saving mothers' lives
the challenge continues

UNFPA

No matter where a woman lives, giving birth should be a time of joy, not a sentence to death.

– UNFPA EXECUTIVE DIRECTOR THORAYA A. OBAID

EVERY MINUTE A WOMAN DIES IN CHILDBIRTH or from complications of pregnancy. That means 529,000 women are lost each year, almost all in Africa and Asia.

But numbers do not convey the full dimensions of the tragedy. The death of a mother is a disaster for her family. The lives of surviving children are put at risk. The loss may reverberate throughout a community. And for every woman who dies, about 20 others are seriously disabled, or chronically affected, many of their lives severely curtailed.

Almost all of this suffering is avoidable. Preventing unwanted pregnancies, providing skilled care to all women during childbirth and ensuring that every woman who develops complications receives appropriate emergency obstetric care could prevent most maternal deaths and disabilities (including obstetric fistula). But these services remain out of reach for millions of women.

Addressing the critical need for quality emergency obstetric care has been the focus of a four-year partnership between UNFPA and AMDD (the Averting Maternal Death and Disability Program at Columbia University). Significant progress has been made in validating this approach and applying it in four pilot countries. We are now broadening the scope of this effort, scaling up pilot projects into national programmes and to assisting countries to implement safe motherhood programmes.

a new approach to an ongoing crisis

Working for the survival of mothers is a moral and human rights imperative. It also has enormous socioeconomic ramifications – and is a crucial international development priority. In the last decade, the 1994 International Conference on Population and Development and its 1999 review, ICPD+5, highlighted the urgency of the issue. The Millennium Development Goals (2000) call for a 75 per cent reduction in maternal mortality – the most critical indicator of reproductive health – between 1990 and 2015.

Despite efforts to improve the situation, an unacceptable number of women continue to die in childbirth, for a variety of reasons: Women's needs have not traditionally been high on the list of priorities in many communities. The power of women to choose the obstetric care they want is often limited. Poverty, conflicts, natural disasters and other emergencies have exacerbated reproductive health problems in many countries. And too many health systems are not responding to the needs of women.

The HIV/AIDS epidemic has created further adverse conditions by complicating pregnancy outcomes, straining public health budgets and overwhelming health care systems.

UNFPA's three-pronged strategy for reducing maternal mortality includes:

- family planning to reduce unwanted pregnancies,
- skilled attendance at all births, and
- appropriate, timely emergency obstetric care for all women who develop complications.

We know the strategy can work. In countries such as Bangladesh, China, Cuba, Egypt, Honduras, Jamaica, Malaysia, Sri Lanka and Thailand, significant declines in maternal mortality have occurred.

$10 COVERS TRANSPORTATION TO A HOSPITAL FOR A WOMAN SEEKING CARE.

Chances of an African woman dying from a complication of pregnancy: 1 in 16.

emergency obstetric care is critical

The limited success of many earlier safe motherhood programmes, with their emphasis on trying to identify high-risk pregnancies or train traditional birth attendants, has led to the new emphasis on the importance of emergency care. Most maternal deaths result from problems that are often not predictable but are almost always treatable: excessive bleeding, infections, hypertensive disorders, obstructed labour or complications from unsafe abortions. Complications requiring emergency care arise in about 15 per cent of all pregnancies. The challenge is to be ready at all times to detect and manage them.

Having the resources available to quickly identify and treat these complications means strengthening health care systems. Unless these systems – including maternity centres and hospitals, communications, transportation, and trained staff – are functioning well, families are unlikely to turn to them in times of crisis. And unless women can get help quickly when sudden complications occur, many will die.

Basic emergency obstetric care – such as intravenous administration of medications or other non-surgical interventions – can be provided at health centres by a skilled attendant: a nurse, a midwife or a doctor. Comprehensive emergency obstetric care also includes the capacity to perform Caesarean sections and to administer blood transfusions safely. These require an operating theatre and are usually performed at hospitals.

The cost of providing access to comprehensive emergency obstetric care need not be exorbitant. Often, only limited inputs are required to renovate an existing operating theatre, rehabilitate a labour room, repair or purchase obstetrical equipment and train or retrain providers on the job. Sometimes better transport systems are all that is required to save lives.

$60 PAYS FOR A CAESAREAN SECTION.

Chances of a woman from an industrialized country dying from a complication of pregnancy: 1 in 3,800.

making safe motherhood a

Since their partnership began in 2000, UNFPA and AMDD have conducted needs assessments of emergency obstetric care in 16 African and Latin American countries. The needs assessments have been used to initiate policy dialogue with governments and partners, develop strategies, implement pilot projects and set up monitoring processes. In most countries including **Bolivia, Cameroon, Mali, Mauritania, Niger** and **Senegal,** the needs assessments have also triggered the mobilization of national or bilateral resources in support of national safe motherhood programmes. In addition, scaling up programmes has yielded significant results in the following countries.

mozambique

Following civil war and natural disaster, the health care system in Mozambique's Sofala Province was in shambles, with little capacity to provide emergency care to pregnant women. The UNFPA/AMDD initiative supported training of medical staff and provided the provincial hospital and peripheral health facilities with medications, supplies and equipment. As a result, the number of women with complications who received appropriate care nearly doubled. Thanks to collaborative funding from other donors, the project will be extended to nine other provinces and cover the entire country.

