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maternal, neonatal and women's health services

# The fateful journey: What can we do to ensure maternal survival?

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**JHPIEGO** in partnership with Save the Children, Constella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and Interchurch Medical Assistance



**Yemen**



**Afghanistan**  
*Photo credit Med Air*



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# Even where there are clinics...



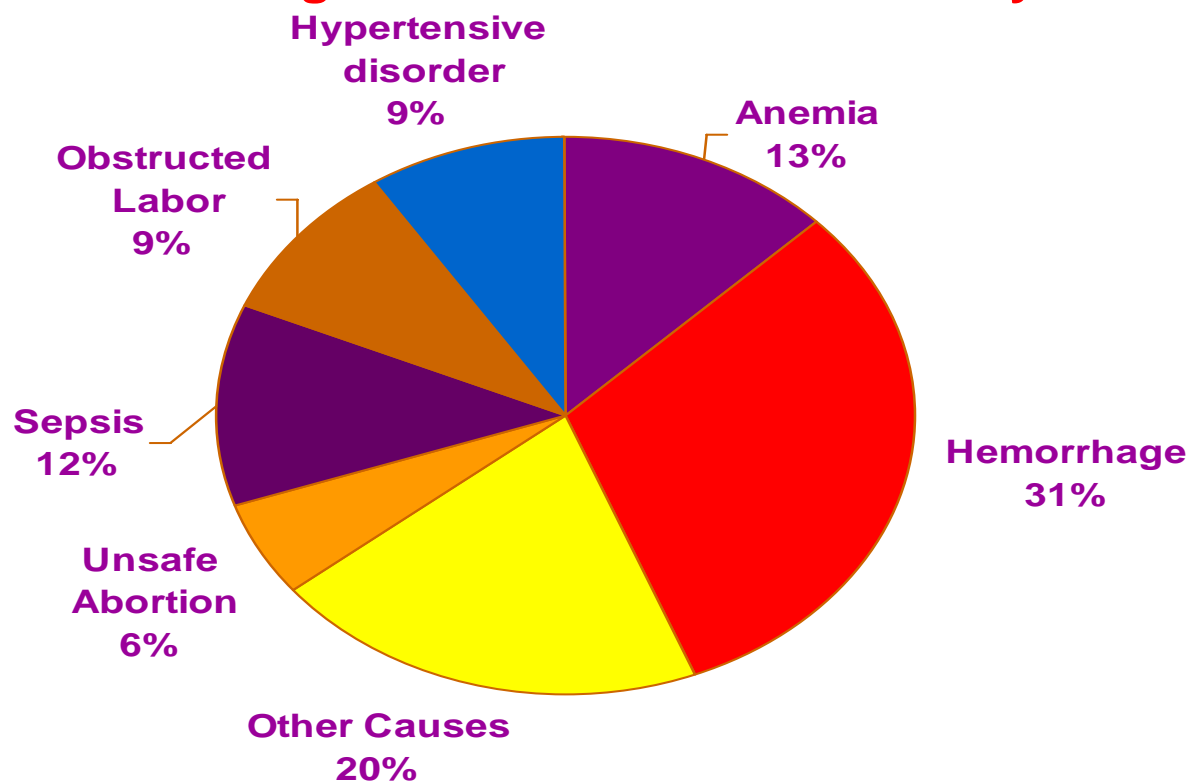
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# What do women die from?

## Hemorrhage is the leading cause of maternal mortality in Asia and Africa



Other causes include embolism, ectopic pregnancy, anesthesia-related, include: malaria, heart disease.

Source: "WHO Analysis of causes of maternal deaths: A systematic review." The Lancet, vol 367, April 1, 2006.



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# Where do women die?



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# What services do they seek?

- **Over 35% receive no ANC**
- **Less than 50% deliver with a skilled provider (less than 10% in Afghanistan, Nepal, Ethiopia, Liberia, parts of India)**
- **Over 70% receive no postpartum/postnatal care in the 6 weeks post delivery**



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# The three delays

## Delay in decision to seek care

- Lack of understanding of complications
- Acceptance of maternal death
- Low status of women
- Socio-cultural barriers to seeking care

## Delay in reaching care

- Geographic barriers; lack of facilities/personnel in remote areas. No roads, transport available
- Mountains, islands, rivers - poor organization

## Delay in receiving care

- Lack of supplies, personnel, finances
- Poorly trained personnel with punitive attitudes
- Fees for care must be paid before care is provided



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# Why do they not come in for life-saving care?

