A STUDY OF THE CHALLENGES OF SAFE MOTHERHOOD

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Abstract

In order to meet the requirements of all women, and especially those who are vulnerable, in terms of reproductive health, an all-encompassing approach for safe parenting should include the following core components. Improvements in women's rights: universally Prenatal care: a must for all women of childbearing age Every pregnant woman has access to high-quality, affordable prenatal care in her local community. All pregnant mothers should have their babies delivered by a medical professional. Essential obstetric procedures: for mothers-to-be who are at high risk Emergency transport services for women experiencing life-threatening problems during pregnancy.

Paper Identification

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Introduction

The mere utterance of the term "Mother" elicits feelings of warmth and contentment. Mother is a manifestation filled to the brim with all the love and affection that a human being could ever offer to another. This is why, since ancient times, people have considered the mother to be a superior form to that of God, and why we refer to Nature as our mother. Despite their almost celestial position, many mothers in India still lack even the most fundamental human requirements.

The Maternal Mortality Rate (MMR) in India declined from 130 per 1 Lakh live births in 2016-18 to 103 per 1 Lakh live births in 2017-19, according to a special bulletin provided by the Registrar General of India on March 14, 2022. This indicates that we are now able to save more mothers than ever before, as the MMR rate has decreased dramatically. However, we still have a long way to go, especially considering that a few Indian states have an MMR above 130, which is considered "Very High." A number of causes contribute to the high maternal mortality rate, including severe postpartum bleeding, infections, rapid spikes in blood pressure, etc. One of the greatest obstacles in rural India is that many births still occur in the absence of competent medical personnel, particularly in rural areas where access to public medical care is often limited. This is especially worrisome considering the increased risk of

complications for women giving birth outside of the hospital. In addition, there is a substantial chance of postpartum complications such as postpartum infections, sepsis, haemorrhage, breastfeeding-related disorders, and depression if the birth is not supervised by competent medical experts and does not occur in a sterile environment such as a hospital. Many of these consequences are preventable, but in the absence of adequate medical care, they can be fatal.

COVID-19 has aggravated women's access to adequate healthcare services. During the first and second waves of COVID-19, more than 202,000 hospital deliveries in India were impacted with serious maternal problems, according to a Lancet investigation. The primary findings of this study indicate that there was a considerable decrease in hospital births per month throughout this time period, with a fall of 4.8% for every 10% increase in GRSI (Government Response Stringency Index). The paper also notes a 56% increase in septic abortions and a 23% increase in the death rate associated with these complications.

Fortunately, the government has made significant political and economic commitments to promote safe motherhood. Safety and complications prevention is a collection of rules and regulations that give medical personnel with the resources to provide the mother with adequate medical care, including a C-section if necessary. Janani Shishu Suraksha Karyakaram (JSSK), which was introduced in 2011, is an example of the government's response to the lack of medical care for both children and mothers. In accordance with this initiative, pregnant women receive free medical care, including caesarean deliveries. In addition, they are entitled to free medication, medications, blood, nutrition, and diagnostics for up to three days in the event of a normal delivery and seven days in the event of a C-section. The initiative's major purpose is to eliminate out-of-pocket payments for women. Another effort of this type is the Anganwadis, a daycare centre for pregnant women, nursing mothers, and children from disadvantaged families. They seek to give them with good nutrition and basic education so that both mother and child can grow and thrive.

Similarly, Pradhan Mantri Matru Vandana Yojana provides maternity benefits, and Poshan Abhiyan guarantees that pregnant women, nursing mothers, and small children meet their nutritional needs. In addition, services such as ASHA (Accredited Social Health Activist), Janani Suraksha Yojana, Surakshit Matritva Aashwasan, Laqshya (Labor Room Quality Improvement Initiative), and Pradhan Mantri Surakshit Matritva Abhiyaan are designed to provide pregnant women with the best medical care to ensure their safety and wellbeing.

Challenges

The enormous number of maternal deaths that occur in developing countries is a tragedy that has been largely overlooked. When the whole magnitude of the problem is examined, it becomes clear that the current situation is sad. According to estimates supplied by the World Health Organization (WHO), at least a half million women pass away every year as a result of problems developing from pregnancy and delivery.

This means that one person will pass away every minute on average. Women who pass away are frequently in the prime of their life when they do so, and in order to carry out a physiological role related with reproduction, they make the ultimate sacrifice. Their demise had a profound influence on both the physical and emotional well-being of their children and spouses since they were the mothers in the family. When it comes to "maternal morbidity as well as the acute or chronic pain that mothers go through, maternal mortality should be considered as nothing more than the top of the iceberg. It is estimated that 16 women suffered from sickness either during pregnancy, childbirth, or during the first six weeks after delivery" for every one mother who passed away as a result of complications related to pregnancy or childbirth.

