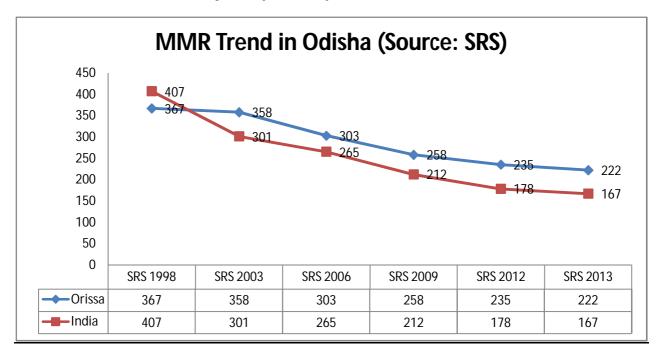
## **Maternal Health status in Odisha**

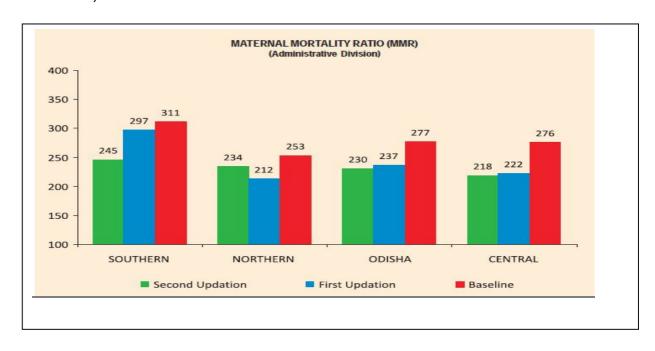
## Introduction to Maternal Health status in Odisha

The MMR of Odisha has declined gradually over the years from 367 (SRS 1998) to 222 (SRS 2012).



## Zonal variation of MMR (AHS 2010-11 to 2012-13)

The state performance for MMR has been divided in three zones viz., Southern, Northern and Central. The lowest decline in MMR has been seen in the southern division which will therefore need more than double their rate of decrease in MMR to achieve the desired target. The overall decline rate in the state is 17% of which central and southern division has performed 21% & northern division with 7.5% (AHS 2010-11 vs 2012-13).



## Highlights in maternal health

To reach the target of Maternal Mortality Ratio various service components are to be addressed which directly or indirectly affects the maternal health condition in the state. The following components are being addressed:

- Ante Natal Care services (VHND, IFA supplementation, Calcium Supplementation, Universal screening for HIV, Improving early registration)
- Village Health and Nutrition Days are the platform for ANC activities at the door step of the
  community. It provides scope for easy interaction with the community and the target
  beneficiary, therein providing diagnostic, treatment and counselling services. This service is
  provided once in every month in Anganwadi centers.
- **Provision of IFA** to pregnant woman is increased to 180 tablets for 6 months which was earlier 100 tablets.
- Provision of Calcium tablets to pregnant woman for 180 days @ 2 tablets daily
- **De worming** of pregnant woman is done once in 2<sup>nd</sup> trimester
- Universal Screening for HIV in antenatal period: As mandate, all pregnant women will be
  provided an opportunity for screening for HIV during ANC period while maintaining absolute
  confidentiality. Currently the facility is being provided at the Institutional level in all delivery
  points. Piloting is done in VHND sites to improve coverage of HIV through Whole Blood Finger
  Prick Test Kit.
- There are 1190 delivery points targeted in the State across 30 districts that will provide safe delivery services. There are more than 600 delivery points that are currently providing delivery services in the State
- There are 95 First Referral Units in the State for providing Comprehensive Emergency obstetrics and New born care including C-section services and blood services. Of the 95 FRUs, 83 FRUs are currently providing C- Section services.
- Short term training is given to Medical Officers on Life Saving Anaesthesia Skills and Emergency Obstetrics care to manage the services in FRUs.
- Training is provided to surgery specialist for conducting C section in FRUs
- 62 Maternity Waiting Homes are functional in the State which provides waiting time to expected delivery cases from hard to reach areas.
- To take appropriate corrective action to the reported maternal death through Maternal Death Surveillance Response (MDSR) which was earlier termed as Maternal Death Review (MDR).
- State is conducting review of Maternal near miss cases for learning the successful practices and propagate the management strategies to save the life of mothers in the similar situations.
- Safe abortion services are provided to women under the package of comprehensive Abortion
  Care by providing MTP services through MVA, EVA and Medical method. The facilities CHC
  and above level are mandated to provide the abortion services.
- Institutional deliveries are encouraged by providing cash incentive to institutional delivery cases (Rs. 1400/- in rural and Rs.1000/- in Urban area) and home deliveries (Rs. 500/-) in BPL category. The funds is transferred to beneficiary account through PFMS.
- The services of Janani Sishu Surakshya Karyakram is provided in all public health institutions
  which entails six free entitlements for all pregnant woman and PNC mother up to 42 days of
  delivery and sick child up to 1 year. The entitlements are Free Drugs, Free Diagnostics, Free
  Users, Free Transport, Free Diet and Free drugs

- Special Antenatal screening camp on fixed 9<sup>th</sup> date of every month under the program of Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), which is held in all public facilities form CHC and above. It is emphasised that private doctors are encouraged to provide voluntary support in the clinic days.
- DAKSHATA programme is implemented to improve quality services in Labour Room in 18 selected districts which includes High Priority districts. Presently the State is focusing on 2018 facilities of these 18 districts
- LaQsha Programme is implemented with the objective of standardization of Labour Room in the delivery points
- Screening for gestational diabetes among pregnant woman in all VHNDs and their management at appropriate forums
- Screening for Hypothyroidism among pregnant woman is done in 3 old medical colleges and hospital and medicine are available free of cost to identified cases. However screening is also done at lower level and referred for investigation and management.

Besides the above actions, state has specially planned activities for reduction of MMR 15 selected districts under special strategy of SAMMPurNA.

- 1. Special emphasis for identification of referral of high risk cases and providing them a special Red Card for prioritized treatment and follow up.
- 2. Identifying most difficult blocks and holding of special integrated VHND & Immunisation sessions to cover the uncovered population.
- 3. Provision of stretcher to GKS for providing mobility support for delivery cases in non motorable hard to reach areas.
- 4. Provision of special referral transportation funds to delivery cases coming for institutional delivery in public facilities from hard to reach areas over & above the 102/108 to address transportation need in difficult block.
- 5. Setting up of high dependency with (HDUs) in DHH level to address the critical cases.
- 6. Providing Anti-shock non-Pneumatic garments to FRUs and 108 for transportable of PPH cases.
- 7. Identification, management, referral & follow up of all high risk children. This includes identification of high risk cases by issuing a red card and prioritizing service delivery for all red card holders
- 8. Strengthening facility level care, by making provisions of free diet for one attendant for ensuring hospital stay
- 9. Provisioning of disposable delivery kits for ensuring safe delivery in case of unavoidable home deliveries.

Apart from all above activities, state is having a strong mechanism of supportive supervision and monitoring to implement the planned activities.