

Safe Mother hood: A community-based Global Overview

*Prof. Moustafa Abdel-khalek Abdel-lah,
MD.*

Prof. of Gynecol. Obstet.,
Faculty of Medicine, Sohag University.



أهلا

بحضراتكم

التعارف





جامعة سوهاج

Anticipations



Learning Objectives

Learning Objectives

To review the:

1. Magnitude of maternal mortality
2. Causes of maternal mortality
3. Possible interventions to reduce the problem
 - Traditional birth attendants (TBAs).
 - Antenatal care.
 - Risk screening.
 - Skilled attendant at childbirth.
4. Community-based approach

Current Approach to Reduction of Maternal Mortality

What Is Safe Motherhood?



“A woman’s ability to have a
SAFE and **HEALTHY** pregnancy
and childbirth”

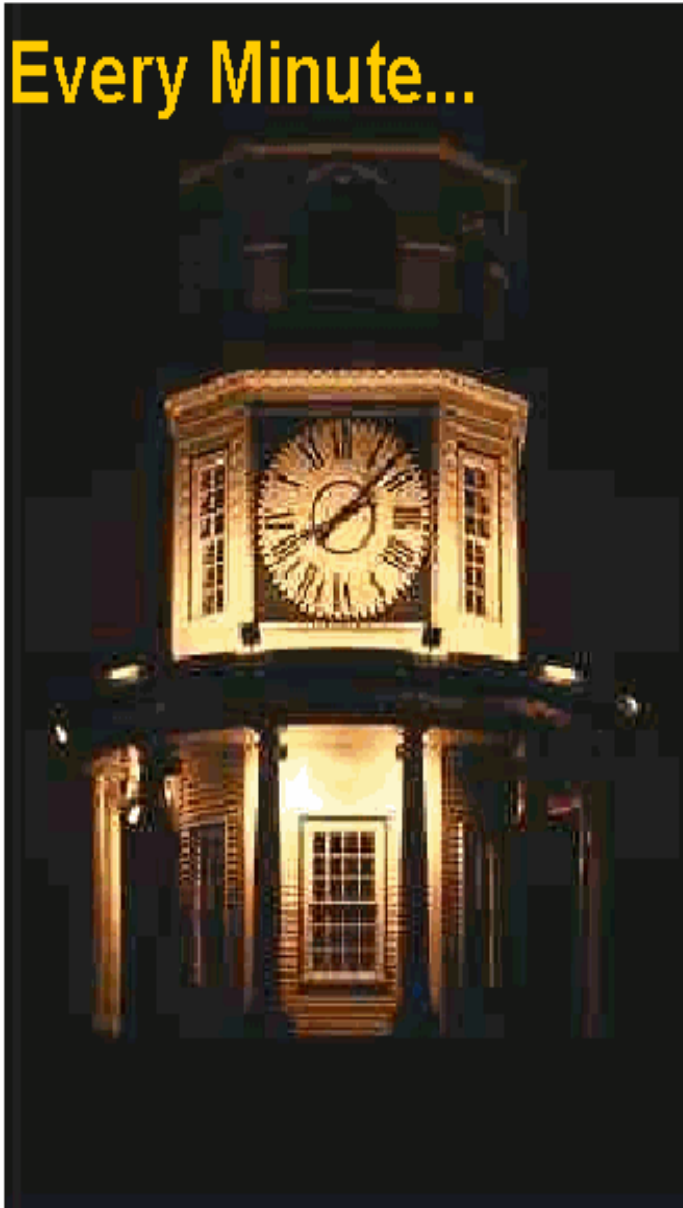
**“Every pregnancy Is at
Risk;”**

**Current Approach to Reduction of Maternal
Mortality**



Maternal Death watch

Every Minute...



