Maternal Mortality and the Safe Motherhood Programme in Nigeria: Implication for Reproductive Health

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Abstract

This paper examined Maternal Mortality and the Safe Motherhood Programme in Nigeria. This was based on the premise, that the rate at which women die from child birth related complications is alarming and needs urgent attention. Nigeria loses 52,000 women annually to complications of pregnancy and childbirth. This paper also addressed the following; causes of maternal mortality, consequences of maternal mortality. Based on the information on the issue at stake recommendations were made.

Introduction

Maternal Mortality is a sensitive Public health issue all over the World and the exact figure relating to maternal deaths are difficult to obtain. Maine (1987) asserted that maternal mortality is notoriously difficult to measure accurately. Even in developed countries where virtually all deaths are recorded, there is often no record of the fact that the woman was pregnant at or shortly before death (Roberton, 1985, Smith, 1984).

Worldwide nearly 600,000 women between the ages of 15 and 49 years die every year as a result of complications arising from pregnancy and childbirth. The tragedy is that these women die not from disease but during the normal life – enhancing process of procreation. Most of these deaths could be avoided if preventive measures were taken and adequate care were available. For every woman who dies, many more suffer from serious conditions that can affect them for the rest of their lives (World Health Organization, 2005).

Nigeria losses 52,900 women annually to childbirth related complications and 529,000 women die globally (WHO, 2004). This means that Nigeria accounts for 10 percent of Maternal Mortality in the World. According to WHO, (2005) one in every sixteen women die during childbirth and at least twenty to thirty women suffer reproductive disabilities such as anaemia, uterine prolapse, vecico vaginal fistula, pelvis inflammatory diseases or infertility as a result of complications from pregnancy and childbirth. Several of these complications will lead to isolation and stigmatization and in effect will have serious consequences for the health and wellbeing of the woman's family, community and Nation.

The international Federation of Gynaecologists and Obstetricians (FIGO) defined maternal mortality as deaths occurring during pregnancy and within forty – two days after delivery or abortion.

In an effort to achieve good health for mothers, the Safe Motherhood Programme was lauched in 1987, in Nairobi, Kenya and the goal of a 50 percent reduction in maternal mortality was formulated. This goal was later adopted by National Governments. Therefore the Safe Motherhood Programme was officially launched in Nigeria, September, 1990.

The Safe Motherhood Programme was designed to reduce the high number of deaths and illness resulting from complications of pregnancy and childbirth.

The death of a mother affects her family and the society as a whole. Her family is less able to care for itself and fortfeits any unpaid/paid wages that she

contributed to the household, her death increases the chances of her family facing poverty and malnutrition (Green & Merrick, 2005). The death of a mother has broad family and social implications, thus it is not uncommon for women in Africa when about to go and put to bed to bid the older children farewell by telling them "I am going to the sea to fetch a new baby, but the journey is long and I may not return" (Brundtland, 1999). When childbirth should be a thing of joy and not one of grief.

Women are not dying because of disease that cannot be treated, they are dying because societies are yet to make the decision that their lives are worth saving (Fathalla, 2006). It is disheartening to know that each year women die at home, on the road and in health facilities, they die before, during and after delivery as well as in early pregnancy from complications of abortion and ectopic pregnancy (WHO, 2004).

The Safe Motherhood Programme seek to address those direct medical causes of maternal mortality and to undertake related activities to ensure that women have access to comprehensive reproductive health services. The Millennium Development Goals (MDGs), poverty alleviation objectives agreed to by the United Nations member states also called for the decrease in the World Maternal Mortality rates by seventy – five percent by the year 2015. More than twenty – one years after the launch of the Safe Motherhood Programme in Nigeria, the Maternal Mortality rate is still very high.

This paper therefore discussed Maternal Mortality, the causes, consequences, and Proffered Solution for the Reduction of Maternal Mortality in Nigeria.

Causes of Maternal Mortality

Maternal deaths have both direct and indirect causes. Lucas & Gilles (2003) stated that Maternal Mortality are subdivided into direct and indirect obstetric deaths result from obstetric complications of pregnancy, labour or the postpartum period,

they are usually due to one of the five major causes of maternal mortality, sepsis, eclampsia, obstructed labour, and complications of unsafe abortion as well as interventions, omission, incorrect treatment or event's resulting from any of the above.

Indirect obstetrics deaths result from previously existing disease or diseases arising during pregnancy, but without direct obstetric causes, which ere aggravated by the physiological effects of pregnancy. Examples of such diseases are Malaria, Anaemia, HIV/AIDS and Cardiovascular diseases. Furthermore pregnancy can trigger off many pre-existing chronic conditions such as heart diseases, hypertension, diabetics and hepatiatis, these can cause indirect maternal deaths.

The environment in which women live influences maternal health. Maternal deaths are strongly associated with substandard health services and the lack of medical supplies at the time of labour, delivery and immediately after birth. Women may also delay or fail to seek treatment because of logistical, social, or cultural barriers (Population Reference Bureau, 2000).

