

Maternal and Newborn Healthcare in India: Current State and Policy Recommendations

SANKHYA (संख्या)

“There cannot be a good plan for economic progress without adequate data and there cannot be adequate data without a good plan for collecting them...”

P.C Mahalanobis, Member, First Planning Commission of India & Scientist

WORLD SCENARIO – MATERNAL AND NEWBORN HEALTH

In May 2023, the United Nations released a report titled “Improving Maternal and Newborn Health and Survival and reducing stillbirth”, which provides a global scenario of maternal deaths, stillbirths and neonatal deaths.

The report highlighted a total of 4.5 million maternal and newborn-related deaths in 2020 out of which, 0.29 million were maternal deaths, 1.9 million stillbirths and 2.3 million neo-natal.

The report mentions specific targets to address these mortality indicators, particularly in the context of the Sustainable Development Goals established by the UN to achieve improved maternal and newborn health by 2030.

The target is to reduce the global maternal mortality ratio (MMR) to less than 70 deaths per 100,000 live births, neonatal mortality to at least 12 deaths per 1,000 live births and stillbirths to less than 12 per 1,000 total births by 2030.

The report also provided that the COVID-19 pandemic has diverted resources from maternal and neonatal health services and access to essential care. Pregnant women and newborns were found to be more vulnerable to the virus, leading to increased risks.

Maternal Death

• Death due to pregnancy or during its management, time of childbirth or within 42 days of termination.

Stillbirth

• Death of a baby after 28 weeks of pregnancy, but before or during birth.

Neonatal deaths

• Death of a baby during its first 28 days of life

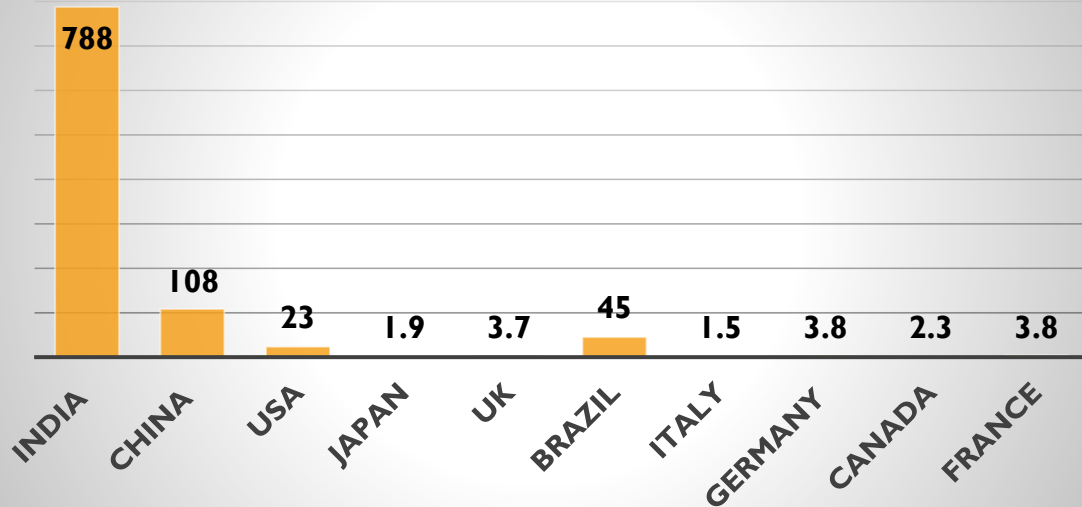
Sub-Saharan Africa and Central and Southern Asia were identified as regions with the highest numbers of maternal and newborn deaths.

India, Nigeria, Pakistan, the Republic of Congo, Ethiopia, Bangladesh, China, Indonesia, Afghanistan and Tanzania were the top 10 countries with the highest number of deaths.

Report highlighted that around 60% of total death were in 10 countries. India recorded the most number of deaths in these categories.

