



Steps taken for Reducing Maternal Mortality

MMR of the country reduced to 88 per lakh live births; Over 5.93 Crore Institutional deliveries conducted in the country in last three years

Janani Suraksha Yojana & Janani Shishu Suraksha Karyakram Drive Institutional Deliveries with Cash Incentives & Zero-Cost Care

PMSMA & Extended PMSMA Track High-Risk Pregnancies via Specialist Check-Ups & Incentives to Prevent Maternal Deaths

LaQshya & SUMAN Ensure Respectful, High-Quality Labour Room Care with Zero Denial of Services

Infrastructure Upgrades like First Referral Units, Maternal and Child Health Wings & Birth Homes Enhance Access, Screening & Timely Interventions to Cut MMR Nationwide

Posted On: 13 MAR 2026 4:36PM by PIB Delhi

As per the latest bulletin on Maternal Mortality Ratio (MMR) 2021-23, released by the Registrar General of India, the MMR of the country is 88 per lakh live births. The State/UT -wise details of MMR is placed at Annexure I.

Under the National Health Mission (NHM), the Government of India has undertaken various initiatives to reduce maternal mortality across all States and Union Territories, including rural and underserved areas of the country, to achieve the maternal health targets along with Sustainable Development Goals (SDGs). These are provided below:

Janani Suraksha Yojana (JSY) is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.

Janani Shishu Suraksha Karyakram (JSSK) entitles all pregnant woman delivering in public health institutions to have absolutely free and no expense delivery, including caesarean section.

The entitlements include free drugs, consumables, free diet during stay, free diagnostics, free transportation and free blood transfusion, if required. Similar entitlements are also in place for sick infants up to one year of age.

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) provides pregnant women a fixed day, free of cost, assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month.

Extended PMSMA strategy ensures quality antenatal care (ANC) to pregnant women, especially to high-risk pregnant (HRP) women and individual HRP tracking until a safe delivery is achieved by means of financial incentivization for the identified high-risk pregnant women and accompanying ASHA for extra 3 visits over and above the PMSMA visit.

LaQshya improves the quality of care in labour room and maternity operation theatres to ensure that pregnant women receive respectful and quality care during delivery and immediate post-partum.

Surakshit Matritva Aashwasan (SUMAN) provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every pregnant woman and new-born visiting public health facilities to end all preventable maternal and newborn deaths.

Optimizing Postnatal Care aims to strengthen the quality of post-natal care by laying emphasis on detection of danger signs in mothers and incentivization of Accredited Social Health Activists (ASHAs) for prompt detection, referral & treatment of such high-risk postpartum mothers.

Monthly Village Health, Sanitation and Nutrition Day (VHSND) an outreach activity at Anganwadi centres ensures service provision of maternal and childcare in convergence with the ICDS.

Outreach camps are provisioned for improving the reach of health care services especially in tribal and hard to reach areas. This platform is used to increase awareness for the Maternal & Child health services, community mobilization as well as to track high risk pregnancies.

Mother and Child Protection (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.

Strengthening of infrastructure, including functionalization of First Referral Units (FRUs), setting up of Maternal and Child Health (MCH) Wings, operationalization of Obstetric High Dependency Units & Intensive Care Units (Obst. HDU & ICU), establishment of Birth Waiting Homes (BWHs) in difficult terrain, remote and tribal areas for improved access to healthcare facilities and promoting institutional delivery.

Institutional deliveries and antenatal care play a crucial role in reducing maternal mortality in the country. Deliveries conducted in health institutions with the assistance of skilled birth attendants (SBA) help in managing complications that may arise at any time during pregnancy, childbirth, or the postnatal period.

Antenatal care ensures early registration of pregnancy, regular health check-ups, screening and identification of high-risk pregnancies, provision of essential supplements such as Iron & Folic Acid, Calcium & Vitamin D3 and counselling on birth preparedness and complication readiness, enabling timely referral and management of complications.

The number of institutional deliveries conducted in last three years is placed at Annexure II.

The Union Minister of State for Health and Family Welfare, Smt. Anupriya Patel stated this in a written reply in the Lok Sabha today.

SR

HFW/Steps Taken for Reducing Maternal Mortality/13th March 2026/1

Annexure referred to in reply to part (a) of Lok Sabha Unstarred Q. No. 3474 to be answered on 13.03.2026

State/ UT -wise Maternal Mortality Ratio (MMR) over the last five years as per Sample Registration Survey (SRS)

S. No.	India/States	SRS 2019-21	SRS 2020-22	SRS 2021-23
	India	93	88	88
1	Andhra Pradesh	46	47	30
2	Assam	167	125	110
3	Bihar	100	91	104
4	Jharkhand	51	50	54
5	Gujarat	53	55	51
6	Haryana	106	89	89
7	Karnataka	63	58	68
8	Kerala	20	18	30
9	Madhya Pradesh	175	159	142
10	Chhattisgarh	132	141	146
11	Maharashtra	38	36	36
12	Odisha	135	136	153
13	Punjab	98	92	90
14	Rajasthan	102	87	86
15	Tamil Nadu	49	38	35
16	Telangana	45	50	59
17	Uttar Pradesh	151	141	141

18	Uttarakhand	100	104	91
19	West Bengal	109	105	104
20	Other States	71	81	86
<i>Source - Sample Registration System (SRS), RGI Report</i>				

Annexure-II

The number of Institutional deliveries conducted in the country in last three years i.e FY 2022-23, FY 2023-24 and FY 2024-25				
S no	Institutional deliveries	FY 2022-23	FY 2023-24	FY 2024-25
1.	India	20165533	19799153	19355420
<i>Source: HMIS</i>				

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