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Government Initiatives for Safe Pregnancy and Childbirth: A Critical Analysis

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Abstract

Whenever a newborn is placed in a mother's lap, she is immersed in a state of ecstasy and love that every mother should be able to experience. This memory, however, will never be realised for many pregnant women in India, as the experience of giving birth is often traumatic. Many women in India's various states are still dealing with pregnancy and birthing problems. Every year, around 47,000 Mothers die from complications related to pregnancy, delivery, and postpartum period as well. The primary medical reasons for these casualities are infection, hemorrhage, abortion, hypertensive disorders, obstructed labour, and factors such as anaemia. Many socioeconomic and cultural factors contribute to their health problems, including illiteracy, low socioeconomic status, underage marriage, low female empowerment, and a traditional inclination for home births. The government, on the other hand, is launching a slew of measures to enhance maternal health, but data shows that women in several states and remote communities are still ignorant of them. As a result, my goal in creating this research article is to fill in this gap that exists and provide information on numerous government efforts aimed at ensuring a safe pregnancy and birth.

Key words : Maternal Health, Maternal Mortality Ratio, Government Initiatives

Introduction

Female's health throughout pregnancy, childbirth, and the period just after delivery is termed as maternal health. In many circumstances, it includes health-care features such as family planning, preconception, prenatal, and postnatal care that provide a happy and fulfilling experience, as well as maternal morbidity and mortality in some circumstances.[3]Maternal health refers to women's health and well-being, particularly throughout pregnancy, delivery, and child raising. Denying the reality that motherhood is often viewed as a pleasant natural phenomenon that is extremely exhausting for the mother, as per the World Health

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Organisation, a substantial percentage of women confront multiple challenges that result in health-related effects and even death.[4] In many poor countries, pregnancy and complications are the primary factors between women of reproductive age. A woman dies per minute as a result of complications during childbirth.[5] In the world health organisation report 2005 maternal health issues are the fourth most leading cause of death of women followed by HIV/AIDS, malaria and TB[6].Biological processes, rather than infections, causes the bulk of maternal injuries and fatalities, which may be avoided and have been nearly eliminated in the industrialised nations.[7]

According to the World Health Organisation (WHO), India accounts for roughly 18% of all maternal mortality worldwide, which is 63,000 deaths per year[8]. Maternal mortality in India has drastically decreased from 178 live births in 2012 to 100 live births in 2015 per lakh as a country strives to meet the fifth-millennium development (MDG)for improving maternal and child health.In terms of the expansion of maternity and child health (MCH) program, the subsequent two decades (1990-2010) were critical , particularly in the field of infrastructure, beginning with the 1992 Child Survival & Safe Motherhood (CSSM) initiative throughout the country. To make available and easily accessible the high quality health care basically the maternal and child health care for those who particularly lives in rural areas was the basic objective of Reproductive Child Health I (RCH I) and National Rural Health Mission(NHRM).According to NRHM the availability of skilled attendants at the time of birth and easy access to Emergency Obstetric New Born Care (EmONC), and an effective, as well as efficient referral system, is the access to Maternal Health Care..

Trends in India's Maternal Mortality Ratio

The reproductive health of women in a particular region is indicated by maternal mortality.

[4]WHO Maternal health
[5] UNICEF Maternal health
[6]World Health Organisation (2005). "World Health Report 2005: make every mother and child count". Geneva: WHO. Archived from the original on April 9, 2005.
[7]"Most Maternal Deaths in Sub-Saharan Africa Could Be Avoided". Science Daily. 2 March 2010.
[8]National Health Mission https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=822&lid=218

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Because of the difficulties which arises during and after pregnancy, childbirth or abortion several women of reproductive age dies. According to the World Health Organisation, maternal death occurs when a woman passes away during pregnancy or within 42 days of delivery from any condition caused by pregnancy or while handling the pregnancy, and which is not from unintended or incidental causes, regardless of the duration or spot of the pregnancy. The number of maternal death per 1 lakh live birth for a specific time period is called maternal mortality ratio and it is a very critical measure of maternal mortality[9].

Maternal mortality ratio (MMR) was unusually very high in India with 556 women who died during child birth for every 1 lakh live birth in 1990 . Each year, more than 1.38 lakhs women died as a result of difficulties due to pregnancy and childbirth. At the time, the global MMR was 385, which was significantly lower. In India, however, MMR has fallen at a quicker rate. In comparison to a global MMR of 216(2015). The country's MMR has dropped to 167 (2011-13). The maternal mortality rate has likewise dropped by 68.7%. According to the MMEIG report, India's percentage of global maternal mortality has dropped drastically to roughly 15%.[10]

MMR targets for 2015 were 139 per 100,000 live births, down from 556 per 100,000 in 1990, according to the United Nation Inter–Agency Expert Group's publication "Trends in Maternal Mortality: 1990–2015." In India, the MMR has declined by 68.7 percent, from 556 in 1990 to 174 in 2015 , a loss of 4.6 percent every year on average. The Registrar General of India's Sample Registration System(RGI-SRS) most recently reported that MMR has fallen from 212 per 100,000 live births in 2007-09 to 167 in 2011-13.

