
MORTALITY IN THE ANDHRA PRADESH**Dr. Chaganti Rami Reddy**

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In developing nations, pregnancy and delivery complications are the main causes of death and disability for women who are of reproductive age. Every year, thousands of women worldwide pass away during pregnancy or childbirth. Every mother's death destroys a family and jeopardizes the welfare of the children who survive. Research indicates that babies whose moms pass away have a higher chance of passing away before turning two years old than babies whose moms live. As a measure of health, maternal mortality reveals stark disparities between urban and rural areas, between nations, and within countries. Every human being has the fundamental right to good health, and women are entitled to the best possible standard of health and well-being as well as access to high-quality health care services. The percentage of maternal fatalities per lakh live births is known as the maternal mortality ratio, or MMR. Maternal mortality has been the focus of international attention as one of the Millennium Development Goals (MDGs), specifically under Goal 5. Maternal mortality has decreased by up to 50% in certain nations as a result of persistent international efforts, but the problem has not been resolved. Maternal mortality has been included in the Sustainable Development Goals (SDGs) under Goal 3 as a result of ongoing worldwide initiatives. Around 800 maternal deaths are reported every day, with 99% occurring in underdeveloped nations, according to WHO (2014). As a UN member, India is dedicated to lowering.

MMR in India was exceptionally high in 1990 with 556 women dying during child birth per hundred thousand live births. Approximately 1.38 lakh women died every year on account of complications related to pregnancy and child birth. However, with the Governments direct intervention through various dedicated programmes, India's MMR has declined faster than the global target, and the Government's aim is to bring it down to 100 by 2020. The recent Sample Registration Survey-2022 (SRS) data puts the MMR for India in 2017-19 at 103 per 100, 000 live births, which is a significant decline from the 215, figure that was reported in 2010. The MMR may be on a decline, yet, about four women die every hour in India from complications developed during childbirth. In absolute numbers, nearly 35,000 mothers die due to causes related to childbirth every year; that accounts for 12% of such deaths globally (WHO-2019).

After the launch of National Rural Health Mission (NRHM) in 2005, significant improvements have taken place in building the health infrastructure in the country. Now called National Health Mission, the progress of programme is reflected in achieving targets for the reduction of Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), Total fertility Rate (TFR) and other indicators.

THE IMPORTANT OF GOVERNMENT INTERVENTIONS TO REDUCE MATERNAL MORTALITY RATE (MMR):

- Janani Suraksha Yojana (JSY), a demand promotion and conditional cash transfer scheme was launched in April 2005 with the objective of reducing Maternal and Infant Mortality by promoting institutional delivery among pregnant women.
- Janani Shishu Suraksha Karyakram (JSSK) aims to eliminate out-of-pocket expenses for pregnant women and sick infants by entitling them to free delivery including caesarean section, free transport, diagnostics, medicines, other consumables, diet and blood in public health institutions.
- Functionalization of First Referral Units (FRUs) by ensuring manpower, blood storage units, referral linkages etc.
- Setting up of Maternal and Child Health (MCH) Wings at high caseload facilities to improve the quality of care provided to mothers and children.
- Operationalization of Obstetric ICU/HDU at high case load tertiary care facilities across country to handle complicated pregnancies.
- Capacity building is undertaken for MBBS doctors in Anesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas.
- Maternal Death Surveillance Review (MDSR) is implemented both at facilities and at the community level. The purpose is to take corrective action at appropriate levels and improve the quality of obstetric care.

- Monthly Village Health, Sanitation and Nutrition Day (VHSND) is an outreach activity for provision of maternal and child care including nutrition.
- Regular IEC/BCC activities are conducted for early registration of ANC, regular ANC, institutional delivery, nutrition, and care during pregnancy etc.
- MCP Card and Safe Motherhood Booklet are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.

The National Health Mission has brought in a considerable reduction in the MMR of India. More than 78% women are now approaching Health Care Institutions for deliveries. However, the reach and quality ante natal care (ANC) continues to be area of concern. Only 19.7% women across India receive full ANC. By providing quality antenatal care and ensuring identification and treatment of high-risk factors during pregnancy can go a long way towards further accelerating the pace of decline of MMR in India. In fact, the goal is to achieve less than 70 MMR as SDG-2030. As per the latest Sample Registration System (SRS) report published in 2022 by Registrar General of India (RGI) for the last three years, Maternal Mortality Ratio (MMR) of India has reduced from 130 per 100,000 live births in SRS 2014-16 to 122 in SRS 2015-17 and to 113 per 100,000 live births in SRS 2016-18 and 103 in SRS 2017-19. As per SRS Bulletin dated 08-02-2022, the Infant Mortality Rate (IMR) has reduced from 37 per 1000 live births in 2015 to 30 per 1,000 live births in 2019 at National Level.

