

# Maternal Health – An overview of major issues\*



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# Maternal Deaths as an Indicator of Maternal Health



*“Whose faces are behind those numbers?  
What were their stories? What were their dreams?  
They left behind children and families  
They also left behind clues as to why their lives  
ended early”  
- Berg C et al 2001*

# Maternal Death Watch



**Globally, every two minutes...**

- **760** women become pregnant
- **380** women face unplanned or unwanted pregnancy
- **220** women experience a pregnancy related complication
- **80** women have an unsafe abortion
- **1** woman dies from a pregnancy-related complication

# What is a maternal death?



- **A maternal death is the death of a woman**
  - while pregnant or within 42 days of termination of pregnancy,
  - irrespective of the duration and the site of the pregnancy,
  - from any cause related to or aggravated by the pregnancy or its management,
  - but not from accidental or incidental causes.
- **A late maternal death is the death of a woman** between 43 days and 1 year after the termination of pregnancy

# Measurement of maternal deaths



- Maternal mortality ratio (MMR)
- *Number of maternal deaths during a given time period in a specific location per 100 000 live births during the same time-period in the same location.*

# MMRs – The global scenario 2008

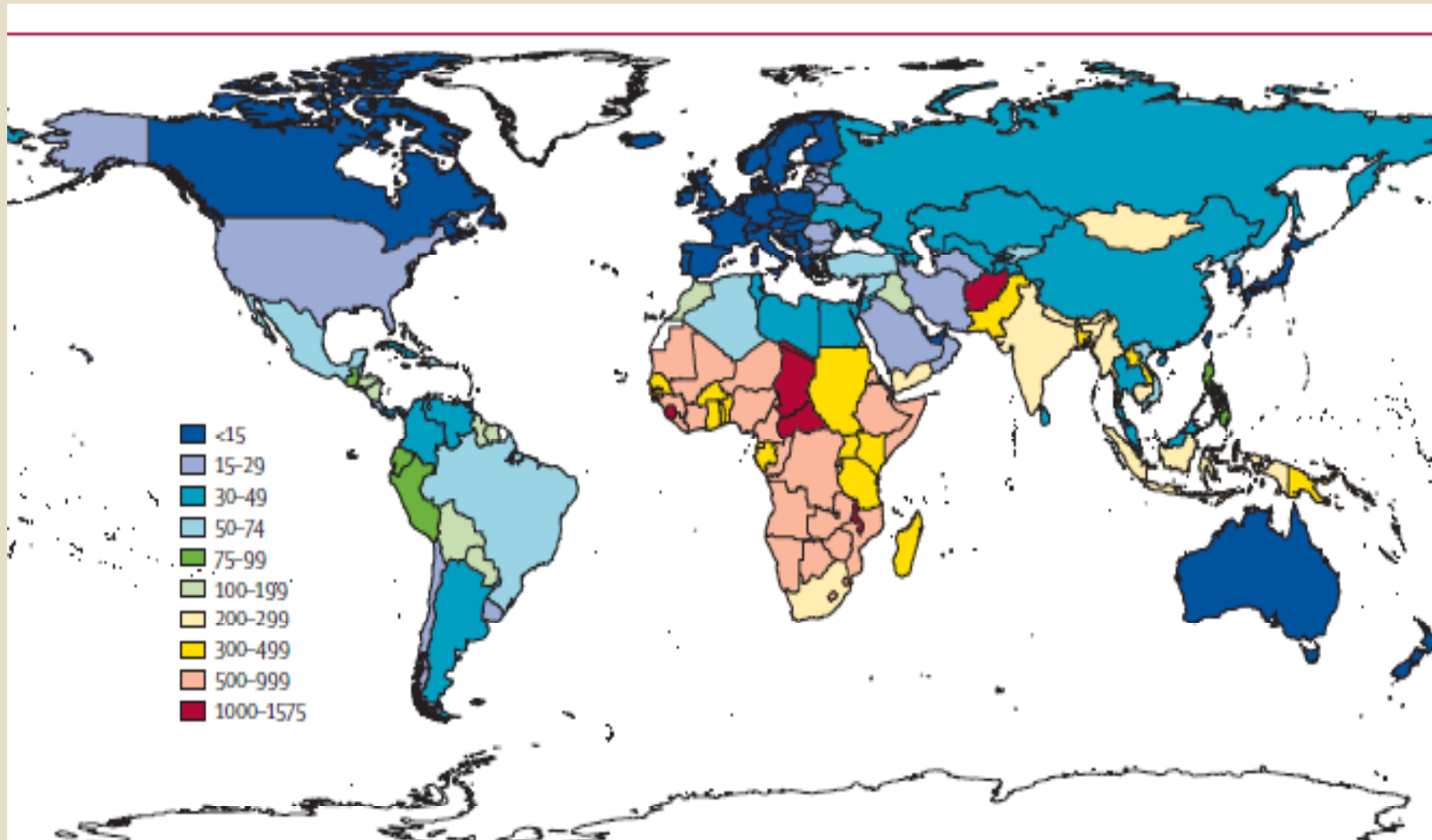


