CHAPTER I
MATERNAL AND INFANT HEALTH

Maternal Health

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, for most women it is associated with suffering, ill-health and sometimes even death. Maternal health care is a concept that encompasses preconception, prenatal, and postnatal care. Goals of preconception care include providing education, promoting health, screening and interventions for women of reproductive age to reduce risk factors that might affect future pregnancies. Prenatal care is a comprehensive care that women receive and provide for themselves throughout their pregnancy. Women who begin prenatal care early in their pregnancies have better birth outcomes than their counterparts who receive little or no care during their pregnancies. Postnatal care includes recovery from childbirth, concerns about newborn care, nutrition, breastfeeding and family planning. The major direct causes of maternal morbidity and mortality include hemorrhage, infection, high blood pressure, unsafe abortion and obstructed labour.

Nutrition and Pregnancy

Like woman elsewhere in world, Indian women are required to maintain a quality diet during their pregnancy to beget healthy offsprings. A pregnant mother always careful about what she should eat and what she shouldn’t. There is a traditional belief that a mother has to take ample diet for two persons because she has one more life within her. It is essential that the mother should take quality and proportionate food so that the baby gets required diet for healthy growth and development. When the mother consults a
gynaecologist or an obstetrician, she is normally advised to take a balanced diet. This enables the mother as well as child to get proper nutrition for their body during the growing stage. Normally a balanced diet contains all the necessary nutrients and minerals. Balanced diet is always associated with the quality and the quantity of food and is generally checked for food allergy if any on the mother. Eating well during pregnancy does not mean increasing the quantity of food. It stresses on quality which is highly essential for the mother and the baby. It is probable that a mother who is well nourished prior to and during pregnancy may not face problems related to pregnancy and deliver a healthy infant. On the other hand, a poorly nourished woman is more likely to have complications during pregnancy and also during delivery and might bear an infant of less than average weight and even poor physical condition.

Nutrition surveys carried out in many developing countries have shown that the diet consumed by a large majority of population is based mainly on cereals, roots and tubers and contains small amounts of legumes, vegetables and negligible amount of meat, fish and egg. The diet in general lacks in calories, proteins, certain vitamins and minerals. A number of factors influence food habits. These include among others, educational and economic level of the community, the availability and the cost of food, the social and the cultural practices. Traditional beliefs influence profoundly the pattern of food eaten. In many parts of India, there are taboos and prejudices regarding the diet of a pregnant woman. In some cultures, a positive effort is made to keep the weight gain low as it is thought that it could facilitate delivery. Many animal foods and eggs are also forbidden.

Hutter (1996) explains the reduction in food intake during pregnancy in rural south India. It is found that many rural and tribal pregnant women in Rajasthan take
certain herbal diets during and after pregnancy for normal labour and easy partuition. Perhaps this may partly account for the negligible number of caesarean cases in the rural areas as contrasted to the urban areas. Ortega et al. (1994) report that the supplements provided to the pregnant women did not include minerals like zinc and magnesium and their intake also remained lesser than the recommended average. However, in other cases, the dietary intake and the supplement is higher than the recommended average. Such imbalances may have harmful effects on the health of women and their newborn babies and highlight the need for studying the nutritional problems of pregnant women in depth and for reconsidering the supplements that must be prescribed. The following items are what the pregnant should eat and what they should not.

- As it has been strictly prescribed by doctors that intake of Vitamin A must be controlled because it may cause damage to the embryo.

- A balanced diet pattern should be followed rather than eating the same vegetable every day. Cabbage, Cauliflower and all long green vegetables such as Tondali, Turai, Louki, Parwal, Spinach, Govari should be used alternately.

- Vegetables like Brinjal, Suran/yam, Papaya, Celery, Onion, Chilli, Garlic, Ginger, etc and spices like Pepper, Asfoetida, Mustard, Bajara, Carom Seeds, etc and Jaggery should be reduced. Mothers who have a previous history of abortion should avoid these.

- Those who suffer from constipation, gas, bloating must avoid Peas and other cereals and Potatoes. They must take Green Gram as it is easy to digest and also gives protein.

- Black Grapes, Banana, ripe Mango, Dates, Cashewnuts, Apricot are very beneficial.
- Butter, clarified Butter, Milk, Honey, Fennel Seeds, Sweets made from Jaggery rather than white sugar can be taken in small quantities.

- Rice, Murmure, Pulao, Bhakari, Khichri, Chapati, Paratha, Gujarati thepla are the items made from wheat and rice, which are quite beneficial.

