

Maternal Matters

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INTRODUCTION

DEFINITION

- Maternal mortality refers to those deaths which are caused by complications due to pregnancy or childbirth.
- These complications may be experienced **during pregnancy, delivery itself, or may occur up to 42 days following childbirth.**

INTRODUCTION

- Worldwide, over 500,000 women and girls die of complications related to pregnancy and childbirth each year.
- Over 99 percent of those deaths occur in developing countries such as Ghana.

INTRODUCTION

- While maternal mortality figures vary widely by source and are highly controversial, the **best estimates for Ghana suggest that roughly between 1,400 and 3,900 women and girls die** each year due to pregnancy-related complications.

INTRODUCTION

- In addition, another **28,000 to 117,000 women and girls will suffer from disabilities** caused by complications during pregnancy and childbirth each year .

What is the current situation in Ghana?

- Both maternal and child health remain a major challenge.
- Maternal mortality still unacceptably high
- Services still not reaching the poor and vulnerable populations
- Close to 90 % of qualified health service personnel concentrated in the urban areas of the South

We know what to do...

- Prevention of unwanted pregnancies: **Family Planning**
- Prevention of complications: **Skilled Care at Delivery**
- Prevention of death by timely management of life-threatening complications: **Emergency Obstetric Care**
- Streamline referral system and provide ambulatory services in rural areas
- Prevention of killer diseases of children: **antenatal care and immunization**

But are we doing what needs to
be done?

Apam Maternal Morbidity & Mortality in 2006

Pregnancy-related Cases	Number	Deaths
Anemia	20	2
Typhoid	6	0
Bleeding Per Vagina	16	0
Eclampsia	15	0
Incomplete Abortion	106	0
Malaria	54	0
Threatened Abortion	39	0
Septicemia	5	5
Appendicitis	1	1
Post partum Hemorrhage	3	3

Apam Maternity Data

Outpatient Attendance and Coverage	2005	2006
Antenatal Attendance	5,610	4,367
Postnatal Attendance	646	420
Antenatal coverage	86%	78%
Postnatal coverage	30%	20%

- **Supervised deliveries: 29% in 2005 to 20% in 2006.**
- C-sections increased from 21% in 2004 to 22% in 2006.

Total Birth Related Deaths from 2004-2006

2004	2005	2006
12	7	11

OBJECTIVE

- To assess the adequacy of Apam Hospital in regards to the following areas: **antenatal care, emergency obstetric care, adequate post-partum care for mothers and babies, family planning, skilled birth attendants, and transportation** to medical facilities if complications arise.
- All are necessary components of strategies to reduce maternal mortality

METHODS

- **SERVICE CAPACITY:**

IV Antibiotics supply, Transport, Beds, Oxygen, Blood transfusion, Ultrasound, and Surgical expertise

- **CARE RECEIVED**

New born care, trained attendants, emergency care, delivery care/support, safe abortions and education

- **FAMILY PLANNING**

Antenatal care, Post natal care, contraception, abortion counseling, benefits of hospital delivery, relationships with TBAs

RESULTS

- **SERVICE CAPACITY**

Adequately fulfilled much of basic requirements. (Oxygen, Surgical Expertise)

- **CARE RECEIVED**

Newborn care is lacking; trained attendants lacking; safe abortions and education lacking

- **FAMILY PLANNING**

Antenatal care adequate, but attendance decreased;
Postnatal care lacking; Post-abortion family planning
Lacking, Relationship with TBAs ambiguous

CONCLUSION

- Increase access to reproductive/sexual health and family planning services. (Gender Empowerment)
- Increase the number of physicians in-house for maternal and newborn care. (Medical Student Sponsorships)
- Implement post abortion follow-up
- Abortion law poorly understood, even by health workers
- Institutions task to implement policies are themselves poorly resourced
- Involve community leaders and local businesses

THANK YOU EVERYONE!