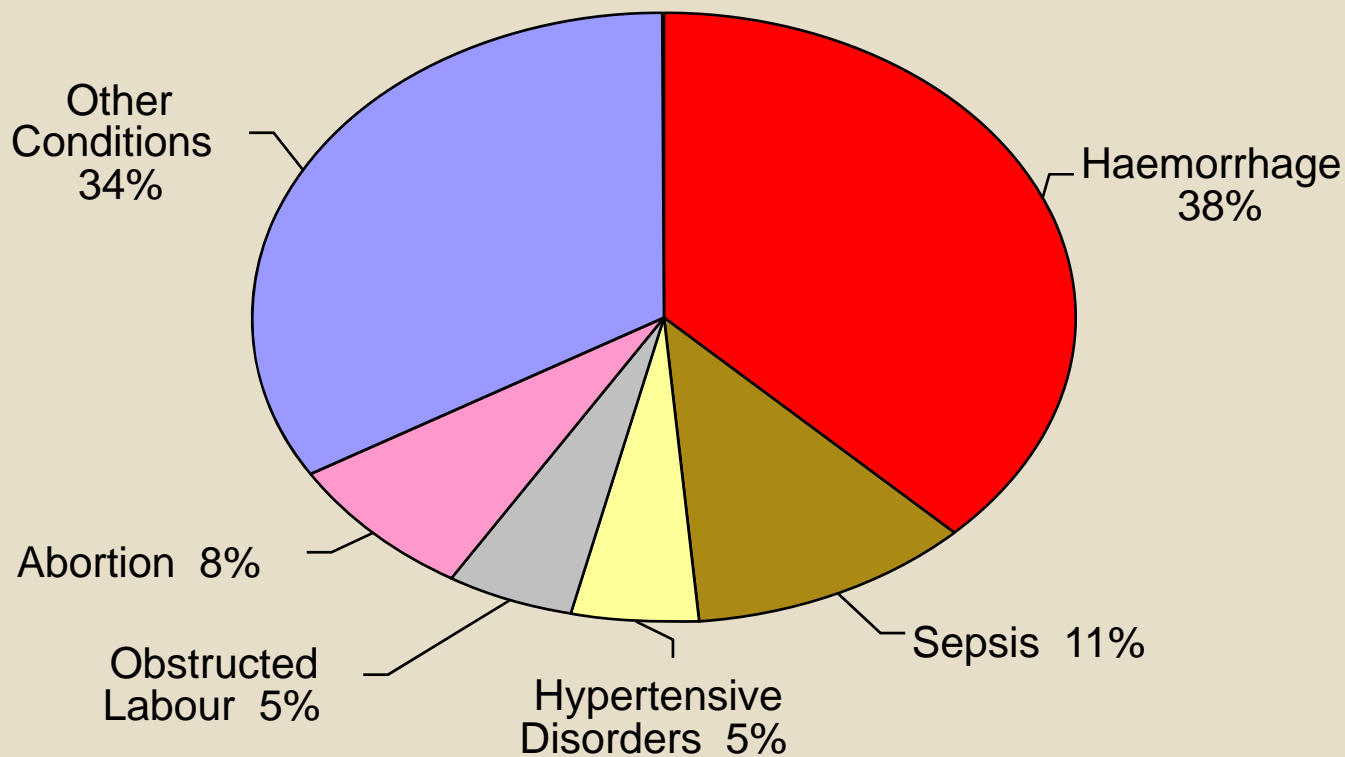
Figure 3: Maternal mortality ratio per 100 000 livebirths, 2008

## In India, more than two-thirds of all maternal deaths occur in a handful of states:



- India : 212
- Assam: 390
- Bihar/Jharkhand: 261
- MP/Chattisgarh: 269
- Orissa: 258
- Rajasthan: 318
- Uttaranchal/UP: 359
- Andhra Pradesh: 134
- Karnataka: 178
- Kerala: 81
- Tamil Nadu: 97
- Gujarat: 148
- Haryana: 153
- Punjab: 172
- Maharashtra: 104
- W. Bengal: 145

# What are women dying of? Medical causes





# Direct and indirect causes



- Direct causes are those related to the pregnancy and delivery processes – haemorrhage, sepsis, hypertensive disorders of pregnancy, obstructed labour, abortion..
- Indirect causes – “other conditions”- includes HIV, TB, malaria, hepatitis, anaemia, heart conditions etc. which are not caused by pregnancy but become more risky because of the woman’s pregnant status

## Indirect causes of maternal mortality



- Tuberculosis- is responsible for deaths in reproductive age group. Incidence in pregnancy 2-5%
- Malaria- Endemic areas, severe anemia, high mortality
- Viral hepatitis-Commonest cause of jaundice, fulminant hepatic failure 10-20% PPH due to coagulation failure, fetal loss 50%
- Diabetes mellitus, cardiac disease, epilepsy and others
- More women are HIV+ve than VDRL +ve during pregnancy. NFHS3 reported a prevalence rate of 1 to 2% among those tested in the antenatal period.

