

The Focus of Maternal and Newborn Health Services of Karnataka.

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Abstract: The Present paper focuses on the maternal and new born health in India and Karnataka. The view of the Worldwide each day 800 women die from causes related to pregnancy and childbirth, while millions more suffer from post partum injuries. In India was 53 per 1000 live births in 2008. In infant mortality rate and the millennium developing goal-4 on child survival. In Indian contribute to maternal deaths about a quarter of all global level. Maternal mortality as the death of a women during pregnancy or in the first 42 days after the birth of the child due to causes directly or indirectly linked with the pregnancy. Maternal mortality rate in India is 254 per 100,000 live births. We compared to pakisthan at 320 per 100,000 live births and China stands at 45 per 100,000 live births. In India maternal mortality rate have been directly impact on infant mortality babies, but first 6 weekes whose mothers die of their lives are far more likely to die in the first two years of life than babies survivel. In India only 43 per cent of women accept an institutional delivery and 53 per cent of women had their births assisted by a skilled birth attendant. Now a days so many women still do not get three antenatal visits during pregnancy. Some women only consume iron and folic acid for at least 100 days during pregnancy. The causes of maternal deaths occur because of hemorrhage and sepsis. In a large number of deaths are preventable through safe deliveries and also adequate maternal health care. In child mortality is a sensitive indicator of a country's development. In India, the infant mortality rate has been shown a modest decline in recent years. The new born period is the starting period from birth and continues throughout 28 days of life. Mortality in the newborn period stands at 35 per 1000 lives births and contributes to 65 per cent of all deaths in the first year of life, In the major causes contribute to about 60 per cent of all deaths in the newborn perid pre-maturity and low birth weight, birth asphyxia and infections, managed by households, communities and health facilities. Rural women also neglecting their prgnancy period and in india such a dont have good health facilities in rural areas.

I. Introduction

Karnataka as a state has achieved improved health indicators over the past decades, with IMR at present standing at 43/1000 Live Births (NFHS-3), with Neonatal Mortality amounting to 66% of IMR. However access and equity remain a challenge, with uneven access to quality public health facilities across the state, particularly in the northern district so the state. The quality of public health services is not satisfactory, resulting in poor utilization of the Primary Health Care System especially for Emergency Care of women, newborns and children. Effective integration of health concerns with other determinants of health like sanitation, hygiene, nutrition, safe water and gender is still poor The ensure the mothers and babies survive and remain healthy during pregnancy, childbirth, and early childhood. In the World divided by the Countries. In Three type of countries in the World. In the Underdevelopment World Women and babies die because not available for better facilities and also not use good tools In the developing world, millions of women and babies die unnecessarily during pregnancy, childbirth, and the first months after childbirth. Cause of these deaths could be prevented using proven and affordable tools and procedures that are commonly not available in the developing world. Therefore lack of investment and technologies problem. But we invest in the development of tools, technologies, and treatments that can be readily used by families and frontline health workers to improve the health of mothers and infants. Because Development World economically and socially improve and health facilities also good. We promote better than , more frequent, and more affordable interactions between frontline health workers and families, and we advocate for better policies and increased funding to support maternal, neonatal, and child health. Our Maternal, Neonatal & Child Health strategy, initially developed in 2009, is led by interim director Mariam Claeson, and is part of the foundation's Global Development Division.

In every year making from pregnancy and childbirth claim the lives of approximately 3,00,000 women and permanently disable many more, greatest part in the developing countries. Mothers suffer primarily from hemorrhage, sepsis, obstructed labor, and disorders caused by high blood pressure. In addition, more than 2.6

million babies are stillborn, and another 2.9 million die before they are a month old, and many suffer neurodevelopment disabilities and impairments. Most neonatal deaths are caused by preterm birth, asphyxia during birth, and infections such as sepsis, pneumonia, and meningitis. Effective, low-cost interventions are available, but they are not reaching all of the women and babies who need them. In developing countries, many women deliver at home and rarely see a trained healthcare provider before or after the baby's birth. Skilled providers in poor countries often lack access to current tools or do not use them. Families may not seek care or follow medical advice.

Objectives:

1. To study the maternal and newborn health in India and Karnataka
2. To study the problems of maternal and Newborn health

II. Methodology

On the basis of the above mentioned objectives, the following methodology will be adopted in this article. This has been analyzed under various sub headings as follows.

Data Sources:

This study is purely based on the secondary data. The secondary data is collected from the published articles, books, documents, theses, periodicals, newspapers, internet sources. This secondary data is related to the developing countries of the India has been selected for the study area. It is relating to the implementation of the maternal and newborn health service in India.

Global Health Service:

The United State Joint Commission on Accreditation of Health care Organizations calls maternal mortality a "sentinel event" and uses it to assess the quality of a service health care system.

Maternal mortality data is said to be an important indicator of overall health service system of quality because pregnant women survive in sanitary, safe, well-staffed and stocked facilities. If new mothers are thriving, it indicates that the service health care system is doing its job. If not, problems likely exist. An increasing maternal survival, along with life expectancy, is an important goal for the world health community, as they show that other health issues are also improving. If these areas improve, disease-specific improvements are also better able to positively impact populations.