Between 2010 and 2013, the annual rate of fall in MMR was 6.2 percent. Assam has the highest MMR of 300, followed by Uttar Pradesh/Uttarakhand with MMR of 285 per 1 lakh live births, and Rajasthan which has MMR of 244. Andra Pradesh Maharashtra Tamilnadu and Kerala has an MMR of 100 per 1 lakh live birth in 2011-2013. The MDG-5 objective is also achieved by Gujarat, Haryana, West Bengal, and Karnataka. Assam with 300 MMR followed by Uttar Pradesh having MMR of285, Rajasthan with 244, Orissa with 222,

[9] https://censusindia.gov.in

[10] https://main.mohfw.gov.in

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Madhya Pradesh and Chhattisgarh with 221 and Bihar and Jharkhand with MMR of 208, which have relatively high MMR in comparison to the national average needs some extra efforts to reduce their MMR.

India has pledged to achieving the latest United Nations Sustainable Development Goals (SDGs) target of 70 MMR cases per 100,000 live births by 2030. MMR target for 2020 is 100 per 100,000 live births, according to the 2017 NHP (National Health Policy).[11]

Safe Motherhood Initiative Launched by the Government (pregnancy& childbirth):

1. Janani Suraksha Yojana: This Yojana is a National Health Mission-funded programme that encourages healthy motherhood. Its goal is to decrease maternal and newborn mortality between low-income pregnant women with the by promoting them to give birth in a hospital or any other health care centers. This project was inaugurated by the Hon'ble Prime Minister on April 12, 2005, emphasising on low performing state(LPS) is currently being implemented throughout India covering all the states as well as union territories. JSY is a government-funded programme which provides financial assistance in addition to pre-and post-natal care. This Scheme recognise social health activists (ASHA workers) as an efficient channel of communication between the government and pregnant women. [12]

The states including Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Rajasthan, Orissa, Assam, and Jammu and Kashmir have low institutional delivery rates are granted with an exception , and this scheme targets the poor pregnant women of these states. The above states are assigned as low-performing states compared to other states that ar assigned as high performing states.

The scheme's beneficiary base has grown rapidly from 7.38 lakhs having expenditure of Rs 38.29 crores in 2005-06 to 1.05 crores with expenditure of Rs 1748 crores in 2013-14.

[11] https://main.mohfw.gov.in

[12] Ministry Of Health and Family Welfare https://www.mohfw.gov.in

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2. Janani shishusurakshakaryakram: The Janani Shishu Suraksha Karyakram (JSSK) was started on June 1, 2011 by the Indian government to eliminate the payments made by the pregnant women and unwell infant on medicines , diets, testing , user fees, referral trips, and other items. Every pregnant woman who gives birth at a public health facility is entitled to a free or low-cost childbirth, and for C-section too. In this programme, women who are pregnant can get medications and consumables, diagnostics, blood at zero cost whereever it is needed, and a free meal for up to three days after a normal delivery or seven days after a C-section. This service includes free transportation from home to the institution, as well as between facilities in a recommendation and back home. Similarly, all unwell neonates that seek medical attention at public health centres until 30 days after birth are eligible for equal benefits. This programme has lately been expanded to include ANC issues, PNC issues, and sick newborns.

Over Rs. 2107 crores were allocated in 2012-2013 and over Rs. 2000 crores were sanctioned for MissionFlexipool and RCH in 2013-2014 to implement this scheme.

3. Pradhan Mantri Suraksha matritva Abhiyan: It was implemented on the 9th of each month to provide all pregnant women with a fixed-day, comprehensive, and high-quality antenatal care (in their second and third trimesters).

Pregnant women receive routine prenatal care as well as specialised antenatal treatment from specialists/radiologists/physicians in government health institutions under this programme. In second and third trimistere of pregnant women government health facilities (PHCs/CHs,DHs/urban facilities etc.) provides a minimal package of antenatal care in urban and rural areas. Pregnant women who visit PMSMA clinics will get a basic set of tests and drugs, including IFA and calcium supplements.

The Abhiyan's most important feature is recognising and following high-risk pregnancies, and women with high-risk pregnancies have red stickers placed on their mother and Child Protection cards.

