

## **India's Silent Tragedy: Maternal Mortality Finds a Voice**

New Delhi, 7 October 2008 – The stories of women who die in India during pregnancy, delivery or from post-partum complications have largely remained untold – until now. A powerful new tool that analyses the underlying medical and social reasons behind maternal death is being used by health experts, policymakers and communities to save women's lives.

The Maternal and Perinatal Death Inquiry and Response (MAPEDIR) innovation extends across select districts in Rajasthan, Madhya Pradesh (MP), West Bengal, Jharkhand, Orissa and Bihar providing an ongoing, systematic collection of data to reconstruct and analyse the cases of 1,600 women -- the highest number of audited maternal deaths in the world.

MAPEDIR empowers communities by demystifying maternal mortality. The accumulated evidence can help communities understand the root causes behind these deaths so they can take effective, local action and advocate for improved services to prevent future deaths. In addition, MAPEDIR informs health officials about the challenges local women face in accessing reproductive health care.

"The tragic reality is that too often maternal deaths are not visible. They don't leave any trace behind, and their deaths are not accounted for," Chris Hirabayashi, UNICEF India Deputy Director of Programmes, said today at a meeting bringing together health officials from all six states. "UNICEF is committed to continue working with the National Rural Health Mission to promote surveillance as a key strategy to lower maternal and child mortality."

The Indian Government estimates that 301 women die annually for every 100,000 live births. In some states the maternal mortality ratio is even higher -- 358 in Orissa, 371 in Bihar and 379 in MP. Since many deaths happen in the anonymity of women's homes or on the way to seek help at a medical facility, they often go unrecorded. An estimated 80,000 pregnant women or new mothers die each year in India often from preventable causes including hemorrhage, eclampsia, sepsis and anemia.

For India to achieve the Millennium Development Goal of reducing maternal mortality by three quarters by 2015, social and economic factors like the low status of women in communities, the poor understanding of families on when to seek care, a lack of transport, poor roads, the cost of seeking care, multiple referrals to different health facilities and a delay in life-saving measures in rural areas need to be addressed.

Medical records only capture part of the story, documenting the biological causes of death. This new knowledge identifies the other crucial factors that contribute to mothers dying so that solutions can be identified by communities and health systems.

"Unless we know the main reasons for maternal deaths we cannot take effective measures to tackle them. The traditional system did not deal with the issues adequately," said Dr S.P. Yadav, Director of Medical and Health Services in Rajasthan. "Now using MAPEDIR, we can know if the deaths are due to delays in decision making at household level or lack of

transport or delay at the facility or a cumulative of all three.”

A team made up of state government health and nutrition officials and NGO members, headed by a member of the local village council or *Panchayati Raj Institution*, conducts interviews with surviving family members at community-level. Technical support is being provided by UNICEF with funding from the United Kingdom’s Department of International Development (DFID).

“The MAPEDIR data is an empowering tool that builds community awareness on rights and participation in women’s health issues,” said Dr. Henry Kalter, an associate at John Hopkins Bloomberg School of Public Health, who helped guide the process. “It builds awareness to take local action and generate demand for health services that will save women’s lives and ultimately their newborns.”

By raising awareness of the tragedy of maternal mortality, communities and policy makers are motivated to take action to improve health services, such as a referral transport scheme in West Bengal and a community-based obstetric helpline in Rajasthan that were put in place following the findings. “These are major innovations to increase the value of women’s lives,” said Marzio Babilie, chief of UNICEF India’s Health section.

MAPEDIR follows a six step process:

Sensitizing communities on maternal and perinatal health issues, including birth preparedness and complication readiness;

Reporting and investigating maternal deaths;

Interviewing all families with a maternal death to determine the biological and social causes;

Analyzing and interpreting the data;

Sharing the finding with communities to develop appropriate, high-impact, local interventions;

Monitoring the interventions with ongoing maternal death inquires and developing new evidence-based interventions as needed.

**For more information or to set up one-on-one interviews, please contact:**

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