MATERNAL MORTALITY UPDATE 2004

delivering into good hands

UNFPA

UNIVERSITY OF ABERDEEN

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contents

Since 1998, the Maternal Mortality Update*, a regular publication of UNFPA, has documented strategies, partnerships and projects for reducing maternal mortality and morbidity in the developing world. The 2002 Maternal Mortality Update was a collaboration between UNFPA and Columbia University's Averting Maternal Death and Disability (AMDD) programme. It focused on meeting the challenge of reducing maternal mortality through wider access to emergency obstetric care and shared tools and experiences in this effort. This year, the Maternal Mortality Update focuses on skilled attendance at delivery for all women, in collaboration with the Skilled Attendance for Everyone (SAFE) research study and the Initiative for Maternal Mortality Programme Assessment (IMMPACT), Dugald Baird Centre for Research on Women's Health, the University of Aberdeen. This report, intended as a resource for health programmes and policy makers, analyses the issue of skilled attendance. It will be distributed to UNFPA Country Offices, Country Support Technical Teams, national and international partners, NGOs, ministries of health, bilateral and multilateral donors, and anyone else who wishes to be kept informed of UNFPA's global activities aimed at reducing maternal death and disability. It will also be posted on the UNFPA and SAFE websites.*

PHOTOS: ©Panos Pictures: Chris Sattlberger *(cover, page 8)*; ©UNICEF/HQ02-0570/Pirozzi *(above, page 11)*; UNFPA/Kate Ramsey *(page 4)*; UNFPA/*Marie Dorigny (page7)*; UNFPA/*Teun Voeten (page 22);* UNFPA/*William Ryan (page 26);* UNFPA/*Teun Voeten (page 30);*

preface

In the last decade, ending the tragedy of maternal death has moved from the political back burner into the international spotlight. Increasingly, maternal mortality is being seen as an urgent human rights concern as well as a health issue. The initiative for safe motherhood challenges the inequities between North and South that leave women in poor countries so vulnerable to maternal death.

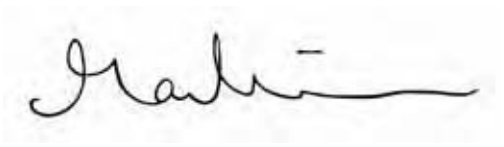
Saving mothers' lives is also widely recognized as an imperative for social and economic development. The inclusion of maternal death reduction in the fifth Millennium Development Goal underscores the global commitment to this issue. While our knowledge of how to avoid this tragedy has grown, maternal death and disability remain critical problems throughout most of the developing world. We strongly endorse a three-pronged strategy to save women's lives: contraceptive services to prevent unwanted pregnancy, skilled care at delivery for all women, and emergency obstetric care for all who develop complications during pregnancy or childbirth.

This publication clarifies the conceptual relationship between skilled attendance and maternal mortality. Skilled care at all births gives those women who develop life-threatening complications a better chance of receiving emergency obstetric care in time. In the back pocket, a companion booklet, *Into Good Hands: Progress Reports from the Field*, provides examples of skilled attendance policies and activities undertaken in various countries by UNFPA and SAFE.

Much of the progress that countries have achieved in improving skilled care at birth can be attributed to close collaboration between ministries of health, NGOs, universities, professional associations, community-based groups and international agencies. These partnerships are well-positioned to emphasize the integration of skilled care at birth and maternal health services into existing reproductive health programmes.

Widening the base of support has also encouraged a comprehensive approach to critical conditions, such as HIV/AIDS and malaria, which increasingly shape maternal outcomes. We consider the collaboration among SAFE and IMMPACT of the University of Aberdeen and UNFPA on this publication as an excellent example of fruitful cooperation. We look forward to working together on the new Partnership for Safe Motherhood and Newborn Health, which has broadened the challenge to include a greater focus on infants, and added new partners to the effort.

Since the global initiative to reduce maternal death was launched 15 years ago, we have refined our strategies to address this problem. We are accumulating evidence and programming experience about what works and what does not. Let us use what we now know to build commitment and mobilize resources towards meeting the fifth Millennium Development Goal to reduce maternal mortality by 75 per cent by 2015. Let us make motherhood a safer experience for all women.



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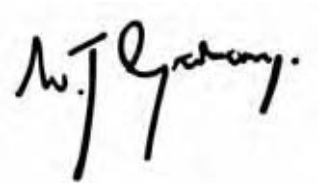

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The University of Aberdeen's contribution was undertaken as part of two international research programmes – SAFE (Skilled Attendance for Everyone) and IMMPACT (Initiative for Maternal Mortality Programme Assessment). Julia Hussein and Birgit Jentsch prepared and coordinated the report on behalf of the University of Aberdeen. Contributions of collaborating individuals, organizations and countries who conducted and participated in the fieldwork for SAFE are also recognized. In addition, individuals in the SAFE International Research Partnership are acknowledged: a list of their names and affiliations appears in the Annex.

