

# REDUCING MATERNAL DEATHS

## The Challenge of the New Millennium in the African Region



*Source: Mary Kroeger*

Childbirth: a joyful occasion or one of grief?



**WORLD HEALTH ORGANIZATION**  
Regional Office for Africa  
Brazzaville, Republic of Congo.

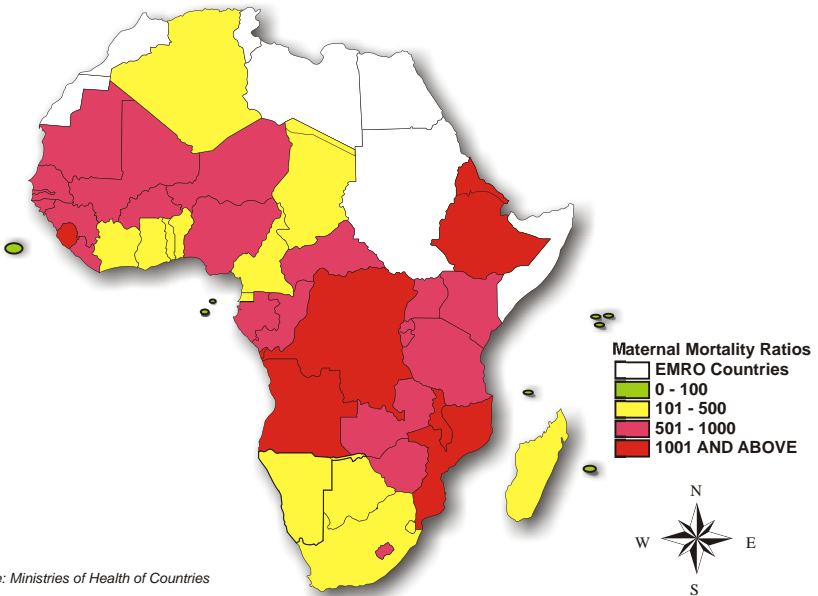
# REDUCING MATERNAL DEATHS

## The Challenge of the New Millennium in the African Region

### Magnitude of the Problem

- ❖ The African region has the highest maternal mortality in the world, estimated at an average of about 1,000 deaths per 100,000 live births.
- ❖ This high maternal mortality ratio, combined with the low contraceptive prevalence rate of 13% and the high fertility rate estimated at 5.6 children per woman-increase the lifetime risk of maternal death.

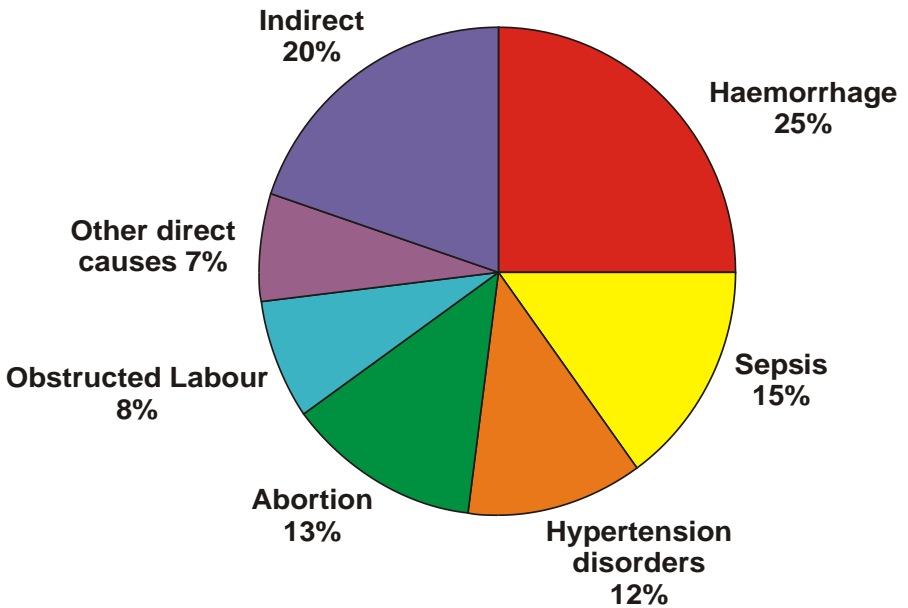
**Maternal Mortality Ratios (MMR) in the WHO African Region - Year 2001**