- Items such as Sandwich, Bakery Bread, Bun, Dhokla, Pizza, Handva, Pancake, Khaman, steamed Rice Cake, Curd, Tomato, Tamarind, Kadhi usually increase the swellings and acidity. Such items must be avoided. If the mother does not face the above mentioned problems, she can take the above mentioned food products in small quantities.

- Indian women try to carry out fasts during pregnancy which is not good for their health.

- Left over, frozen and deep-frozen food should not be taken.

- Cold drinks, Mutton, Cocoa, Chicken, Eggs, Alcohol, Smoking, Tobacco, Betel Nut, Pan-Masala etc. should be avoided, but Tea, Coffee and Ice-Creams can be taken in small quantities.

- It should be remembered that the baby inside depends on the mother for proper nutrition. So if healthy and balanced diet is taken, healthy children will be born.

- During pregnancy the mother must focus on supplemental nutrients while maintaining a balanced and nutritious diet. She must get a list of healthy Indian foods and meal planning tips from the doctor to eat well during pregnancy.¹

**Exercise and Pregnancy**

If the mother gains too little or too much weight during her pregnancy, it can result in problems for her and her baby as well. The same is with exercises; no exercise

or too much of strenuous exercises can lead to physical problems. Here are just a few tips for a mother to get regular exercise during her pregnancy:

- It can help the mother feel better, increase her sense of control and boost her energy level.

- Exercise can help relieve back pain by strengthening and toning muscles in her back, buttocks, and thighs.

- It can reduce constipation by accelerating movement in the intestines.

- It may help the mother to sleep more soundly.

- Exercise may lower the risk of high blood pressure and diabetes during pregnancy.

- Active women seem to be better prepared for labor and delivery and recover more quickly.

- It can improve the mothers’ emotional health and lower the risk of depression and anxiety.

- It can help the mother gain less weight during pregnancy.²

**Minor complications during Pregnancy**

There are a few minor complications that can occur during and after childbirth. These pregnancy complications can include, but are not limited to:

- Nausea and vomiting

- Minor infections in the mother or baby

- Minor tears in the cervix or vagina

- Hemorrhoids

- Constipation
- Temporary hair loss
- Uncontrollable or accidental urination is also called temporary stress incontinence.

**Serious complications during Pregnancy**

Although serious pregnancy complications are uncommon, the overall health will play a role in the likelihood of developing serious complications and it also depend on how well the mother recovers from them. For example, women who have the following conditions have a higher chance of developing complications than those who do not have.

- Diabetes
- Heart, lung, or kidney disease
- Seizure disorders
- Sexually transmitted diseases
- Hepatitis

The serious complications of pregnancy that can happen before, during, or after childbirth include:

- High blood pressure during pregnancy, which may complicate the delivery
- Pre-term labor
- Failure to progress through the stages of labor
- Allergic reaction to medication
- Stress that is harmful to the baby
- Abnormal presentation
Problems with the umbilical cord

Uterine inversion, which means that the uterus turns inside out

Prolonged pregnancy

Infection

Postpartum depression

Heavy bleeding before, during, or after labor, which can be caused by serious uterine cuts or tears in the birth canal, rectum, or bladder.

Placenta problems such as placenta privies, placental abruption, retained placenta, or placenta accrete.

Other rare and unlikely events.

Factors Associated with Maternal and Infant Health

It is again a pathetic paradox to see why women do not seek health facilities, even when they are available free (or are they not?) during their pregnancy, despite suffering and death, during delivery or even afterwards. It is equally unfortunate to know that many mothers do not seek health facilities either for themselves, or for their children, even when they see other children dying early, and even if they are told that diseases and death can be prevented. Their reluctance to utilize the services, their indifference to their risk or to their children, or their inability to obtain or their ignorance of availability of the services, might be attributed broadly to social, cultural and economic factors.