The other important initiative for Zero preventable maternal and new-born death is Surakshit Matritva Aashwasan scheme (SUMAN). The SUMAN initiative was launched on 10th October 2019, wherein the Government of India and the State Governments collectively committed to achieve zero preventable maternal and new-born deaths in the country and providing service assurance for maternal and new-born care services. SUMAN promotes safe pregnancy, childbirth and immediate postpartum care with respect and dignity by translating the entitlements into a service guarantee which is more meaningful to the beneficiaries. The objectives of SUMAN include that the pregnant women will be able to avail a zero-expense delivery and C-section facility in case of complications at public health facilities, the scheme will enable zero expense access to the identification and management of complications during and after the pregnancy and the scheme will ensure that there is zero-tolerance for denial of services to such patients. The government will also provide free transport to pregnant women from home to the health facility and drop back after discharge (minimum 48 hrs). It will ensure respectful care with privacy and dignity, with early initiation and support for breastfeeding, zero dose vaccination and free and zero expense services for sick new-borns and neonates.

Ensuring access to health facilities is the responsibility of the State. The Government provides key health services such as maternal health care, child health care and family welfare services through the Family Welfare department. In Andhra Pradesh these services are provided by 7458 Sub-centres, 1142 Primary Health Centres, 195 Community Health Centres, 28 Area Hospitals, 14 District Hospitals, 10 other Health facilities (3 MCHs, 4 MPLs, 2 FRUs and 1 ESI) and 12 Teaching hospitals. Apart from these, 59 Urban Family Welfare Centres, 44 Post-Partum Units, 259 e-UPHCs and 5 UHCs are facilitating health access to the people of the state.

Over the years, there has been a significant improvement in various health parameters. The estimated Crude Birth rate, Crude Death rate and Infant Mortality Rates in Andhra Pradesh stand at 16.0, 6.7 and 29 respectively as compared to 20.0, 6.2 and 32 for All India (as per Sample Registration System, bulletin - 2018). The male and female expected life at birth for the combined state of Andhra Pradesh are 68.4 and 72.1 respectively as against the All-India figures of 68.8 and 71.1 in (2016-20). Maternal Mortality Ratio (MMR) stands at 65 for Andhra Pradesh welcomingly much lower than All-India's 112, as per the latest Sample Registration System (2016-18).

Andhra Pradesh State has set itself goals for key health indicators like Infant Mortality Rate, Maternal Mortality Ratio, Total Fertility Rate etc. Implementation of various planned departmental programmes in a structured process over the years has culminated in achievement of the set demographic goals in the following manner. The status of demographic achievement in Andhra Pradesh is shown in Table-1.

Table-1
Achievements in Demographic Goals – Andhra Pradesh

S. No	Name of the Indicator	Goal	Present Status		Source
			AP	India	
1	Maternal Mortality Ratio (MMR)	< 70	65	112	SRS - 2016 - 18
2	Infant Mortality Rate (IMR)	< 20	29	32	SRS - 2018
3	Under 5 Mortality Rate (U5MR)	< 25	33	36	SRS - 2018
4	Total Fertility Rate (TFR)	1.8	1.6	2.2	SRS - 2017
5	Contraceptive Prevalence Rate (CPR)	-	71.1 (NFHS - 5)	47.8 (NFHS - 4)	NFHS
6	Crude Birth Rate (CBR)	-	16.0	20.0	SRS 2018
7	Crude Death Rate (CDR)	-	6.7	6.2	SRS 2018
8	Adult Sex Ratio (ASR)	-	996	943	Census 2011
9	Child Sex Ratio (CSR)	-	944	918	Census 2011

Source: SRS, NFHS & Census

In Andhra Pradesh, Maternal Health Care Services are being provided to the pregnant and lactating women by implementing various schemes (both Central and State) like Janani Suraksha Yojana, Janani Shisu Suraksha Karyakram, Pradhan Mantri Surakshit Mathrutva Abhiyan (PMSMA) Programme, Pradhan Mantri Matru Vandana Yojana, 24- hours Mother & Child Health Centre, Comprehensive Emergency Obstetric and Neonatal Care (CEMONC) centers, LaQshya and issue of Mother and Child Health Cards. Each of these has a definite objective and while providing necessary maternal services, help to improve the indicators.

