CHAPTER 1

INTRODUCTION

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* 1. Background.

Maternal health encompasses the health and well-being of an expectant mother. It is the physical, mental, and social well-being of women during **pregnancy**, **childbirth**, and **postnatal** period. The term “**Pregnancy**” refers to when an egg fertilizes, implants, and develops into a fetus inside a woman’s uterus over approximately 9 months, culminating in childbirth. **“Childbirth”** is the process of delivering a developed fetus either via the vagina (vaginal delivery) or by surgical intervention (cesarean session). **“Postnatal”** is the care a woman and the child receive after childbirth. It is pertinent to state that each of these three (3) phases should be a good experience, making sure that women and their babies can be as healthy and happy as possible (WHO, 2024). For decades, and through the 1980s, maternal health in the developing world remained virtually absent from the global health agenda. It was not until 1985, after an article published by Lancet with the subheading, “Where is the M in MCH?” that the public health community paused to recognize that half a million women each year, or one every minute of every day, where dying due to avoidable complications from pregnancy and childbirth (Rosenfield and Maine, 1985). The significance of good maternal health cannot be overemphasized. It not only lowers maternal mortality but also significantly reduces the risk of infant mortality and morbidity.

The World Health Organization (WHO) in its fact sheets, published 26th April 2024, states that about 287000 women died during and following pregnancy and childbirth in 2020. it further listed that thou other complications may exist before pregnancy, the following complications account for nearly 75% of all maternal deaths;

* Severe bleeding (mostly bleeding after childbirth
* Infections (usually after childbirth)
* High blood pressure during pregnancy (Pre-eclampsia and eclampsia)
* Complications from delivery
* Unsafe abortion.

The Safe Motherhood Initiative (SMI), an initiative of the UN launched in 1987, to ensure that women go through pregnancy and childbirth safely marked a pivotal moment in global maternal health policy. This groundbreaking initiative aimed to address the alarmingly high maternal mortality rates in low- and middle-income countries, with a particular focus on Sub-Saharan Africa and Asia (AbouZahr, 2003). The SMI advocated for a comprehensive, multi-sectoral approach to improving maternal health, recognizing that progress in this area required efforts beyond the health sector alone. According to Starrs (2006), the initiative gained support from various UN agencies and a network of global organizations. It gained momentum through a series of international conferences in the 1990s, helping to elevate maternal on the global agenda. As Rosenfield and Maine (1985) argued even before the initiative’s launch, addressing maternal mortality required focused attention and resources. Smith and Rodrigues (2016) note that the framing of maternal health as a women’s issue may have contributed to its slow uptake among policymakers. The women’s rights movement’s preference for the broader term “reproductive health” over “safe motherhood” also created some tension within the advocacy community. While progress was slower than initially hoped (Shiffman and Smit, 2007), the SMI laid important groundwork for future efforts to improve maternal health worldwide. Its legacy continues to influence policy and practice of ensuring maternal health, even as the global community continues to grapple with the complex challenges of reducing maternal mortality and improving maternal health outcomes.