# Why do these women die? Three delays model



- Phase 1. Delay in decision to seek care
- Phase 2. Reaching the medical facility
- Phase 3. Receiving timely, appropriate and adequate treatment after reaching a medical facility

# Policy approaches to preventing maternal deaths: Global



Skilled birth attendance with access to Emergency Obstetric Care for **all** women, because every pregnancy carries risks.

# Who is a Skilled Birth Attendant?



- A health worker (for example, doctors, midwives, nurses)
- with midwifery skills
- who is proficient in managing a normal delivery and
- who is able to recognize the onset of complications,
- provide essential obstetric care, and
- supervise the referral of mothers and their babies for interventions that are either beyond the attendant's competency or not possible in a particular setting.

# Policy approaches to preventing maternal deaths: India



- Focus on reducing second delay through emergency transportation
- Skilled birth attendance equated to institutional delivery. Focus entirely on getting women to come to an institution for delivery.
- Inadequate attention to emergency obstetric care
- Deaths from unsafe abortions missing from the equation
- To what extent can institutional deliveries reduce maternal deaths?

## How to address indirect maternal deaths? There are no short cuts!



- Strengthen basic primary health care – e.g. sanitation, control of communicable diseases
- Address widespread malnutrition in women due to lack of food security, repeated infections and overwork
- Address the causes behind these causes : gender and social inequalities !

# Maternal Morbidity in addition to Maternal Deaths



- Up to 15% of all women suffered a life-threatening morbidity associated with delivery and 1 of 11 women with severe maternal morbidity died.
- Severe postpartum anaemia is reported to contribute to late maternal deaths (Rajasthan study)
- These do not include morbidity from unsafe-abortions, which may contribute to another 10-15% of morbidity
- Postpartum psychosis and depression are among the most neglected morbidities.
- Many women live with disabilities for life



# Maternal health and sexual and reproductive health: Intimate interlinkages



- The two are intimately interconnected
- Sexual and reproductive health problems compromise maternal health and pregnancy outcome, and these in turn may further compromise sexual and reproductive health
- Problems cumulative over the woman's life time

## Case study-1



*'S\_ had her first child when she was less than 16. During her third pregnancy, she went to a doctor and took some tablets for abortion. For three days she suffered badly, after that she aborted. She had two daughters after that. When she became pregnant again, she went to the hospital on her own, and without anyone's knowledge, had an abortion and the "operation". She had nobody to help her after the operation, and she could not ask for help because she did not want anyone to know.*

## Case study-1-contd.



*After the operation, she has had to urinate every five minutes, and urine keeps leaking. She has also been having white discharge for many days now. As long as I take medicines it (white discharge) becomes all right, after that it starts again.*

(Dalit woman 28 years old, no schooling, former wage worker, now unable to do farm work)

## Case study-2



*I come from a big joint family. Had to do all the work by myself and grind Ragi and paddy manually soon after delivery. One day, after lifting up a pot of water to my head (within two weeks of delivery) I felt something give way. Since then I have had the uterus slip down when I squat.*

*My husband gets angry because I find sex uncomfortable and am reluctant. These days I am not even able to go for work regularly. I often get (urinary) infection and white discharge, can't do much about it in my situation.*

## Let us not forget ...



- **Almost all maternal deaths and disability are avoidable**
- **High levels of maternal mortality are an indicator of the low value placed by society on women's lives**
- **Non-availability of services close to home; poor quality of services; and women's lack of access to care within and outside the home because of gender-power inequalities are the main underlying causes**

## Let us not forget..



- Unlike rare or newly emerging health problems and conditions, we have the benefit of more than a century of accumulated knowledge about the causes of maternal deaths and disability and what needs to be done to avert them.
- India has made considerable gains in per capita income over the past decade, and can afford to invest on preventing maternal deaths
- We have some of the best brains and talents among doctors in the world.

# Violation of women's right to life



- Maternal deaths claim the lives of healthy women in the process of fulfilling the important societal role of bringing forth the next generation.
- Each of these avoidable maternal deaths therefore represents a violation of women's right to life.
- Every maternal death has to be accounted for

# Civil society objectives for working on Maternal Death Reviews



- Making every maternal death count, by counting every maternal death
- Increasing accountability of the health system
- Making maternal deaths a community priority

*Deepening democracy framework*



## And let us not forget....



- As we work on counting Maternal Death, we need to also work on expanding the notion of Maternal Health.....