The MMR in Andhra Pradesh is 65, much lower than the all-India average of 103, according to the latest SRS. In fact, the MMR in Andhra Pradesh is less than what is envisaged in Sustainable Development Goals-2030 which stands at 70. In Andhra Pradesh, this is made possible, with best possible medical interventions, jointly taken up by both the State and Central Governments. Whereas 1.29 lakh pregnant and lactating women benefited under Janani Suraksha Yojana, another 4,28,536 pregnant women were screened under Pradhan Mantri Surakshit Matritva Abhiyan. 6.8 lakh pregnant and lactating women were covered under YSR Amrutha Hastham Scheme. Of the above 1,02,773 pregnant women were found to be in high-risk group. In the last one year, continuing the measures initiated under the Centre sponsored schemes and the State government has made efforts to address the health issues and also the issues pertaining to pregnant mothers. The YSR Aarogyasri, YSR Kanti Velugu and improvement of the existing health schemes are seen as steps in the direction of achieving the goal of 'Better Health for All'. In Andhra Pradesh, a total number (1387503) of pregnant women received ANC under PMSMA and total number 87693 of High-Risk Pregnancies were identified at the PMSMA health facility. All these policies and programmes have tremendously helped the State of Andhra Pradesh to reduce Maternal Mortality. The following happenings in the State stand example as measures to reduce maternal mortality.

- Under the scheme Janani Suraksha Yojana, incentives are being paid to the pregnant women at the time of delivery to encourage institutional deliveries at Public Health Institutes. 2.65 Lakh pregnant women were benefitted during 2019-20 and 1.37 Lakh pregnant Women were benefitted during 2020-21.
- To provide round the clock normal delivery services for rural mothers, 24-hours Mother and Child Health Centre is being run. Under the scheme, 596 MCH centres are functioning in the state of Andhra Pradesh to provide round the clock normal delivery services for rural mothers. The Government of India is providing additional staff nurses to conduct normal delivery round the clock along with contingent workers in 24x7 MCH centres. In order to achieve the reduction of Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR), the Government of India has identified certain First Referral Units as CEMONC centres. At present 90 CEMONC centres are functioning as Comprehensive Emergency Obstetric and Neonatal Care centres.
- It is estimated that approximately 46% of maternal deaths, over 40% of stillbirths, 40% of neonatal deaths take place on the day of the delivery. A transformational improvement in the quality of care around child-birth relating to intra partum and immediate postpartum care can dramatically improve the maternal and new-born outcomes. The Government of India's Lakshya program aims to improve the quality of care in labour room and maternity OT to reduce maternal and infant mortality rate and to provide respectful maternal care to pregnant women attending public health facilities. Quality improvement in labour room and maternity OT will be assessed through NQAS (National Quality Assurance Standards). Every facility achieving 70% score on NQAS will be

certified as LaQshya certified facility. During 2020-21 up to March, 2021, 71 facilities in the state of Andhra Pradesh were selected on the basis of delivery load and all the 71 facilities were taken for LaQshya certification.

- Mother and Child Health Cards are issued to every registered pregnant woman to have on-hand record of health services being provided. Birth certificates are also included in this card.

The District Level Quality Assurance Committee reviews the Maternal and Infant deaths every month and sends a detailed report about the corrective measures taken to minimize the maternal and infant deaths. 383 maternal deaths were reviewed up to March during 2020-21. Progress under Key Performance Indicators under Mother Care Services is shown in Table-2.

Table 2
Progress under Key Performance Indicators under Mother Care Services. (In. Nos)

S. No	Indicator	2019-20	2020-21
1	ANC Registrations	814765	8,96,343
2	High Risk PW	140887	1,42,996
3	ANC 4 Checkups	729628	9,50,601
4	Govt. Institutional Deliveries	307000	2,83,807
5	Low Birth Weight (<2.5 Kgs)	33664	29,162
6	Breast Feeding within 1Hr	690539	6,71,132
7	Post Natal Checkups	557542	6,05,809

In order to bring down Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR), the Ministry of Health and Family Welfare (MoHFW) is supporting all States/UTs in implementation of Reproductive, Maternal, New-born, Child, Adolescent health and Nutrition (RMNCAH+N) strategy under National Health Mission (NHM) based on the Annual Program Implementation Plan (AIP) submitted by States/UTs. MMR was brought down in Andhra Pradesh by adopting measures such as tracking of every single pregnant woman, use of 108 'bike ambulance' in remote tribal areas, implementation of the 'Talli Bidda Suraksha' scheme through Primary Health Centres (PHCs), ensuring provision of nutritious diet to lactating mothers and infants. The Area Hospitals in vulnerable areas like tribal areas were upgraded over a period of time into district-level hospitals by introduction of various facilities like CT scan, blood bank and sanctioning of additional staff.

Conclusion: Making use of the Government of India initiatives in an effective way Andhra Pradesh has attained the fourth place in the country in the reduction of MMR (Maternal Mortality Rate) after Kerala, Tamil Nadu and Telangana according to the press release of Ministry of Health and Family Welfare in February, 2021. With consistent low MMR over years as a result of successful management of reproductive and maternal health care, Andhra Pradesh stands as a model State to be emulated by other Very High and High Maternal Mortality Rate States.

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