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EDITORIAL ANALYSIS

Safer Motherhood Begins Before Pregnancy

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Safer Motherhood Begins Before Pregnancy

The Indian Express 1 June 2026 **GS2**

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INTERVIEW ANGLE

"India has invested heavily in antenatal care but maternal mortality remains high among the poorest quintile. Is the missing link pre-conception, or is it the quality of care during delivery?"

Pre-conception interventions (nutrition, anaemia, diabetes screening) reduce maternal and neonatal mortality more powerfully than antenatal care alone. India's health system must integrate pre-conception care into PHCs and ASHA outreach as a dedicated, operationalised priority.

THE ARGUMENT IN ONE LINE

Safer motherhood requires intervention before pregnancy begins — integrating pre-conception care into India's primary-health architecture is cost-effective, evidence-based, and long overdue.

THE EVIDENCE

INTERVENTION	IMPACT
Iron/folate pre-conception	Prevents anaemia and neural-tube defects
Blood glucose control pre-conception	Reduces gestational diabetes + congenital defects
BMI / nutrition counselling	Reduces low-birth-weight, preterm delivery
Anaemia correction	Anaemia = ~50% of Indian women; leading indirect cause of maternal death

WHERE INDIA'S SYSTEM FALLS SHORT

- Antenatal care starts **post-conception** — too late to reverse a nutritional deficit or stabilise uncontrolled diabetes.

- RMNCH+A strategy **nominally** includes pre-conception care; **not operationalised** at PHC level.
- Residual maternal deaths are concentrated in the **poorest, most nutritionally vulnerable** — a pre-conception gap.

WAY FORWARD

- Integrate into **ASHA / VHN outreach + PHC services**: Hb screening, folic acid, blood glucose, BMI.
- Build a **women-of-reproductive-age registry** for systematic follow-up.
- Operationalise within **RMNCH+A** and **NHM** frameworks.

UPSC RELEVANCE

PAPER	RELEVANCE
GS2	Maternal health policy; NHM; JSY; PMSMA; RMNCH+A
Prelims	PMSMA; JSY; anaemia in women (~50%); MMR trends; RMNCH+A

Sources: *Indian Express, Ministry of Health and Family Welfare*

Source: Safer Motherhood Begins Before Pregnancy — Ujiyari.com | Free UPSC & State PCS Editorial Analysis

● KEY ARGUMENTS AT A GLANCE

Pre-conception maternal health interventions — nutrition, anaemia correction, diabetes screening — dramatically reduce maternal and neonatal mortality, yet India's health system focuses almost entirely on antenatal care post-conception, and the editorial calls for a dedicated pre-conception care policy integrated into primary health centres as a cost-effective public health priority.

✓ SUPPORTING

- Pre-conception nutritional status — iron, folic acid, iodine, BMI — determines birth outcomes more powerfully than antenatal care alone; anaemia affects ~50% of Indian

women of reproductive age and is a leading indirect cause of maternal death.

- Gestational diabetes and hypertension are better managed when detected and controlled before conception; uncontrolled pre-existing diabetes dramatically raises maternal and neonatal risk.
- India's Maternal Mortality Ratio has fallen significantly but remains far above global averages, and the remaining deaths are concentrated among the poorest and most nutritionally vulnerable women — a pre-conception intervention window that antenatal care misses.

COUNTER

Some argue India's health system lacks the capacity for universal pre-conception screening and that the priority should be improving the quality of intrapartum care (skilled attendance at delivery) and postnatal care, which are more proximate to the remaining deaths.

WAY FORWARD

Integrate pre-conception counselling and screening (haemoglobin, blood glucose, BMI, folic acid supplementation) into existing ASHA/VHN outreach and PHC services; build a registry of "women of reproductive age" for systematic follow-up; include it in the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy.

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MAINS ANSWER FRAMEWORK

QUESTION

"Pre-conception maternal health interventions are among the most cost-effective public-health investments India can make." Examine with reference to India's maternal mortality burden. (250 words)

INTRODUCTION

India has made hard-won progress in reducing maternal mortality over two decades — through JSY (Janani Suraksha Yojana), institutional deliveries, and PMSMA (Pradhan Mantri Surakshit Matritva Abhiyan). But the residual maternal mortality burden disproportionately falls on women who enter pregnancy already anaemic, malnourished, or with unmanaged diabetes — a problem that no amount of antenatal care can fix after the fact.

BODY

Pre-conception care addresses the root: a woman’s nutritional status, chronic disease control, and reproductive health literacy before conception. Anaemia, affecting ~50% of Indian women of reproductive age, is a leading indirect cause of maternal death and premature birth — yet the standard of care (iron-folic acid supplements during pregnancy) intervenes after deficiency is already established. Gestational diabetes and hypertension are better prevented or managed when identified pre-conception; uncontrolled pre-existing diabetes multiplies maternal and neonatal risk. Folate deficiency before conception — not during — causes neural tube defects.

The evidence for pre-conception interventions is robust, the marginal cost of integrating them into existing ASHA/VHN outreach and PHC services is relatively low, and the benefits compound through reduced anaemia, reduced low-birth-weight, reduced maternal death, and reduced neonatal mortality. India’s RMNCH+A strategy nominally includes pre-conception care but it lacks operationalisation at the primary care level.

CONCLUSION

Safer motherhood begins before the first antenatal visit. Integrating pre-conception care — haemoglobin screening, folate supplementation, blood glucose testing, nutritional counselling — into India’s primary-health architecture, and building a woman-of-reproductive-age registry for systematic follow-up, is a cost-effective policy whose time has come.

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