The most important social factor is high rate of illiteracy and lack of education among females in India. In fact, lack of education is the root-cause of ignorance,

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3 www.pregnancy.emedtv.com

4 This section largely owes to Jena, B., and Pati, R. N. Health and Family Welfare Services in India (New Delhi: Ashish Publishing House, 1989) 337-351.
indifference, superstition, conservatism towards medical services for themselves and for their children. The adult literacy (percentage of literates 15 years and above) among females in India is just 20 as against 40 to 80 in some Asian countries and 50 to 96 in South America. Education exposes them to modern ideas, creates awareness and convinces them of the necessity of utilization of medical facilities. There is a close relationship between utilization and education. Let us first take an example of the nutritional status among pregnant women (PW) and nursing mothers (NM) as well as preschool of population. They are exposed to more risks of malnutrition and even premature death. It is generally believed that only ‘rich’ people can have better nutritional status. There is of course considerable truth in this, so far as quantity of food is concerned. But this is not the whole truth, especially when quality of food is concerned, and also when medical services, during certain critical periods, pregnancy and nursing are concerned.

**Educational Level**

Firstly, nutritional status of mothers (including pregnant woman) and children may depend on their educational level. It may appear surprising, but it is true that many pregnant women may not be aware that they need certain types of additional food during pregnancy and nursing. Because of frequent pregnancy and at short intervals, they are exposed to anaemia and calcium deficiency. During nursing period also they need additional nutrients to take care of their infants. In many pregnant cases, their elders may think that the pregnant women are ‘normal’. But in reality they may be actually suffering from anaemia.

Again, because of ignorance due to illiteracy or less educational level, the pregnant woman may not aware of the necessity of regular medical check-up during
pregnancy. Many of the problems related to child birth and also infant and maternal mortality might be overcome, if proper and regular antenatal care is taken during pregnancy. Along with prevention of anaemia and calcium deficiency, immunization against tetanus is very essential, to protect the women from complication and even death due to tetanus.

Similarly due to ignorance mothers may not get their children immunized against certain deadly disease. They do not understand why their child should be immunized. They do not understand that, injection should be given when the child is neonate, even when it is (or seems to be) all right, in order to prevent TB, whooping cough, diphtheria etc. which may trouble the child and render it physical or mental handicap or even take its life.

Culture

Cultural or religious practices etc. may be the sources of malnutrition among mothers and children. Some vegetables, fruits and food may be taboo for pregnant woman and nursing mothers or to all belonging to a particular community. The restriction may be due to peculiarity of food habits, wrong notion about food or taboo by religion. Whatever the reason, the result is malnourished mothers and children. They may be exposed to certain deficiency diseases such as blindness, beriberi, pellagra, rickets etc.

Most of the deliveries take place in the houses, particularly in rural areas, generally attended by untrained elders or local midwives. Generally the first delivery may be desired in the house itself. They think that they need to go to hospitals only if there is complication. But unfortunately they do not know whether there is complication or not in
the medical sense. Most of the maternal and infant deaths are due to ‘home-delivery’, especially due to tetanus caused by birth injury.

**Low Birth Weight**

A child's nutritional future begins with a woman's nutritional status in adolescence and in pregnancy. Low birth weight occurs because of poor maternal health and nutrition and poor fetal growth. These infants may suffer from infections, weakened immunity, learning disabilities and impaired physical development. The severe cases die soon after birth.

A mother chronically undernourished is more likely to give birth to an underweight baby, thereby perpetuating the intergenerational cycle. Inadequate diet or rest, smoking, infections and cultural practices that restrict diet during pregnancy discourage women from gaining weight. Besides, long hours of physical labour would increase the chances of low birth weight babies.

**Low Birth Weight (LBW) Babies**

Low Birth Weight\(^5\) has been defined as a birth weight, (less than 2.5 kg) taken usually within the first hour of life. Low birth weight babies need extra care in feeding. For them oral feeding has to be started. To ensure proper care of LBW babies additional skills of housewives in feeding them need to be built upon. In India, about 70 per cent of children are not weighed at birth.

**Breast milk**

Human milk is more than food. It is a complex living substance, like blood, with a long list of active germ-fighting and health-promoting ingredients. They protect babies

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against all kinds of infections, common and not-so-common. Colostrums that the milk of mothers produce in the first few days after birth, is especially rich in immunoglobulin A (IgA plays an essential role in body’s immune system),\(^6\) just at the time when the newborn is first exposed to the outside world and needs protection from germs and foreign substances entering its body. Colostrums also contain higher amounts of white blood cells and infection-fighting substances than mature milk.