Maternal health has seen significant progress over the past few decades, but substantial challenges remain. The global maternal mortality ratio dropped by about 34% between 2000 and 2020, representing a marked improvement in maternal survival rates worldwide (WHO, 2024). This progress is partly attributed to the increase in skilled birth attendance, with the proportion of births attended by skilled health personnel rising from 58% in 1990 to 81% in 2019 (WHO, 2024). Improved antenatal care coverage has also played a crucial role in identifying and managing potential complications early in pregnancy (Moller et al., 2019).Advancements in medical interventions for managing conditions like postpartum hemorrhage, pre-eclampsia, and infections have contributed significantly to saving mothers' lives (Say et al., 2014). Additionally, there's greater global awareness of maternal health issues, leading to more focused interventions and policy initiatives (Starrs, 2006).However, persistent challenges continue to impede progress. Significant disparities in maternal health outcomes exist between and within countries, with women in low-income countries and marginalized communities facing higher risks (Graham et al., 2016). While access to care has improved, the quality of care remains a challenge in many settings, particularly in resource-limited areas (Kruk et al., 2016).Non-obstetric causes of maternal deaths, such as pre-existing medical conditions, are becoming increasingly significant and require comprehensive healthcare approaches (Filippi et al., 2016). Adolescent pregnancies continue to pose higher risks of complications and death, particularly in low-income countries (Ganchimeg et al., 2014).Global crises, such as the COVID-19 pandemic, have disrupted maternal health services and potentially reversed some of the progress made (Chmielewska et al., 2021). Many countries still lack robust systems for collecting and analyzing maternal health data, making it difficult to target interventions effectively (Moran et al., 2016).Social determinants such as poverty, lack of education, and gender inequality continue to impact maternal health outcomes negatively (Filippi et al., 2016). The unmet need for family planning remains a challenge in many regions, contributing to unintended pregnancies and associated risks (Sedgh et al., 2016).While mortality has decreased, maternal morbidity remains a significant issue, affecting women's long-term health and well-being (Firoz et al., 2013). Many countries still struggle with weak health systems, lacking the infrastructure and resources needed to provide comprehensive maternal care (Kruk et al., 2016).Addressing these challenges requires a multifaceted approach, including continued investment in health systems, addressing social determinants of health, improving data collection and analysis, and ensuring universal access to quality maternal health services. The global community's commitment to the Sustainable Development Goals, particularly SDG 3.1, provides a framework for continued efforts in improving maternal health worldwide (UN, 2015).References:Chmielewska, B. et al. (2021) 'Effects of the COVID-19 pandemic on maternal and perinatal outcomes: a systematic review and meta-analysis', The Lancet Global Health, 9(6), pp. e759-e772.Filippi, V. et al. (2016) 'Levels and causes of maternal mortality and morbidity', in Black, R.E. et al. (eds.) Reproductive, Maternal, Newborn, and Child Health: Disease Control Priorities, Third Edition (Volume 2). Washington (DC): The International Bank for Reconstruction and Development / The World Bank.Firoz, T. et al. (2013) 'Measuring maternal health: focus on maternal morbidity', Bulletin of the World Health Organization, 91(10), pp. 794-796.Ganchimeg, T. et al. (2014) 'Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multicountry study', BJOG: An International Journal of Obstetrics & Gynaecology, 121, pp. 40-48.Graham, W. et al. (2016) 'Diversity and divergence: the dynamic burden of poor maternal health', The Lancet, 388(10056), pp. 2164-2175.Kruk, M.E. et al. (2016) 'Quality of basic maternal care functions in health facilities of five African countries: an analysis of national health system surveys', The Lancet Global Health, 4(11), pp. e845-e855.Moller, A.B. et al. (2019) 'Early antenatal care visit: a systematic analysis of regional and global levels and trends of coverage from 1990 to 2013', The Lancet Global Health, 7(10), pp. e1405-e1418.Moran, A.C. et al. (2016) 'Indicators for global tracking of newborn care', PLoS Medicine, 13(9), p. e1002145.Say, L. et al. (2014) 'Global causes of maternal death: a WHO systematic analysis', The Lancet Global Health, 2(6), pp. e323-e333.Sedgh, G., Ashford, L.S. and Hussain, R. (2016) Unmet need for contraception in developing countries: examining women's reasons for not using a method. New York: Guttmacher Institute.Starrs, A.M. (2006) 'Safe motherhood initiative: 20 years and counting', The Lancet, 368(9542), pp. 1130-1132.UN (2015) Transforming our world: the 2030 Agenda for Sustainable Development. New York: United Nations.WHO (2024) Maternal mortality. Available at: <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality> (Accessed: 6 July 2024).

About 140 million births take place every year and the proportion attended by skilled health personnel has increased: from 58% in 1990 to 81% in 2019. This is mostly due to larger numbers of births taking place at a health facility.

(Rosenfield and Maine, 1985)

For decades, and through the 1980s, maternal health in the developing world remained virtually absent from the global public health agenda. Combating diseases, particularly those affecting infants and young children persisted to be the essential focus of maternal and child health (MCH) efforts, with little attention given to other aspects of maternal health

In high-income countries, maternal health inequalities persist, driven by factors such as low education, income, and migrant status (Graaf, 2013).[[1]](#endnote-1) These disparities are also evident in developing countries, where preventable causes contribute to a high number of maternal deaths (Chauhan, 2017). Efforts to improve maternal health in these countries are hindered by women's low status, limited access to education, and inadequate healthcare (Favin, 1984). In Nepal, a low-resource setting, the situation is particularly challenging, with a need for accessible health facilities and improved knowledge of maternal health (Sharma, 2019).

## Key Points on Maternal Health

- Maternal mortality remains unacceptably high, with around 287,000 women dying from pregnancy or childbirth-related causes in 2020.[1] Most of these deaths are preventable with timely access to quality healthcare.

- The most common direct causes of maternal death are excessive bleeding, infections, high blood pressure, unsafe abortion, and obstructed labor.[1] Indirect causes include anemia, malaria, and heart disease.