- Transportation/ distance
- Cost/fees
- Actual & perceived poor quality of care
  - Technical
  - Respectful



*Many of these barriers affect family decision-making to access care*

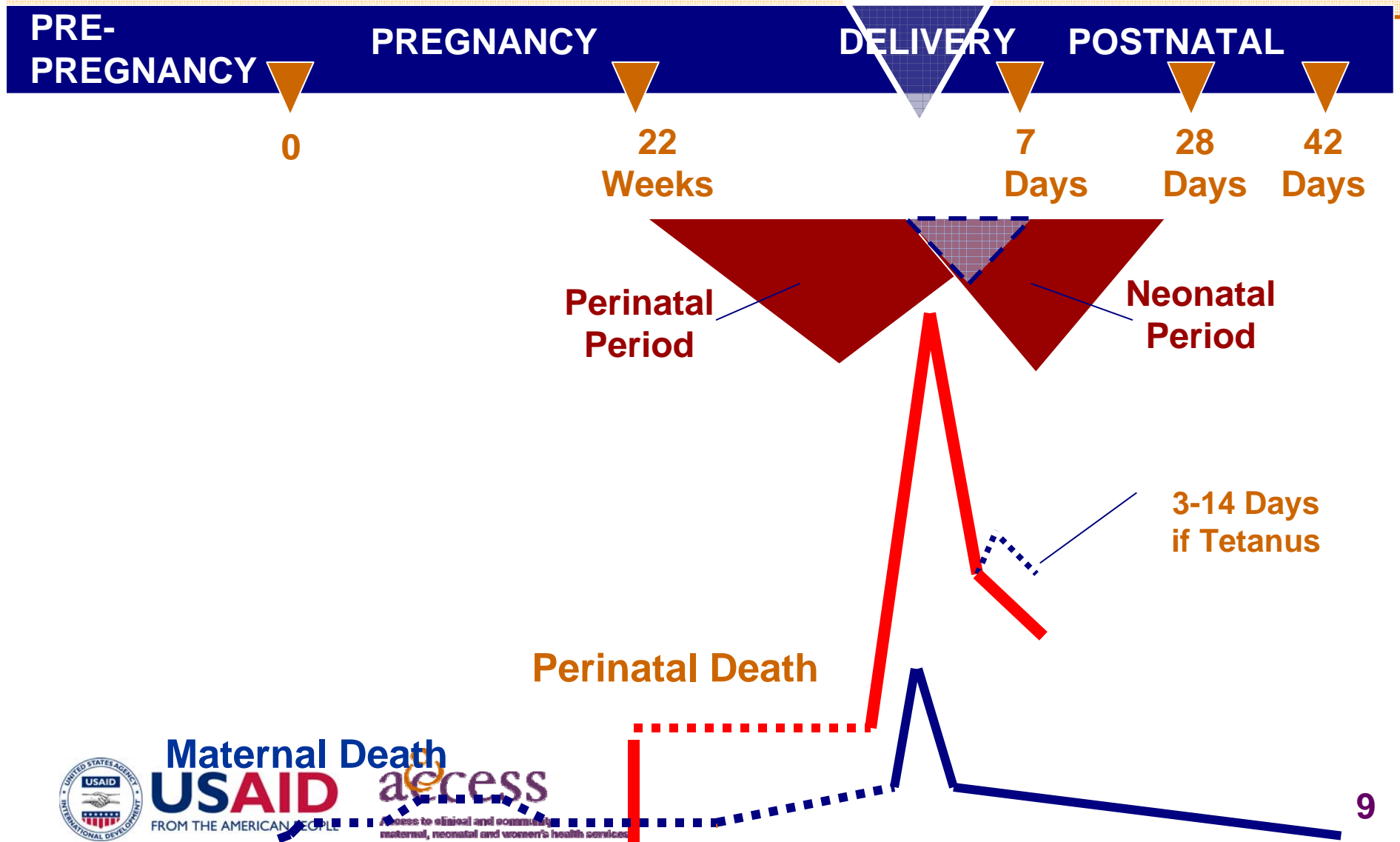


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# Timing of maternal and perinatal mortality is critical



•Dashed line indicates there are no published data available to delineate exactly when these deaths occur. Source: USAID

## Where can they deliver?

*Success has been achieved with midwives and doctors at home and in facilities*

■ Malaysia	Midwives	Home/hospital
■ Indonesia	Midwives	Home
■ Egypt	Doctors	Homes/clinic/hospitals
■ India	Doctors	Hospitals
■ Bangladesh	Doctors	Hospitals

*Strategies need to be tailored for current workforce, geography, outreach capability*

Sources: Pathmanathan, et al, Investing in Maternal Health, World Bank, 2003  
Koblinsky, Reducing Maternal Mortality, World Bank, 2003



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# Why do we need immediate care?

