

Maternal Mortality

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Outline

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- Definitions
- Measures of maternal mortality
- Causes of maternal deaths
- Reasons for maternal deaths
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- Conclusion

Introduction

- ❑ Every minute a woman dies of causes related to pregnancy or child birth, she is most likely to be young, already a mother and in a developing country.
- ❑ Pregnancy related complications that result in maternal deaths are unpredictable and most occur within hours or days after delivery.
- ❑ For each woman who dies, an estimated 100 women survive childbearing but are afflicted by disease, disability or physical damage caused by pregnancy related complications.

What is a Maternal Death?

A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, regardless of the site or duration of pregnancy, from any cause related to or aggravated by the pregnancy or its management.

Measures of Maternal Mortality

- Maternal Mortality Rate

$$\frac{\text{Number of maternal death X100,000}}{\text{Number of women in reproductive age (15-49)}}$$

- Maternal Mortality Ratio

$$\frac{\text{Number of maternal death X100,000}}{\text{Number of live birth}}$$

- Life time risk

probability of becoming pregnant and probability of dying as
a result of that **pregnancy**
cumulated across a woman's reproductive years

www.who.int

Causes of Maternal Deaths I

□ Direct Obstetric Deaths

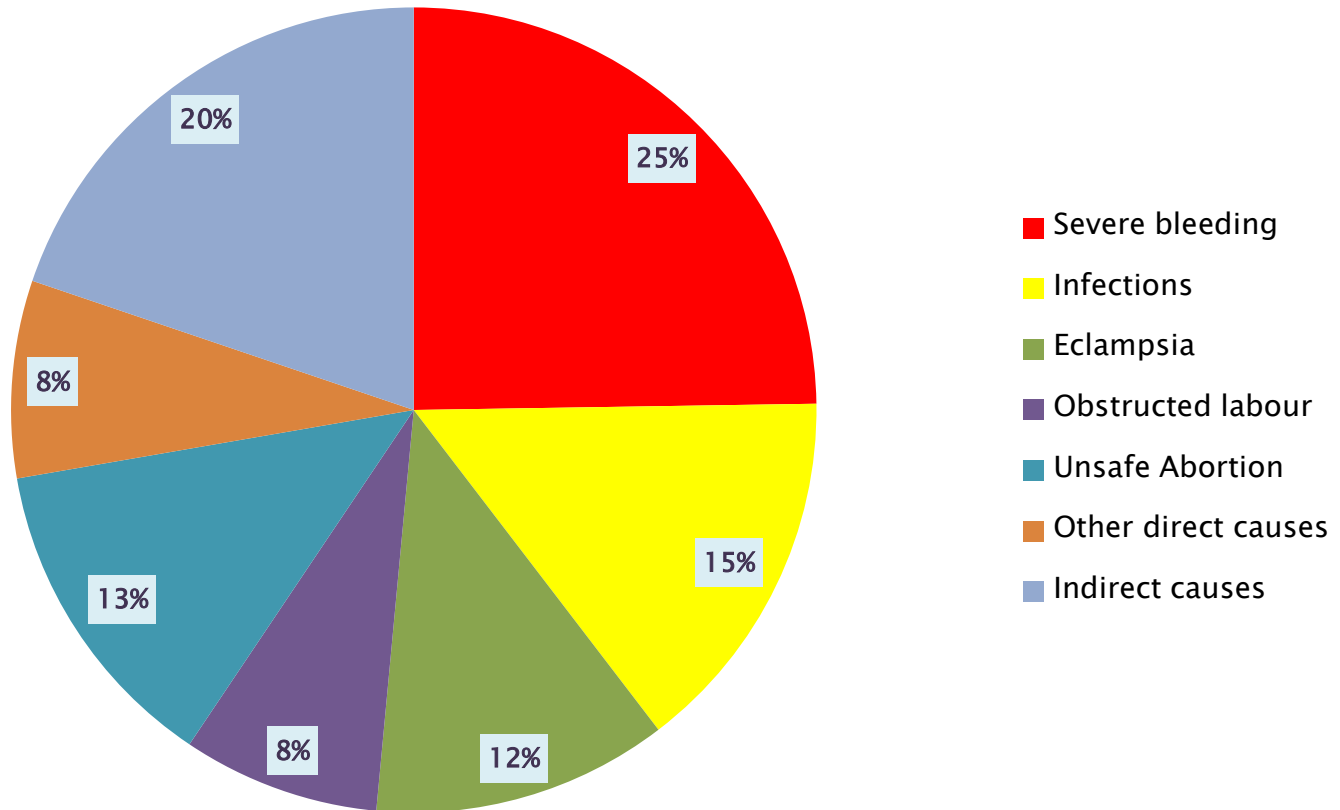
- ❖ Result from obstetric complications of pregnancy, labour, or the postpartum period.
- ❖ Account for about 60–80% of maternal deaths
 - Haemorrhage, sepsis, eclampsia, obstructed labour, and complications of unsafe abortion.
 - Interventions, omissions, incorrect treatment, or events resulting from any of the above.