As babies grow, mother's milk continues to provide important protection against infection and diseases. Human infants receive antibodies through the placenta, but these are gradually taking place during the first six months. Human milk fills in the immunity gap until the baby's own immune system matures and kicks in. Even babies who continue to feed on breast milk and avail themselves of childhood benefits by many immune factors in their mother's milk, human milk excels at protecting babies from diarrhea and stomach disorder. Diarrhea, which is a leading cause of infant mortality worldwide, can be controlled by breastfeeding. It is the simplest and most cost effective way to protect babies from repeated bouts of gastrointestinal illnesses. Breast feed infants have less problem of digestion than formula fed infants have. Breast milk tends to be more easily digested and that’s why breastfeed babies have fewer incidences of diarrhea or constipation.

Breast milk contains many of the vitamins and minerals that a newborn requires. A healthy mother does not need any additional vitamins or nutritional supplements with the exception of vitamin D. However breast milk also contains some vitamin D, which is produced by the body when the skin is exposed to sunlight. In this regard, the American

\(^6\) www.kidshealth.org
Academy of Pediatrics (AAP) reports that all breastfed babies begin receiving vitamin D supplements during the first 2 months and continues until the infant consumes enough vitamin D-fortified formula or milk (after 1 year of age).

**Immunization**

Immunization is a way of protecting the human body against infectious diseases through vaccination. Immunization prepares our bodies to fight against diseases in case we come into contact with them in future. Babies are born with some natural immunity which they get from their mother and through breast-feeding. This gradually wears off as the baby's own immune system starts to develop. An immunized child gets extra protection against illnesses. A child who is less than 70 per cent of the expected weight for height is classified as severely wasted. It is associated with acute undernutrition, infections (tuberculosis, diarrhea) and nutrient loss. Its incidence peaks at about 10-12 months leading to an increased risk of mortality and morbidity. The following schedule recommends that the vaccinations should start when the baby is 45 days old.
### TABLE 1.1  
**IMMUNIZATION SCHEDULE OF INFANT**

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccine Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>At 1.5 months</td>
<td>B.C.G. (injection)</td>
</tr>
<tr>
<td></td>
<td>D.P.T. – 1 (injection) and</td>
</tr>
<tr>
<td></td>
<td>O.P.V. – 1 (dose)</td>
</tr>
<tr>
<td>At 2.5 months</td>
<td>D.P.T. – 2 (injection) and</td>
</tr>
<tr>
<td></td>
<td>O.P.V. – 2 (dose)</td>
</tr>
<tr>
<td>At 3.5 months</td>
<td>D.P.T. – 3 (injection) and</td>
</tr>
<tr>
<td></td>
<td>O.P.V. – 3 (dose)</td>
</tr>
<tr>
<td>At 9 months</td>
<td>Measles (injection)</td>
</tr>
<tr>
<td>16 to 24 months</td>
<td>D.P.T. Booster (injection) and</td>
</tr>
<tr>
<td></td>
<td>O.P.V. Booster (dose)</td>
</tr>
</tbody>
</table>

Source: www.health.indiamart.com

**Common Infant Illness**

- **Cold** - Babies succumb to cold several times during their first year. The best bet would be to consult a physician. Cold and cough are generally treated by using antibiotics.

- **Constipation** - Most babies suffer from constipation when they start eating solid foods. This is generally due to lack of balanced diet and inadequate liquid intake.

- **Diarrhea** - Too frequent and watery bowel movements are known as diarrhea. It is more common among babies than adults.
Ear Infections - Ear infections are often a result of accumulation of fluid in the middle ear that results in growth of germs. It may also be caused by viruses or due to cold.

Fever - It just indicates that there is something wrong with the body.

Gastro-esophageal Reflux Disease (GERD) - This happens because the circular band of muscle that acts as a valve between the esophagus and the stomach, is still immature in babies. This lets the acidic stomach contents regurgitate back into the esophagus, causing pain.

Respiratory Syncytial Virus (RSV) - This viral infection is really serious and common in early infancy. It can cause pneumonia, bronchiolitis (inflammation of the small airways of the lungs) and croup.

Food Allergies - Babies usually get food allergy by consuming a food directly or through nursing, where they may become allergic to something that their mothers might have eaten.

