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Maternal mortality: A scenario in India

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Abstract

Maternal mortality is a case of serious concern in India and as such the Maternal Mortality Rate (MMR) is very high in Asian nations. As per WHO data, 50-98% of maternal deaths are due to direct obstetric causes (hemorrhage, infection, and hypertensive disorders, ruptured uterus, hepatitis and anemia). 50% of maternal deaths due to life threatening sepsis are related to unlawful persuaded abortion. MMR in India has not declined significantly in the past 15 years. The most important strategies for combating MMR is to create a prioritized action plan on maternal and child health (MCH) services along with assimilated vertical programs for imparting factual education which includes food, health, breast feeding, motherhood, water and sanitation. Additionally national nutrition information systems should be established to provide valid data about their impact.

Keywords: Mortality, childbirth, maternal mortality, MMR, pregnancy

1. Introduction

Maternal mortality is a dreadful tragedy in social, economic and public health terms. International outfits like WHO and UNICEF have noted that of the 585,000 yearly maternal deaths around the world, the vast majority are preventable. About 80% of these deaths are the result of five direct obstetric causes: hormone infection, obstructed labor, insecure abortion and a conclusive disorder in late pregnancy called eclampsia. When the health of the mother is improved their position in the society is improved. This paper is focused on scenario of MMR in the World and in India, its causes and prevention.

2. Maternal Mortality Rate

According to WHO, a maternal death is defined as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes".

Maternal mortality rate measures the risk of women dying from 'puerperal causes' and defined as:

$$\frac{\text{Total no. of female death due to complication of pregnancy, child birth or within 42 days of delivery from 'puerperal causes' in an area during a given year}}{\text{Total number of live births in the same area and year}} \times 1000$$

The International Classification of Disease (ICD) has recommended maternal deaths in 2 groups.

1. Direct Obstetric Death – Resulting from obstetric complication of pregnant state (pregnancy, labor and puerperium), from interventions, omissions, incorrect treatment or from a chain of events resulting from any of the above.
2. Indirect Obstetric Deaths: Resulting from previous existing diseases or diseases that developed during pregnancy and which was not due to direct obstetrics cancers but which was aggravated by physiological effects of pregnancy.

3. Objective

This study is focused on the observations of the present causes of maternal mortality in India.

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4. Methodology

The study is based on the secondary data collected from various articles, publications, government and non-government organizations along with different websites on the internet.

5. MMR Worldwide and in India

Statistics shows the 20 continuous with the highest maternal mortality rate per 100,000 live births in 2015. In that year with a maternal mortality rate of 1360 per 100,000 live birth, Sierra Leona of West Africa was the leading country worldwide in maternal mortality. It was followed by Central African Republic (CAR) nations with a maternal mortality rate 882 and 856 respectively.

Table 1: Life time risk of maternal death (1 in)

By income group	41	Low income
	220	Middle income
	130	Low middle income
	970	Upper middle income
	3300	High income
	180	world

Source: WHO, UNICEF, UNFPA and the World Bank Trends in Maternal Mortality: 1990 to 2015, WHO Geneva 2015. (Income groups refer to World Bank income classification in 2015)

Maternal Mortality Rate in India was high in 1990 with 556 women dying during child birth per 100,000 live births, Approximately 1.38 lakh women were dying every year on account of complications related to pregnancy and child birth. The number of maternal death stands reduced by 70%. As per the latest report of the Registrar General of India, Sample Registration System (RGI-SRS) MMR of India was shown a decline from 212 per 100,000 live births in the period 2007-09 to 167 per 100,000 live births in the period 2011-13, against a global MMR of 216 (2015).

Table 2: Annual Rate of decline of MMR during the period of 2010-12 to 2011-13.

State	Percentage compound rate of decline in MMR
Maharashtra	21.8
Andhra Pradesh	16.4
Haryana	13.0
Tamil Nadu	12.2
Punjab	9.0
Assam	8.5
Gujarat	8.2
Karnataka	7.6
Kerala	7.6
Odisha	5.5

Despite significant improvements in maternal health over the last decade, which is evident in the reductions in maternal mortality in the country, an estimated 44,000 mothers continue to die every year due to causes related to pregnancy, child birth and post-partum hemorrhage.

6. Causes of maternal Mortality

Medical factors:

Factors that causes maternal death can be direct or indirect. Direct maternal death that is the result of a complication of the pregnancy include.

- Severe bleeding, puerperal infections due to poor hygienic condition during delivery and infections of reproductive tract.
- Prolonged labor

- Eclampsia, ectopic pregnancies, embolism

Indirect causes of maternal death are due to pre-existing diseases like

- Anemia
- Hepatitis
- Cardio vascular diseases
- Endocrine diseases
- HIV / AIDs

Social Factors

- Age at the child birth
- Poverty
- Illiteracy
- Family size
- Too close pregnancies
- Malnutrition
- Lack of maternity services
- Poor environmental sanitation
- Social beliefs, taboos, superstition
- Poor transport facilities

7. Attempt to Lower Maternal Mortality Rate

For reducing maternal mortality the entitlements include access to health care, access to family planning services, emergency obstetric care, funding and intrapartum care. The biggest global policy initiative for maternal health came from the United Nation's Millennium Declaration which created the Millennium Development Goals. The fifth goal of the United Nations Millennium Development Goals initiative is to reduce the maternal mortality rate by three quarters between 1990 and 2015 and to achieve universal access to reproductive health by 2015 written jointly by the WHO, UNICEF, UNFPA & the World Bank. Countries and local governments have taken political steps in reducing maternal deaths. Researchers conclude that improving maternal health depends on three key factors.

1. Reviewing all maternal health related policies frequently.
2. Enforcing standards on providers of maternal health services.
3. Any local solutions to problems discovered should be promoted.

8. Conclusion

In spite of all efforts the health of the mother still continues one of the most serious problems affecting the community, especially India. Education is one of the most critical areas of empowerment for women. Girl's education should be imparted at door steps to eradicate illiteracy and ignorance in rural as well as tribal areas. Offering girls and women basic education on health and nutrition along with community awareness on obstetrics and gynecology not only helps in combating malnutrition but also one assured way of giving them greater power thereby enabling them to make genuine choice over the kind of lives they wish to lead.

9. References

1. <https://www.ncbi.nlm.nih.gov/pubmed/1819558>, Dec 28 1999
2. <http://dx.doi.org/10.2016>, May 6 2014
3. <http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>
4. UNICEF, progress for children: Achieving the MDGs with equity, report No. 9, UNICEF, New York 2011.

5. Govt. of India Annual Report 2016-17, Ministry of Health and family Welfare, New Delhi, 2016.
6. WHO, International classification of Diseases, 2006
7. Khan, Khalid S. *et al*, WHO Analysis of causes of maternal Death: A systematic review. Lancet, 367, 9516-2006.
8. WHO Trends in maternal Morality: 1990 to 2013: (PDF) WHO.ISBN978924150722.6.2016. 2014.
9. Gupta Abha and Sinha Smita Empowerment of Women: Language and Other Facets, Mangal Deep Publications Jaipur (India), 2005.
10. <http://www.thelancet.com/pb/assets/raw/Lancet/pdfs/S0140673615008387.pdf>