- Sub-Saharan Africa and Southern Asia account for 86% of global maternal deaths, with vast inequalities within and across countries.[1][4]

- Improving maternal health is a key priority for global health organizations like the World Health Organization (WHO) and is linked to efforts on universal health coverage and the Sustainable Development Goals (SDGs).[1][3]

- Addressing inequalities in access to respectful and high-quality maternity care, particularly for marginalized groups, is fundamental to improving maternal health outcomes.[1][3]

- Strategies to improve maternal health include ensuring skilled birth attendance, access to emergency obstetric care, family planning services, and addressing social determinants of health like poverty and gender inequality.[1][3][4]

The global community has made progress in reducing maternal mortality, with a 38% decline between 2000 and 2017.[4] However, the pace of progress remains too slow, and concerted efforts are needed to achieve the SDG target of a global maternal mortality ratio below 70 per 100,000 live births by 2030.[1][4]

Citations:

[1] https://www.who.int/health-topics/maternal-health

[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8020514/

[3] https://icai.independent.gov.uk/html-version/maternal-health/

[4] https://www.paho.org/en/topics/maternal-health

[5] <https://www.futurelearn.com/info/courses/women-children-health/0/steps/25862>

Maternal health care has improved significantly over the past two decades, though progress has been uneven across regions and challenges remain. Here are some key points on how maternal health care has advanced:

- Maternal mortality ratio declined by 38% globally between 2000 and 2017, from 342 deaths per 100,000 live births to 211.[1][4] However, this falls short of the Millennium Development Goal target of a 75% reduction.

- Coverage of births attended by skilled health personnel increased from 59% in 1990 to 81% in 2020 globally.[1] However, disparities persist between rural (53%) and urban (84%) areas in developing countries.

- Antenatal care coverage of at least four visits increased from 51% in 1990 to 64% in 2020 globally.[1] But only half of pregnant women in developing regions receive the recommended minimum.

- Access to family planning services has expanded, with the proportion of women using modern contraceptives rising from 55% in 1990 to 63% in 2020 globally.[1]

- Initiatives like the Safe Motherhood Initiative (1987), focused national strategies, community midwife training programs, conditional cash transfers, and innovations like mobile health tracking have contributed to improvements in many countries.[1][3]

- However, maternal mortality remains unacceptably high, with an estimated 287,000 deaths in 2020, and vast inequalities exist within and across countries, especially in sub-Saharan Africa.[1][4][5]

While notable progress has been made, accelerated efforts are needed, particularly in improving access to quality maternity care, addressing socioeconomic inequalities, and strengthening health systems to achieve further reductions in preventable maternal deaths and disabilities globally.[4][5]

Citations:

[1] https://www.un.org/millenniumgoals/pdf/Goal\_5\_fs.pdf

[2] https://www.ncbi.nlm.nih.gov/books/NBK361898/

[3] https://www.futurelearn.com/info/courses/women-children-health/0/steps/25862

[4] https://www.who.int/publications-detail-redirect/9789241511216

[5] <https://www.thelancet.com/pb/assets/raw/Lancet/stories/series/maternal-health-2016/mathealth2016-exec-summ.pdf>

1. My reference list

   WHO (2024) Maternal Health. Available at: <https://www.who.int/health-topics/maternal-health#tab=tab_1>(Accessed: 4 July 2024).

   Rosenfield, A. and Maine, D. (1985) 'Where is the "M" in MCH?', The Lancet, 326(8446), pp. 83-85.

   AbouZahr, C. (2003) 'Safe motherhood: a brief history of the global movement 1947-2002', British Medical Bulletin, 67(1), pp. 1-11. Available at: <https://academic.oup.com/bmb/article/67/1/1/330397> (Accessed: 4 July 2024).

   Shiffman, J. and Smith, S. (2007) 'Generation of political priority for global health initiatives: a framework and case study of maternal mortality', The Lancet, 370(9595), pp. 1370-1379. doi: 10.1016/S0140-6736(07)61579-7.

   Mahler, H. (1987) 'The safe motherhood initiative: a call to action', The Lancet, 1(8534), pp. 668-670. doi: 10.1016/s0140-6736(87)90423-5.

   Smith, S.L. and Rodriguez, M.A. (2016) 'Agenda setting for maternal survival: the power of global health networks and norms', Health Policy and Planning, 31(Suppl 1), pp. i48-i59. doi: 10.1093/heapol/czu114. [↑](#endnote-ref-1)