Safe Motherhood: With Whom the Responsibility Rests?

A.D. Malhotra

All human life on the planet is born of woman. Woman is an important person for her children and her family. She nourishes her foetus and gives birth to child. Mother's mental, physical and physiological health affects the health of the children and all other members of the family. Safe motherhood means saving the lives of half a million women each year, and improving the health of millions of others. All activities such as family planning, child health and development, and care of the newborn are closely interrelated with the issue of safe motherhood and women's reproductive health. Healthy mothers have healthy babies which will break a cycle of ill health and deprivation. It is therefore important that woman receives good, regular and proper care during pregnancy to keep healthy and in order to be able to deliver a full-term normal baby.

Despite the recent decline in infant and child mortality rates during 1990, it is estimated that one out of every twelve babies in developing countries dies before his/her first birthday. In addition to these 10 million infant deaths, four million children between the ages of one and five also die. The loss of 14 million lives in one year — a number larger than the population of the majority of the world's countries — is a human tragedy. Each day 2,300 children die of respiratory and diarrheal diseases complicated by malnutrition. Many child deaths could be prevented through routine immunization, breast feeding, adequate nutrition, hygiene, oral rehydration therapy and birth spacing.

Many lives can be saved and complications prevented if care is available for mothers throughout pregnancy, child birth and child bearing. Inspite of the availability of such services, women do not make use of these due to illiteracy, fear and taboo. The current fertility rate statistics show that the majority of women in every country, rich or poor, will bear or nurture at least one child during their lifetime, making pregnancy and child birth a near universal event.

The gap between rich and poor countries in terms of health indicators is wider than with respect to rates of maternal mortality. The risk of infant death is about nine times higher in the least developed countries than in the industrialised world. The risk of maternal death in contrast is often more than 100 times higher. Women in Africa, for example, face one in 21 lifetime risk of dying from pregnancy-related causes. The comparable figures for Asia and South America are one in 543, and one in 73 respectively, as compared to almost one in 9,850 in Northern Europe.

In Zambia 10,000 mothers deliver each year. Two hundred of these mothers die as a result of problems related to child bearing. Currently only 40 per cent of births in Zambia take place in health institutions. Abortion can be dangerous. Illegal abortions carried out by untrained persons kill between 100,000 to 200,000 women every year world-wide.

Some three quarters of maternal deaths worldwide can be attributed to five immediate causes: haemorrhage, sepsis (infection), toxemia (pregnancy-related hypertension), obstructed labour and complications of unsafe abortion. The remaining problems result from complications during pregnancy, of pre-existing illnesses like hepatitis, malaria and heart ailments. Lack of access to timely and effective health care is a critical problem for the most developing countries, which might be characterised by a different set of four inadequacies — too far from home, too few trained health care providers, too poorly equipped to identify or handle complications, and too deficient in quality of care. These factors contribute towards poor relationship between health professionals and their clients. Waiting long to receive care, administrative red-tapism and ineffective treatment are but a few of the problems being experienced by most women seeking care.

The care during pregnancy falls under ante-natal care and includes the following:

- To prevent or detect and treat any abnormalities which threaten the life or well-being of the mother or foetus, by regular assessment throughout

Mrs A.D. Malhotra is ex-Dy. Director (Ng.) Haryana and ex Senior Lecturer, Department of Post-basic Nursing, School of Medicine, University of Zambia, Lusaka.

pregnancy.

- To prepare her physically for the demands of labour and motherhood and to advise her on diet, exercise and rest with dietary supplements and drug treatment.
- To prepare her psychologically and emotionally for child bearing, developing her confidence in herself and her attendants by personal contact, mothercraft classes and relaxation techniques.
- To provide opportunities for general health screening — for instance, pregnancy provides an excellent chance to take cervical cytology smears from those most at risk.

Special attention should be given to (a) prevention and treatment of the complications of pregnancy, especially those that may give rise to high perinatal mortality and morbidity, (b) prevention of complications during delivery through labour monitoring, (c) prevention of postpartum haemorrhage, (d) reduction of low-birth weight, (e) resuscitation technique of the new born, (f) promotion of cleanliness, and (f) clean delivery site, clean hands and clean cutting of the umbilical cord.

To provide necessary facilities for ensuring safe motherhood the initial responsibility lies with the couple who should be able to decide about the number of children they can afford to bring up comfortably including their well-being, upkeep, education etc. The provision of services to women during pregnancy, perinatal, post-natal period and care of their infants fall under the purview of the State. It is the responsibility of the State to see to it that necessary basic facilities of health exist even in the remotest areas to ensure safe motherhood.

The problem of reducing the maternal and infant morbidity and mortality rate worldwide, particularly in developing countries is indeed a Herculean task. It is not the job of one person or a State or an organisation alone. These problems need to be tackled on war-footing with joint effort of all those who matter and who can be instrumental in moving the whole machinery in the right direction more efficiently and effectively. Since health sector alone is inadequate to meet the needs, it is essential to have an intersectoral approach which would include economic development, anti-poverty measures, food production, water, sanitation, housing, environmental protection and education. Individuals, non-governmental and even religious organisations can also provide support in the form of physical facilities, equipment and supply, and above all personnel and other related facilities to strengthen the infrastructure, e.g. health education, communication and interpersonal relationship. For developing facilities to ensure safe motherhood, some suggestions are listed below:

- Give high priority to maternal and infant deaths. Investigate and review referral criteria for high risk cases. These deep rooted causes need to be addressed if we are to have long term improvement in women's health and status.
- To achieve the goal of reducing maternal mortality, the plan should intensify efforts to increase the use of contraceptives among all males and females of reproductive age, promote safe and legal abortion, and continue to improve quality of health care.
- To educate and guide mothers with a view to preventing HIV transmission to their life partners, and to their unborn children during pregnancy.
- To establish an efficient mass media wing to create awareness among masses regarding the importance of ante-natal care and of other health services available for the public.
- Widespread information, education and communication can help youth and women to make right decisions about controlling their own fertility and in turn ensuring quality of life.
- Review all health training and continuing education programmes at all levels to improve basic skills in domiciliary and institutional midwifery and other health related subjects like family planning.
- Develop educational campaigns for the entire population using modern and traditional media with special programmes targeted at young men and women.
- To experiment and use appropriate technologies at all levels so that women have better care at lower cost.
- Strengthen community-based maternal health and delivery systems, upgrade existing facilities and create new ones, if necessary.
- Setting up an efficient system for ongoing operational research and evaluation activities of various programmes including periodical feedback to all those concerned with providing care.
- The involvement of nurses and traditional birth attendants (TBA) should be integrated into the existing health services and they should be equipped to advise, educate and provide care to the mothers during antenatal and postnatal period.
- Last but not least, mobilising and involving the community in all health programmes, ensuring their wholehearted support.

The road to safe motherhood is full of obstacles. Let us not sit back and watch passively. We should be watchful, alert and action-oriented. Let us all join hands to find out ways and means of promoting safe motherhood. Let us not miss this opportunity. The time is ripe now.

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