

Review On Safe Motherhood & Child Health Care Programs In India

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Abstract: A healthy pregnancy begins long before a woman thinks about motherhood. Preconception health and health care focus on things women can do before and between pregnancies to increase the chance of having a healthy infant and remaining a healthy mom. All women of reproductive age should try to adopt a healthy lifestyle and address any health issues before getting pregnant. The ideal results are a full-term pregnancy without unnecessary interventions, the delivery of a healthy infant, and a positive environment after delivery that supports the physical and emotional needs of the woman, infant, and family. Ayurvedic approach towards motherhood, that is pregnancy and childbirth, is indeed a holistic one. Ayurvedic recommendations touch upon the diet, behavior, activities, and even the spiritual actions of not only the mother but the entire family into which the child will be born. Maternal care is an important strategy for protection and promotion of maternal and children's health by reducing maternal mortality and improving the quality of birth

Keywords: Pregnancy, Ante natal care, maternal health, Reproductive health.

Causes of Maternal mortality in India

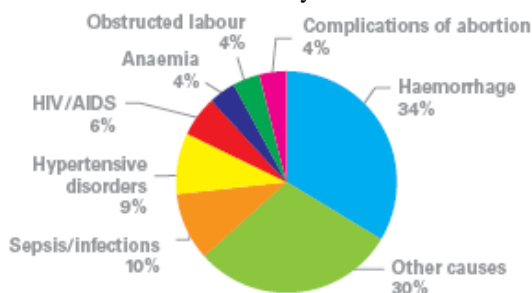


Figure 1

Causes of neonatal deaths in India

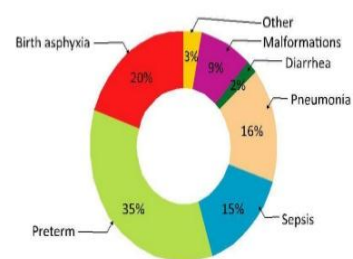


Figure 2

Source: Liu et al, Lancet 2012
Statistical Report

Pregnancy-related mortality is defined as the death of a woman while pregnant or within 1 year of the end of pregnancy (no matter how long her pregnancy was) from any cause related to or aggravated by the pregnancy. India contributes one-fifth of the global burden of absolute maternal deaths; however, it has experienced an estimated 4.7% annual decline in maternal mortality ratio (MMR) and 3.5% annual increase in skilled birth attendance since 1990. While not on track to meet Millennium Development Goal number 5, India is making progress in reducing maternal mortality. Within India, there is marked variation in MMR and healthcare access between regions and in socioeconomic factors. Understanding the distribution related to cause-specific mortality, and access to obstetric service indicators (routine skilled birth attendance and emergency obstetric care) is essential to improve maternal health. The RCH program incorporated the earlier existing programs i.e. National Family Welfare Program and Child Survival and Survival & Safe Motherhood Program (CSSM) and added two more components one relating to sexually transmitted disease and the other relating to reproductive tract infections. The program was formally launched on 15 October 1997.

OBJECTIVE OF RCH

- ✓ Promotion of MCH to ensure safe mother hood and child survival
- ✓ Reduction of maternal and child morbidity and mortality
- ✓ Attainment of population stabilization.

MATERNAL HEALTH

- ✓ Quality ANC
- ✓ Institutional Deliveries
- ✓ Skilled Birth Attendance
- ✓ EmObstetric care
- ✓ Home based post-partum & NBC
- ✓ Quality safe abortion services
- ✓ RTI/STI
- ✓ Integration of all programs related fertility regulation, maternal and child health and reproductive health.
- ✓ Services are client oriented, demand driven through decentralized participatory process and target free approach
- ✓ Up-gradation of facilities : creation of First referral units
- ✓ Provision of specialist services for STD and RTI
- ✓ Provision of out reach services for vulnerable groups
- ✓ Essential obstetric care
- ✓ Early registration
- ✓ Minimum 3 ANC
- ✓ Safe delivery
- ✓ 3 PNC
- ✓ Referral
- ✓ Strengthen FRUs
- ✓ Supply of kits and skilled manpower
- ✓ TBA (Traditional Birth Attendants) Dai training
- ✓ NGOs involved: More local specific
- ✓ 24-hr Delivery services at PHCs /CHCs