india

The UNFPA/AMDD project focused on seven districts in Rajasthan, covering some 13 million people. A mobile team of carpenters, plumbers, electricians and painters renovated and restored 79 obstetric care facilities. District hospital staff received two weeks of training in emergency obstetric care. Awareness-raising, advocacy and education activities involving communities, health officials, village leaders and politicians were carried out. Each district created a resource group of 30-45 community members who were designated to keep lists of pregnant women, inform their families about danger signs and assist in arranging transportation and referrals. The number of functioning basic emergency obstetric care facilities doubled as a result, and the number of women with complications who received treatment in the facilities increased by half. The Government of India has decided to replicate the approach on a grand scale as part of the new Reproductive and Child Health II programme starting in 2005.

morocco

Starting with needs assessments in 13 provinces, the UNFPA/AMDD project developed consensus on the treatment of obstetrical emergencies, updated and revised training manuals and re-trained providers in emergency obstetric care. The percentage of women with complications who received appropriate care has increased by about one third over the course of the project, from 31 to 42 per cent. The government and donors have agreed to extend the project to the rest of the country.

reality around the world

nicaragua

A comprehensive assessment of 125 facilities throughout the country was completed and used as the basis for a series of emergency obstetric care improvements in three health regions. These included physical rehabilitation of facilities, publication of a book of standards and protocols, on-the-job training of obstetrical staff, development of a referral system and additional effo rts to improve quality of emergency obstetric care. The propo rtion of women with complications who received emergency obstetric care climbed by one third, from 37 to 50 per cent between 2000 and 2003. The government has replicated the approach in several provinces with suppo rt from donors.

francophone africa

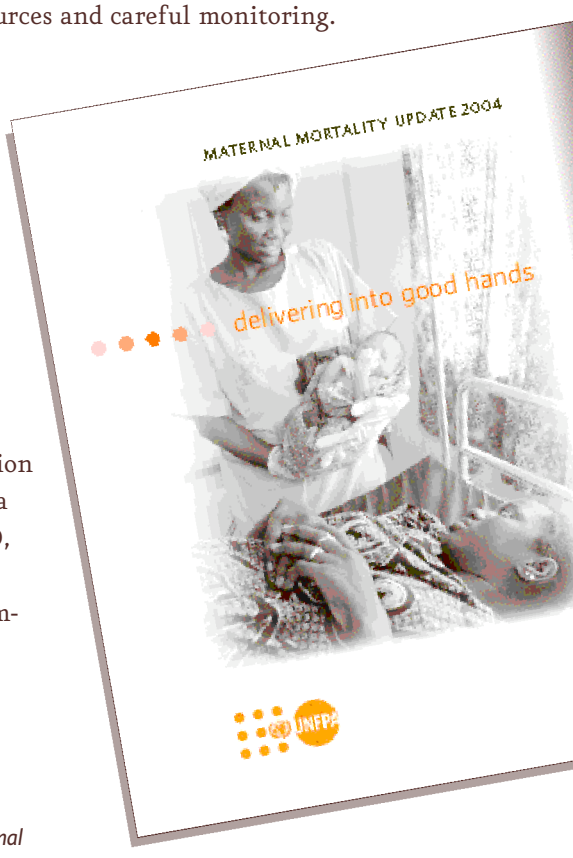
In February 2005, UNFPA and its partners AMDD, WHO and UNICEF, organized a regional workshop with representatives from 16 francophone African countries on mainstreaming and upscaling maternal mortality programmes. The workshop, attended by government decision makers, civil society representatives, and UNFPA programme staff, reviewed lessons learned from pilot projects and designed an action plan for scaling them up.

The plan calls for greater participation of civil society and the private sector, as well as donors; integration of the MDGs into national development processes; more collaboration with universities and professional associations; and the use of costing tools to assess incremental costs before developing financing plans. The workshop also resulted in a timetable for upscaling, starting with easy-to-implement changes and then focusing on human resources and careful monitoring.

advocacy efforts

Advocacy on the importance of emergency obstetric care is having an impact. While addressing maternal mortality has long been a priority for several developing countries, most UNFPA country programmes now specifically mention the need for emergency obstetric care. The UNFPA-led *Campaign to End Fistula* (www.endfistula.org) also promotes emergency obstetric care as a critical intervention in preventing maternal disability. And as a result of its partnership with WHO, AMDD, UNICEF and others, UNFPA has developed greater expertise in maternal care programming and committed more resources to it.

We must continue to act together to save mothers' lives.



A number of technical publications, including the Maternal Mortality Update 2004 and the Emergency Obstetric Care Checklist for Planners are available on UNFPA's website at http://www.unfpa.org/publications/index.cfm

meeting the challenge

The causes of maternal mortality have been thoroughly studied. The persistence of the problem has been analysed and explored. Consensus on an evidence-based approach to tackle maternal mortality and morbidity and improve health systems has been reached. Pilot programmes are producing results. It is time to scale up efforts and save more lives.

UNFPA calls upon other bilateral and multilateral donors and partners to build on the foundation that has been established. Governments are poised to act. But additional funding, organizational know-how and technical expertise are needed.

The lives of millions of women hang in the balance. The well-being of their families, communities and countries are at stake as well. Making real progress to avert maternal mortality and morbidity will demonstrate the commitment of the international community to accomplish the goals it has set forth, and to take a stand against an injustice that has persisted too long.

THE WORLD MUST SAVE WOMEN

so that women can save the world.

– UNFPA EXECUTIVE DIRECTOR THORAYA A. OBAID

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