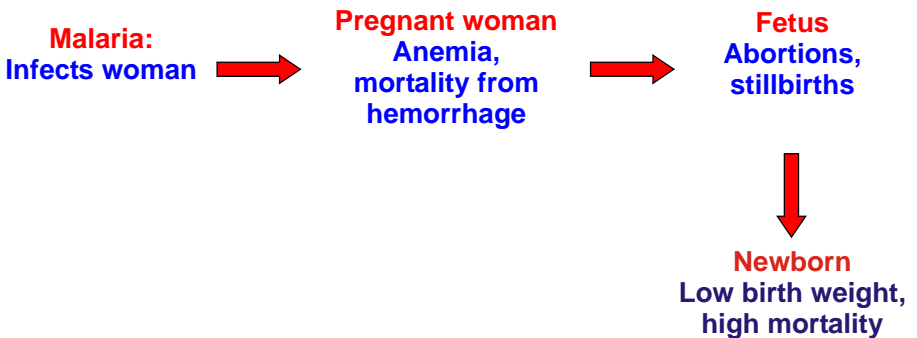
Source: Ministries of Health of Countries

- ❖ In Sub Saharan Africa, the life-time risk of a woman dying of pregnancy related complications is 1:14, compared to 1:4 000 or even 10 000 in developed countries.
- ❖ Adolescent childbearing contributes to this risk. In the majority of countries in the African region, 50% of first births are among adolescents. Women, who start childbearing early, tend to have more children, which increases their lifetime risk of maternal death.
- ❖ Neonatal mortality in Sub-Saharan Africa is the highest in the world: 45 deaths per 1000 live births.

# Causes of maternal deaths



- ❖ The indirect causes such as malaria, anemia, and HIV/AIDS account for 20% of maternal deaths.
- ❖ Malaria in pregnancy predisposes women to a number of complications, including anemia, which places them at higher risk of maternal mortality from hemorrhage, and contributes to spontaneous abortions and low birth weight babies who are at increased risk of neonatal and infant mortality.



# Consequences of poor maternal health

The birth of a baby is generally a joyful occasion. However, in most parts of Africa, this event is often associated with pain and grief due to the death of the mother and/or the baby. Of those women who do survive childbirth, many are at risk of disabilities, injuries, and infections.

- ❖ It is estimated that over the next 10 years, more than 2.5 million women will die during pregnancy, childbirth, or the six weeks following delivery.
- ❖ For each woman who dies as a result of maternal mortality, approximately 20 more will suffer short or long term disabilities. These disabilities include:
  - ◆ Chronic anaemia
  - ◆ Infertility
  - ◆ Stress Incontinence
  - ◆ Fistulae
  - ◆ Chronic pelvic pain
  - ◆ Emotional depression and
  - ◆ Maternal exhaustion, or physical weakness
- ❖ Over the next ten years, almost 49 million women in the WHO African Region will endure these disabilities. All of these disabling conditions reduce productivity and compromise the woman's contribution to the social and economic development of the country.



“Maternal mortality can be reduced without first achieving high levels of economic development. In fact, maternal mortality itself constrains economic development because of its severe impact on the lives of young children, the family, and society in general”.

# Obstacles to Safe Motherhood

Most women die in pregnancy and during labour because of **THREE MAJOR DELAYS**.

- ❖ The first is the delay in **deciding** to seek care
  - ◆ Non recognition of danger signs
  - ◆ Lack of birth preparedness by family and community
- ❖ The second is the delay in **reaching** the facility
  - ◆ Poor roads
  - ◆ Poor communication networks
  - ◆ Lack of transport
- ❖ The third is the delay in **receiving appropriate care** after arrival at the facility
  - ◆ Inadequate skilled attendants
  - ◆ Lack of equipment, drugs, supplies
  - ◆ Poor referral system

**Deaths can be averted if women receive timely and appropriate care**



Source: WHO Malawi

**There is evidence that 75% of the maternal deaths are preventable!**

**The death of a woman and mother, is a tragic, albeit silent, loss not only to the family but also to the community and nation as a whole.**



*Source: Photo: Bob Ellis*

**A Woman is a vital member of family and community**

Caregiver

Citizen

Contributor to economic development

If there are no changes in health services resulting in improved maternal health, over the next 10 years

... ..