A manual (the SAFE Strategy Development Tool) to enable programme managers to systematically gather and interpret information on skilled attendance at delivery is freely accessible at **www.abdn.ac.uk/dugaldbairdcentre/safe**.

abbreviations

AIDS	acquired immune deficiency syndrome
AD	Africa Division
APD	Asia and the Pacific Division
DASE	Division of Arab States and Europe
EmOC	emergency obstetric care
EOC	essential obstetric care
HIV	human immunodeficiency virus
ICPD	International Conference on Population and Development
MDGs	Millennium Development Goals
MMR	maternal mortality ratio
MOH	Ministry of Health
NGO	non-governmental organization
PRSPs	Poverty Reduction Strategy Papers
RH	reproductive health
SBA	skilled birth attendant
SkAB	skilled attendance at birth
STI	sexually transmitted infection
SWAps	sector-wide approaches
TBA	traditional birth attendant

agencies, organizations and programmes

ADB	Asian Development Bank
AMDD	Averting Maternal Death and Disability (Columbia University)
FCI	Family Care International
FHI	Family Health International
FIGO	International Federation of Obstetrics and Gynecology
ICM	International Confederation of Midwives
IDB	Inter-American Development Bank
IMMPACT	Initiative for Maternal Mortality Programme Assessment
IPPF	International Planned Parenthood Federation
JICA	Japan International Cooperation Agency
JHPIEGO	An affiliate of Johns Hopkins University specializing in reproductive health issues
PAHO	Pan-American Health Organization
RPMM	Regional Prevention of Maternal Mortality Network
SAFE	Skilled Attendance for Everyone
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	US Agency for International Development
WHO	World Health Organization

delivering into good hands: key messages

The Dimensions of Maternal Mortality

■ Maternal mortality is the health indicator with the most disparity between developed and developing countries. Almost all maternal deaths (95 per cent) occur in Africa and Asia. In her lifetime, a woman in sub-Saharan Africa faces a 1 in 16 risk of dying during pregnancy or childbirth as compared to a 1 in 2800 risk in the developed world **(PAGE 11)**.

■ Nearly two-thirds of maternal deaths worldwide are due to five direct causes: haemorrhage, obstructed labor, eclampsia (pregnancy-induced hypertension), sepsis and complications from unsafe abortion **(PAGE 9)**.

■ With an estimated 15 per cent of pregnancies resulting in complications, all pregnancies must be considered at risk. However, all five of the most life-threatening complications can be treated by a professional health worker. Being prepared to address complications is the key to saving the lives of mothers and newborns. This is why skilled attendance is crucial **(PAGE 10)**.

The Millennium Development Goal Indicator

■ The fifth Millennium Development Goal (2000) calls for a reduction in maternal mortality and morbidity. One of the indicators used to track progress in meeting this goal is the proportion of women who deliver with the assistance of a skilled birth attendant **(PAGE 13)**.

■ Although data for this indicator is widely available in many countries, definitions used for data collection may vary from country to country. Moreover, the indicator does not address the environment in which the delivery occurs **(PAGE 13)**.

Why We Focus on Skilled Attendance

■ Historical data indicates that countries successful in reducing maternal mortality have emphasized the role of a professional midwife or doctor working in a health institution. This is true for both developed and developing countries **(PAGE 14)**.

■ There is an inverse relationship between the proportion of deliveries assisted by a skilled attendant and the maternal mortality ratio in developing countries **(PAGE 15)**.

■ In the developing world, complications from HIV/AIDS and malaria are increasingly becoming indirect causes of maternal death and morbidity. Maternal health services represent a strategic entry point for addressing both malaria and HIV/AIDS in women **(PAGE 12)**.

■ Skilled delivery care and emergency obstetric care can protect millions of newborns, as well as their mothers **(PAGE 15)**.

The Way Forward

■ Since almost all maternal mortality is avoidable, the death of a woman during pregnancy or childbirth is a violation of her rights to life and health. A human rights-based approach to maternal mortality reduction calls on governments to provide universal access to skilled delivery care and emergency obstetric care. It also promotes dignity and equity for women within the health-care system **(PAGES 10-11)**.

■ Investing in human resources is crucial for improving skilled attendance at birth. Critical issues include "brain drain," salary and benefits, supervision and management, and skills maintenance **(PAGE 23)**.

■ In countries with high HIV/AIDS prevalence, the disease must be addressed as a human resources issue as well as a public health concern. Skilled attendants must be supported in taking universal precautions to protect themselves **(PAGE 24)**.

■ Given their esteemed role within the community, TBAs can serve as strong advocates for skilled attendance at birth if they are appropriately linked with the health system. Programmes should focus on supporting the social role TBAs play in women's health rather than investing in developing their technical skills **(PAGES 21-22)**.

■ Upgrading delivery care often begins with improving the quality of services offered in facilities. When facilities provide quality services, they become widely used and trusted by community members **(PAGE 24)**.

■ There is no single approach to improving skilled attendance at birth. Strategies must be tailored according to local context. Regardless of the approach, the objective is to manage normal labour well and ensure emergency obstetric care for all women who develop complications during childbirth **(PAGE 23)**.

defining terms

A skilled attendant is a medically qualified provider with midwifery skills (midwife, nurse or doctor) who has been trained to proficiency in the skills necessary to manage normal deliveries and diagnose, manage, or refer obstetric complications. Ideally, skilled attendants live in, and are part of, the community they serve. They must be able to manage normal labour and delivery, perform essential interventions, start treatment and supervise the referral of mother and baby for interventions that are beyond their competence or not possible in a particular setting.

Skilled attendance refers to a skilled attendant operating within an enabling environment or health system capable of providing care for normal deliveries as well as appropriate emergency obstetric care for all women who develop complications during childbirth.

Skilled care is another way of expressing skilled attendance. Many people prefer this term to avoid confusion between "skilled attendants" and "skilled attendance", especially when spoken.

The enabling environment describes a context that provides a skilled attendant with the backup support to perform routine deliveries and make sure that women with complications receive prompt emergency obstetric care. It essentially means a well-functioning health system, including equipment and supplies; infrastructure and transport; electrical, water and communication systems; human resources policies, supervision and management; and clinical protocols and guidelines.

A traditional birth attendant (TBA) is a community-based provider of care during pregnancy and childbirth. TBAs are not trained to proficiency in the skills necessary to manage or refer obstetric complications. TBAs are not usually salaried, accredited members of the health system. Although they are usually highly esteemed community members and are often the sole providers of delivery care for many women, *they should not be included in the definition of a skilled attendant for the calculation of the Millennium Development Goals indicator.*