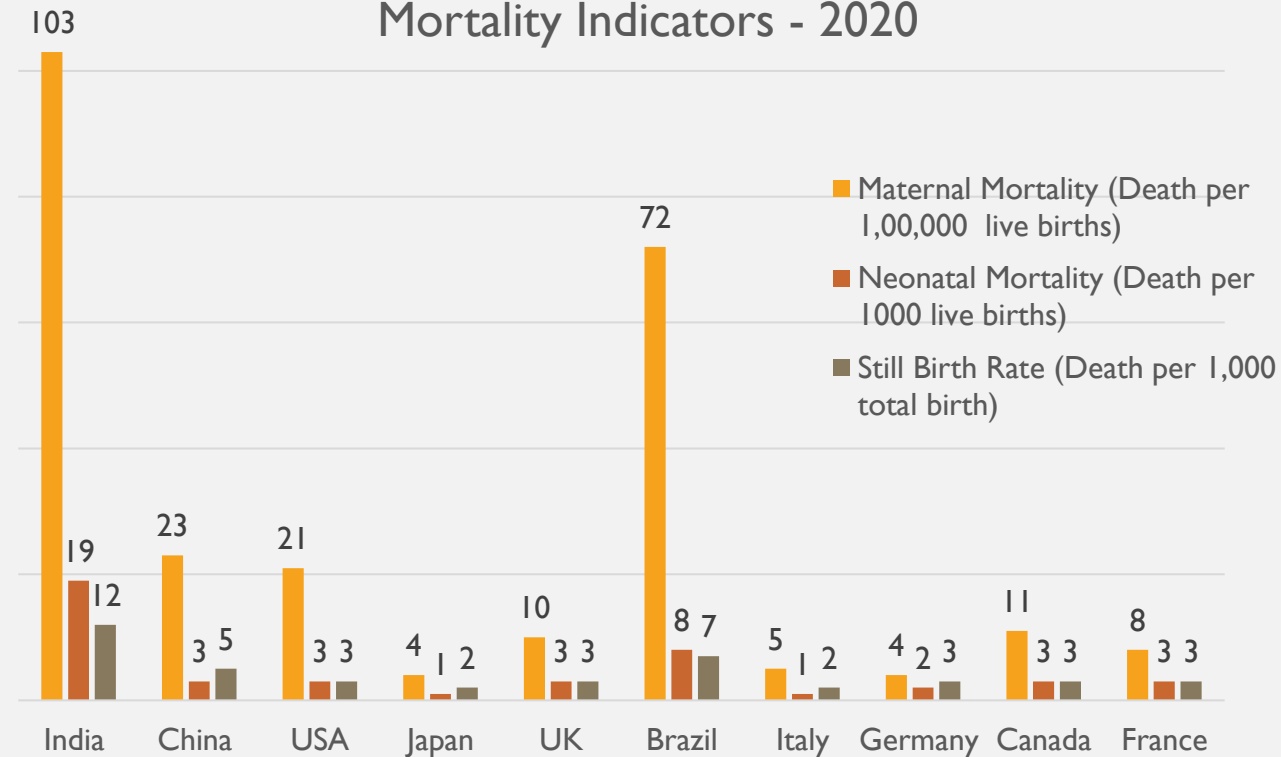
MATERNAL & NEWBORN HEALTH COMPARISON AMONG GLOBAL ECONOMIC GIANTS (2023)

Total maternal deaths, stillbirths and neonatal deaths in 2020 (Numbers in thousands)



- Within the realm of the world's leading economies, India and China stood out as countries grappling with the highest incidence of maternal mortality, stillbirths, and neonatal deaths.
- Japan, Italy and Germany have the most desirable numbers.
- India had the largest number of maternal and newborn deaths, surpassing all others even when compared in terms of ratio per a certain amount of population. Furthermore, Brazil has the second-largest number of maternal and newborn deaths.

Mortality Indicators - 2020



[Source: ENAP/EPMM Dashboard 2023](#)

The data represents the maternal mortality rate for 2020 and Neonatal Mortality Rate and Still Birth Rate for 2021 among countries with the highest GDP in 2023 according to Forbes India Report.

STATUS OF MATERNAL AND NEWBORN HEALTH IN INDIA

India – Number of deaths in Lakhs

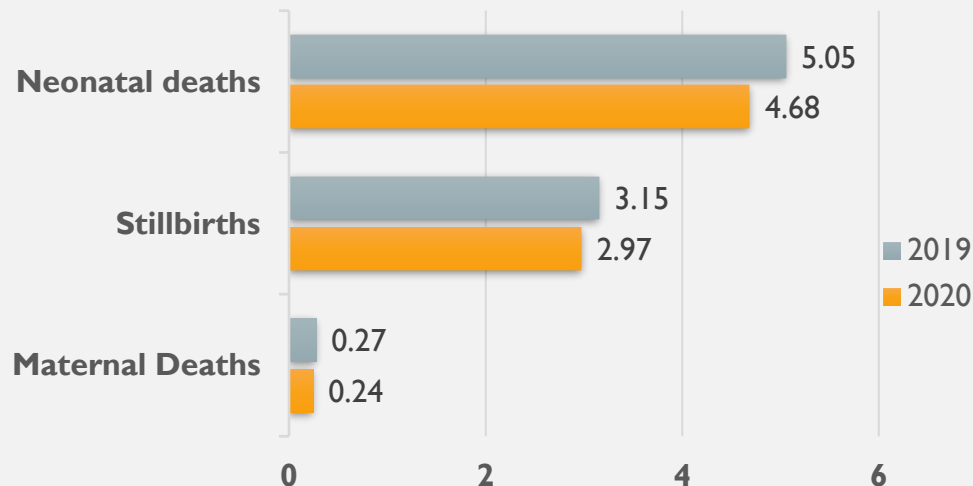


Illustration prepared by Bridge based on [UNICEF Data](#)

