report?

- **Global Maternal and Neonatal Health Challenges:**
 - The report highlights that **India is at the forefront of the global burden of [maternal deaths](#), [stillbirths](#), and [newborn deaths](#)**, representing **17% of the total**.
 - Following India, countries with the highest number of absolute maternal and neonatal deaths and stillbirths in 2020 are **Nigeria, Pakistan, Democratic Republic of Congo, Ethiopia, Bangladesh, China, Indonesia, Afghanistan and Tanzania.**
 - The key findings of the report revealed **how gains made between 2000 and 2010 were faster than they have been in the years since 2010** and how it should be in the next decade to meet global targets.
- **Trends:**
 - **Maternal Mortality Ratio (MMR):**
 - **MMR** observed an annual reduction rate of **2.8% between 2000 and 2009**, which **decreased to 1.3% between 2010 and 2020.**
 - [Maternal mortality ratio](#) refers to the number of maternal deaths per **1,000 live births** in a given population or region.
 - It is a crucial indicator of the health and well-being of women during pregnancy, childbirth, and the postnatal period.
 - An improvement of reducing this indicator by **11.9% is required in the next decade to meet global targets** of an MMR equivalent to 70 deaths per 1,000 live births.
 - **Stillbirth Rate (SBR):**
 - Between **2000 and 2009**, the SBR was reduced by **2.3%** and by **1.8%** between 2010 and 2021.
 - The [SBR](#) is defined as the number of babies born with **no signs of life at 28 weeks or more of gestation**, per 1,000 total births.
 - A **5.2% reduction** is required between 2022 and 2030 to meet global targets of less than 12 stillbirths per 1,000 live births.
 - **Neonatal Mortality Rate (NMR):**

- **NMR** records a similar trend; a **3.2% reduction** between 2000 and 2009, **2.2% reduction** between 2010 and 2021.
 - Neonatal mortality rate refers to the number of deaths of infants within the **first 28 days of life per 1,000 live births**.
- NMR needs to be reduced by another **7.2% between 2022 and 2030** to meet the global target of ending newborn mortality.
- **Measures Suggested:**
 - **Maternal and infant health** can be improved by increasing essential health services. Three measures are used to assess availability: **at least four antenatal care contacts, skilled attendants at birth, and postnatal care within the first two days after birth**.
 - **Antenatal care coverage has improved from 61% in 2010 to 68% in 2022, with a projected increase to only 69% by 2025.**
 - **Skilled attendant at birth coverage** has increased from 75% to 86% between 2010 and 2022, and is **expected to reach 88% by 2025.**
 - **Postnatal care coverage** has shown the highest improvement, from 54% to 66% between 2010 and 2022, projected to reach **69% by 2025.**

What are the Major Reasons Behind Maternal and Infant Deaths?

- **Maternal Deaths:**
 - **Severe Bleeding (hemorrhage):** This is the leading cause of maternal mortality, often occurring during childbirth or in the **immediate postpartum period**.
 - **High Blood Pressure Disorders (pre-eclampsia and eclampsia):** These conditions can result in complications such as **organ failure, seizures, and even lead to maternal death**.
 - **Unsafe Abortions:** In areas where access to safe and legal **abortions** is limited, **women may resort to unsafe procedures**, leading to complications and maternal deaths.
 - **Other Factors:** Roughly a third of women **do not have even four of a recommended eight antenatal checks** or receive essential postnatal care, while some **270 million women lack access to modern family planning methods**.
- **Infant Deaths:**
 - **Prematurity and Low Birth Weight:** Babies born too early (**preterm**) or with a low birth weight are more **vulnerable to various health complications** and have a higher risk of mortality.
 - **Birth Asphyxia:** When a baby does not receive **enough oxygen during childbirth**, it can result in **birth asphyxia**, leading to **brain damage or death** if resuscitation is not performed promptly.
 - **Sudden Infant Death Syndrome (SIDS):** **SIDS** refers to the sudden, unexplained death of an infant under one year of age, **usually during sleep**.

What are the Government Initiatives Related to Maternal and Infant Health?

- **Janani Shishu Suraksha Karyakram(JSSK):** Government of India has launched this scheme on 1st June, 2011, which entitles **all pregnant women delivering in public health institutions to absolutely free and no expense delivery** including Cesarean section.
 - The initiative stipulates **free drugs, diagnostics, blood and diet, besides free transport from home to institution**, between facilities in case of a referral and drop back home. In 2013, this was expanded to sick infants and antenatal and postnatal complications.
 - Similar entitlements have been put in place for all **sick new-born accessing public health institutions for treatment till 30 days after birth**.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA):** It was launched in 2016 to ensure **quality antenatal care and high risk pregnancy detection** in pregnant women on 9th of every month.
- **LaQshya:** In order to further accelerate the decline in MMR in the coming years, the government has launched '**LaQshya - Labour room Quality improvement Initiative**'.
 - LaQshya program is a **focused and targeted approach to strengthen key processes related to the labour rooms** and maternity operation theatres which aims at improving

quality of care around birth and **ensuring Respectful Maternity Care.**

What are the Ways to Improve Maternal and Infant Health?

- **Addressing Socioeconomic Factors:** There is a need to recognize and address the social determinants of health, such as [poverty](#), **education**, and [gender inequality](#), which significantly impact maternal and infant health.
- **Creating a Garbh Raksha Helpline:** To enhance the provision of **quality and timely healthcare for mothers and infants**, especially in underserved regions, it is imperative to **establish district-level task forces in collaboration with medical personnel.**
 - These task forces would work towards improving healthcare delivery and outcomes at the local level. This can include **Garbh Raksha helpline number and Ambulance and mobile health units.**
 - For instance in Delhi, **Pink ambulances driven by women and managed by women for women patients** were started during **Covid-19 pandemic.**
- **Nutrition and Food Security:** Implement innovative approaches to improve maternal and infant nutrition, such as **community gardens**, [fortified food programs](#), and **mobile applications that provide personalized dietary recommendations.** Addressing food insecurity through initiatives like **food banks and voucher systems** can also contribute to better health outcomes.
- **Health Education and Awareness:** There is a need to create innovative educational programs that **target mothers, families, and communities to raise awareness about maternal and infant health.**
 - Utilizing **digital platforms, mobile applications, and interactive media** to deliver **engaging and culturally sensitive health information** will also be fruitful.
 - Also there is a need to **incorporate [mental health](#) screenings** into routine prenatal and postnatal care.

UPSC Civil Services Examination, Previous Year Question (PYQ)

Q. In order to enhance the prospects of social development, sound and adequate health care policies are needed particularly in the fields of geriatric and maternal health care. Discuss. **(2020)**

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