Some groups of women are susceptible to death or disability from pregnancy and pregnancy related illness. This is known as women at high risk (High risk pregnancy) and examples are;

- Pregnancies before the age of 18 years.
- Pregnancies after the age of 35 years
- Pregnancies after four births
- Pregnancies less than 2 years apart
- Pregnancies more than 6 years apart
- Pregnancies in HIV Positive individual (Olise, 2007).

Poor nutrition in mothers is also associated with an increased risk of maternal deaths. Most women die in pregnancy and during labour because of three major delays. The first is the delay in deciding to seek care due to socio – cultural and cost factor, non – recognition of danger signs, lack of birth preparedness by family

and community. The second is the delay in reaching the facility due to distance and or lack of skilled providers, poor roads, poor communication network and lack of transport, and the third is the delay in receiving appropriate care after arrival at the facility due to inadequate skilled attendants, lack of equipment, drugs, supplies and poor referral system. Delay has been described as the inability to get adequate treatment in time, in the event of an obstetric emergency (Thaddeus & Maine, 1994) and they emphasized the contribution of these delays to the cause of maternal mortality.

About 80 percent of maternal deaths are due to causes directly related to pregnancy and childbirth unsafe abortion and obstetric complications such as severe bleeding, infection, hypertensive disorders, and obstructed labour. Women also die of causes such as malaria diabetes, hepatitis and anaemia which are aggravated by pregnancy (Population Reference Bureau, 2000)

Maternal Mortality; Facts and Figures

- Each year, Worldwide an estimated 529,000 maternal deaths occur, 99% in low/middle income Countries, wide disparities exist between and within countries.
- The burden of maternal death is greatest in Sub-Saharan Africa and South Asia.
- In 2000, the estimated MMR for Sub-Saharan Africa (Nearly 1000 per 100,000 live births) was almost twice that of South Asia, four times that of Latin America and the Caribbean, and nearly 50 times higher than in industrialized countries.
- The life time risk (Probability of maternal deaths during a woman's reproductive life is highest by far in Sub-Saharan Africa.
- Most maternal deaths occur during labour, delivery and the immediate post partum period.

- Obstetric, haemorrhage is the main direct cause of 25% of maternal deaths Worldwide, unsafe abortion 13%, infection 15%, eclampsia 12%, obstructed labour 8%.
- Preventing unwanted pregnancy and eliminating unsafe abortion could avert more than 25% of maternal deaths.
- Almost all maternal deaths could be averted with access to skilled attendance during pregnancy, childbirth and emergency care in the event of complications (WHO, 2005).

Consequences of Maternal Mortality

A mothe'rs death has profound consequences for her family in some les developed countries, if the mother dies, the risk of death for her children under age 5 can increase as much as 50 percent. In addition, because these women are stricken during their most productive years, their deaths have a profound impact on society and on the economics of their nations. Furthermore, for every maternal death many more women suffer from injuries infections and disabilities related to pregnancy and childbirth. Studies show that as a consequence of childbirth, women bear injuries, as distressing as ruptures of the uterus, pelvic inflammatory disease, and fistulae damage to the reproductive tract which can lead to incontinence if not repaired. The World Health Organization (WHO) estimates that more than 15 million women per year occur during pregnancy and childbirth (WHO, 2005). This analysis shows that the complications of pregnancy and child birth are the greatest threat to women's lives and health in less developed countries.

The Concept of Safe Motherhood?

The Safe Motherhood Programme was launched in 1987 in Nairobi, Kenya. It is a global effort to reduce maternal mortality and morbidity. Safe Motherhood can be seen as the ability of a woman to have a healthy pregnancy and delivery. Many

countries have since established their National Safe Motherhood Programme. And May 8th of every year is International Safe Motherhood Day. The following are the Safe Motherhood Programme option towards reducing maternal mortality and morbidity (Oliseh, 2007);

- Providing family planning.
- Improve Socio-economic status.
- Provide Safe, Legal abortion services.
- Improve emergency obstetric care.
- Train traditional birth attendants.
- Inform and mobilize the community.

Recommendation for Safer Pregnancy and Child birth

Family planning can prevent many maternal deaths by helping women prevent unintended pregnancies and by reducing their exposure to the risks involved in pregnancy and childbirth. Family planning allow women to delay Motherhood, space births, prevent unsafe abortions, protect themselves from Sexually Transmitted infections (STIs) including HIV/AIDS and stop Child bearing when they have reached desired family size.

Maternal deaths can also be prevented with existing health knowledge and technology. All pregnant women, even healthy women, face some unpredictable risks, 15 percent of pregnancies require special medical care (WHO, 2005). Thus women and their families and communities need to be able to recognize the symptoms of complications and have access to medical care when complications arise. Government can make pregnancy and childbirth safer for mothers by implementing the Safe Motherhood Programme and by taking some basic steps.

Many women, especially in rural areas, live far from sources of adequate obstetric care. Families and birth attendants need to be aware of the warning signs of complications and must act quickly to get women in need to health facilities.

