Safe Motherhood encompasses efforts to reduce deaths and disabilities resulting from pregnancy and childbirth. This includes recognising the risks encountered during pregnancy, rapid referrals when necessary and professional care of women in childbirth.

In India:
- Maternal mortality claims the lives of 75,000 Indian women every year
- India’s maternal mortality ratio is 301 i.e. one woman dies every seven minutes
- 65 percent of deliveries occur at home
- 15 percent of all pregnant women develop life-threatening complications
- Only 41 percent of women have a skilled birth attendant at the time of delivery
- 60 percent of all maternal deaths occur after delivery
- Only 1 in 6 women receive postnatal care
- Among teenage mothers (15-19) death due to abortion is highest
- Severe bleeding (Haemorrhage) accounts for 30 percent of maternal deaths
- Iron-deficiency and anemia affects 50 to 90 percent of pregnant women

VIOLATIONS OF RIGHT TO SAFE MOTHERHOOD DUE TO
- Distance from health services
- Cost (direct fees as well as the cost of transportation, drugs & supplies)
- Poor health and nutrition prior to pregnancy
- Poor hygiene and health care during birth
- Insensitive health services and staffed by rude and uncaring health providers.
- Chronic shortages of equipment, drugs and basic supplies, including blood for transfusion
- Early marriage and repeated pregnancy
- Delays in referring women from community health facilities to hospitals are one of the most important barriers to life-saving maternal care.

DEMANDS FOR SAFE MOTHERHOOD
- Access to services to all women during pregnancy, childbirth, and the postpartum period
- Identification, registration of all pregnant women and 3 antenatal checkups (ANC) checkups and 2 tetanus toxoid (TT) injections
- Give relevant health education about rest, diet, travelling, medicine intake, intercourse and so on
- Emergency care for life-threatening obstetric complications
- Provide mobile outreach services for interior villages
- Maternity waiting homes to be established near medical facility for ‘high risk’ women group
- Provide information on all family planning methods to enable women to plan their pregnancies
• Motivated staff, backup support
• Stop child marriages and delay first birth

PROGRAMME / POLICIES & SAFE MOTHERHOOD

National Rural Health Mission (NRHM)
Aims at reducing infant mortality ratio (IMR) and maternal mortality ratio (MMR)
Framework for dealing with maternal mortality in NRHM includes
• Quality health services in remote rural areas with wide range of contraceptive choices including delivery, safe abortion, treatment of reproductive tract infections and family planning services.
• 24-hours safe institutional deliveries at functional health facilities in the governmental and non-governmental sectors

Reproductive and Child Health (RCH) Programme:
The Maternal Health Programme, a component of the Reproductive and Child Health Programme, aims at reducing maternal mortality to less than 100 by the 2010 through
• Essential and emergency obstetric care and safe abortion services
• 24-hours delivery services at PHCs/CHCs and referral transport

ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHA)
Under the supervision of auxiliary nurse midwife (ANM) & Anganwadi worker (AWW) following duties have been assigned to ASHA under NRHM
• Identify pregnant women from BPL families as a beneficiaries of the scheme
• Report to the ANM and bring women to the sub-centre/PHC for registration
• Assist women to obtain BPL certification if BPL card is not available
• Provide at least three ANC check ups and 2 TT injections for mother
• ASHA in consultation with the Medical Officer (MO) and PHC to fix the place of delivery before 7th Month of pregnancy
• ASHA/ANM/AWW to fill up the JSY card at least 16-20 weeks before delivery
• ASHA along with ANM to prepare the birth plan at least 8 weeks before the expected date of delivery
• When the pregnant woman is in labour or faces complication, escort the woman to the pre-determined health centre and stay with her till the delivery is complete and the woman is discharged
• Register birth or death of the child or mother
• Post natal visits to be done within 7 days of pregnancy and track mother’s health

RIGHTS RELATED TO SAFE MOTHERHOOD
• Rights to life, survival, and security
• Rights to maternity and health
• Rights to nondiscrimination and respect for differences
• Rights to education and information
• Rights to physical integrity
• Rights to participation
• Right to choice

Janani Suraksha Yojana (JSY): A safe motherhood scheme to reduce maternal and neo-natal mortality by promoting institutional delivery among pregnant women
• Financial assistance is dependent on whether the woman is resident of a Low Performance State (LPS) or a High Performance State (HPS)
• In LPS all pregnant women receive financial assistance for institutional deliveries
• In HPS all BPL pregnant women aged 19 or above receives financial assistance
• In LPS and HPS all SC/ST pregnant women receive financial assistance for institutional deliveries
• In HPS up to 2 live births are cash assisted
• Rs.250 per delivery as transport costs to the place of delivery
• Special financial assistance of Rs. 1500 per delivery for caesarean section for the hiring of specialist services from the private sector
• In LPS and HPS States, BPL pregnant women, aged 19 years and above receive cash assistance for home deliveries up to 2 live births

SCALE OF CASH ASSISTANCE FOR INSTITUTIONAL DELIVERY:

<table>
<thead>
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<th>Urban Area</th>
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<tr>
<td>HPS</td>
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The Integrated Child Development Service Scheme (ICDS) provides services for pregnant and lactating mothers. These include supplementary nutrition requirements, immunization, health checkups, referrals and nutritional and health education for women.

In PUCL v Union of India (Writ Petition No. 196/2001) the Supreme Court has made a number of rulings regarding JSY, ICDS and the National Maternity Benefit Scheme (NMBC).

The Supreme Court stated in order dated 28-11-2001 that the ICDS scheme must be universal. It stated that the scheme must ensure that each pregnant woman and each nursing mother in India gets 500 calories and 20-25 grams of protein per day and have a disbursement centre in every settlement to distribute the same.

In the latest order dated 01-02-2007 the Court again noting the lack of implementation and monitoring of the JSY ordered that

• The Union of India indicates how they propose to monitor the implementation of the schemes by the State Government.
• In rural areas non-performance is more acute and the JSY scheme does not appear to have been made known to the beneficiaries. As such the Court ordered the Union of India and the State Governments to take steps to make the beneficiaries aware of the benefits of the schemes and the entitlements flowing there from.
• It is vital that the Central and State Governments enforce these rulings of the Supreme Court. There is no point having worthwhile schemes in place to deal with maternal welfare and the reduction of maternal morbidity when they are not enforced.