

New directions in maternal health

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Twenty-one years ago, the global health community came together under the auspices of the Safe Motherhood Initiative to focus on maternal mortality, whose upper and lower bounds represent the starkest disparity in international public health. Yet by 1990, the baseline year for the Millennium Development Goals, more than half a million women, 99 per cent of them in developing countries, were still dying every year due to complications related to pregnancy and childbirth. Maternal mortality estimates for 2005 indicate that around 536,000 women continue to die each year in pregnancy and childbirth, equivalent to roughly one woman dying every minute from largely preventable causes. These deaths, which are heavily concentrated in the most disadvantaged population groups within low-resource countries, are reflective of a persistent, unjust, social inequality that is long overdue for greater attention. These deaths are disproportionately occurring in sub-Saharan Africa, which accounts for half of annual maternal deaths, and South Asia (35 per cent), leaving the world a long way from its target of reducing the maternal mortality ratio by three quarters between 1990 and 2015 (Millennium Development Goal 5, Target A).

Despite the disappointing lack of progress in reducing maternal mortality since the launch of the Safe Motherhood Initiative, important advances in maternal health have been achieved on several fronts. An unprecedented amount of resources apportioned to health at the international level, combined with renewed political commitment to primary health care and with new complementary initiatives focusing specifically on maternal, newborn and child health, suggests that momentum is building to address the historically neglected issue of maternal mortality. Other developments in this direction include the adoption of the continuum of care as a core framework for public health programs; the establishment of the Partnership for Maternal, Newborn and Child Health in 2005 to guide and promote the continuum; ratification of the Maputo Plan of Action to implement the continental framework for sexual and reproductive health and rights in Africa; the addition of a new MDG 5 target (5.B) that seeks universal access to reproductive health by 2015; and the inclusion of maternal survival in the Countdown to 2015 assessments. These developments are testament to the revitalized focus in the global health community on maternal and newborn survival and well-being.

Improvements in procedures for estimating maternal mortality, new estimates of the incidence of abortion and increased efforts to map the global burden of maternal ill-health are important epidemiological advancements that will enable better decision-making by governments and their partners. The growing recognition of the causal role of undernutrition in maternal mortality has resulted in renewed interest in micronutrient supplementation during pregnancy and a stronger emphasis on the need to address underlying and basic factors, such as poverty and gender discrimination and disempowerment – including limited access to education for many girls and young women and their high exposure to infections. A broad consensus has also emerged about the core health-sector strategies required to reduce maternal mortality. Comprehensive reproductive health care is now considered to include family planning, skilled care for all pregnant women during pregnancy and delivery, and emergency care for all women and infants with life-threatening

complications. Coverage indicators for proven interventions and approaches linked to each of these three pillars – including antenatal care, availability of emergency obstetric care, Caesarean section rates, contraceptive prevalence, skilled attendance at delivery, post-natal care and unmet need for family planning – are now being tracked in the Countdown to 2015 initiative, by national governments, UN agencies, international health partnerships and non-governmental organizations.

Improvements in documenting the global distribution of maternal mortality and morbidity, and identifying and tracking effective interventions, have been complemented by important research findings on ways of countering maternal health risks. Several interventions, shown to improve maternal survival in epidemiological studies and appropriate for universal application, are now ready for wide-scale implementation. These include magnesium sulphate and calcium supplementation for the prevention of hypertensive disorders of pregnancy, effective dissemination strategies for guidelines on the prevention and treatment of post-partum haemorrhage, and the recommended provision of at least four antenatal visits to pregnant women and one post-partum visit to new mothers. Increasing awareness of the inextricable link between maternal and newborn health has also resulted in the introduction of effective programmes for the prevention and treatment of malaria and HIV, through measures to expand provision of insecticide-treated mosquito nets and intermittent preventive treatment of malaria in pregnancy, interventions to prevent mother-to-child transmission of HIV, preventive measures to avoid HIV infection – particularly among young people – and antiretroviral treatment for HIV-positive women and children.

Key areas of promising research include activities focused on developing strategies for ensuring the delivery of comprehensive packages of maternal and newborn health services along the continuum of care. An essential component of these strategies is the establishment of mechanisms for integrating services traditionally delivered through vertical approaches – such as immunization and micronutrient supplementation – with antenatal and post-natal care as part of health-system strengthening. Recent years have also witnessed an encouraging trend towards the establishment of collaborative partnerships between international organizations, governmental agencies, research institutions, non-governmental organizations and the private sector to promote multi-country research projects on major complications in pregnancy and childbirth – including preterm delivery, stillbirths, impaired fetal growth, hypertensive disorders, post-partum haemorrhage and obstructed labour and obstetric fistula.

The growing political and financial support for programmatic and research initiatives aimed at improving maternal and newborn health, and the shift from single issue, sectoral approaches to health care to collaborative forms of delivering primary health care in a continuum of care, raises hopes and expectations that the long-awaited gains in maternal, newborn and child health that are so critical for the well-being and development of populations will become increasingly apparent in the near future.

See References, page 111.