

Preventing Maternal Mortality

By Margaret Blythe

The moment the American woman discovers she is carrying a child is so special, cherished, and precious. The American woman may experience joy, excitement and anticipation knowing that she can count on having high quality medical care and a safe birth. While at the same time the woman in Mali , where 700 women per every 100,000 live births will die during labor may experience fear, anxiety and a sense of helplessness. She knows that she will deliver at home most likely without assistance, that there may be complications due to the high prevalence of diseases like malaria and that most likely, there will be no one to help her or the new baby .

Maternal mortality is a risk every woman faces when she becomes pregnant; however, the level of risk varies dramatically based on where a woman lives. According to the World Health Organization, every day, approximately 830 women die from preventable causes related to pregnancy and childbirth and 99% of all maternal deaths occur in developing countries. Women who live in poor, rural areas without adequate medical care are more likely to suffer from obstetric hemorrhage, infection, disease, and lack of resources which impact their ability to give birth safely.

Improving maternal health was 1 of the 8 Millennium Development Goals (MDGs) adopted by the international community in 2000. Since 1990, the number of maternal deaths worldwide has dropped by 43%. However, these gains are not uniform and maternal death rates remain unacceptably high in regions of sub-Saharan Africa and South Asia.

To eliminate maternal mortality in these regions, we first have to acknowledge the circumstances in which pregnant women are dying and determine the number of those deaths that are preventable. Questions that need to be answered include:

1. Why is obstetric hemorrhage, infection, and disease so common?
2. What is preventing these countries from providing the necessary resources for childbirth?
3. Why do people in these countries have little access to contraception?

Obstetrical hemorrhage refers to bleeding during pregnancy or labor; the bleeding can be vaginal, external, or internal meaning inside the abdominal cavity. Although obstetrical hemorrhage is a primary risk for every woman, it is higher in developing countries due to lack of skilled personnel and medical resources to prevent and stop bleeding. Hemorrhage is more likely when girls are married at a young age before their bodies have matured and when women have delivered multiple times. In cultures that practice female circumcision to symbolize coming of age or adulthood, many women are left with scar tissue that tears easily during childbirth and causes excessive bleeding. The long standing traditions entrenched in these cultures make it difficult to create change. Therefore it's important to start at the root by educating the older generation in these communities on the risks that come along with marriage at a young age and circumcision.

The practice of unsafe abortions is another major contributor to the high rates of maternal mortality. According to the World Health Organization every eight minutes a woman in a developing nation will die from complications of unsafe abortions. Some methods women use

when practicing unsafe abortions include: drinking toxic chemicals, injury directly to the vagina or cervix, or placing inappropriate medication into the vagina or rectum. These methods more often than not result in major infection. Before we can end this practice we first have to look at why these harmful methods continue to be exercised. Two factors that contribute to the practice of unsafe abortion include the amount of restrictions a country has on abortion and women's denied access to contraception.

In many developing regions, like Mali, patriarchal values are still dominant and men tend to hold positions of power, authority, and privilege. When men build prestige by having large numbers of children, they may refuse to allow their wives to use birth control while they themselves refuse to wear condoms. Yet having multiple children can put a lot of strain on the woman's body causing each pregnancy to be more life threatening than the first. Therefore there needs to be a focus on educating men on the risks of complications, infection, and disease during pregnancy in order to ensure women are provided with access to contraception and safe abortion.

Now that we know educating men on contraception is important we have to determine the best way to inform them. The men in these developing countries have little or no access to television so commercials on safe sex would not reach this particular audience. Other ways we can educate them include;

1. Traveling around and discussing the issue one on one by explaining their wives face with multiple births, no use of contraception, and circumcision.

2. Creating interesting skits that will capture the audience and provide a positive impact that will result in change.
3. Creating radio broadcasts and posters with images that advertise the importance of contraception

Unfortunately it is biological truth that 10-15% of pregnant women will develop some sort of complication that if not managed properly could result in death. The organization “Maternity Worldwide” developed the three-delay model which has been applied globally to work with mortality reduction programs. The model considers cultural, economic, and institutional barriers that put pregnant women at a disadvantage. The model points out three factors; <http://www.maternityworldwide.org/what-we-do/three-delays-model/>

1. A woman or her family may delay their decision to seek help
2. Their lack of transport may delay assessment by doctor
3. The care received may be inadequate due to lack of knowledge, resources, and training.

Once the organization establishes which factors are preventing women from getting the care they need they intervene and use specific strategies by design. They hand out flyers with information regarding pregnancy, childbirth, and newborn care to teach them how to recognize the signs and symptoms that signal when it’s appropriate to seek help. They build waiting houses for women to stay when it’s close to delivery so when they go into labor assistance is available. And finally they train local midwives who stay in rural areas that are far away from hospitals; they expect the training they provide to benefit future generations.

It excites me to know that finding solutions to maternal mortality is of concern to others, and that actions to reduce it are being practiced. Things you can do to help are volunteer to help and incorporate your knowledge. Pay attention to government policies that you could vote for to help developing countries! Donate to the Maternity worldwide organizations. You could simply join "She's the first" organization here on ECU campus the organization works to provide young girls in developing countries an education, and education is proven to help reduce rates of maternal mortality!

Maggie Blythe is a sociology major and a junior at East Carolina University. She hopes to get a second degree in Nursing.