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4. Pradhan MantriMatruVandanaYojana: Since January 2017, this system has been in effect. Under this plan, all pregnant women and nursing mothers are eligible for a compensation of Rs 5,000 in monthly instalments. Upon enrolling for an early pregnancy, the recipient receives the first instalment of Rs 1,000.The subsequent instalment of Rs 2000 is paid after the expectant woman who have completed their pregnancy for six months & has had one or more prenatal checkup. The last instalmenti,e of rs 2000 is made when the child is born, and starts their first immunisation cycle, which includes BCG, OPV, and pentavalent immunisation.[13]

The purpose of this scheme is basically to recompense the woman with monetary benefits for her lost wages if any , so that she can rest propery before and after her child's birth. This scheme also enhances ANC mother's health-seeking attitude.

5. Labour room and Quality improvement initiative (LaQshya): On December 11th, 2017, Ministry of Health and Family Welfare of India announced "LaQshyaon," an ambitious programme aimed at reducing morbidity and mortality among pregnant women and babies by improving services all through labour and delivery and the instantaneous post-partum period, boosting beneficiary satisfaction, offering happy birth experiences, and providing Courteous Maternity Care (RMC) to each of the pregnant women seeking treatment in public hospitals. All pregnant women and newborn born in public hospitals will benefit from this project. It will also improve the care given to women who are pregnant in the delivery room, maternity operating room, ICUs, and HDUs.[14]

6. Mother and Child Tracking System(MCTS): Women and newborns are identified by name to ensure that they receive high-quality ANC, INC, PNC, FP, and vaccination care. The Digital Mother and Kid Tracking System (MCTS) will also be used for registering and monitoring each and every woman who are pregnant, their newborn, and child by their names in order to deliver high-quality ANC, INC, PNC, FP, and immunisation services.The MCTS had registered approximately 6.20 crore women and 5.17 crore children as of March 2014.

7. Maternal and Child Health Care wing :

[13] Pradhan Mantri Matru Vandana Yojana: http://www.wcd.nic.in
[14] National Health Mission https://nhm.gov.in/index1.php?lang

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To handle the increased caseloads and institutional deliveries at these facilities, NRHM is creating 30,50and 100-bed maternity and child health care wings in all women's hospitals, community health centers , first referral unit, sub-district and district hospital

470 specialised Maternal and Child Health (MCH)Wings in 18 states have been sanctioned , with a combined capacity of more than 28,500 more beds.

8. DAKSHATA: This effort aims to improve intrapartum and early post-partum care by enhancing healthcare providers' ability to implement evidence-based treatments that adhere to labour room norms and standards. It also intends to improve data collection, reporting, and utilisation to improve the accessibility of essential supplies and consumables in the maternity ward, as well as service providers' responsibility. A dashboard will be created with vital indications to keep track of data.Thefacility's who are in charge will regularly monitor these important indicators to ensure that the targeted facilities are adequately managed. This training session will last three days. Delegated trainers will instruct small groups of health care practitioners. The implementation of a checklist in the lessons will emphasise skill practice. While performing a task an Observed Structured Clinical Examination (OSCE) will be used to assess learning .[15]

Findings:

In India due to various reasons many pregnant women dies while giving birth to their babies. The reasons could be negligence, lack of institutional facilities and hospitals in their districts, lack of facilities provided in the hospitals and many more reasons. Due to very high MMR government has taken initiative for safe pregnancy and childbirth by launching some schemes.

By launching such schemes government wants :

1. To encourage women to give institutional delivery .

[15] http://nhm.gov.in

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2. Pregnant women are intitled to free and no cost childbirth including c-section who give birth in public health facilities.

3. To Identifying and following high risk pregnancy

4. That Pregnant or breastfeeding womens are eligible for monetary reward of 5000 in the form of installment.

5. To reduce morbidity and mortality by enhancing services for pregnant women during labour and delivery time.

6. Pregnant women are tracked so that they receive quality ANC,INC,PNC etc.

7. To address the growing case loads and institutional delivery at various facilities by creating 'wings'.

8. To increase healthcare providers to insure better monitoring at the targeted facilities.

Conclusion:

The reduction from 560 in 1990 to 139 in 2015 of the MMR was the basic goal of millenium development goal (2000-2015) The Sustainable Development Goals (SDGs) set a milestone of lowering Maternal Mortality Ratio from a high figure of 139 to a low figure of 70 per 100,000 live births by 2030 after 2015. In order to achieve this goal, certain obstacles must be prioritised. Maternal mortality differs substantially between Kerala and Assam in India, according to current MMR data and such geographical disparities must be addressed by implementing efforts that increase access to critical maternal health care while also strengthening the healthcare system.The maternal health services are very useful in reducing maternal mortality, society as a whole must also engage.Government and society should collaborate to ensure that no woman dies in India from an avoidable cause.

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