Prenatal care providers can give women information about appropriate diet and other health behaviours. Prenatal care should include screening and treatment for STIs and anaemia, as well as detections and treatment of pregnancy induced hypertension. A study in Nepal showed that giving women low dose supplements of vitamin A during pregnancy reduced maternal infection and deaths (WHO, 2005).

Women should have access to essential obstetric care. Trained midwives at the community level can manage or stabilize some complications, by providing women with antibiotics for infections or with injections to prevent excess bleeding. Midwives can also have an important role in community education and providing referrals to health facilities.

Wherever possible, communities should have specific plans for transporting women who suffer the most serious complications during childbirth to facilities that can provide most or all of the elements of essential obstetric care (EOC). EOC, includes the abilities to perform surgery and provide anesthesia, blood transfusion, management of pregnancies with problem, such as anaemia or hypertension. This care requires adequately trained professional staf, logistical supports to make sure intravenous drugs and other supplies are available when needed, and good supervision. Standard protocols for managing complicated deliveries can guide and coordinate the actions of health professionals.

The majority of maternal deaths occur during the post-partum period immediate post-partum care can detect and manage problems arising after delivery, such as haemorrhage, infection and problems with breastfeeding.

Many women die of complications related to unsafe abortions. Unsafe abortion accounts for about 13 percent of maternal death worldwide (WHO, 2005), and in some countries the percentage is much higher. Even in countries where abortion is legal, the services are often difficult to obtain because of the stigma attached to abortion, and the cost of the services. Women who have unsafe

abortion need access to care to treat complications, such as infections, incomplete abortions, haemorrhages, and injuries to the cervix and uterus.

Raise Awareness of Safe Motherhood

Implementing a Safe Motherhood Programme requires commitment from public and private health services, as well as from leaders at the community level. Lack of political commitment at either the national or local level can undermine efforts to strengthen Safe Motherhood Programme. Safe Motherhood Initiative seeks to raise awareness about maternal mortality and to find solutions. Implementing the steps outlines in this article will require resources and sustained effort, but can result in many saved lives. In Sri Lanka, the site of the SMI's 1997 Safe Motherhood Technical consultation, the number of maternal deaths has dropped dramatically in the past Fifty Years. Sri Lanka now has one of the lowest maternal mortality ratios in the less developed world. Among other factors, a nation wide expansion of the health care system and improved midwifery skills are credited with this decline. Sri Lanka, has had a major increase in the proportion of births attended by trained personnel (WHO, 2004).

Improvement in health services are also being liked with community education about maternal health.

Implication for Reproductive Health

During adolescence there should be reproductive health education and services. Young females should have information on sexuality, to help them make informed decision about sexuality, to be able to negotiate or abstain from sex. There should be confidential reproductive counselling services for married and unmarried, in educating them, emphasis should be on the prevention of unwanted pregnancy, unsafe abortion and sexuality transmitted diseases.

For women and families there should be community reproductive health education and these group of people should be educated on key reproductive health issues, like how to recognise complications of pregnancy, childbirth and after childbirth, the importance of attending antenatal clinic during pregnancy and when and where to seek care when there is complications.

Education is also needed for decision makers, husbands, community leaders and National policy makers on the promotion of Safe Motherhood.

Conclusions and Recommendations

Both historical and contemporary evidence shows that reducing maternal mortality requires a national strategy to bring about essential changes.

A societal commitment to ensuring Safe Pregnancy and birth is required. Decision makers at all levels, political economic, social religious and household must foster the perception that pregnancy and childbirth can and should be mage safer. A long term commitment is needed to fuel sustainable change and ensure that the necessary inputs are maintained over the several years needed to reduce maternal mortality significantly. Involving communities and decision makes in the regular analysis of maternal death and promoting mechanisms for local accountability help to ensure that commitment is maintained over the long term and resources are allocated as needed.

Improvement in access to and quality health care is needed. The aim must be to ensure that all pregnant women have access to a skilled attendant at the time of delivery and to necessary care for obstetric complications when they arise. Additional objectives are to improve access to good contraceptive care and to address the challenge of unsafe abortion. Ensuring that the necessary skilled personnel are in place will take time; it will involve building a cadre of trained and skilled health professionals, the gradual expansion of their roles, competencies and responsibilities, and provision of the infrastructure.

There should be commitment to the special needs of girls and women throughout their lives. Particular attention should be paid to the nutritional and educational needs of girls and women, broadening the scope for women to make decisions about the number and timing of children and use of health care services and solidarity with women, particularly at such vulnerable times as during pregnancy and childbirth.

In many developing countries complications of pregnancy and childbirth are the leading cause of deaths among women of reproductive age. The main causes are well known. Safe motherhood is a human right, if the system let women die, then the system has failed. Our task and the task of many like us is to ensure that in the next decade Safe Motherhood is not regarded as a fringe issue but as a central one (Wolfensobn, 1996). There are programmes on ground and their objectives and goals is to reduce maternal mortality, since many of these deaths are needless, they can be prevented.

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