Losses from deaths and disabilities will be:

2.5 million maternal deaths  
7.5 million child deaths  
49.0 million maternal disabilities



Productivity Losses will be:

\$22 billion loss due to maternal deaths  
\$23 billion loss due to disabilities

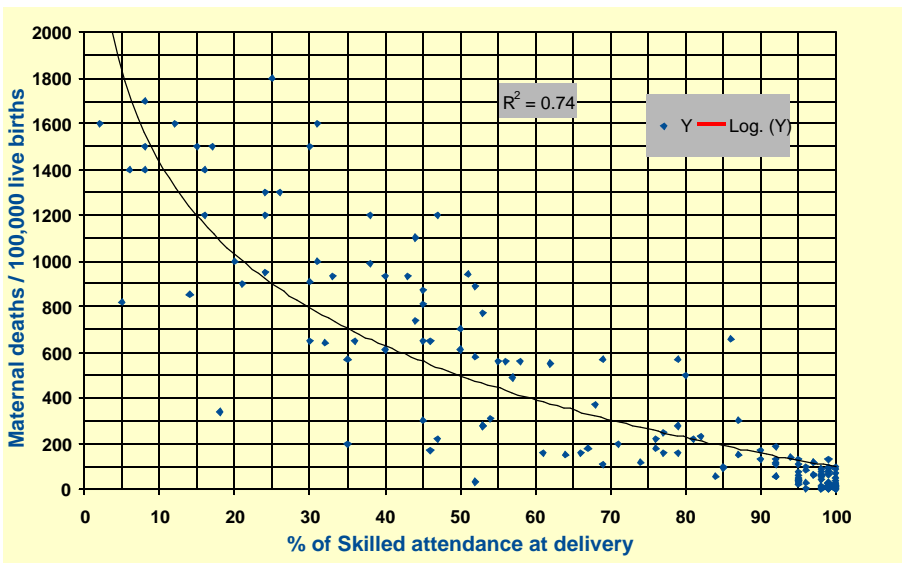


\$45 billion productivity losses

# Health System Challenges

The World Health Organization has embarked on strengthening the health system component of Safe Motherhood to ensure that pregnant women and their babies receive the care they need and deserve through the Making Pregnancy Safer Initiative.

- ❖ In most countries of the region the health system remains weak and cannot adequately respond to the health needs of mother and newborn due to:
  - ◆ Inadequate skilled attendants;
  - ◆ Lack of needed equipment, medications and supplies;
  - ◆ Poor referral system.
- ❖ Available statistics show that overall skilled attendants are present for only 42% of the deliveries in the African Region.



Source: A Review of the Evidence, 2001: Vincent de Brouwere & Kim van Lerberghe

**Studies show that the higher the proportion of deliveries with a skilled attendant in a country, the lower the country's maternal mortality ratio.**



# Interventions

To realize our target of reducing maternal mortality by 50 percent over 10 years, immediate action is needed. Countries need support to strengthen their health systems to ensure the availability of:

**1) Health professionals trained in midwifery skills**

**2) Emergency obstetric care**

**a. Basic Emergency Obstetric Care at Primary health care level**

- Normal delivery,
- Manual removal of the placenta and retained products, and
- Intravenous sedatives, antibiotics, and oxytocin.

**b. Comprehensive Emergency Obstetric care at Referral level**

- All the basic obstetric care as well as
- Surgical procedures, including caesarian section under anesthesia
- Safe blood transfusions.



*Source: World Vision, Mauritania*

## **Improve coverage of, and access to, emergency obstetric care**

**For every 500,000 people, there should be at least four Basic Emergency Obstetric Care facilities and one Comprehensive Emergency Obstetric care facility.**

# Community participation is critical to increasing timely and appropriate utilization of health services

The first and second delays can be addressed by training community-based health providers and working with community resource persons so that they can educate and encourage women, their partners, and families to:

- 1) Recognize signs of life-threatening complications;
- 2) Know when and where to seek appropriate care if complications arise;
- 3) Develop birth preparedness plans, including emergency transport.



*Source: World Vision, Mauritania*

**The right to life and health is a basic human right. All women should be guaranteed the right to quality reproductive health services for safe motherhood.**

**If we act now... ..**

**500, 000 women's lives will be saved**

**10 million disabilities will be averted**

**1.5 million children's lives will be saved**



**\$ 10 billion in productivity gains will be realized**

**.....over the next 10 years**

## **Call to action**

- ◆ **Place maternal and newborn health high on the agenda of governments and development partners**
- ◆ **Review policies, guidelines, and programs to ensure the availability of emergency obstetric care**
- ◆ **Mobilize, allocate and release adequate resources for maternal and newborn health**
- ◆ **Foster partnership with private sector, civil society, religious and other community-based organizations**

**Equity, based on the principle of availability of and universal access to essential health care, is one of the fundamental principles of The Health for All policy for the 21<sup>st</sup> century in the African region.**

**Maternal complications cannot always be prevented**



Source: WHO/AFRO

**Deaths from these complications can be averted**



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