

NO WOMAN SHOULD DIE GIVING LIFE

FACTS and FIGURES 3

DELIVERING HOPE AND SAVING LIVES

Invest in midwives

TO PREVENT WOMEN AND NEW BORN FROM EARLY DEATH, countries need to invest in human resources—particularly midwives—to ensure skilled care during labour and delivery.

Some 15 per cent of women worldwide face potential life-threatening complications during pregnancy, delivery or afterwards. Despite this, nearly 50 per cent of new mothers worldwide will give birth either alone or with untrained relatives who oversee what is one of the most dangerous passages a woman will undergo in her entire lifetime. The shortfall of midwives and skilled health personnel is most acute in the poorest countries of the developing world.

Every year, an estimated 536,000 women die from complications during pregnancy or childbirth. Another 10-15 million women suffer severe or long-lasting illnesses or disabilities—the worst of which are obstetric fistula—severe uterine prolapse, depression and infertility. Skilled health care during pregnancy and childbirth is critical to lowering the number of women killed or injured while giving birth.

THE CURRENT SITUATION

- Worldwide, 62 per cent of births are attended by a skilled health worker (a midwife or doctor).
- Almost all births in developed countries are attended. In developing countries, the figure is 57 per cent. In some of the least developed countries it falls to only 13 per cent.
- The lowest levels are in Eastern Africa (34 per cent), South-Central Asia (38 per cent) and Western Africa (40 per cent), with much higher levels in South America (85 per cent).
- Of those women living in developing countries who do receive assistance, many will not receive the quality of care they need to preserve their life, their health or that of their newborns.
- In developed countries and countries in transition, about 90 per cent of mothers-to-be have access to skilled health workers during childbirth.
- While the presence of skilled staff in urban areas is continuing to grow, progress is held back by stagnation in rural areas—mainly in south and Southeast Asia and sub-Saharan Africa, where the population is still mostly rural.

- Since the 1990s, the provision of antenatal care has climbed 20 per cent worldwide. However, studies show that 7 in 10 women who do not give birth at a healthcare facility are not receiving postnatal care.

Lack of trained personnel

- The 2005 WHO World Health Report calculated that by 2030, nearly three times as many professionals—about 700,000 more—will be needed to assist women giving birth.
- By 2015, 73 per cent coverage can be achieved if 334,000 additional skilled birth attendants and midwives are recruited. To meet this goal, an additional 27,000 doctors and technicians, 24,000 birth units and 11,000 maternity units within an institutional setting are required.
- In India, the government estimates that two obstetricians per 100,000 women are necessary to meet minimum health care standards. The country currently has half of what is needed.

Inadequate training

- Even where services are available, they are often inadequate or of poor quality. Studies in Benin, Ecuador, Jamaica and Rwanda show that practitioner knowledge is often lacking, with test scores between 40 and 65 per cent of pre-specified norms.
- In Ghana, as few as 17 per cent of hospital births met the standards of good clinical practice while technical and quality of care scores were likewise woefully inadequate in health centres located in Nigeria and Cote d'Ivoire. In some cases, women gave birth in a hospital with no professional support whatsoever.

Cultural issues and lack of sensitivity

A lack of cultural sensitivity and poor treatment can discourage women from accessing services, even where available.

- Women have cited a variety of abusive behaviours as reasons for choosing the more perilous route of home birth. Among them: offensive and demeaning language on the part of healthcare personnel, ridicule in the form of mockery concerning a woman's clothing, smell, hygiene, cries of pain, or the desire to remain clothed while giving birth.

- Women have also reported unnecessary procedures undertaken without their consent—such as episiotomies, perineal shaving and forced enemas.
- In some cases, the provider doesn't speak the local language.
- Female providers may not be available when wanted.

Brain drain

One of the key factors hampering progress is an inability to retain skilled workers in the very regions that have the highest maternal mortality rates.

- "Brain drain"—the migration of skilled practitioners to better-paying jobs in developed countries—coupled with HIV-related deaths among the professional class is exacerbating an already dire healthcare situation in much of sub-Saharan Africa.
- The annual outflow of registered nurses from Ghana to the United Kingdom increased six-fold during the five-year period before 2003.
- This net loss is compounded by the HIV epidemic. As many as 40 per cent of government employee deaths in Africa are the result of HIV/AIDS.
- In Malawi, HIV-related death is the leading cause of health provider loss—particularly among nurses and midwives.

BENEFITS OF ACTION

Skilled care during childbirth can lead to better health for both mother and child and prevent death and morbidity which will help reduce poverty.

- Skilled attendance in delivery, backed up by emergency obstetric care, could reduce maternal deaths by about 75 per cent.
- Skilled birth personnel can also play a decisive role in preventing the 68,000 yearly deaths from complications owing to unsafe abortion.
- In countries as diverse as Cuba, China, Jordan, Malaysia, Sri Lanka and Tunisia, investments in training, recruiting and retaining midwives, as well as in emergency obstetric care, have significantly reduced the number of maternal deaths.

WHAT MUST BE DONE?

The lives and health of millions of women and children would be saved if the donor community and countries invested more in midwife training and retention. High-level political commitment, both nationally and internationally, is required to address the shortfall of skilled birth attendants. The education of midwives and others with midwifery skills must be fostered if there is to be a rapid expansion in the number of midwives and a scale-up in the quality of midwifery care.

However, training is not the only issue. Regulation, accreditation, proper delegation of authority and the supportive supervision of midwives are equally important. So is ensuring that midwives enjoy appropriate labour protection, remuneration, incentives and motivation.

It is estimated that the number of midwives will have to increase by 334,000 if the Millennium Development

Target of reducing maternal deaths by two thirds by 2015 is to be met.

Today, only a little more than half of all pregnant women in developing countries receive skilled health care while giving birth and even then, the quality of care may be poor or inadequate. Standards need to be improved, and care needs to take into account cultural realities and the wishes of women themselves.

The real challenge lies in countries with the highest rate of deprivation and the poorest maternal health indicators. Still, practice shows that even in the poorest countries, maternal health indicators can be substantially improved if there is enough political will and determination.

WHAT IS UNFPA DOING?

In addition to working with governments to ensure reproductive health for all, UNFPA supports training health personnel in various aspects of maternal care, including life-saving skills for emergency cases in 89 countries. Many UNFPA-supported training materials and programmes include:

- Advise in policy setting and formulation of national plans for maternal health.
- Treatment protocols, revision and adaptation of international standards.
- Upgrading facilities, including water and sanitation, electricity and basic equipments.
- Record-keeping and monitoring internationally agreed process indicators.
- Support of midwifery schools and in-service training of doctors, nurses and assistant doctors.
- A special focus on emergency obstetric care.
- Establishment of communication and referral systems for obstetric complications.
- Prenatal and post-natal counseling and care for health problems.
- Delivery care norms and procedures.
- Use of postpartum family planning services.
- Integration of reproductive health services in maternal health (sexually transmitted diseases, prevention of transmission of HIV/AIDS, preventing mother-to-child-transmission of HIV, family planning and spacing of births).
- Pilot trials of community-based financing schemes.

LINKS:

UNFPA: No Woman Should Die Giving Life

<http://www.unfpa.org/safemotherhood>

UNFPA: Ensuring Skilled Attendance at Births

http://www.unfpa.org/mothers/skilled_att.htm

Making pregnancy safer: the critical role of the skilled attendant

http://www.who.int/reproductive-health/publications/2004/skilled_attendant.pdf



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