- 380 women become pregnant
- 190 women (**50% of the new pregnancies**) face unplanned or unwanted pregnancy.
- 110 women experience a pregnancy related complication
- 40 women have unsafe abortion
- 1 women dies from a pregnancy-related complication

Current Approach to Reduction of Maternal Mortality

Maternal Mortality: A Global Tragedy

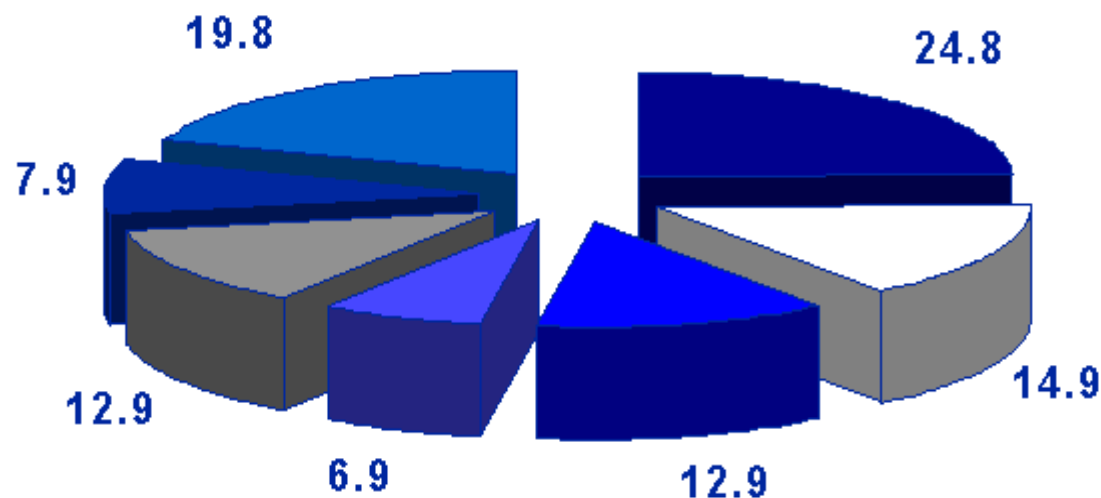
Maternal deaths:

- 99% in developing countries.
- ~1% in developed countries.

Current Approach to Reduction of Maternal Mortality



Global Causes of Maternal Mortality



- Hemorrhage 24.8%
- Infection 14.9%
- Eclampsia 12.9%
- Obstructed Labor 6.9%
- Unsafe Abortion 12.9%
- Other Direct Causes 7.9%
- Indirect Causes 19.8%

WHY Do These Women Die?

3 Delays Model

```
graph TD; A[3 Delays Model] --- B[Delay in decision to seek care]; A --- C[Delay in reaching care]; A --- D[Delay in receiving care];
```

Delay in
decision
to seek care

Delay in
reaching care

Delay in
receiving care

But WHY Do These Women Die?

Three Delays Model

- **Delay in decision to seek care:**
 1. Lack of understanding of complication.
 2. Acceptance of maternal death.
 3. Low status of women.
 4. Socio-cultural barriers for seeking care.

- Delays in reaching care



1. Mountains, islands, rivers
2. Poor organization



- **Delays in receiving care**
 1. Deficient supplies
 2. Inadequate Personnel:
 - Insufficient
 - Poorly trained
 - punitive attitude (poor communication skills)
 3. Deficient finances.

Maternal Health Services

Good quality maternal health services are not universally available and accessible:

1. $\geq 35\%$ receive **no antenatal care**.
2. $\sim 50\%$ of deliveries **unattended** by skilled provider.
3. $\sim 70\%$ receive **no postpartum care** during the puerperium.

