



**ORIGINAL RESEARCH PAPER**

**Nursing**

**INITIATIVES IN INDIA FOR THE REDUCTION OF MATERNAL AND INFANT MORTALITY RATE**

**KEY WORDS:**

**Bindhu P. S**

Ph D scholar, INC Consortium Ph D in Nursing in collaboration with RGUHS Bangalore

**Dr. Rajee Reghunath\***

Principal, Amala College of Nursing, Thrissur, Kerala \*Corresponding Author

**ABSTRACT**

Reducing maternal mortality has been a constant struggle globally. Although developed regions have shown a steep decline in maternal deaths, developing world continues to contribute inordinately to the total maternal deaths. The Millennium Development Goal (MDG) 'five' focused on reducing maternal mortality and achieving universal access to reproductive health care. In lieu of that, India has made extensive efforts to achieve the same, which are visible through the sharp increase in the rate of institutional births (NFHS 4), but the concurrent high incidences of maternal mortality present a contradictory picture of the nation's progress in improving maternal health. Despite of the boom in the medical and health sector that India has witnessed in the past decades, progress in reducing maternal mortality at the national level is disappointing. With new Sustainable Development Goal (SDG) to reduce maternal mortality ratio to 70 per 100,000 live births by the year 2030, India needs to move beyond the hospital-based approach in addressing the reproductive health issues. The determinants of maternal mortality need to be studied through the lens of social phenomenon to understand its multidimensional nature.

As per Sample Registration System (SRS), 2013 reports published by Registrar General of India the Infant Mortality Rate (IMR) of India is 40 per 1000 live births and as per Sample Registration System (SRS), 2011-13 reports Maternal Mortality Ratio (MMR) is 167 per 1,00,000 live births in the Country.

Under the Millennium Development Goal (MDG) 4, target is to reduce Child Mortality by two-third between 1990 and 2015. In case of India, it translates into a goal of reducing Infant mortality rate from 88 per thousand live births in 1990 to 29 in 2015.

Under the Millennium Development Goal (MDG) 5, the target is to reduce Maternal Mortality Ratio (MMR) by three quarters between 1990 & 2015. This translates to reducing the MMR from 560 in 1990 to 140 in 2015.

During the MDG era, the Government of India launched two important initiatives in health; the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM) which are now subsumed under the National Health Mission (NHM).

Under National Health Mission, the following interventions are being implemented to reduce infant mortality rate and maternal mortality ratio in the Country:

1. Promotion of institutional deliveries through Janani Suraksha Yojana.
2. Operationalization of sub-centres, Primary Health Centres, Community Health Centres and District Hospitals for providing 24x7 basic and comprehensive obstetric care services.
3. Name Based Web enabled Tracking of Pregnant Women to ensure antenatal, intranatal and postnatal care.
4. Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.
5. Antenatal, intranatal and postnatal care including Iron and Folic Acid supplementation to pregnant & lactating women for prevention and treatment of anaemia.
6. Engagement of more than 8.9 lakhs Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.
7. Village Health and Nutrition Days in rural areas as an outreach activity, for provision of maternal and child health services.
8. Adolescent Reproductive Sexual Health Programme (ARSH) – Especially for adolescents to have better access to family planning, prevention of sexually transmitted Infections, Provision of counselling and peer education.
9. Health and nutrition education to promote dietary diversification, inclusion of iron and folate rich food as well as

food items that promote iron absorption.

10. Janani Shishu Suraksha Karyakaram (JSSK) entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean 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. Similar entitlements have been put in place for all sick infants accessing public health institutions for treatment.
11. Universal Immunization Programme (UIP): Vaccination protects children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. Infants are thus immunized against seven vaccine preventable diseases every year. The Government of India supports the vaccine programme by supply of vaccines and syringes, cold chain equipment and provision of operational costs.
12. Strengthening Facility based newborn care: Newborn care corners (NBCC) are being set up at all health facilities where deliveries take place; Special New Born Care Units(SNCUs) and New Born Stabilization Units (NBSUs) are also being set up at appropriate facilities for the care of sick newborn including preterm babies.
13. Home Based Newborn Care (HBNC): Home based newborn care through ASHA has been initiated to improve new born practices at the community level and early detection and referral of sick new born babies
14. Capacity building of health care providers: Various trainings are being conducted under National Health Mission (NHM) to build and upgrade the skills of health care providers in basic and comprehensive obstetric care of mother during pregnancy, delivery and essential newborn care.
15. Management of Malnutrition: Nutritional Rehabilitation Centres (NRCs) have been established for management of severe acute malnutrition in children.
16. India Newborn Action Plan (INAP) has been launched to reduce neonatal mortality and stillbirths.
17. Newer interventions to reduce newborn mortality- Vitamin K injection at birth, Antenatal corticosteroids for preterm labour, kangaroo mother care and injection gentamicin for possible serious bacillary infection.
18. Intensified Diarrhoea Control Fortnight was observed in August 2014 focusing on ORS and Zinc distribution for management of diarrhoea and feeding practices.
19. Integrated Action Plan for Pneumonia and Diarrhoea (IAPPD) launched in four states with highest infant mortality (UP, MP, Bihar and Rajasthan).

