Maternal health status in India

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Maternal health situation refers to the wellbeing of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death. The major direct causes of maternal morbidity and mortality include hemorrhage, infection, high blood pressure, unsafe abortion, and obstructed labour¹. Globally, 287000 women died during pregnancy and childbirth in year 2010, it declined of 47% from 1990. Most of them died because they had no access to skilled routine and emergency care. Since 1990, some countries in Asia and Northern Africa have more than halved maternal mortality². India is in a race to achieve the target of millennium development goals (MDGs). Its target was to achieve reduction of maternal mortality ratio 109 per lakh live birth by 2015. In this direction country made lot of efforts as home visit based care for the new born babies and mothers implemented through ASHAs at village level under National Rural Health Mission (NRHM) with support from Norway India Partnership Initiative (NIPI). After efforts, maternal mortality ratio of India has declined 34 point from 212 to 178 in 2013. The declined has been found most significant in Empowered Action Group (EAG) States from 308 to 257, Southern States and Other States have been equally declined by 22 point from 127 to 105 and 149 to 127 accordingly^{3,4}.

Among EAG states, Madhya Pradesh situated in center part of country and covers 21% tribal population, residing in dense forest and hilly areas. They are mainly concentrated in southern part of the state and their lifestyle, culture and customs most resembles the Hindu religion though they still strongly believe in orthodox traditions⁵.Maternal death in Madhya Pradesh state declined 39 point from 269 to 230 as per Sample Registration System from 2009 to 2012 but still higher. As per Annual Health Survey Report (2011-12) & (2012-13) maternal death in Madhya Pradesh shown also declined by 50 points which become seventh worst state in Country^{6,7}. The majority of mortality (55%) including both maternal 39% and non-maternal deaths

16% are recorded in early reproductive age group 20-24 years so for this age group is in a greater risk and responsible for maternal deaths in country⁴.

Overall, the maternal mortality rate falls but still away to achieve the target. The Government of India is committed to reducing the maternal mortality to approximately 109 per lakh live births by 2015. However, this aim requires the existing efforts and strategy need to still continue. The effort need to ensure proper utilization of health care facilities by pregnant women and take place of birth at health institution. If all pregnant women have taken full ANC checkup with four recommended visits and in each visit include measured of blood pressure, height & weight, urine test & blood test, abdominal and internal examination with at least two tetanus toxoid injections, Iron folic acid tablets or syrup and motivation for safe delivery. The all women have aware about danger sign of pregnancy and treated under timely leads to safer life. In this context the strategies need to develop to generate the awareness for proper pregnancy care and promote institutional delivery.

In this concern, the World Bank has estimated that 74 percent of maternal deaths could be averted if all women have access to interventions that address complications of pregnancy and childbirth, especially emergency obstetric care. While the interventions that could save their lives are widely known, they are often not available to those most in need. The obstetric history require to of each women who have living in reproductive group which begins with the age of the mother and includes information about the number of years since marriage, number of pregnancies, previous deliveries, abortions, pre-term labor, complications during previous pregnancies or labor, etc. The sensitivity of healthy mother and healthy baby is an essential aspect of reproductive health care programme. Decreasing of child mortality and improvement in maternal health are the major goals in Millennium Declaration, to which India is a participant. So for, the study questions need to also investigate the selected socioeconomic characteristics, maternal age, maternal education, maternal occupation along with practices of antenatal care, place of deliveries at home, relatives and health institution associated with maternal health care in India.

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