INTRODUCTION

“Birth is not only making babies. Birth is about making mothers...... strong, competent, capable mothers who trust themselves & know their inner strength”.

Barbara Katz Rothman

We have succeeded in reaching an important landmark crossroads, the closing of one millennium and the beginning of another. Yet what is stupendous is what the future stores for the world in this new era as it undergoes a demographic revolution. Over the centuries the average length of human life is increased as there is an improvement in the living conditions. The genetic make-up represents our maximum life span. The debate “behind the veil” is how this optimal genetic potential can be realized.

We at certain point may also debate on the so called fact which stage of life is the most important? Some may claim it to be infancy when a baby’s brain is wide open to new experiences. Others might contend that its adolescence or adulthood when physical health is at its epitome. Many other cultures argue that late adulthood has significant value as at this stage human being has finally acquired wisdom. Who is right? Many anthropologists have largely explored upon the stage called “mastrence” i.e. the process of becoming a mother. Becoming a mother is an identity shift or transition and speaks about her fortune.

Maternal trends are drawing more and more attention of the government and the public. It is one of the major social & health problems in opulent countries. Like other disciplines, it deals with an age group which has high mortality and morbidity.

Maternal mortality signifies death that results from child bearing. Complications of pregnancy, childbirth or puerperium can be stated as the underlying cause of maternal mortality. There is a steep rise in maternal deaths reported from developing countries due to disparity & inequity in access to appropriate health care. Keeping in view of the stated statistical data the notion of “safe motherhood” was inaugurated in Kenya in 1987. Since then there has been an international effort to include this concept in many national health programmes. The purview of what constitutes “safer” in safe motherhood initiative has changed considerably through the timeline.

Childbirth and pregnancy are universally celebrated sentinel events. For many instances, this event can be “Torn in two” where it speaks about maternal wellbeing and on the other side, its complications.
**Definition of maternal near miss concept:**
WHO defines Maternal Near Miss (MNM) “a woman who nearly died but survived a complication that occurred during pregnancy, childbirth or within 42 days of termination of pregnancy”, MOHFW defines a MNM case as a woman who survives life threatening conditions during pregnancy, abortion, and childbirth or within 42 days of pregnancy termination, irrespective of receiving emergency medical/surgical interventions.

**Complications of maternal near miss:**
The major complications that account for maternal deaths are 1] Severe bleeding  
2] Infections  
3] Pre-eclampsia & Eclampsia  
4] Unsafe abortion  
5] Anemia  
6] Pregnancy induced hypertension (PIH)  
7] Placenta previa  
8] Hyper emesis gravidarum  
Women living in rural areas & poorer communities comprehend to high maternal mortality. We should urge caution for policy holders, health actors & funding bodies as the health care brings out solutions to prevent or manage maternal complications.

Maternal mortality is the key indicator in maternal health & it is evaluated by maternal mortality rate (MMR). Ministry of Health and Family Welfare (MOHFW) had launched Maternal Death review (MDR), but to evaluate obstetric health in isolation it is not considered sufficient. The maternal mortality rate according to sample registration system (SRS) data released by the office of Registrar General of India is 130 in 2014 -2016. MMR is defined as the number of maternal deaths per 100,000 live births. Therefore, every woman that dies may survive maternal complications. Women those who have experienced and survived severe life threatening complications during antepartum, intrapartum or postpartum are considered as near miss or Severe Acute Maternal Mortality Morbidity (SAMM) cases.

**Conclusion:**
The on-going maternal death review format is not well equipped to gather information on maternal complications and just about forbidden mortality. Hence, to take appropriate measures for future amendments it is vital to investigate maternal near miss cases. For taking appropriate
actions at community and health system level, it is necessary to recognize contributory factors of maternal deaths. Therefore, maternal near miss is a vital tool in reducing maternal mortality.