SAFE MOTHERHOOD

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Key Concepts
• Basic concept of safe motherhood
• Preconceptual counseling
• Remedies for safe motherhood
• Millennium goals of safe motherhood

Abstract: Motherhood is a blessing of Almighty Allah to a woman by which she feels privileged and honoured irrespective of race, religion, social background and ethnicity. After every two minutes, there is loss of mother that shatters her family and threatens the well being of surviving children. This aspect of safe motherhood in relevance to Pakistan has never been properly debated by any specialized forums that include senior consultants, specialists or high ranked general practitioners. In conclusion, highly medical, Technical, Social and political aspects of safe motherhood need proper attention and we should pay due importance to this important subject by which we can have safe motherhood and safe society.

Key words: Motherhood, Millennium goal, Maternal Mortality TBA

Motherhood is a blessing of Almighty Allah to a woman by which she feels privileged and honoured irrespective of race, religion, social background and ethnicity.

From ancient times, number of practices and facilities were used to improve the better and safe outcome of mothers.

The safe motherhood initiative programs are used worldwide even today, to make an effort for better outcome and to reduce the number of deaths and illnesses associated with pregnancy and childbirth. Because maternal mortality and morbidity are still considerably high leading to 500,000 woman deaths every year from complications relating to childbirth. The death and disability of woman have serious bad effects on children, family and society. Most of the woman develop serious complication either injured at the time of delivery or have serious effects in postnatal period.

Every day about 800 women die due to antenatal, intrapartum or postnatal complications. After every two minutes, there is loss of mother that shatters her family and threatens the well being of surviving children.

There is an evidence that infants whose mother die are difficult to reach their second
birthday period, as compared to mother who survive.

The goal to achieve safe motherhood is human rights imperative.

Worldwide, the organizations that are mostly working, have plans to reduce maternal mortality nearly up to 2020. It is the international development priority and has extensive socioeconomic ramifications.

The health 4+ or H 4+, the six agencies are involved worldwide and they have pledged to support countries with highest maternal mortality rates. UNFPA, UNICEF, World Bank.

WHO, UNAIDS and United Nations have joint efforts to achieve their goals. The new Millennium development-goals calls for a 70% reduction in maternal mortality by 2015. The three pronged strategy is the key to success.

1. All women have access to contraception to avoid unintended pregnancies.
2. All pregnant women have access to skilled care at time of birth.
3. All those with complications have timely access to quality emergency obstetric care.

• OF hundreds of thousands of maternal deaths about – 80-90% occur in Africa and Asia

In 1987. The World Bank, in collaboration with WHO and UNFAP, sponsored the safe motherhood conference in Nairobi. Safe Motherhood Initiative (SMI) was a main milestone to improve the standards of care provided to mothers. It was a worldwide effort that aims to improve attention towards the health of mothers and to reduce the devastating numbers of women that suffer death or serious illnesses every year. Proper postnatal care should be provided to each female.

### Preconception Counseling

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### Pillars of Safe Motherhood

In developing countries like in Pakistan, it is a major health issue. The Government has made policies to improve the safe Motherhood practices like number of awareness programs on social media and training programs of lady health visitors. But still the maternal mortality and perinatal mortality is exceedingly high in Pakistan mainly due to illiteracy, non-cooperation of different society pillars, social taboos and lack of provision of facilities in rural areas. Early marriages is another important factor in Pakistan where a childbirth at very young age leads to greater vulnerability to related complications especially morbidities such as fistula, PPH, sepsis and unsafe abortions.

According to Pakistan demographic and health survey 2006-07 by Unicef, Pakistan has an alarmingly high maternal mortality rate (276/100,000 births) with an estimated 20,000 women losing their lives every year due to causes related to pregnancy and childbirth. Just 16% women give birth assisted by a skilled attendant. Infant mortality is highest in Asia second to Afghanistan.
The MMR (Maternal mortality rate) is nearly 350 per 100,000 live births and maternal death is defined as “The death of a woman while she is pregnant or within 42 days of termination of pregnancy irrespective of site, size and outcome from any cause related to or aggravated by the pregnancy.” The Maternal disability is a near miss or short/long term illness caused by obstetric complications.

