

Training course in adolescent sexual and reproductive  
health 2019

Antenatal, intrapartum and postnatal care

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### **Question 1:**

#### **What were the estimated global maternal mortality ratios in 2000 and in 2017?**

The estimated global maternal mortality ratio (MMR) in 2000 was 342 maternal deaths per 100,000 live births; whereas in 2017, it is estimated at 211. This represents a 38% reduction in trend by a 17-years period [1].

### **Question 2:**

#### **What were the global lifetime risks for maternal mortality for a 15-year-old girl in 2000 and in 2017?**

The global estimated lifetime risk of maternal mortality for a 15-year-old girl in 2000 was 1 in 100, whereas in 2017, it was 1 in 190. It indicates that the risk of maternal mortality at age 15 years for a girl in 2017 reduced by nearly half in compare to the same risk in 2000 [1].

### **Question 3.1:**

#### **What was the trend in maternal mortality ratio between 2000 and 2017 in South Asia and how did it compare to the trends in North America during this period?**

Between 2000 and 2017, the MMR in South Asia achieved the highest overall reduction among all WHO regions by 59% from 384 to 157 maternal deaths /100 000 live births [1]. Notably, North America had an increase in MMR of almost 52% during this period, rising from 12 maternal deaths /100 000 live births in 2000 to 18 maternal deaths /100 000 live births in 2017. This is likely related to already low levels of MMR, as well as improvements in data collection, changes in life expectancy and/or changes in disparities between subpopulations [1].

### **Question 3.2:**

#### **What was the trend in maternal mortality ratio between 2000 and 2017 in your country of origin, and how did it compare with the global average?**

Between 2000 and 2017, the trends of MMR in Bangladesh was from 434 to 173 maternal deaths /100 000 live births, a sharp 60% reduction, which is higher than the reduction of global MMR, by 38% during the same 17 years period. The average annual rate of reduction (ARR) in MMR in Bangladesh was 5.4%, which is nearly double than the global AAR in MMR of 2.9% [1].

### **Question 4:**

#### **Name one recommendation of the report for Primary Health Care systems and for Civil Registration and Vital Statistics systems.**

The 2018 Declaration of Astana stated the primary health care as the most cost-effective and inclusive means of delivering health services to achieve the SDGs. Primary health care is

thereby considered the cornerstone for achieving universal health coverage (UHC). Efforts to increase the provision of skilled and competent care to more women, before, during and after childbirth [1]. In order to have an effective primary health care system, one recommendation is to support broadening and extending access to a range of health care services through the use of high quality, safe, effective and affordable medicines, including, as appropriate, traditional medicines, vaccines, diagnostics and other technologies. Through advances in information systems, appropriately disaggregated, high-quality data can be collected and to improve information continuity, disease surveillance, transparency, accountability and monitoring of health system performance. Through digital and other technologies, individuals and communities will be enabled to identify their health needs, participate in the planning and delivery of services and play an active role in maintaining their own health and well-being [2].

The current Primary Health Care structure in Bangladesh is one of the recommendable systems among developing countries although full functioning of it has yet to achieve. However, civil registration and vital statistics (CRVS) is among the key areas of the healthcare system of the country to be improved substantially. Governments are called upon to establish well-functioning Civil Registration and Vital Statistics (CRVS) systems with accurate attribution of cause of death. In the context of Bangladesh, one recommendation for CRVS system is to improve coordination and harmonization effort between government stakeholders at different level [3]. Only collecting raw data is not enough; those data must be managed, analyzed and disseminated systematically to the appropriate authority to facilitate decision-making and to take prompt actions. Over the years, many nation-wide as well as smaller scale surveys, surveillances and research studies have been conducted in the health sector of Bangladesh; but it still does not follow a standardized procedure to collect and manage health-related data from all health facilities at a regular interval. By following such unified and standardized health information system, Bangladesh can improve the efficiency of all other components of its health system [4].

In consideration of the above, it must be noted that this report on the levels and trends of maternal mortality provides just one critical facet of information, which synthesizes and draws from the available data, to assess one aspect of global progress towards achieving global goals for improved health and sustainable development [1].

### **Question 5.1:**

**Identity the 1st, 2nd, 3rd order themes within the typology of mistreatment of women experienced during childbirth in the following case study.**

From the following case study, the first-order themes within the typology of mistreatment of women experienced during childbirth identified as: harsh or rude language; judgmental or accusatory comments; threats of withholding treatment or poor outcomes; neglect, abandonment, or long delays; lack of supportive care from health workers; dismissal of women's concerns and breaches of confidentiality. The second-order themes identified as: harsh language, threats and blaming; neglect and abandonment; lack of informed consent and confidentiality; ineffective communication and lack of supportive care. The third-order themes identified as: verbal abuse; failure to meet professional standards of care and poor rapport between women and providers [5].

### **Question 5.2:**

**Name the WHO document which addresses respectful care during childbirth.**

The WHO document which addresses respectful care during childbirth is WHO recommendations on maternal health, published in 2017 [6]. Broadly, this covers health interventions that should be delivered during pregnancy, childbirth and the postnatal period, along with health behaviors that women should practice (or not practice) during these periods to care for themselves and their babies [6].

### **References**

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