There has been a decrease in the total number of maternal deaths, stillbirths and neonatal deaths in India from around 8.4 lakhs in 2019 to 7.8 lakhs in 2020. Although there has been an improvement in the data from 2019 to 2020, there is still a need to implement effective strategies and interventions to further improve the state of maternal and newborn health outcomes.

India recorded around 7.8 lakh deaths, accounting for a significant proportion of global maternal deaths, stillbirths, and neonatal deaths, with a staggering 17% of the total deaths in these categories. There are various factors behind it but the most significant one is inadequate access to healthcare services.

As per data released by the Registrar General of India's Sample Registration System, Assam has the highest Maternal Mortality Rate (MMR) for 2018-2020 & Madhya Pradesh recorded the highest Infant Mortality Rate (IMR) in 2019. Whereas Mizoram and Nagaland have the lowest IMR, and Kerala has the lowest MMR.

Rural India's maternal and newborn health is also very different from urban India's health, as chances of death are higher in rural areas compared to urban areas in India. The gap between urban and rural is attributed to the lack of healthcare facilities, economic inequalities and lack of education.

The government of India is working towards improving the state of mortality through the introduction of schemes like Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK), PM Surakshit Matritva Abhiyan (PMSMA), LaQshya - Labour Room Quality Improvement Initiative, etc.

POLICY CONSIDERATIONS AND SUGGESTIONS

Strengthening Primary Healthcare Centres

Considering the high birth rate in India, with approximately 40 to 55 children born every minute, and the relatively limited number of Primary Healthcare Centres (PHCs) available (around 30,000), it becomes crucial to recognize the integral role that PHCs play in the health of maternal and newborn children. Yet, the existing PHCs do not have adequate skilled labour. Hence, it is suggested that India should focus on strengthening primary healthcare services, including antenatal care, skilled birth attendance, and postnatal care. This can be achieved by increasing investments in primary healthcare infrastructure and training healthcare providers.

Increasing Public Expenditure on Maternal and Newborn Health

To improve maternal and newborn child health in India, increasing public expenditure on health is crucial. Despite a recent increase in public expenditure on health as a percentage of the gross domestic product (GDP) since the pandemic (2.1% of GDP in 2022-23), it remains lower compared to other top economies in the world, including BRICS nations. To address this, it is pertinent to prioritize and allocate a higher budget earmarked explicitly for maternal and child health programs and services. This would enable the development and implementation of targeted initiatives aimed at reducing maternal and child mortality rates.

Addressing the Issue of Unsafe Abortions to Reduce Maternal Mortality

Unsafe abortions are a significant cause of maternal mortality in India, with approximately 67% of abortions being conducted unsafely, leading to nearly 8 deaths daily. To address this, it is crucial to decriminalize and destigmatize abortion, improve access to safe abortion services, promote comprehensive sex education and contraception, enhance post-abortion care, and strengthen the healthcare system while regulating private providers. These measures shall help reduce unsafe abortions and maternal mortality rates in India.

Digital Consultations and Services through Public Hospitals

As of 2022, there are 425 million internet users in rural India and 295 million internet users in urban India. Notably, internet penetration in rural India is better than in urban India. Hence, India is in a unique position to utilize internet accessibility to enhance the healthcare system through digital platforms. Taking into account the limitations in terms of infrastructural facilities, health assistance and consultations may be provided to women and newborn children in rural and remote areas through digital platforms. Incorporation of such facilities through public hospitals or in the form of paramedical services is necessary to tackle the issue of accessibility of maternal and newborn healthcare services in India.

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questions*

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Sankhya* is an initiative of Bridge Policy Think Tank to create interface snapshots in statistics and policy analysis while promoting critical thinking and analysis.

** Sankhya means numbers and is also a school of rationalist Indian philosophy. According to Sankhya philosophy reliable knowledge comes from only three pramanas (proofs)- pratyakṣa ('perception'), anumāṇa ('inference') and śabda (āptavacana, meaning, 'word/testimony of reliable sources').*