- **Women can bleed and die of shock as a result of PPH within 2 hours**
- **Eclampsia- once convulsions set in, women can die within 12 hours**
- **Prolonged labor – lack of transfer and availability of C-section leads to fistula, uterine rupture and death.**
- **Can die of sepsis within 3 days**

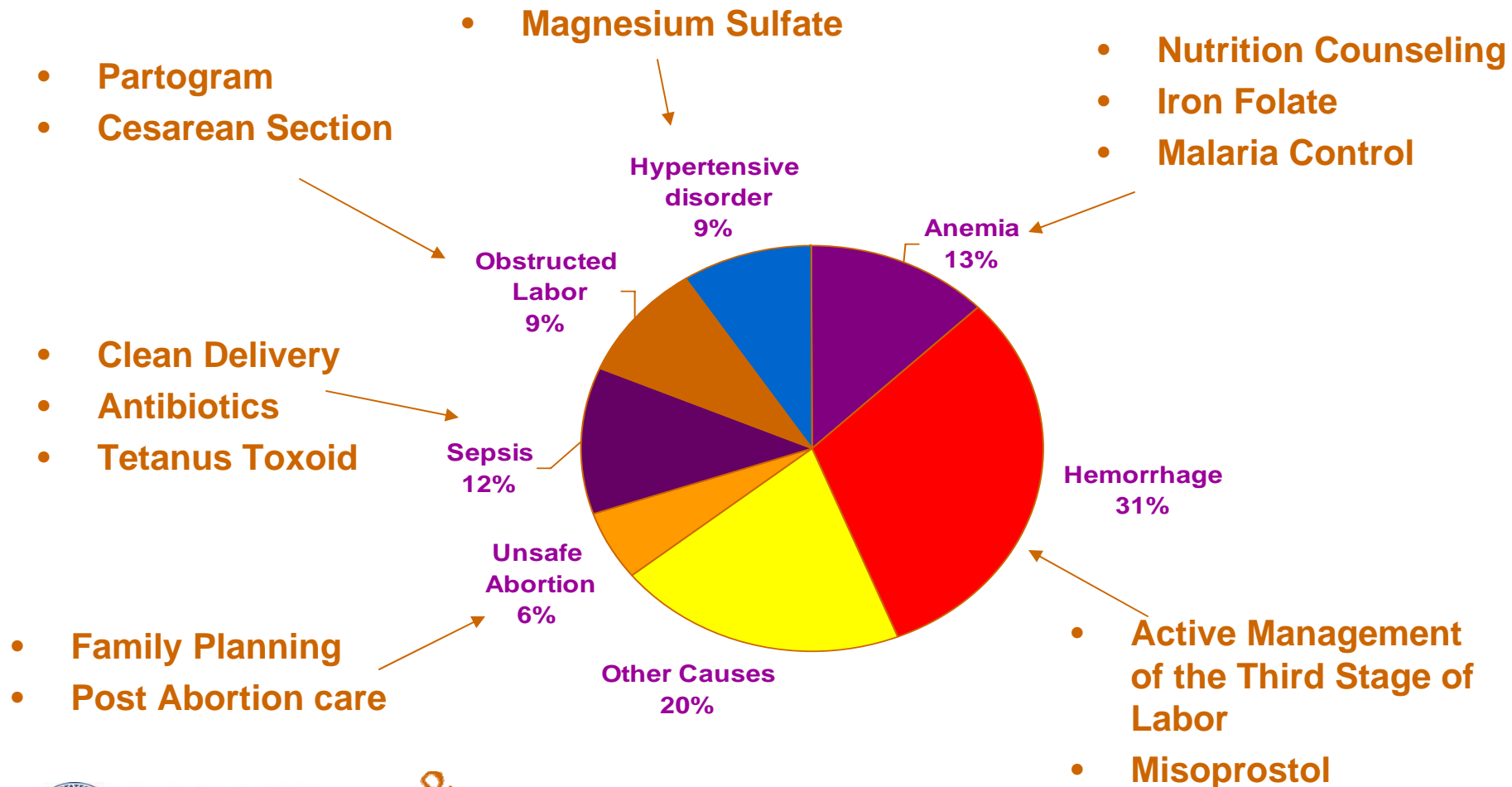


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# Proven interventions for maternal survival



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# Identifying women at risk does not work

- Every pregnant woman is at risk of complications and must have access to quality maternity care.
- Even low-risk women may develop complications.
- No amount of screening will separate out those women who will need emergency care from those who will not need such care.