In consonance with Government of India's commitment to reduce

maternal and newborn mortality in the country further, Dakshata program has been launched to enable the service providers in providing high quality services during childbirth in institutions. Jhpiego, with support from Norway India Partnership Initiative (NIPi) is working for strengthening Maternal & newborn care under Dakshata, to improve the quality of care at the delivery points of the country through a focused program which includes a concise training package for competency enhancement for Medical Officers, Nurses and ANMs; developing a system of post-training follow-up and mentoring; ensuring availability of essential commodities, supplies and equipment in the labour rooms; and strengthening the capacity of the facilities and the system to measure quality of care on a regular basis.

The main objectives of Dakshata are

**Objective 1:** To strengthen the competency of the providers of the labour room, including medical officers, staff nurses, and ANMs to perform evidence-based practices as per the established labour room protocols and standards.

**Objective 2:** To implement enabling strategies to ensure transfer of learning towards improved adherence to evidence based clinical practices

**Objective 3:** To improve the availability of essential supplies and commodities in the labour room and the postpartum wards.

**Objective 4:** To improve accountability of service providers through improved recording, reporting and utilization of data

**Objective 5** (intermediate term objective): Implementation of the MNH Tool kit at the delivery points, in a phased manner

This program is designed with a modified training capsule of a shorter duration, with the trainings being competency based and focusing on the highest impact practices during and just after childbirth. The idea was to develop a focused yet comprehensive program that included a training package which is based on a tested quality improvement framework and is backed up by a strong post-training follow-up and support component. One successful example was the Safe Childbirth Checklist Program in Rajasthan, wherein, a simple checklist based on evidence-based practices formed a useful framework for training of health workers, post-training supportive supervision and ensuring the availability of essential resources, and adherence to safe practices by health workers for each client delivering at health facilities. This initiative aims to address the major drivers and determinants of the quality of care provided to the woman during the whole process of childbirth, from the time of her admission at the health facility, to the time of her discharge after childbirth. The focus of this initiative, therefore, is to ensure adherence to the highest impact clinical practices during the intra- and immediate postpartum period, with the labour room and the postpartum ward being the focal point of the interventions. The initiative is strategic in nature as it ultimately tries to build capacity of the providers to prevent and manage complications that are major causes of maternal and newborn death.

The recent World Bank data puts the MMR for India reported in 2015 at 174 per 100,000 live births, which is a significant decline from the 215 figure that was reported in 2010. In absolute numbers, nearly 45,000 mothers die due to causes related to childbirth every year that accounts for 17% of such deaths globally. India is further committed to ensuring safe motherhood to every pregnant woman in the country.

Ministry of Health and Family Welfare has recently announced the launch of program 'LaQshya', aimed at improving quality of care in labour room and maternity Operation Theatre (OT). The Program will improve quality of care for pregnant women in labour room, maternity Operation Theatre and Obstetrics Intensive Care Units (ICUs) and High Dependency Units (HDUs). The LaQshya program is being implemented at all Medical College Hospitals, District Hospitals and First Referral Unit (FRU), and Community Health Center (CHCs) and will benefit every pregnant woman and newborn delivering in public health institutions.

'LaQshya' will reduce maternal and newborn morbidity and mortality, improve quality of care during delivery and immediate post-partum period and enhance satisfaction of beneficiaries and provide Respectful Maternity Care (RMC) to all pregnant women attending public health facilities. The Program aims at implementing 'fast-track' interventions for achieving tangible results within 18 months. Under the initiative, a multi-pronged strategy has been adopted such as improving infrastructure up-gradation, ensuring availability of essential equipment, providing adequate human resources, capacity building of health care workers and improving quality processes in the labour room. To strengthen critical care in Obstetrics, dedicated Obstetric ICUs at Medical College Hospital level and Obstetric HDUs at District Hospital are operationalized under LaQshya program.

The Quality Improvement in labour room and maternity OT will be assessed through NQAS (National Quality Assurance Standards). Every facility achieving 70% score on NQAS will be certified as LaQshya certified facility. Furthermore, branding of LaQshya certified facilities will be done as per the NQAS score. Facilities scoring more than 90%, 80% and 70% will be given Platinum, Gold and Silver badge accordingly. Facilities achieving NQAS certification, defined quality indicators and 80% satisfied beneficiaries will be provided incentive of Rs 6 lakh, Rs 3 lakh and Rs 2 lakh for Medical College Hospital, District Hospital and FRU respectively.

India has come a long way in improving maternal survival as Maternal Mortality Ratio (MMR) has reduced from 301 maternal deaths in 2001-03 to 167 in year 2011-13, an impressive decline of 45% in a decade. A transformational improvement in the quality of care around child-birth- relating to intrapartum and immediate postpartum care shall dramatically improve maternal and newborn outcomes. The overall development of a nation in education, technology and economy can lead to ultimate solution of the problem

## REFERENCES

- 1 Annual Health Survey Report, (AHS): A Report on Core and Vital Health Indicators. (2014). Registrar general and Census Commissioner of India. WHO, UNICEF, UNFPA, World Bank (2012) Trends in maternal mortality: 1990 to 2010. Geneva: World Health Organization.
- 2 WHO (2015), 'Strategies towards ending preventable maternal mortality', February.
- 3 The Millennium Development Goals Report 2009. United Nations, New York, 2009
- 4 National Health Mission- Manual for District level functionaries 2017 Dakshata –Empowering providers for improved MNH Care during Institutional Deliveries
- 5 Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group. Alkema L, Chou D, Hogan D, Zhang S, Moller AB, Gemmill A, et al. Lancet. 2016; 387 (10017): 462-74.
- 6 Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030. New York: United Nations; 2015