In Pakistan, Maternal death occurs due to some direct causes that affect the life of patient. They account for 73% of maternal deaths. They include:

1. Haemorrhage 21%
2. Eclampsia 14%
3. Infection 13%
4. Prolonged labour 9%
5. Unsafe abortion 11%

The indirect causes include pre-existing conditions like:

1. Anemia
2. Hepatitis
3. Tuberculosis
4. Rheumatic heart disease.

It is estimated that, if untreated death occurs on average in
2 hours
From Post partum hemorrhage
12 hours
From Antepartum Hemorrhage
2 days
From obstructed labour
6 days
From Infection.

**Flaws & Limitations:**

This aspect of safe motherhood in relevance to Pakistan has never been properly debated by any specialized forums that include senior consultants, specialists or high ranked general practitioners. Only some conferences or seminars were arranged by different authorities which have no conclusive agenda. Some policies made by government need due vigilance and monitoring.

There are certain key lessons from past decade programs.

1. Family planning programs were introduced and implemented by governmental and non-governmental organizations. These programs were aimed to reduce the number of females to get pregnant, so as to reduce the number of deaths in pregnancy. But once the patient is pregnant, contraception does nothing to reduce the risk of complications. Also contraceptive devices are not properly used because of certain social, moral and religious reasons. 70% of population who lives in rural areas are not properly counseled about the use of these methods.

2. Training of traditional birth attendants (TBAs) And Community based health workers with limited midwifery skills has not reduced maternal mortality. In turn the inadequate training of TBAs have promoted quackery even in big cities, there are number of these untrained workers who make clinics and centers, where not only ultrasounds and fake laboratory reports are given to patients but even surgeries are done by OTAs (Operation theater assistants). TBAs Should never have been expected to deal obstetric emergencies instead they should properly gather information about patients and provide safe birth kit to them. If necessary they should refer their patients to high level of care centers.

3. All emphasis of these programs is on antenatal care. The intrapartum care and post natal care is as important as antenatal care and even more crucial in respect
of maternal health.

4. Operational difficulties owing to the poor functioning of health systems as a whole make emergency obstetrics care ineffective, even where facilities exist.

5. Blood bank facilities are not available in all centers where emergency obstetrics care is provided.

6. The role of drug regulatory authorities is questionable. The pharmaceuticals, Pharmacies and drug inspectors all need proper management authorities, so proper check and balance can be maintained.

7. Role of Doctors / Obstetricians:

It is legal and moral duty of a doctor to obey his/her oath that they will make every effort to save the life of patients (human beings). Any skill or training makes a person to be eligible to perform its duty. The persons (doctors) who are not trained to perform special procedures in obstetrics should not be allowed to do their operations or procedures. In fact they should refer these patients to highly specialized clinics or doctors who are trained enough to deal these problems.

Suggestions / Proposed Remedies

An important progress should be made in coming years especially in developing countries like Pakistan needs greater understanding of what works or what does not ...., Who works or who do not..., And what still has not been done. Here are certain suggestions that can improve the outcome.

1. Local bodies at district or tehsil level should be involved in provision of basic maternity health services.

2. Improvement in training programs of professionally recognized, community and facility based midwives. They should be trained to perform their due work and refer when necessary.

3. Transport facility should be available at level of local bodies so that they can transfer these serious patients at proper time to specialized units.

4. Primary health care system should be organized. Strengthening of primary health care is needed to improve women’s general health and provide antenatal care, post partum follow up and health education pregnancy and its complications.

5. Improving and upgrading of emergency obstetric services in specialized clinics is necessary. The in-service training for better diagnosis and proper treatment is required.

6. Health education regarding obstetrics is an important step forward to deal the obstetrical problems.

7. Well trained and properly equipped staff is necessary to conduct the antenatal services provided to patients.

8. The identification of “Risk” is important in obstetrics. Patients should be properly categorized into low risk and high risk.

9. The dimensions of chronic medical illnesses need to be better documented in order to design interventions to address them.

10. There is a need to improve intrapartum services and postnatal care. WHO recommends that every female needs one postnatal visit to health center, So postnatal morbidities can be evaluated.

11. The level of care should also be designed by health regulatory authorities.

12. New clinical problems and dilemmas have also emerged which need to be recognized and taken account of these problems.

13. There should be clinical audits at every health center conducted by properly trained professionals. So that reduction of maternity issues can be achieved.
In conclusion, highly medical, Technical, Social and political aspects of safe motherhood need proper attention and we should pay due importance to this important subject by which we can have safe motherhood and safe society.

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