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# Serious morbidity – obstetric fistula



# Need for effective referral and transport systems

- Dese Siaga
- Community mobilization
- Government schemes- Janani suraksha yojana
- Bicycle ambulance in Uganda – Soroti district
- Ambulance on call – contacted through radio

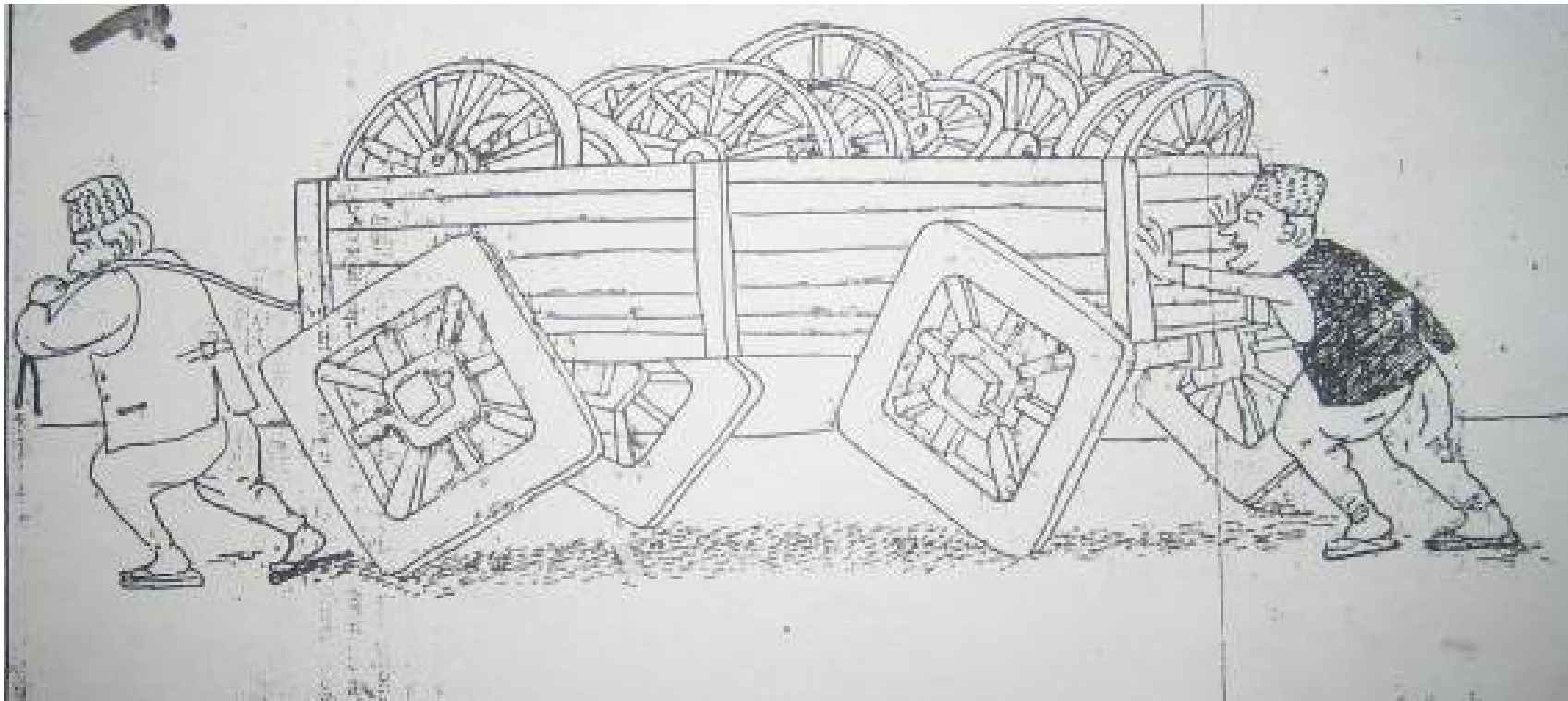


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**Let us do the right thing with the right tools!!**



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# Conclusion

- Transport a key part of the maternal survival equation
- Could be addressed at community, district and national level
- More coordination required



Let us all strive to make her journey safe...



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