Causes of Maternal Deaths II

□ Indirect Obstetric Deaths

- ❖ Result from previously existing diseases or from diseases arising during pregnancy which were aggravated by the physiological effects of pregnancy such as Malaria, anaemia, HIV/AIDS, Diabetes, and Cardiovascular disease.

Causes of Maternal Deaths



Source: World Health Report 2005, Make every mother and Child Count

Reasons for Maternal Mortality I

- Low social and economic status
- Social cultural factors
 - ❖ Harmful practices
 - ❖ Poor nutrition and related factors
 - ❖ Lack of empowerment
 - ❖ Early marriages
 - ❖ Reliance on traditional medicines and healers
 - ❖ Emotional abuse/violence

Reasons for Maternal Mortality II

- Unmet need for family planning
- Factors underlying the medical causes
 - ❖ Poor nutrition
 - ❖ Women with severe anaemia
- Barriers to accessing care:
 - ❖ 3 Delay (3D)
 - 2. Delay in deciding to seek care
 - 3. Delay in reaching health facility
 - 4. Delay in receiving quality of care in health facility

Thaddeus S, Maine D. Too far to walk: maternal mortality in context. Soc Sci Med. 1994 April, 38(8):1091-110

1st Delay to recognise of Danger signs

Delay 1: Delay in problem recognition

□ Probable causes

- ❖ Traditional beliefs
- ❖ Low perceived risk
- ❖ Low knowledge of causes of death & danger signs and complications
- ❖ Inadequate screening programs

Delay II: Delay in deciding to seek care

□ Probable causes

- ❖ Women's low participation in decision making
- ❖ Lack of birth preparedness
- ❖ Poor quality (perceived or actual) of health services

Delay III: Delay in reaching the health facility

□ Probable causes

- ❖ Geographical distance
- ❖ Lack of resources to pay for the services
- ❖ Inadequate communication/transport systems
- ❖ Inadequate knowledge of where to seek care and how to get to a facility

Delay IV: Delay in receiving quality treatment at health facility

□ Probable causes

- ❖ Lack of medicines, supplies, blood and equipment
- ❖ Cumbersome administrative process
- ❖ Lack of competent, motivated personnel
- ❖ Lack of adequate and management information systems

Strategies to Reduce Maternal Mortality

- Legislative and policy actions
- Society and community interventions
- Health sector actions

Legislative and policy actions

Family planning.

- ❖ Policies must ensure that all couples and individuals have access to good-quality, voluntary, client-oriented, and confidential family planning information and to services that offer a wide choice of effective contraceptive methods.
- ❖ Policies should address regulatory, social, economic, and cultural factors that limit women's control over sexuality and reproduction.

Legislative and policy actions

Adolescents and Children.

- Policies and programs should:
 - ❖ Encourage later marriage and childbearing.
 - ❖ Expansion of the economic and educational opportunities for girls and women.
 - ❖ Promote good nutrition in childhood and adolescence, as well as supplementation if necessary during pregnancy.
 - ❖ Enable adolescents to take responsibility for and protect their SRH.
 - ❖ Facilitate their access to health information and services.

Legislative and policy actions

- Barriers to access.
 - ❖ Assigning health workers trained in midwifery to village-based health facilities can help overcome problems of distance and transport.
- Regulation of practice.
 - ❖ Protocols and statutes aimed at providing both routine maternal care and referral facilities for obstetric complications at each level of the health system need to be developed.

Legislative and policy actions

- Delegation of authority.
 - ❖ Services should be decentralized so that facilities are closer to the community.
- Abortion services.
 - ❖ Availability of services for management of abortion complications and post-abortion care should be ensured by appropriate legislation.

Society and Community Interventions

- The support of families and communities is a key to maternal mortality reduction.
 - ❖ Raising awareness of the need for women to reach emergency care without delay.
 - ❖ Proper and adequate nutrition.
 - ❖ Address major diseases such as HIV/AIDS, Malaria etc depending on local epidemiological patterns.

Health Sector actions

- Availability of good-quality essential services to all women during prenatal, intra natal, Intra partum and post natal periods.
 - ❖ Client-centred family planning information and services.
 - ❖ Basic antenatal and postpartum care.
 - ❖ A skilled attendant.
 - ❖ Good-quality obstetric services at referral centres for complications.

Conclusion

- ❑ Maternal mortality is still a big public health problem.
- ❑ Reducing maternal mortality requires coordinated, long-term efforts.
- ❑ Actions are needed within families and communities, in society as a whole, in health systems, and at the level of national legislation and policy.

Thank You for Your Attention

