

# SANCHAR briefs

Science And News: Communicating Health And Research

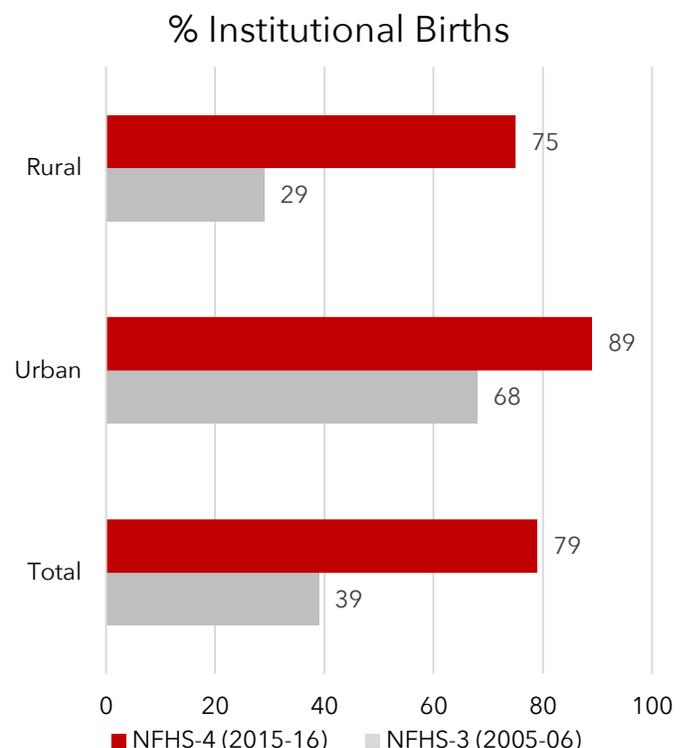
## Brief #7: Institutional Births

Owing to many obstetric complications that arise during delivery and childbirth, neonatal and maternal mortality rates have been high, particularly in rural India. To avoid this, two critical strategies have been identified. The first involves ensuring that deliveries are conducted in an established health institution, while the second is to enlist the help of a skilled attendant for every delivery, such as that of a midwife, nurse, or physician. It is widely agreed that the likelihood of death due to intrapartum-related issues or stillbirth can be reduced by a factor of one-fifth if a skilled attendant assists delivery. For this reason, skilled birth assistance was included under Goal 3 and Target 3.1 of the Sustainable Development Goals (SDGs). Approximately 75% of pregnancy-related deaths occur during childbirth or due to postpartum complications alone. Therefore, it is imperative that birth attendants are skilled and equipped to identify signs of complication and connect mothers to emergency care services.

However, health facility workers are not necessarily skilled, so data on institutional deliveries cannot correlate perfectly with safe deliveries. With inadequate training, attendants are unable to handle complications such as sepsis or hemorrhage, which are responsible for a majority of deaths amongst delivering mothers. In addition, small health facilities often lack well-trained staff or appropriate equipment. As a result, in April 2005, the National Rural Health Mission (NRHM) initiated a program known as Janani Suraksha Yojana (JSY), which aims to lower neonatal and maternal mortality by providing financial assistance to women, encouraging institutional delivery. All beneficiaries hold a JSY card, which allows the pregnancy and antenatal check-ups to be monitored.

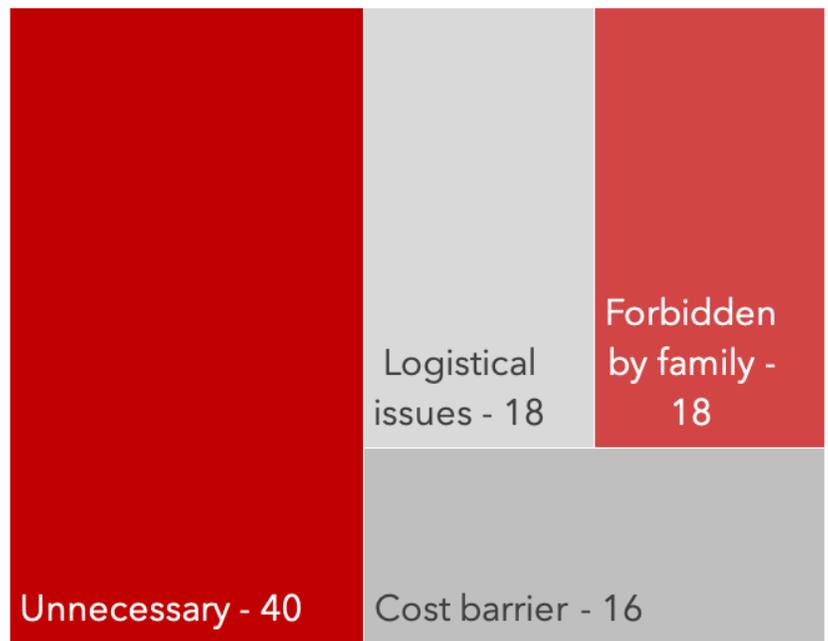
### Quick Facts from NFHS-4 (2015-16)

1. The proportion of deliveries conducted in institutions doubled from NFHS-3 (2005-06) to NFHS-4 (2015-16), from 39% to 79%.
2. Only 19% of all deliveries which were conducted in the homes of mothers were assisted by skilled health personnel.
3. In general, a greater proportion of deliveries are assisted by skilled health personnel in urban areas (90%) than rural areas (78%).



Women in the survey who did not deliver in health facilities were questioned further to determine the reasons motivating their choice. Two out of five women (40%) did not believe this was necessary, while nearly one in five (18%) claimed to be limited by logistical factors such as distance to the facility or transportation; another 18% stated that the family or husband did not permit an institutional delivery, while 16% attributed their choice to high costs for delivering in a health institution.

Reasons for not delivering in an institution (%)



Both institutional delivery rates and skilled assistance rates are strongly

correlated with the level of education of the mother. 95% of births to women with over 12 years of schooling were in a facility and with skilled assistance, compared to 62% institutional births and 66% assisted births to those with no schooling.

Almost all deliveries in Kerala, Lakshadweep, Tamil Nadu, and Puducherry were conducted in health facilities. The likelihood of institutional, assisted delivery is strongly correlated with wealth index as well. 56% of assistance is received from doctors, followed closely by nurses and midwives (25%) and *Dai* (11%).

### How can this inform your work?

Institutional deliveries are a key component of a larger framework of strategies to combat neonatal and maternal mortality in a national effort to improve maternal health. As journalists reporting on health, you are encouraged to make use of the abovementioned data to explore the socio-economic factors keeping women from delivering in institutions.

To assess the impact of Janani Suraksha Yojana on attitudes towards institutional delivery in local communities, journalists can integrate data from SANCHAR briefs and visualizations to tell powerful stories.

### Reference:

International Institute for Population Sciences (IIPS) and ICF. 2017. *National Family Health Survey (NFHS-4), 2015-16: India*. Mumbai: IIPS.

*Project SANCHAR is aimed at building capacity and facilitating the adoption of practices to use or draw on evidence in public health communication and practice. To facilitate this, SANCHAR collates and provides data from scientifically validated sources, from national datasets in easily interpretable formats, and accessible visuals that can be downloaded easily.*



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