Maternal Mortality and Its Challenge

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Abstract

Every minute women dies needlessly of pregnancy related causes this adds up to more than half million women lost each year. Another eight million or more suffer life long health consequences from the complications of pregnancy. Each women rich or poor faces a 15% of complication of pregnancy around the time of delivery but maternal death is practically nonexistent in developed regions. The lives of many women in developing countries could be saved with reproductive health interventions that people in rich countries take for granted.

Introduction

A maternal death is the death of a woman while pregnant or within 42 days of termination (delivery, miscarriage) of pregnancy, irrespective of duration and the site of the pregnancy from any cause related to or aggravated by the pregnancy or its management, but not from accident or incidental causes. (WHO, 2002).

Global maternal mortality statistics reflect a wide gap between the developed and developing world. Out of the total maternal deaths 99% occurs in developing countries and 99% are preventable if skilled care can be provided timely or many women's life can be saved with reproductive health intercentions. (UNFIA / World population 2005)

Complication of pregnancy and child birth and unsafe abortion are leading causes more than 80% of maternal death worldwide are due to five direct causes haemorrage, Infection, Unsafe abortion , Prolonged (obstructed labour) and hypertensive disorder.

Indirect causes of death are due to condition that in association with pregnancy hasten the fatal outcome eg. Malaria, Hepatitis, HIV/AIDS etc. (Shrestha , 2008)

Around 50% death occurs with in 24 hours of the delivery 25% during pregnancy and 25% with in 6 weeks after delivery. These death can be prevented if skilled care is provide timely. (Shrestha, 2008).

Majority of birth (85%) in Nepal take place at home and large proportion are assisted by unskilled person. In such situation women who experience life threatening complication may never receive the requried life saving emergency service because of what we can call the "Four delays". These delays can result in maternal mortality or increase the severity of morbidity. Which are in recognizing the problem due to lack of awarness of dangerous signs and family, delay in deciding to seek care. Due to Socio, economic and cultural factor and previous experience of health care and so many other causes delay in reaching the health facility even client reached the facility dealy in adequate treatment due to not adequately equipped with trained personnel, emergency medicine and blood . Sadly, many of mothers and newborns who dies would have surrived if they had received the care when they needed.

Successful Intervention

Reducing maternal mortality history and evidence in the developed world, historical lession that significant improvement can be achieved through key interventions. In the 19th century maternal mortality halved in Sweden as a result of national policy favoring professional midwifery care for all births. Midwives in Sweden were given the authority

to use life saving skills as early as 1829. Strong political will the accountability of local authority and appropriate information system helped Sweden achieved the lowest maternal mortality. Europe at 228 per 100,000 by 1900 from a rate of 500 per 100,000 in the 1880.(White Ribbom Alience, 2002).

In Denmark, Japan, Netherlands and Norway similar strategies adopted. Evidence also suggests that maternal mortality can be reduced without attaining high level of economic development, in a countries such as Tunisia, Srilanka, Cuba and Former Soviet Union, for instance level of maternal morbidity and mortality were reduced through combined interventions. These includes education for all, Universal access to basic health service and nutrition from before, during and after child birth. Even from early childhood.Access to family planning services, attendance at birth by professional workers (SBA), access to good quality care in case of complication, and policies that raise women social and economical status and access to proper as well as to labour force are important measures in promoting the maternal health status in developing countries like Nepal. (WHO, 2002)

Srilanka is very close to Nepal. In Srilanka from a level of over 1500 per 100,000 live birth in 1940-45 and maternal mortality level fell to 555 per 100,000 live birth in 1950-55 and continued to drop to its rate of 30 per 100,000 in 1999. This achievement was realized through the introduction of health facilities with midwifery skill human resources and access of family planning service.(White Ribbon Alience/India, 2002)

Conclusion

Nepal has still high maternal mortality although there was drastically reduce in 2006 as compare to 1996. Nepal is committed to millinum development Goals and has developed various policies and strategies to this end. Nepal has set target to reduce MMR from the current 281 per 100,000 live birth to 134 per 100,000 by 2017.
According to this above successful history and evidence that we have learned for future a strong political will to allocate the resources to reduce maternal deaths and willingness of the medical profession to permit and promote professional midwifery are essential prerequisites. Strategy of introducing a system of professional midwives and ensuring the implementation of standards for quality care can give rapid result, existing human resources e.g. Nurses need to have the skill and authority use obstetric firstaid and life saving technique. Family planning saves lives by preventing unwanted pregnancies.

High level of maternal morbidity and mortality is not only women's problems but it affects to neonate, infant, child, men, family member and every one even the nation, So overcome these tragedy from the world above facts and evidence are lession for each countries institution each level of professional.

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