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

<table>
<thead>
<tr>
<th>Pregnancy-related Cases</th>
<th>Number</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>20</td>
<td>2</td>
</tr>
<tr>
<td>Typhoid</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Bleeding Per Vagina</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Eclampsia</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Incomplete Abortion</td>
<td>106</td>
<td>0</td>
</tr>
<tr>
<td>Malaria</td>
<td>54</td>
<td>0</td>
</tr>
<tr>
<td>Threatened Abortion</td>
<td>39</td>
<td>0</td>
</tr>
<tr>
<td>Septicemia</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Appendicitis</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Post partum Hemorrhage</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>
Apam Maternity Data

<table>
<thead>
<tr>
<th>Outpatient Attendance and Coverage</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal Attendance</td>
<td>5,610</td>
<td>4,367</td>
</tr>
<tr>
<td>Postnatal Attendance</td>
<td>646</td>
<td>420</td>
</tr>
<tr>
<td>Antenatal coverage</td>
<td>86%</td>
<td>78%</td>
</tr>
<tr>
<td>Postnatal coverage</td>
<td>30%</td>
<td>20%</td>
</tr>
</tbody>
</table>

• 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

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12</td>
<td>7</td>
<td>11</td>
</tr>
</tbody>
</table>
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!