



Improvement in Maternal Health -Have We Done Enough

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Abstract

Globally, an estimated 287000 woman died during pregnancy and childbirth in 2010, a decline of 47% from levels in 1990. According to estimates by World Health Organization (WHO) and United Nations Children's Educational Fund (UNICEF), the maternal mortality ratio (MMR) was 570 per 100,000 live births 1990, which dropped down to 254 per 100,000 live births in 2006. Every 10 minutes a Woman dies in India from pregnancy and complications of childbirth (3). The Millennium Development Goals (MDG) adopted by the United Nations in year 2000 project the efforts of the International community. They include eight goals framed to address the world's major development challenges in health and related areas as the prime focus. MDG 5 deals with the improvement of Maternal Health. Over 10 % of all women do not have access to or are not using an effective method of contraception. It is estimated that satisfying the unmet need for family planning alone could cut the number of maternal deaths by almost a third.(4)

Keywords: Contraception, childbirth, health, maternal, pregnancy.

Introduction

If all the MDGs, the least progress has been made toward the maternal health goal. Every day, nearly 800 women across the globe die due to complications during pregnancy and childbirth; 99 percent of these deaths occur in developing countries.(5) Better women's health is therefore a priority for the World Bank. Bank projects allow women wider access to effective and functioning health systems, with skilled and motivated health workers. Bank investments also support infrastructure and innovations in financing to improve maternal health. Through such investments, the Bank continues to support reproductive health and family planning programs, nutrition initiatives, facility-based deliveries, disease prevention, and new and innovative methods to provide more help to mothers.

Healthier mothers mean healthier children (Indonesia)

We promote the health of women by: i. Educating girls and boys, ii. Reducing teenage pregnancies, iii. Empowering women to space births and choose family size, iv. Improving maternal nutrition, v. Ensuring trained attendance at deliveries and better access to emergency and comprehensive obstetric, antenatal and post-partum care(7).

In 1987, the international Safe Motherhood Conference convened in Kenya. The conference raised global awareness of the devastating maternal mortality rates in developing nations and formally established the Safe Motherhood Initiative.(1) The goal was to reduce maternal mortality 50% by the year 2000, and announce to the global community the plight of the pregnant woman. Initially, donors, United Nations (UN)

agencies, and governments focused on 2 strategies to reduce maternal mortality: increasing antenatal care and training for traditional birth attendants. By the year 2000, the goal was far from realized(5). The global community reaffirmed its commitment in 2000, and the United Nations issued 8 Millennium Development Goals (MDG); the fifth goal (MDG-5) stipulated a reduction of the maternal mortality rate by 75% by 2015.(2)

In Eastern Asia, Northern Africa, and Southern Asia, maternal mortality has declined by around two thirds.

Only half of pregnant women in developing regions receive the recommended minimum of four antenatal care visits.

Some 140 million women worldwide who are married or in union say they would like to delay or avoid pregnancy, but are not using contraception.

Causes of maternal mortality

Hemorrhage is considered to be the major maternal killer in India: 38% of maternal deaths were caused by hemorrhage, mostly postpartum hemorrhage, according to a recent SRS analysis (figure-1). Among 'other conditions', anemia was the main medical condition leading to maternal death. Anemia, especially iron-deficiency anemia, is highly prevalent among the Indian population: nearly 60% of pregnant women were anemic, according to the 2006 NFHS (Table 4)... Deaths due to sepsis and obstructed labor may be attributed to the high proportion of deliveries at home. Despite a liberal law on abortion in India, abortion-related complications cause an estimated 8% of all maternal deaths.(4)