"These illnesses included diarrhoea, pneumonia, and urinary tract infections. 2 In poor nations, the appallingly high incidence of maternal death is not just a tragedy in terms of equity and social justice; it is also a disaster in terms of human rights violations. An estimate that was presented by the WHO in the year 1983 suggests that the maternal mortality rate (MMR) in poor countries is around 150 times greater than in prosperous ones (450 Per 1000000Iive Births) (30). 1 Even while this disparity in treatment is already large, it still drastically understates the level of inequality that exists. It does not take into account the fact that the national maternal mortality rate might range anywhere from two in certain European countries to one thousand one hundred in some African countries. This is a reality that is not taken into account".

In addition to this, it does not take into consideration the enormous variances that may be seen "within countries, particularly in rural areas. A recent community" survey that was carried out in a rural region of Gambia revealed that the country has a maternal mortality rate of 22ffi. This number equates to almost one woman passing away from complications related to childbirth for every 50 kids that are delivered in the country. a A large underestimating of the differential in numbers is also caused by the difference in MMR. When the entire number of live births is taken into account, the World Health Organization "(WHO) estimates that all but 6,000 of the annual half million deaths" that occur among pregnant women occur in low-income countries. These deaths occur in countries where the overall number of live births is low. This is responsible for 99.8 percent of all fatalities that occur to mothers. In addition to this, it is essential to stress the persistent problem of maternal mortality, which is a concern in its own right. It is estimated that the total "risk to women of dying from pregnancy-related causes" is 1 in 21 for a woman in Africa, but the risk is only 1 in 9850 for a woman in Europe. This disparity is due to the fact that maternal mortality rates in Africa are significantly higher than those in Europe. There is a one in twenty-one chance that a woman may pass away due to complications arising from pregnancy over her lifetime. The unfortunate problem of high maternal mortality rates in developing countries has garnered a surprisingly low level of attention. s One of the reasons for this is that the scope of the problem is sometimes underappreciated, which is one of the reasons why this occurs. Maternal mortality accounts for the largest percentage of all deaths that occur among women of reproductive age in the majority of developing regions around the globe. On the other hand, the seriousness of this matter is not often made evident by the official data. The vast majority of maternal deaths simply go unreported in areas where the problem is at its worst, or the cause of death is not established; as a consequence, there is a tendency to understate the gravity of the epidemic. On the subject of maternal mortality, "only 75 of the WHO's 194 member states were able to provide any information at all. 3 73 of the 117 developing nations were unable to offer a rate, and the bulk of the figures that were provided were very low. The percentage of people who were able to provide a rate was much lower".

It wasn't until relatively lately that systematic efforts were made to acquire precise statistics on the frequency of maternal mortality from a range of sources. These efforts were only recently initiated. This method is rather recent in its inception. 3 "It is a woman's worry in nations where women do not have a prominent social standing, which is another reason why maternal mortality has been disregarded". This is a factor that contributes to the problem. This is one of the reasons why maternal mortality rates have received so little attention. Due to the fact "that people have been dealing with the issue of maternal mortality for such a long time" it is also conceivable that they have gotten resigned to the assumption that they will never be able to find a solution to the problem. Furthermore,

the health service bears some responsibility for this act of neglect as well. The traditional MCH programmers have always centred their attention on the child as the major target of their efforts and concern. Even the care that was provided to the mother while she was pregnant and while she was giving birth frequently "had its implicit justification in the benefit that was provided to the child. This was especially true in traditional societies. As a direct consequence of this development, the question Where is the M in MCH? has lately been posed. 7 There are now grounds for hope that the dreadful subject of maternal mortality will receive more attention on a national and worldwide scale". These grounds include the following: In February of 1987, the World Bank, the World Health Organization, and the United Nations Population Fund collaborated to co-sponsor and conduct a major international conference on safe motherhood in the city of Nairobi, which is located in the country of Kenya. The Malor International Conference on Safe Motherhood was the topic of discussion at this gathering. In 1987, the World Health Organization (WHO) launched the Safe Motherhood Initiative in order to give money for a range of short-term research efforts centred on maternal health treatments. The goal of the WHO's initiative was to reduce the number of preventable maternal deaths. Either they have already taken place, or several local, regional, and nationwide conferences on the topic of safe motherhood are now in the process of being planned.

Conclusion

The fight against maternal mortality will continue until no mother is forced to pay the ultimate price for giving birth. However, India is unquestionably on the way. In the last two decades, India's MMR rate has been on the decline. Between 2004 and 2006, India's MMR was 254 per 1 million births. In 2019, however, thanks to numerous medical interventions, this rate has been substantially reduced to 103 per 1 million births. This is evidenced by India's unwavering dedication to eradicating maternal mortality. But there is still a long way to go in this war.

In the future, we can further reduce the MMR by utilising state-specific approaches. According to the Registrar General of India's special bulletin, Rajasthan, Uttar Pradesh, Madhya Pradesh, Chhattisgarh, Bihar, Odisha, and Assam have "Very High" MMR. Punjab, Uttarakhand, and West Bengal, meanwhile, have reported a "High" MMR. The central government should offer these states with special assistance and learn from 'Low' MMR states such as Haryana and Karnataka. Anganwadis and ASHA workers must spread greater knowledge in rural areas in order to bring more women under the care of medical specialists. We owe it to the mothers around us to ensure that no more mothers perish while giving birth. The campaign against maternal death will continue until India's MMR reaches zero.

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