



## 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)**

**Source:** [DTE](#)

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