

Training course in adolescent sexual and reproductive
health 2019

Antenatal, intrapartum and postnatal care

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Introduction:

Care before, during and after birth is another important aspect of adolescent health as the maternal mortality is still a leading cause of death among women. Pregnancy among young women possesses additional risk to both mother and fetus. Hence, the health system should be strengthened from the primary level. Beside that every women should be treated with respect and dignity during this period (1).

Question 1:

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

According to the WHO Publication, the estimated global maternity mortality ratio(MMR) in 2000 was 342 maternal deaths per 100000 live births which reduced by 2.9% every year accounting for 38% decline by 2017, which was 211 maternal deaths per 100000 live births (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 lifetime risk of maternal mortality for a 15-year-old girl in 2000 was 1 in 100 which nearly halved by 2017 with the risk of 1 in 190 (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?

Regarding the trend of maternal mortality ratio of South Asia, it was 384 maternal deaths per 100000 live births .This figure dropped by the huge percentage of 59% by 2017 with ratio of 157 deaths per 100000 live births.(1) This can be attributed to the focus of the South Asian countries on their millennium development goals regarding the maternal and child health (2). In contrast, the MMR in North America has increased by almost 52% i.e. from 12 to 18 maternal deaths per 100000 live births. The increase in number is suggested due to the advancements in data collection and change of life expectancy as well. Though the ratio in South Asia is still around 9 times higher in 2017 than the North America, it is still reduced from the 32 times maternal deaths in 2000.To sum up the trend from 2000 to 2017 in MMR in South Asia is decreasing whereas it is increasing in North America (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?

The MMR in my country Nepal has declined drastically from 553 in the year 2000 to 186 maternal deaths per 100000 live births by the year 2017. This in comparison with global trends shows the decline is by 66% whereas the reduction is 38% globally during this period. The ratio was higher as compared to global trend of 342 maternal deaths in the year 2000 however, the figure is lower than the global trend of 211 maternal deaths by the year 2017 (1). This significant progress has been possible via the continuous revision of the policies and focus more accessible health service facilities (3).

Question 4:

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

In order to improve Primary health care, focus should be made to increase the provision of skilled and competent care to more women, before, during and after childbirth. Since, maternal mortality is one of the major health issues during the Primary care, accessible and quality health care provided by trained health workers during and after pregnancy can significantly decrease maternal mortality by preventing possible health complications. Along with that focus should also be given to cost effective and accessible health care at primary level (1).

Government should be able to establish a globally accepted standard Civil Registration and Vital Statistics (CRVS) system which can capture the accurate data specific to their information needs. This can prevent and minimize errors in CRVS reporting. Beside that the data should target beyond maternal mortality and include other aspects of maternal and child health. The health system should also acknowledge that beyond awareness, the background and socioeconomic status also has a huge impact (1).

Question 5.1:

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

As presented in the case the typology of mistreatment faced by the lady were:

1. Disrespect and abuse: The pregnant lady was verbally abused and also was abandoned which reflects physical abuse as well. Instead of helping the patient get on the delivery table the midwife threatened the lady to leave when she was actually in labor. This reflects that she has failed to commend her duty towards the patient, putting both the lives at risk (4).
2. Mistreatment: It is obvious from the notes that the midwife has neglected her professional standards of care by yelling at the patient and showing a discriminatory behavior. In addition a health professional should never be judgmental towards a patient, however her action reflects the opposite (4).

3. Respectful care: The midwife has not only terribly missed the rapport building part but also failed to address the difficulty the lady was facing to get on the table. Her behavior highlights the problem in the health system that still ignores such unprofessional attitude and behavior towards the patient (4).

Question 5.2:

Name the WHO document which addresses respectful care during childbirth.

The WHO guideline that emphasizes the respectful care towards women during childbirth is: “Prevention and elimination of disrespect and abuse during childbirth. Geneva: World Health Organization; 2014.”(5).

Conclusion

This module has not only discussed about the global trends in maternal mortality from 2000-2017 but also has intrigued the problems in attaining the sustainable development goals. It has also rightly addressed the mistreatment that women still face during childbirth. In addition, it focuses on the cost effective and accessible health care at primary level and also suggests standardization of data collection techniques that includes other aspect of health beside the maternal mortality.

References

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