International Journal of Community Medicine and Public Health
Archana R et al. Int J Community Med Public Health. 2025 Dec;12(12):5887-5888
http://www.ijcmph.com
pISSN 2394-6032 | eISSN 2394-6040
DOI: https://dx.doi.org/10.18203/2394-6040.ijcmph20254076

Letter to the Editor

Phase wise implementation of maternity benefit scheme improves maternal and infant mortality rate in Tamil Nadu

Sir,

Health Indices have been the strength of the Tamil Nadu government for a long time. Be it maternal mortality rate (MMR), neonatal mortality rate (NMR) or infant mortality rate (IMR). Tamil Nadu government takes pride in its updated health management information system and the latest data reveal that MMR has reduced from 52.2 per one lakh live births during 2022-2023 to 45.5 during 2023-2024 [1]. Similarly, the IMR was brought down from 20.2 [2] to 18.6 [3]and NMR from 14 to 12.7.[2,3]

Huge credit for these good numbers goes to the welfare Schemes introduced by the Tamil Nadu government to improve the health of its citizens. The Tamil Nadu government launched the maternity benefit scheme called Dr. Muthulakshmi Reddy maternity benefit scheme (MRMBS) in 1987, an innovative health care intervention scheme with a view to bring down MMR and IMR. Initially, it started with a cash disbursal of Rs. 200 to pregnant mothers which was further enhanced to Rs.6000/- in 2006, Rs.12,000 in 2011 and Rs.18,000/- in 2018. The well-planned monetary disbursement happens in 5 instalments extended throughout the pregnancy and post-delivery period. The first 2 instalments occur in the first and second trimester of pregnancy with the 3rd instalment given soon after delivery. The 4th and 5th instalments are given within next 1year post-vaccination of the infants aptly helping the women to overcome wage loss and giving them a reprieve during pregnancy and post-delivery providing them with ample time to take care of child without any financial worries and aids in 100% immunization of infants. In addition to monetary aid, a nutrition kit comprising of health mix powder (1 kg) along with iron, protein supplements are provided to pregnant and lactating women.

Supplements play a vital role in improving both mother's health and neural and physical development of baby.[4,5]

The goal of reducing MMR has been achieved by this unique well phased out cash and nutrition kit disbursal system provided to all poor pregnant women including Sri Lankan refugees. HOB (Mothers with more than 2 children) and migrant mothers receive the 1st and 5th instalments with certain conditions. This scheme ensures both financial as well as nutritional assistance to poor pregnant mothers supporting them to meet their expenses on nutritious diet and to compensate for the loss of income during pregnancy. It also reduces the chances of low birth weight of newborn babies.[6,7] MRMBS has also helped in improving antenatal care (ANC) services which is 'care before birth' and helped to reduce maternal and infant mortality by promoting the well-being of mother and foetus.[8] There has been significant improvement in maternal health indicators-ANC services in Tamil Nadu when NFHS 5 was compared with NFHS 4 data.[9]

ANC check-up in first trimester: 64-77.4%, 4 and more ANC visits: 81.1-89.9%, at least one TT doses: 71-89.7%, consumed iron folic acid for 100 days/more: 64-82.5%, mothers received post-natal care from doctor/health personnel: 74-93.2% and registered pregnancies with mother and child protection (MP) card: 96-98.8%.

In comparison to other larger States Tamil Nadu had an early bird advantage. NMR and IMR are lesser than other large states where there were no such schemes till 2011. The success of this scheme was the guiding light for other schemes like The Pradhan Mantri Mathru Vandana Yojana, Mamta in Odisha, KCR Kit in Telangana, Bangla Matri Prakalpa, YSR Sampoorna Poshana etc. that were introduced after 2011.

Table 1: Comparison of MMR, NMR and IMR between major states.[3]

States	MMR (per 1,00,000 live births)	NMR (per 1,000 live births)	IMR (per 1,000 live births)
Karnataka	69	15.8	25.4
Maharashtra	33	16.5	23.2
Gujarat	57	21.8	31.2
Tamil Nadu	54	12.7	18.6
Odisha	119	27.0	36.3
Uttar Pradesh	167	35.7	50.4
West Bengal	103	15.5	22.0

The efficacy of the State government's health intervention has resulted in outstanding outcomes like 100% health facility births making Tamil Nadu the third best state in India for several maternal health indicators. The State has the third highest score of 90.6% for pregnant women having 4 or more ANC visits, 95.4% for receiving information regarding pregnancy complications and 82.5% who took iron folic acid for 100 days (addresses anaemia/vitamin deficiency) compared to all other states in the country. With consistent implementation and monitoring, Tamil Nadu will soon emerge as a model state whose maternal health interventions can be emulated by others and serve as a guide for policy decisions at national and international levels.

R. Archana[1]*, Devika Rani[2]

[1]Department of Physiology, Rajalakshmi Medical College and Hospital, Rajalakshmi Health City, Chennai, Tamil Nadu, India
[2]Data Journalism and Policy Research, Populus Empowerment Network, Chennai, Tamil Nadu, India

***Correspondence to**
Dr. R. Archana,
E-mail: professorarchana2017@gmail.com

REFERENCES

1. Tamil Nadu. Sample Registration System. 2021. Available at: https://srs.census.gov.in/Srs/. Accessed on 3 August 2025
2. National Family Health Survey 4 (NFHS 4), 2015-2016. Available at: https://dhsprogram.com/pubs/pdf/fr339/fr339.pdf. Accessed on 18 September 2025.
3. National Family Health Survey 5 (NFHS 5), 2019-2021. Available at: https://dhsprogram.com/pubs/pdf/FR375/FR375.pdf. Accessed on 18 September 2025.
4. Inbaraju S. Effectiveness of Dr. Muthulakshmi Reddy Scheme on Rural women in Tamil Nadu. Journal of Biological and Physical sciences. 2012;3(4):545-50.
5. Government of Tamil Nadu. Krishnagiri district. Dr. Muthulakshmi Reddy Maternity Benefit Scheme. Available at: https://krishnagiri.nic.in/scheme/dr muthulakshmi-maternity-benefit-scheme/. Accessed on 7 July 2025.
6. Balasubramanian P, Ravindran TKS. Pro-poor maternity benefit schemes and rural women. Economic Political Weekly. 2012;48(25):19-22.
7. Lakshmi S and Rajkumar S. Awareness regarding maternity benefit schemes among antenatal women in rural Tamil Nadu. Int J Clin Obstet Gynaecol. 2019;3(5):220-3.
8. Maternal Health Programme. Annual health report (2013 2014). Ministry of health and Family welfare. Available at: http://www.mohfw.nic.in/WriteReadData/l892s/Chapter415.pdf. Accessed on 9 June 2025
9. Compendium of fact sheets. Key indicators: States and districts of Tamil Nadu. Available at: NFHS Survey TN Districtwise 19-21.pdf. Accessed 22 March 2025.

Cite this article as: Archana R, Rani D. Phase wise implementation of maternity benefit scheme improves maternal and infant mortality rate in Tamil Nadu. Int J Community Med Public Health 2025;12:5887-8.