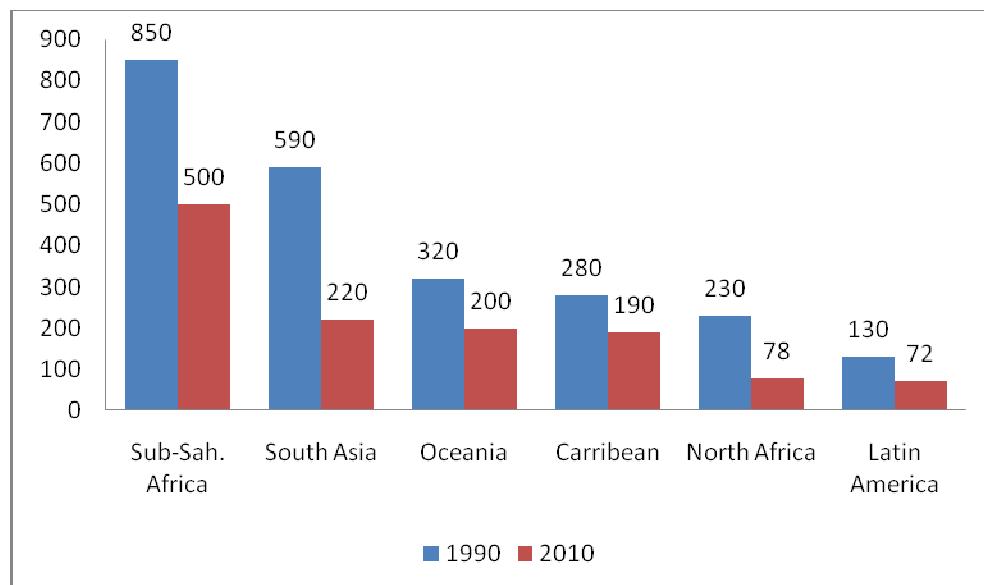


Figure:2

Maternal mortality ratio, 1990 and 2010 (Maternal deaths per 100,000 live births, women aged 15-49).
Source: The Millennium Development Goals Report 2013

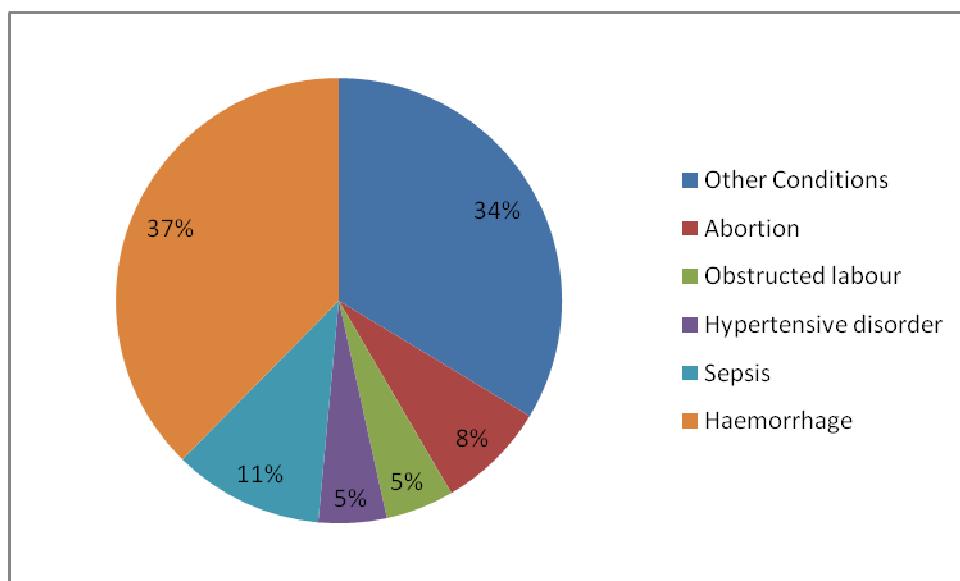


Figure-1
Cause of Maternal death in India 2003

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Conclusion

One of the most effective methods of bringing about health changes is for governments to prioritize them. Political

commitment to decreasing maternal mortality is vital to the success of programs. Governments that have made the MDG-5 a priority by providing leadership through human and financial resources have seen a reduction in their nations' maternal mortality(2). Countries such as Bolivia, Brazil, China, Egypt, Morocco, and Peru have made good progress toward achieving MDG-5. These governments have implemented successful programs that target all of the abovementioned interventions and stress the importance of empowering and educating women. Many have also focused on the infrastructure of their country by improving roads and providing transportation to health facilities.

There are innovative programs that demonstrate great promise in which non-physicians and general practitioners are being trained to perform cesarean sections and administer anesthesia. And those successful programs are being implemented elsewhere. It is already evident that reaching the MDG-5 in some countries will be impossible; however, making great strides in reducing maternal mortality is crucial.(8)

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