Safe Motherhood: A community-based Global Overview

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What Is Safe Motherhood?

“
A woman’s ability to have a
SAFE and HEALTHY pregnancy
and childbirth”
“Every pregnancy Is at Risk;”

Current Approach to Reduction of Maternal Mortality
Objectives

To review the:
1. Magnitude of maternal mortality
2. Causes of maternal mortality
3. Possible interventions to reduce the problem
   - Traditional birth attendants (TBAs).
   - Antenatal care.
   - Risk screening.
   - Skilled attendant at childbirth.
4. Community-based approach

Current Approach to Reduction of Maternal Mortality
Maternal Death watch

Every Minute...

- 380 women become pregnant
- 190 women (50% of the new pregnancies) face unplanned or unwanted pregnancy.
- 110 women experience a pregnancy-related complication
- 40 women have unsafe abortion
- 1 woman dies from a pregnancy-related complication

Current Approach to Reduction of Maternal Mortality
Maternal Mortality: A Global Tragedy

Maternal deaths:

- 99% in developing countries.
- ~1% in developed countries.

Current Approach to Reduction of Maternal Mortality
Global Causes of Maternal Mortality

- Hemorrhage: 24.8%
- Infection: 14.9%
- Eclampsia: 12.9%
- Obstructed Labor: 6.9%
- Unsafe Abortion: 12.9%
- Other Direct Causes: 7.9%
- Indirect Causes: 19.8%
WHY Do These Women Die?

3 Delays Model

- Delay in decision to seek care
- Delay in reaching care
- Delay in receiving care
But WHY Do These Women Die?

Three Delays Model

- **Delay in decision to seek care:**
  1. Lack of understanding of complication.
  3. Low status of women.
Delays in reaching care

1. Mountains, islands, rivers
2. Poor organization
Delays in receiving care

1. Deficient supplies
2. Inadequate Personnel:
   - Insufficient
   - Poorly trained
   - punitive attitude (poor communication skills)
3. Deficient finances.
Maternal Health Services

Good quality maternal health services are not universally available and accessible:

1. ≥35% receive no antenatal care.
2. ~50% of deliveries unattended by skilled provider.
3. ~70% receive no postpartum care during the puerperium.

Current Approach to Reduction of Maternal Mortality
Interventions to Reduce Maternal Mortality

Most life-threatening obstetric complications can be predicted and prevented through Four directions:

- Antenatal care.
- Risk Assessment.
- Traditional birth attendants.
- Skilled attendant at delivery
Interventions: Antenatal Care

- **The concept of**: screening healthy women for signs of disease.
- Started in US, Australia, Scotland between 1910-1915
- By 1930’s large number (1200) ANC clinics opened in UK.
- However, widely used as a maternal mortality reduction strategy in 1980’s and early 1990’s

Is ANC important? **YES!!**

- Early detection of problems and birth preparation
Interventions: **Risk Assessment**

**Disadvantages**
- Very- poorly predictive
- **Costly:** Removes woman to maternity waiting homes
- If risk is negative, gives false security.

**Conclusion:**
- **Cannot guarantee against risk of maternal mortality** *(every pregnancy is at risk)*
Interventions:
Traditional Birth Attendants

Advantages:
- Community-based.
- Sought out by women.
- Needs no high tech.
- Teaches clean delivery.

Disadvantages:
- Limited technical skills.
- May keep women away from life-saving interventions due to false reassurance.
Interventions:
Traditional Birth Attendants

Conclusion:

**TBAs** are useful in the maternal health network, but there will not be a substantial reduction in maternal mortality by **TBAs** delivering clinical services alone.

*Current Approach to Reduction of Maternal Mortality*
Interventions: Skilled Attendant at Childbirth

- Proper training, range of skills.
- Assess risk factors.
- Recognize onset of complications.
- Observe mother and monitor fetus.
- Perform essential basic interventions.
- Refer mother &/or baby to higher level of care if complications arise requiring interventions outside realm of competence.
- Have patience and empathy.
The higher the proportion of deliveries attended by *skilled attendant* in a country, the lower the country's maternal mortality ratio.
Skilled attendant at childbirth is the most effective intervention.
Our Community-based Approach
Sohag MMR in 2008:

48/100 000
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To fulfill: “Skilled attendant at childbirth”

- Best utilization of **infrastructures**.
- Best utilization of **facilities**.
- Best utilization of **financial resources**.
- Best utilization of **human resources**.
- Continuous **upgrading of junior physicians** by continuous medical education program.
Protocol of cooperation

Sohag faculty of medicine

Ministry of health and population - under secretary

Medical insurance sector
THANK YOU.