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## **Press Release**

## Tamil Nadu Health Department sets up a "War Room" to prevent maternal deaths

The first meeting of the "State Level Task Force" for reduction of Maternal Mortality in Tamil Nadu was held on today (22.10.2024) at the Secretariat. A Government order regarding the constitution of the State Level Task Force for reduction of Maternal Mortality in Tamil Nadu was issued through G.O. (Ms) No. 289, Health and Family Welfare department dated 01.10. 2024. The meeting brought together key stakeholders to address the concern of maternal mortality in the state and to strategies for MMR reduction. outline Headed by the Chairperson of the MMR Task Force, Smt. Supriya Sahu IAS, Additional Chief Secretary, Health & Family Welfare Department, Government of Tamil Nadu, Dr. D. Karthikeyan Government, IAS, Principal Secretary to Municipal Administration and Water Supply department, Tmt. Jayashree Muralidharan IAS, Secretary to Government, Social Welfare and Women Empowerment department and senior officials from the Health & Family Welfare department participated.

Maternal Mortality Rate (MMR) refers to the number of maternal deaths per 100,000 live births. Globally, maternal mortality remains a significant public health issue. According to the World Health Organization (WHO), the global MMR was 223 per 100,000 live births in 2020. The Sustainable Development

Goal (SDG) 3 aims to reduce the global MMR to fewer than 70 per 100,000 live births by 2030.

Tamil Nadu continues to make significant progress in reducing MMR. As per the latest Sample Registration System (SRS) data from 2020, Tamil Nadu's MMR stands at 54 per 100,000 live births, below the national average of 97 per 100,000. In comparison, Kerala has the lowest MMR in the country at 19, while other states such as Maharashtra (33), Telangana (43), Andhra Pradesh (45), Jharkhand (130), and Gujarat (57) reflect varied progress in maternal health outcomes.

Tamil Nadu had started the maternal death audit as early as 2004 through G.O. (Ms) NO. 223, Health and Family Welfare department, dated 09.07.2004. Government has been conducting a comprehensive audit of maternal deaths to find out leading causes and solutions. Over a period of two decades several causes have been identified including five most important causes:

- 1. Post Partum Haemorrhage (20%)
- 2. Hypertensive disorders in pregnancy (19%)
- 3. Sepsis (10%)
- 4. Heart disease (9%)
- 5. Abortion (4%)
- 6. Others (38%)

The task force in their meeting examined critical issues/data sets and was informed that 74.25% of maternal deaths had happened during the post-natal period. Tmt. Shilpa Prabhakar IAS, Managing Director, National Health Mission, made a

detailed presentation on the status of MMR in Tamil Nadu. Data from 2014-2024 shows that 72% deaths happened in rural areas, while the remaining 28% in urban areas. The task force examined the districts where MMR was high including the districts of Tanjavur, Dindugal, Myladuthrai, Theni, Namakkal, Thiruvarur, Pudukkottai and Chengalpattu where the MMR was found to be above 55.

## The task force took the following decisions:

- 1. Comprehensive Pre-birth planning (CPBP) Given the birth rate in Tamil Nadu (13.8 per 1000 people), approximately 9 lakh deliveries take place in the State. An approximate of 70-80,000 deliveries take place on an average every month. The task force has decided that DME, DMS & DPH, shall prepare a detailed pre-birth planning mechanism for each delivery including data from the private sector. DPH was asked to carefully look at the availability of resources including availability of doctors, staff nurses, medicines, blood etc. at those PHCs where deliveries are scheduled. The task force also decided that while all deliveries could be high risk deliveries, however those women with specific risk factors including diabetes, hypertension, anaemia and other health issues should be scheduled for delivery only in Comprehensive Emergency Obstetric and Newborn Care (CEmONC) centres which are well equipped to take care of any emergency.
- 2. It was decided to set up a "War Room" for the reduction of maternal mortality at the office of the National Health

Mission consisting of a dedicated team of 6 doctors, 2 each from DME, DMS & DPH, and technical officers headed by an Officer on Special Duty (OSD) to give complete 24/7 focus on comprehensive pre-birth planning. The "War Room" will monitor the birth planning through a '102" call centres.

- 3. It was decided to conduct large scale capacity building workshops both virtually and in-person through LaQshya training skill labs which will include a comprehensive training plans.
- 4. The task force decided to bring in place a Mentorship Programme for those districts in Tamil Nadu where MMR is above 54. Each district will have 2 obstetricians as master trainers who will provide cascade model training to all staff nurses and doctors in the CEmONC centres. These master trainers will function as mentors at the district level.
- 5. Several other suggestions regarding infection control measures, early referrals, safe abortion practices, seamless coordination between departments, quality certification of health facilities and introducing accountability in both government and private sector health facilities were discussed.

While the maternal death audit has been instrumental in understanding the causes and locations of maternal deaths, the state's focus will now shift to saving lives. The emphasis will be on preventive measures, timely interventions, and ensuring that all women receive the necessary care throughout pregnancy and childbirth. The task force has committed to taking all necessary measures to reduce Tamil Nadu's MMR to below 10 within the next two years.

The following members of the Task Force were present at the meeting, Tmt. Shilpa Prabhakar IAS, MD, National Health Mission, Dr. J. Sangumani, Director of Medical Education & Research, Dr. J. Rajamoorthy, Director of Medical and Rural Health Services, Dr. T. S. Selvavinayagam, Director of Public Health and Preventive Medicine, Dr. A. Arun Thamburaj IAS, Project Director, Tamil Nadu Health System Project. Representatives from Indian Medical Association, Christian Medical College - Vellore, Raja Sir Ramasamy Mudhaliyar hospital, Institute of Social Obstetrics – Kasturba Gandhi hospital for women and children, Obstetrics and gynaecological society of Southern India, Ashwini (NGO in Gudalur) and World Health Organisation also participated in the meeting.

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