Current Approach to Reduction of Maternal Mortality

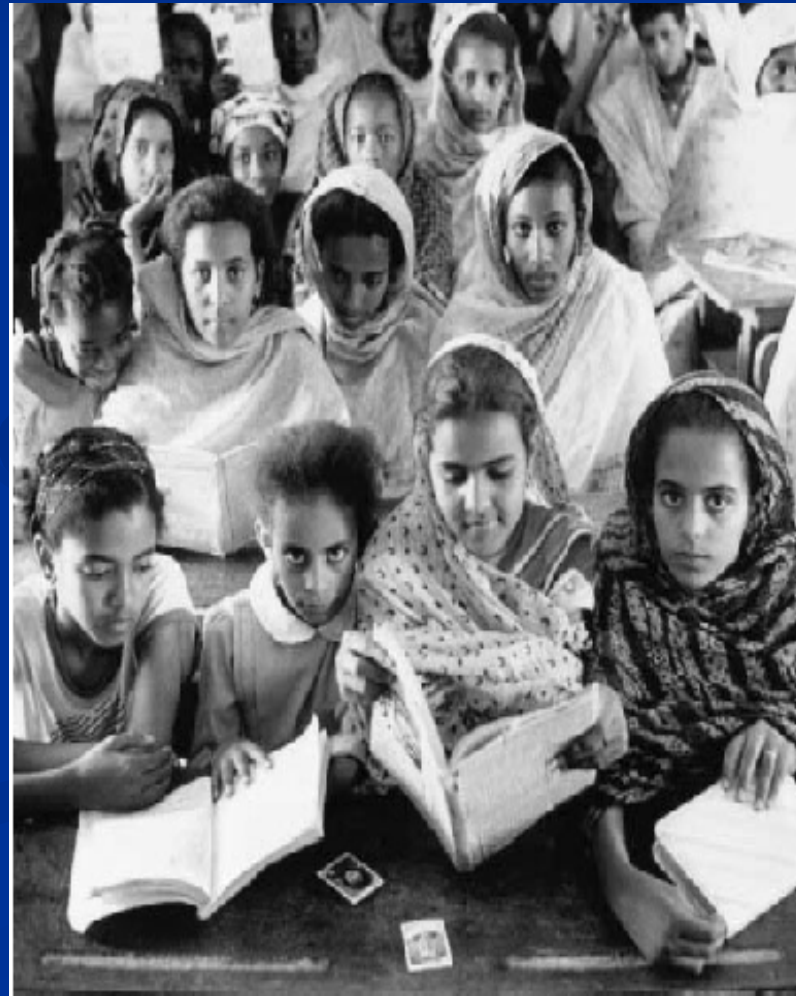


Interventions to Reduce Maternal Mortality

Most life-threatening obstetric Complications can be predicted and Prevented through Four directions:

- Antenatal care.
- Risk Assessment.
- Traditional birth attendants.
- Skilled attendant at delivery

Current Approach to Reduction of Maternal Mortality



Interventions: Antenatal Care

- **The concept of:** screening healthy women for signs of disease.
- Started in US, Australia, Scotland between 1910-1915
- By 1930's large number(1200) **ANC** clinics opened in UK.
- However, widely used as a maternal mortality reduction strategy in 1980's and early 1990's

Is **ANC** important? **YES!!**

- Early detection of problems and birth preparation

Interventions: Risk Assessment

Disadvantages

- Very- poorly predictive
- Costly: Removes woman to maternity waiting homes
- If risk is negative, gives false security.

Conclusion:

- Cannot guarantee against risk of maternal mortality (**every pregnancy is at risk**)

Interventions:

Traditional Birth Attendants

Advantages:

- Community-based.
- Sought out by women.
- Needs no high tech.
- Teaches clean delivery.

Disadvantages:

- Limited technical skills.
- May keep women away from life-saving interventions due to false reassurance.

Interventions:

Traditional Birth Attendants

Conclusion:

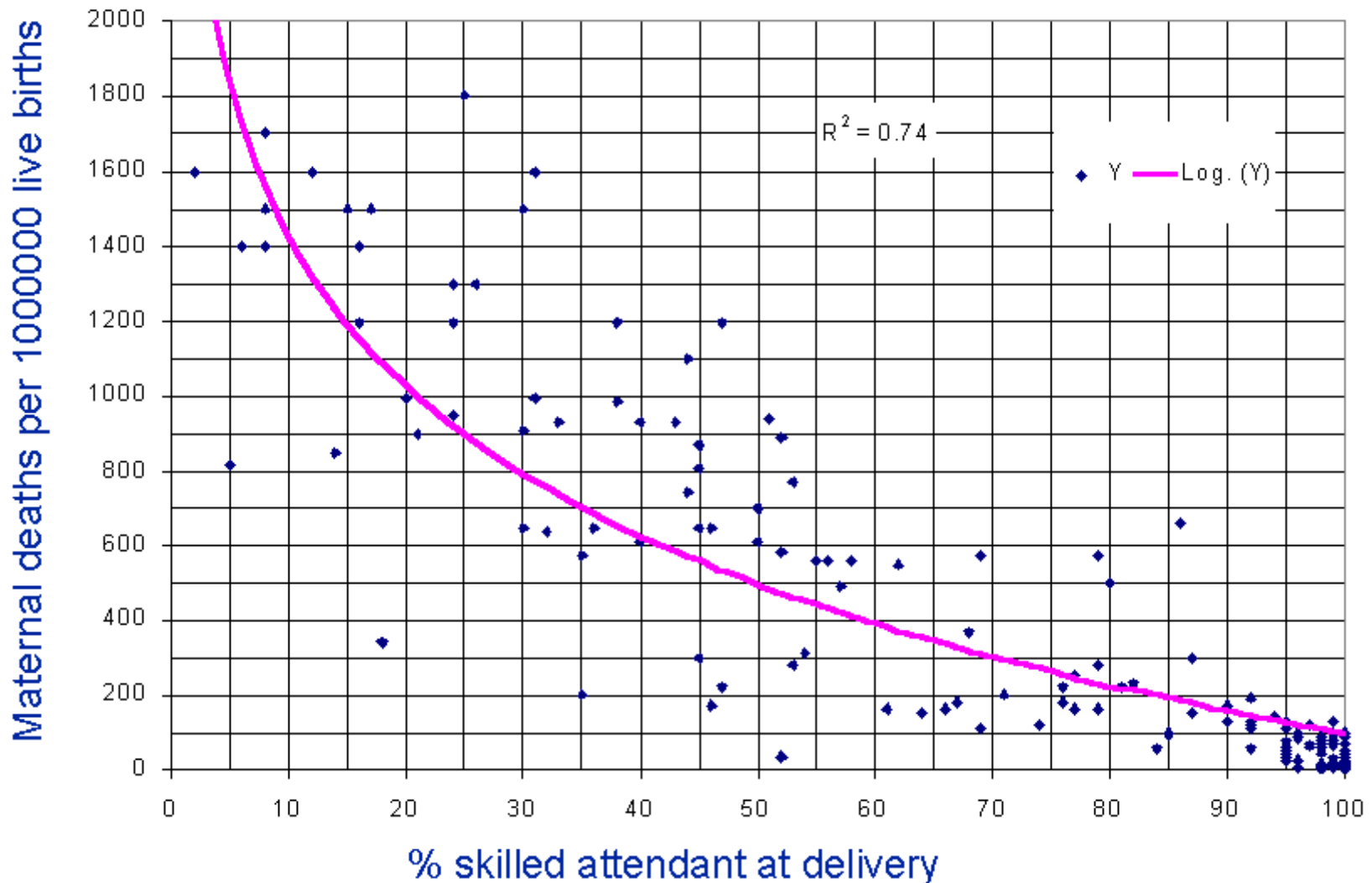
TBAs are useful in the maternal health network, but there will not be a substantial reduction in maternal mortality by **TBAs** delivering clinical services alone

