Maternal Health

No Woman Should Die Giving Life

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“Investing in women is not only the right thing to do. It is the smart thing to do. I am deeply convinced that, in women, the world has at its disposal the most significant and yet largely untapped potential for development and peace.”

- Ban Ki-Moon
MDG #5

• Goal: Reduce maternal mortality by $\frac{3}{4}$

• Target 5.A--Reduce by $\frac{3}{4}$ between 1990 and 2015 the maternal mortality ratio
  • Most maternal deaths could be avoided
  • Giving birth is especially risky in Southern Asia and sub-Saharan Africa, where most women deliver without skilled care
  • The rural-urban gap in skilled care during childbirth has narrowed.
Target 5.B

- Target 5.B—Achieve by 2015 universal access to reproductive health. More women are receiving antenatal care
  - Only one in three rural women in developing regions receive the recommended care during pregnancy
  - Progress has stalled in reducing the number of teenage pregnancies, putting more young mothers at risk
  - Poverty and lack of education perpetuate high adolescent birth rates
  - Progress in expanding the use of contraceptives by women has slowed
  - Use of contraception is lowest among the poorest women and those with no education
  - Inadequate funding for family planning is a major failure in fulfilling commitments to improving women’s reproductive health
Statistics

- More than ½ a million maternal deaths a year, or 1 per minute
- 1 in 26 in Africa, whereas there is 1 in 7,300 in developed regions
- More than 10 million women a year suffer from severe or long-lasting illnesses or disabilities caused by complications during pregnancy and childbirth
- 99% of all maternal deaths occur in developing countries
MDG Monitor Map

- http://www.mdgmonitor.org/map.cfm?goal=4&indicator=0&cd
MDG 5: Improving Maternal Health

• [Link](http://www.youtube.com/watch?v=v66jpL-NLLs)
#5 interconnected to others

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. A global partnership for development
MDG #1 and #2

1. A woman who is healthy with decent work, helps not only herself, but her family and her community too. By reducing inequality, we can stimulate economic growth which would bring money and food to the table.

2. A mother who is alive and healthy is much more likely to encourage education in her household.
MDG #3 and #4

- If maternal health improves, then the health care system between men and women improves.

- If the mother is alive and healthy, then the child is much more likely to thrive and stay out of trouble. Also, if the mother doesn’t die during childbirth, then the child is much less likely to die.

*Children who lose their mothers are 10 times more likely to die prematurely*
• The mother can transmit HIV/AIDS to her child during pregnancy, labour and delivery, or breastfeeding. If the mother is given ARVs (antiretrovirals) it prevents the mother from transmitting the disease to her child.

• The betterment of the environment comes with the improvement of health for all, including mothers and potential mothers.
MDG #8

- By coming together to improve maternal health, countries can forge new relationships and be able to work together for other goals.
Main Causes for Maternal Death

- Hemorrhage
- Infections
- Seizures caused by high blood pressure
- Obstructed labor and unsafe abortions
Three Deadly Delays

• They prevent women from receiving care that will save their lives

• What they are:
  • Delay in the decision to seek care
  • Delay in identifying and reaching a medical facility or clinic that offers emergency obstetric services
  • Delay in receiving adequate and appropriate treatment

*Unless all three delays are addressed, no safe motherhood program can succeed
Obstetric Fistula

- Occurs during prolonged labor (2-10 days) due to the mother’s pelvis being too small or the baby being too large for a traditional birth
- 90% of the births are stillborn or die within weeks
Effects of Obstetric Fistula

• Due to obstetric fistula, women are:
  • Ostracized in their communities
  • Can’t bear children
  • Most of the time, can’t walk
  • Left to fend for themselves
  • Can no longer control their bladder
  • Carry an odor that is destructive to their daily lives
  • Long lasting nerve damage which they need surgery to correct which doesn’t always fix the problem

• If obstetric fistula was cured, then:
  • the women wouldn’t be ostracized
  • maternal deaths would decrease by 8%
Children effected by Maternal Health

- MDG 4 can’t be achieved without MDG 5
  - To reduce the under-5 mortality rate by 2/3 we would have to reduce the maternal mortality ratio by 3/4

- One million children are orphaned because their mother dies in childbirth

- Before birth, if the mother is undernourished then her child will suffer from stunting

- Mothers transmit HIV to their children
Contraception and Unsafe Abortion

• An estimated 200 million women worldwide don’t have access to safe and effective contraceptives even though they want to avoid or delay pregnancy

• 1 in 3 deaths relating to pregnancy in childbirth could be avoided if women wanted to use effective contraception could access it

• Every year, an estimated 19 million unsafe abortions take place in developing countries

• Every year, an estimated 68,000 women and girls die as result of unsafe abortion

• Millions more suffer complications or life-long disability
Teenage Mothers

• Complications relating to pregnancy in childbirth are the leading cause of death for girls between the ages of 15-20, because girls in this age group are twice as likely to die in childbirth as women in their 20s

• #s are higher for young adolescents: if under the age of 15, a girl is 5 times more likely to lose her life as a result of childbearing

• Girls age 15-19 account for 1 in 4 unsafe abortions – a total of more than 5 million each year
Progress on MDG 5

- Slowest moving MDG
  - Should be #1 priority for the UN to tackle
  - Missions have said that this is the one MDG they need to improve upon

- Worst in the two poorest regions: South Asia and Sub-Saharan Africa
UN Organizations

- **UNFPA**
  - Works to prevent maternal mortality and morbidity in 90 countries worldwide through technical and financial assistance for reproductive health programs
  - Thematic Fund for Maternal Health
    - Trains birth attendants and other health workers
    - Includes emergency obstetric care
    - Provides equipment
  - Spearheads the global Campaign to End Fistula
UN Organizations Cont’d

- UNICEF
  - Quality of reproductive health services
  - Enhance nutrition
  - Safe water, sanitation, and hygiene facilities in practices
  - Disease prevention and treatment
  - Provides “lifesavers” which teaches caregivers and future mothers about the importance of nurturing young children
    - Initiative promotes simple, inexpensive practices to prevent the spread of diseases
      - Breastfeeding for 6 months, sleeping under a mosquito net, and hand washing
      - “Life saving telephone” – sponsored by Warid, a private telephone company – hotline that provides help when children are ill
How can we reduce maternal mortality?

- The separation of a mother from the fetus, whether by birth or by abortion is more dangerous in the developing world then in developed countries because of poor general health care for women-particularly the lack of antibiotics, drugs to prevent hemorrhage, and clean facilities.

- We must use our resources to provide for all aspects of the health care needs of women and girls.

- We should strive to give women in the developing world access to the same standard of care that has been available to women in the developed world for decades – care that results in a healthy outcome for mother and child.

- Follow India’s lead
  - Pay mothers $30 to go to the hospital since it is frowned upon
  - Has already increased amount of mothers giving safe births – went from 20% to 50% of women giving birth in medical facilities.