Vomiting - Normally, babies bring up a little mild, after you feed them. However, if a baby brings up the entire meal, it is worrisome as the cause then is a virus and needs to be treated immediately.7

Maternal and Infant Health Care Programmes

Provision of maternal health care services to ensure safe motherhood is one of the major components of Reproductive and Child Health (RCH) programme. Under the RCH programme antenatal, natal and postnatal care and management of unwanted pregnancies are provided through government health facilities. The RCH focuses on empowerment of women and recognizes their right to reproductive choice. It focuses on enhancing the

7 www.iloveindia.com/parenting/...infant-illnesses/index.html
health status of women and children. The priorities of RCH include: reduction of infant and maternal mortality and morbidity; reduction and management of reproductive tract infections (RTI) and sexually transmitted infections (STI); life-cycle approach to women’s health from conception and birth through adolescence and child bearing to post menopausal and geriatric care; and child health, especially reduction of under five mortality and morbidity rates and elimination of micronutrient and vitamin A deficiencies. Maintaining regular contact with Auxiliary Nurse Midwives (ANM) and ensuring their visit every family for immunization. Provide training and facilitation of ANM and VHN on antenatal and postnatal care, prevention of malnutrition among children.

Promotion of maternal nutrition, improving quality of antenatal and postnatal care, birth companionship programme mentoring programme for field health functionaries, ensuring systematic conduct of verbal autopsy in the case of every maternal death, ensuring provision of basic emergency obstetric and newborn care services in the primary health centres, empowering Village Health Nurses (VHN) for management of sick neonates, sustaining 100 per cent immunization focus on the remote areas, Vitamin A prophylaxis programme, quality care to sick children through the strategy of Integrated Management of Neonatal and Childhood Illness (IMNCI) and promoting exclusive breast feeding are the major components of RCH project.

Integrated Child Development Scheme (ICDS) aim to improve the health and nutritional status of the children and women of poor sections. Children upto the age of six years, pregnant women and lactating mothers are the main beneficiaries of the project through Anganwadi centres. Under this scheme, the facilities such as supplementary
nutrition diet, health checkups, primary health care/consultation services, vaccination, nutrition and health education, and pre school informal education are provided.

Statistics of Maternal Women and Infant

At the beginning of this millennium in 2000, 189 countries and 23 international health agencies had pledged to reduce child (under 5 years) mortality by two-thirds and maternal mortality by three-fourths by 2015. With only four years left for the target year, a clutch of international health agencies and NGOs have come out with “Countdown to 2015 - Decade Report (2000-2010)”. The report, which tracks progress made on these fronts, says that out of 68 priority (countdown) countries accounting for more than 90 per cent of maternal and child deaths worldwide, only 19 countries were on track to meet Millennium Development Goal (MDG) 4; 17 countries had reduced child mortality by half, while 47 countries had accelerated their progress on child mortality since 2000. At the same time, 49 countries are not on track to achieve MDG 4, while 12 countries (including some currently on track) have seen their progress slow since 2000. But the reduction of maternal mortality (MDG 5) is showing fewer signs of progress, according to the report. Across 68 countries, child (under 5 years) mortality fell from 90 deaths per 1,000 live births in 1990 to 65 in 2008, a 28 per cent reduction.\(^8\)

Brazil and China are among the 19 countries that have averaged a rate of 4.4 per cent reduction in child (under 5 years) mortality since 1990, needed to meet the target in 2015. Brazil has made progress through reducing socio-economic inequities and improving primary coverage to almost universal levels. China’s successful reduction of newborn and child mortality during the past two decades is a result of steady investments

\(^8\) www.childinfo.org
in reproductive health, primary care, and economic development. Other countries on track include Mexico, Peru, Nepal, Egypt, Malawi, and Turkmenistan.

India’s rate of under 5 years mortality fell from 169 in 1990 to 69 in 2008, averaging an annual rate of decline of just 2.9 per cent. This puts India firmly in the insufficient progress category. During the first decade of 1990 to 2000, infant mortality declined by just 2.1 per cent annually in India, but it increased to 3.9 per cent annual decrease between 2000 and 2008. Other countries in this category include Pakistan, Myanmar, Nigeria, Ethiopia, Iraq, Ghana and several other African countries.9

<table>
<thead>
<tr>
<th>Statistics</th>
<th>India</th>
<th>World</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality Rate, per 1000 live births</td>
<td>73</td>
<td>60</td>
</tr>
<tr>
<td>Maternal Mortality Rate, per 100,000 live births</td>
<td>570</td>
<td>430</td>
</tr>
<tr>
<td>Underweight Children, per cent</td>
<td>53</td>
<td>30</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>3.2</td>
<td>2.9</td>
</tr>
<tr>
<td>Low birth weight babies, per cent</td>
<td>33</td>
<td>17</td>
</tr>
</tbody>
</table>

Source: www.hinduwebsite.com

The mortality rate in India is highest in the world. As females are not given proper attention, which results in the malnutrition and then they are married at an early age which leads to pregnancies at younger age when the body is not ready to bear the burden of a child. All these result in complications, which may lead to gynecological problems, and may ultimately lead to death.