Worldwide, the Maternal and Mortality Ratio has decreased, with South-East Asia seeing the most dramatic decrease of 59% and Africa seeing a decline of 27%. There are no regions that are on track to meet the Millennium Development Goal of decreasing maternal mortality by 75% by the year 2015.

III. Meternal Health Karnataka:

Maternal health is the important of a women life. Any women life sufficient and secure livelihood. Maternal health is the health of women during pregnancy, childbirth and also postpartum period. Some women health care is dimensions of family planning, prenatal, postnatal and preconception care in the order to increase the maternal morbidity and mortality.

Future pregnancies of women affect the preconception care is including education, health, life style, screening and other interventions of among women of reproductive age to reduce the pregnancies women. Before of birth health care is to detect any of potential early complications of pregnancy women, prevent them if possible and toe directly the women to appropriate specialist medical services as a appropriate. Postnatal care of issues include recovery from childbirth, concerns about newborn care, nutrition, breastfeeding and family planning of women.

In the most women maternal and neonatal deaths can be prevented using the available tools and procedures: antibiotics, sterile blades for cutting umbilical cords, drugs that prevent and treat postpartum hemorrhage, antenatal corticosteroids to accelerate a lung maturation in the fetus, and a best practices such as kangaroo mother care, which includes exclusive the breastfeeding and skin to skin contact to keep the baby warm and protect from infection.

Such as a low cost of interventions can be significantly increasing deaths of mothers and newborns. In the development of new tools and technologies improvements that further enable to earlier and very faster diagnosis and treatment of dangerous conditions. In any new technology great help full that all poor, middle and rich people. In which any cases, any emergency problems being to help conditional people. In our health approach to recognizes the central role of local healthcare providers. It is a support to their work we are investing in efforts to adapt and developed innovative tools, technologies and good treatments: improve to the counseling and negotiation skills of frontline health workers to encourage the family to practice better healthy behaviors and seek out of quality maternal and neonatal care of women. Mothers and newborns support to

research efforts to many parts of the world that can lead to better ways to improve their health and save the lives.

Improving the health care practices to identify and increase the barriers to adoption of effective interventions, disseminate information about maternal and neonatal health is a large scale or small scale education campaigns, mobilize local networks to improve their household and community practices and also social norms, increasing the financial barriers to obtaining care of maternal health. According to the World Health Organization, achieving the UN Millennium Development Goals for a maternal and child health care will require a substantial ongoing investment. Support to reduce the efforts funding and build on our partners efforts globally and at the country level.

Maternal Weight: Gestation weight gain should be a typically fall between 11-20 pounds in order to the improvements of outcomes for both mother and child. Some time increased rates of hypertension, diabetes, respiratory complications and infections are most generally experienced cases of maternal obesity and can have detrimental effects on pregnancy outcomes. Corpulence is a extremely strong risk factor for gestational diabetes maternal women. It is a very extremely strong of obesity is a risk factor for gestational diabetes. Some researcher has been found that the obese mothers who lose weight at least 10 pounds in between pregnancies increasing the risk of gestational diabetes during next pregnancy, where as mothers who gain weight actually reduce their risk.

Solutions of Maternal and new born health: In the world bank estimated that a total of 3.00 US dollars in per person a year can be provide basic family planning, maternal and neonatal health care to women in a developing countries. Most of non-profit organizations have been programs educating the public and a gaining access to emergency obstetric care for mothers developing countries. The United Nations Population Fund (UNPFS) recently began its Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), focusing on providing quality health care to mothers.

Improving the maternal health is the 5th of the 8 United Nations Millennium Development Goals, targeting a increasing in the number of women dying during pregnancy and childbirth by three quarters by 2015, it is a notably by reduce the usage of skilled birth attendants, contraception and family planning. Maternal deaths are both caused by poverty and cause of it. In the costs of childbirth can quickly exhaust a family's work, income, investment, bringing with it even more financial hardship.

Developed countries had been rates of maternal mortality similar to those of developing countries until the early of 20th century because several lessons can be learned from the west. Before 19th century had a high levels of maternal mortality and also strong support of within the country to increase mortality rate to fewer than 300 per 100000 live births.

IV. Conclusion

The maternal mortality rate day by day decreasing although its not satisfiated level because those countries we are called developing countries they countries are now also does not have sufficient medical services, although in compare 20th century now a days little bit better in health services. The new born period is the starting period from birth and continues throughout 28 days of life. Mortality in the newborn period stands at 35 per 1000 lives births and contributes to 65 per cent of all deaths in the first year of life, In the major causes contribute to about 60 percent of all deaths in the newborn period pre-maturity and low birth weight, birth asphyxia and infections, managed by households, communities and health facilities. Rural women also neglecting their prgnancy period and in india such a dont have good health facilities in rural areas.

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