CHILD HEALTH

- ✓ Promote institutional deliveries.
- ✓ Safe deliveries
- ✓ Essential newborn care like keeping the baby warm, checking the baby's weight and giving the baby mother's first milk are encouraged.
- ✓ Babies that are premature or have low birth weight are provided special care.
- ✓ Babies with any complications referred to the health center.
- ✓ Exclusive breast-feeding are encouraged for the first three months.
- ✓ Essential newborn care like keeping the baby warm, checking the baby's weight and giving the baby mother's first milk are encouraged.
- ✓ Babies that are premature or have low birth weight are provided special care.
- ✓ Babies with any complications referred to the health center.
- ✓ Exclusive breast-feeding are encouraged for the first three months Immunization are administered to every child meticulously to prevent death and disabilities.
- ✓ Vitamin A Prophylaxis
- ✓ ORT.
- ✓ Acute respiratory infection in children treated by cotrimoxazole tablets.
- ✓ Treatment of Anemia

RCH PHASE II BEGAN FROM 1 APRIL 2005.
THE COMPONENTS BEING:

- ✓ Essential obstetrical care
- ✓ Emergency obstetrical care
- ✓ Strengthening referral system Strengthening project management
- ✓ Strengthening infrastructure
- ✓ Capacity building
- ✓ Improving referral system
- ✓ Strengthening MIS

JANANI SURKASHA YOJNA

- ✓ Innovative schemes
- ✓ To promote Institutional Deliveries
- ✓ To reduce overall
- ✓ Maternal Mortality Ratio
- ✓ Infant Mortality Rate
- ✓ A safe motherhood intervention, replacing the "National Maternity Benefit Scheme", under NRHM
- ✓ 100 % centrally sponsored
- ✓ Integrates cash assistance with delivery & post-delivery care.

VANDEMATRAM SCHEME

- ✓ It is a voluntary scheme wherein any obstetric and gynaec specialist, maternity home can volunteer
- ✓ Enrolled doctors will display 'vandemataram logo' at their clinics.

- ✓ Iron and folic acid tablets, oral pills, TT injections, etc will be provided for free distribution.

DISCUSSION

Infrastructure and human resources development are necessary to improve the present scenario of maternal and child health in India. Certain points that should be considered to provide the quality care to the motherhood

- ✓ Maximum usage of human resources to increase the quality care.
- ✓ To educate the family member of the pregnant women about the consequences.
- ✓ There is immense need to incorporate the knowledge of Traditional system of medicine as recommended by WHO also.
- ✓ Traditional system of medicine specially ayurveda who cares the pregnant women as a cup filled with oil right up to the brim (Ch.sha.8/22) is providing the health care since very beginning and it is more convenient than other paths to the rural areas.
- ✓ In urban areas the increasing awareness towards herbal medicine also demands to use the knowledge of traditional medicine.
- ✓ Garbhavakranthy & Garbhini Vyakarana these two chapters of ayurveda samhita provides comprehensive care to the women from preconceptionally up to delivery
- ✓ Sootikagar (Delivery area) (Ch.sha.8/33)
- ✓ Ayurved also describes nine diseases, which are caused because of the pregnant status of the woman. These diseases are peculiar to pregnancy and are called garbhopadravas. They are: nausea, anorexia, vomiting, dryness of mouth, fever, edema, anemia, diarrhea and retention of urine. Their specific treatments are also elaborately described.

CONCLUSION

The above data represent the scenario of maternal health in India despite the huge spent on national programs we are still far away from achieving the goal no doubt, there are so many changes yet taken place. All over the effort till we have made yet we can not provide the quality care to the pregnant mother until working grass-root level and that can be achieved only by giving the proper place and space to the

knowledge and acceptability of Ayurveda in the present health policy. India having great diversity of religion and culture but the rights of quality care to every pregnant women are same. Traditional system of medicine are capable of providing the quality care and will be more convenient to the patients.

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