In the state of Tamilnadu in India, maternal and neonatal mortality rates have been declining according to the World Bank. One of the reasons might be due to a component of new health care reforms focusing on educating women about healthy pregnancies. The following table shows the maternal and infant mortality rate in Tamilnadu and in India in comparative perspective.

**TABLE 1.3**
**COMPARISON BETWEEN TAMILNADU AND INDIA MATERNAL AND INFANT MORTALITY RATE**

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Item</th>
<th>Tamilnadu</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Crude Birth Rate (Sample Registration System 2008)</td>
<td>16.0</td>
<td>22.8</td>
</tr>
<tr>
<td>2</td>
<td>Crude Death Rate (Sample Registration System 2008)</td>
<td>7.4</td>
<td>7.4</td>
</tr>
<tr>
<td>3</td>
<td>Total Fertility Rate (Sample Registration System 2008)</td>
<td>1.7</td>
<td>2.6</td>
</tr>
<tr>
<td>4</td>
<td>Infant Mortality Rate (Sample Registration System 2008)</td>
<td>31</td>
<td>53</td>
</tr>
<tr>
<td>5</td>
<td>Maternal Mortality Ratio (Sample Registration System 2004 - 2006)</td>
<td>111</td>
<td>254</td>
</tr>
</tbody>
</table>

The Maternal Mortality Rate or the rate of deaths among women during or after pregnancy, in India has declined to 212 per 100,000 live births in 2007-09 as against 254 in 2004-06, according to data released by the Registrar General of India. Though there is a decline of 17 per cent during the period, the country needs to achieve a target of 109 deaths by 2015 to achieve the United Nations-Mandated Millennium Development Goals; a feat already achieved by Kerala, Maharashtra and Tamilnadu. Similarly, infant mortality in the country has declined marginally to 50 per 1,000 live births in 2009 as against 53 in 2008. However, the female infants continue to experience a higher mortality than their male counterparts. For every 49 male infants, 52 female infants are dying. The present Collector of the Kanyakumari District Says: “The mortality rate of children is very low in Kanyakumari District when compared to that of other districts.”

The following table shows some information about this in Kanyakumari District.

**TABLE 1.4**

**STATISTICS OF MATERNAL AND INFANT IN KANYAKUMARI DISTRICT**

(APRIL 2007-MARCH 2008)

<table>
<thead>
<tr>
<th>No. of PW</th>
<th>No. of Infant</th>
<th>No. of Abortion</th>
<th>No. of Still Birth</th>
<th>No. of Maternal Death</th>
<th>No. of Infant Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>27,268</td>
<td>25084</td>
<td>1147</td>
<td>160</td>
<td>10</td>
<td>184</td>
</tr>
</tbody>
</table>

Source: Health Department, Kanyakumari District

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10 The Hindu, Friday, Jun 17, 2011
TABLE 1.5
STATISTICS OF MATERNAL AND INFANT IN HEALTH SUB-CENTRES
OF AGASTHESWARAM PHC IN KANYAKUMARI DISTRICT
(APRIL 2007-MARCH 2008)

<table>
<thead>
<tr>
<th>HSC</th>
<th>No. of PW</th>
<th>No. of Infant</th>
<th>No. of Abortion</th>
<th>No. of Still Birth</th>
<th>No. of Maternal Death</th>
<th>No. of Infant Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poojaperuvilai</td>
<td>98</td>
<td>79</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Santhaiadi</td>
<td>86</td>
<td>69</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kovalam</td>
<td>112</td>
<td>92</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Samithopu</td>
<td>93</td>
<td>86</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>North Thamaraikulam</td>
<td>75</td>
<td>69</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>South Thamaraikulam</td>
<td>82</td>
<td>69</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Puvioor</td>
<td>88</td>
<td>71</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>634</td>
<td>535</td>
<td>44</td>
<td>2</td>
<td>1</td>
<td>8</td>
</tr>
</tbody>
</table>

Source: Primary Health Centre, Agastheswaram, Kanyakumari District.

This chapter has dealt with the maternal health and infant health. It also explains the nutritional and dietary patterns, exercise, immunization, cause of maternal illness and complications of the maternal women. Moreover, infant illness, breast feeding practices and immunization are also elaborated here. In short, maternal health and infant health are discussed in detail to make the readers understand these aspects.