

Maternal Mortality and Our Role : Reflections on Safer Motherhood

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Introduction

Maternal mortality in India is a subject of grave concern. There have been many discussions about the fact that despite improvements in infant mortality rates over the past 50 years, maternal deaths continue to occur at a very high rate. For example, the infant mortality rate in 1985-90 was 99 (WHO 1991) and decreased to 72 per 1000 live births. In comparison the estimated maternal mortality rates, calculated from various community-based surveys in the 1980's has been consistently high, ranging between 200 and 800 per one lakh live births. This figure is very close to the figure just recently presented by the SRS, which still estimates the maternal mortality rate at 498 in 1998.

The SRS also provided the following breakup of the causes of maternal deaths.

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Cause of Maternal Death and Percentage Distribution of Total Maternal Deaths in India 1998.

Causes

At the heart of the reasons for this continually high maternal mortality rate is the issue of poverty, malnutrition and lack of access to adequate emergency care, which are usually all present simultaneously. A

faced by these same women, leads to even greater disparities among people in the household. This is borne out in the differential survival rates of boys and girls at the under-five age group.

Nurse's Role

As a Nurse we often wonder what our role is in such an intractable situation. In terms of numbers in the country, it would not be wrong to state that usually Nurses deliver the large majority of babies born in public hospitals and also in the larger hospitals. Also ANMs contribute by assisting and delivering difficult births in many rural areas. Therefore these figures should make all of us sit up and do something. The highest cause of maternal deaths occur after the delivery. The SRS data shows that currently in India 30% of maternal deaths were

Causes of Maternal Death	Percentage
Direct Causes	72.4
Pregnancy with abortive outcome	8.9
Odema, proteinuria and hypertensive disorder	8.3
Heamorrhage	29.6
Obstructed labor due to malposition and presentation of fetus	9.5
Complications predominantly related to the puerperium	16.1
Indirect causes	27.5
Tuberculosis	4.6
Viral Hepatitis	0.4
Malaria	1.4
Anemia	19.0
Others	2.1
Total	100.0

Source: SRS Bulletin, Vol.33 No.1.

Causes of maternal death and percentage distribution of total maternal deaths in India, 1998

poor woman is likely to be malnourished and to live far from a health care facility that can provide any emergency obstetric care. Gender discrimination

related to hemorrhage (ante, intra and post-partum) followed by 16% from complications in the puerperium, primarily sepsis.



The puerperium is a time where Nurses are required to actively monitor the health of the mother. Many of us neglect this. At such times we may fail to respond to a woman's complaints of pain and heavy bleeding. This is often an early sign of infection, which should be taken seriously and reported to the doctor in a hospital or, given antibiotics in a rural or MCH setting. If Nurses genuinely demonstrated and assisted in perineal hygiene, the normal and abnormal amount of bleeding would be detected early and sepsis could also be prevented. Many of us leave perineal hygiene to the woman's natural understanding. Some of the 16% of the maternal deaths that are due to puerperial causes, could be prevented. Many women go through postpartum blues and some have full-blown depression. Under such circumstances women may not insist on going to a hospital or spontaneously mention their complaints. A gentle Nurse who shows understanding needs to be aware of this and always asks how she is feeling and see for herself.

In India, Malaria, Tuberculosis and Anemia and Viral Hepatitis take approximately 28% of lives of the women who die in child-bearing (refer to table). These deaths are a wake-up call to us. The common belief among some Nurses is that there is a blanket ban on ALL medication

while the woman is pregnant. This is not the case-midwifery and Nursing training should emphasise the need for pregnant women to quickly receive treatment for TB and Malaria and Anemia during pregnancy.

As we enter the new millenium, let us all resolve to do our best to protect the lives of child bearing women and to spread the simple message, "we can save lives".

Following are some simple ways-Tell women about the three DELAYS and here is what you can say:

Do not delay mentioning a problem in pregnancy to a member of your friend. For example many women do not know that any bleeding or spotting in pregnancy is a dangerous sign.

Be alert to danger signs, do not exclude other family members while providing antenatal and hospital maternity care. Tell all members of the family whom you come in contact with about the need to bring women for treatment if she has a problem. Remember, many women are not the main decision makers in the family. It helps if husbands and mothers-in-law also know what to look out for.

Do not delay in assisting the pregnant or Nursing woman to reach an emergency care center and provide treatment promptly.

Every minute counts, especially in the case of septic or heamorrhagic shock. Delays in Obstetrics emergency units need to be reviewed on a regular basis.

References

1. Maternal Mortality" A Global Fact book, compiled by Carla AbouZahr and Erica Royston, Division of Family Health, WHO Geneva 1991.
2. Maternal Mortality Rate, SRS Bulletin, Registrar General, India. Volume 33 No.1 April 2000.



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WANTED

B.Sc. Nursing Tutors - 3

Public Health Tutor - 1

Principal, M.Sc. Nursing with teaching experience.

Facilities : Free accommodation, free mess and good salary. Contact personally or send Bio-data immediately.

**Director -
Administration**

CORRIGENDUM

Kindly refer page 282, December NJI 2000. Please read the caption below the photograph as XIX State SNA Conference (TN Chapter) at SRMC & RI (DU) Chennai. The error is regretted.

Editor