

OUT LOOK

Safe Motherhood: Successes and Challenges

Every minute a woman dies of causes related to pregnancy or childbirth. She is most likely to be young, already a mother, and living in a developing country. For each woman who dies, an estimated 100 women survive childbearing but are afflicted by disease, disability, or physical damage caused by pregnancy-related complications.¹ Overall, it is estimated that 585,000 women die yearly from causes related to pregnancy and birth; 99 percent of these deaths occur in the developing world.² Women residing in Eastern and Western Africa face the highest risks of maternal mortality; women living in some parts of Asia also are at high risk.

The majority (60 to 80 percent) of maternal deaths are due to obstetric hemorrhage, obstructed labor, obstetric sepsis, hypertensive disorders of pregnancy, and complications of unsafe abortion³ (see Figure 1). Pregnancy-related complications that result in maternal deaths are unpredictable, and most occur within hours or days after delivery.⁴

A mother's death greatly influences the health and livelihood of her surviving children. When a mother dies, her surviving children are three to ten times more likely to die within two years than those with both living parents.⁵ In addition, surviving children often do not receive adequate health care and education as they grow up. The death of a mother has an impact beyond that of her immediate family: a productive worker—one who rears and guides the next generation, cares for the elderly, and contributes stability to the community—is lost.

The Safe Motherhood Initiative was launched in 1987 by international agencies and governments to raise global awareness about the impact of maternal mortality and morbidity, and to find solutions. An interagency group for safe motherhood was formed and now includes WHO, UNICEF, UNFPA, the World Bank, the Population Council, and IPPF. The Safe Motherhood Initiative's goal is to reduce maternal mortality and morbidity by one half by the year 2000. Global experience has shown that pregnancy-related deaths are preventable, and a significant body of research on strategies for reducing maternal mortality has been generated. At the same time, it has been difficult to document a measurable decrease in maternal mortality.^{2, 6, 7} Available data suggest that maternal mortality remains high in many parts of the world (see Table 1).

Commitment to the Safe Motherhood Initiative was renewed when safe motherhood was named the theme of WHO's World Health Day 1998 (and at the Safe Motherhood Technical Consultation held in October 1997 in Sri Lanka). Key representatives of governments, international aid agencies, and NGOs gathered in Washington, D.C., at the International Symposium on Safe Motherhood on World Health Day, April 7, 1998. Their message was clear: motherhood can and should be made safe.

This article reviews the elements that have become part of safe motherhood programs, looks at lessons learned from field experience, and suggests policy and program implications for the future. Conclusions and statements made at the 1998 International Symposium on Safe Motherhood are highlighted throughout the article.

Basic Elements of Safe Motherhood

Efforts to make motherhood safe vary among countries depending on the resources available and the social and cultural environment in which women live. Over the years, efforts to reduce maternal mortality and morbidity have included providing family planning services, promoting antenatal care, improving essential obstetric care (see box on page 4), and addressing the socioeconomic status of women.^{2, 8} All safe motherhood efforts require strong links between various levels of the health care system, especially between community and first-referral (generally district hospital) levels.

The focus at the community level is prevention, including family planning services and clean and safe

delivery practices. At this level, strategies to raise awareness about causes of maternal mortality and the need for prompt, appropriate, and timely use of services—family planning, antenatal, delivery, and postpartum care—are key. Early detection of complications and referral to appropriate care also are crucial, since many obstetric complications cannot be managed at the community level. Important gatekeepers in the community include family members, traditional birth attendants (TBAs), and local health center staff.

The focus at the first-referral level is treatment and management of complications. First-referral services should be capable of providing essential obstetric care, including treatment of abortion complications and safe abortion services where legal. Effective communications between community-level health providers and the first-referral level is essential. Once a complication has been detected at the community level, a delay in referring and transporting a woman to appropriate care can cost both the baby's and mother's lives.

“Preventable death and disability among mothers and expectant mothers is an all-encompassing tragedy: for families, for communities, for societies, and most of all, for children.”

**—Carol Bellamy,
Executive Director,
UNICEF, World Health Day,
1998**

Reducing Maternal Mortality: Lessons Learned

The direct obstetric causes of maternal mortality are known and can be treated, although preventing them has proven difficult. Indirect causes of maternal mortality and morbidity include existing health conditions, such as malaria and cardiovascular disease. Underlying factors include a complex array of social, cultural, economic, and political factors that defy simple solutions. No single intervention will resolve the tragedy of maternal mortality; strategies assessed over the past decade have led to the following lessons learned.

Prevent unintended pregnancies. Helping women prevent unwanted pregnancies contributes to fewer pregnancies, fewer obstetric-related deaths, and fewer abortions. Family planning was one of the maternal and child health interventions introduced in Matlab, Bangladesh, beginning in 1976 as part of an effort to reduce maternal and child mortality. Data collected in the area between the late 1970s and late 1980s suggested that family planning services likely contributed to the overall 2 percent yearly reduction in the number of maternal deaths in the study area, particularly deaths from direct obstetric causes and from abortion. Contraceptive use increased from under 8 percent to 48 percent during the same period.⁹

Figure 1. Causes of Maternal Mortality