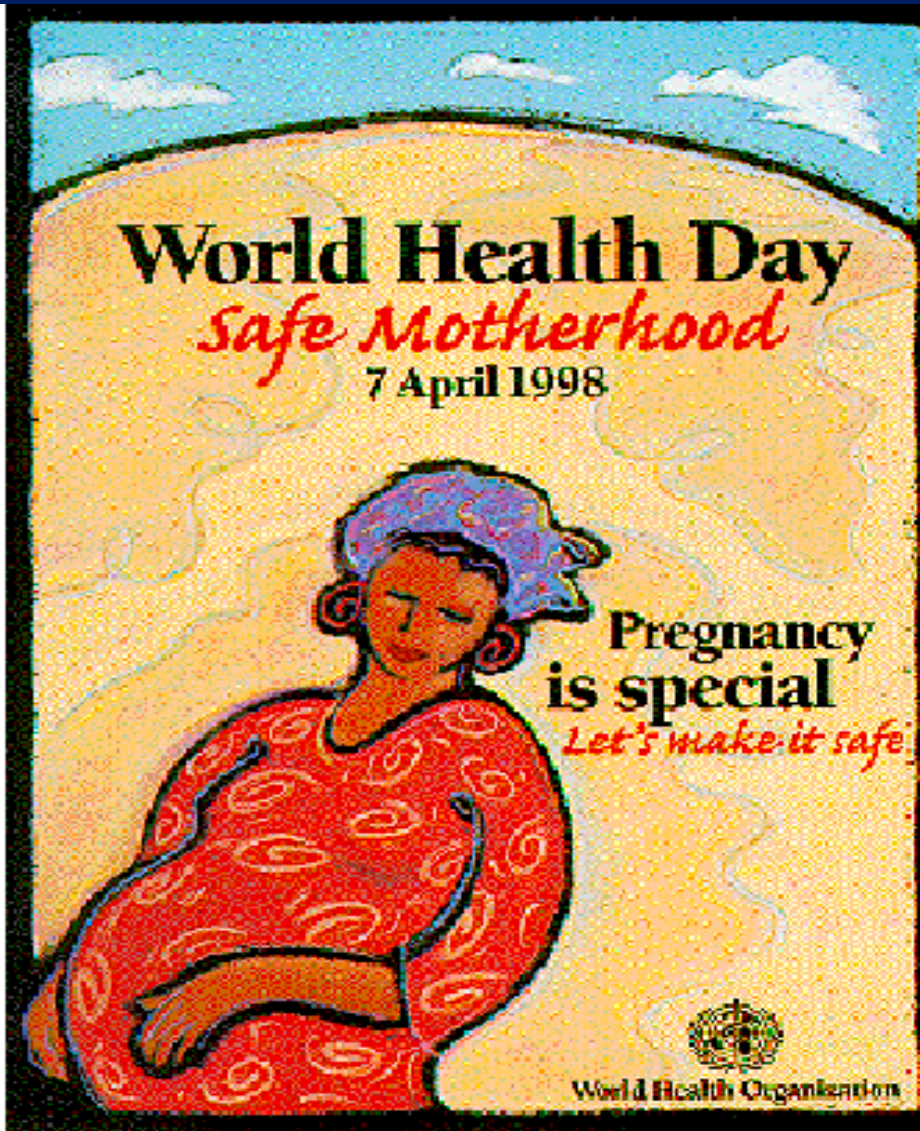
Current Approach to Reduction of Maternal Mortality

Interventions: Skilled Attendant at Childbirth

- Proper training, range of skills.
- Assess risk factors.
- Recognize onset of complications.
- Observe mother and monitor fetus.
- Perform essential basic interventions.
- Refer mother &/or baby to higher level of care if complications arise requiring interventions outside realm of competence.
- Have patience and empathy.

The higher the proportion of deliveries attended by skilled attendant in a country, The lower the country's maternal mortality ratio





Skilled attendant at
childbirth is

the most
effective
intervention

Our Community-based Approach

Sohag MMR in 2008:

48/100 000

HEALTH

SERVICES PRODUCING

SECTORS

**Sohag
faculty
of medicine**

**MHP
-under
secretary**

**Medical
insurance
sector**

**PRIVATE
SECTOR**

	Sohag faculty of medicine	MHP -under secretary	Medical insurance sector
Advantages	-Human resources -Buildings renovation	-Primary health care. -Human resources	-Well designed hospital. -Financial resources.
Disadvantages	- Financial constrains	Deficiencies in some specialties.	Deficiencies in human resources

To fulfill: “Skilled attendant at childbirth”

- Best utilization of **infrastructures**.
- Best utilization of **facilities**.
- Best utilization of **financial resources**.
- Best utilization of **human resources**.
- Continuous **upgrading** of junior physicians by continuous medical education program.

Protocol of cooperation

**Sohag faculty
of medicine**

**Ministry of health
And population
-under secretary**

**Medical
insurance
sector**



**Did you meet
your
anticipation?**

عزيزي الطالب

■ يرجى الانتباه لضرورة الدخول على موقع الكلية:

<http://www.sohag-univ.edu.eg/facemed/>

- **Reflection**
 - Seminar
 - Portfolio



Thank you

يسعدنا التواصل مع حضراتكم

<http://www.sohag-univ.edu.eg/facemed/>

01001986936

Mostafa_atya@med.sohag.edu.eg