

# Maternal Mortality in Sudan

Dr. Nasr Abdalla

Sudan Fertility Care Association  
(SFCA)

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# Objectives:

- Magnitude of M.M in Sudan
- Causes
- Interventions

# Design:

Retrospective analysis of surveys carried-out to estimate M.M.R and causes.

# Settings:

- Maternity Units
- Maternity Hospitals
- Communities

# Methods:

- Review of studies on maternal mortality
- Data analysis of studies on maternal deaths

# Results:

## National Community-based Surveys

- DHS-1989-1990
- PaP child survey-1995
- SMS 1999

M.M.R Average- around 500 per 100,000 L.B.

# Hospital-Based Surveys

## Kasala Hospital (1997-1998)

- # Of Maternal deaths: 72
- Causes: direct 41.7% indirect 58.3%
- Malaria is the main cause followed by anaemia
- 8.3% arrived dead.
- 54.2% died within 6 hours from arrival to hospital.
- 59 out 72 cases needed blood Transfusion only 20 (34%) received blood.

# Omdurman and Saudi Maternity Hospitals Survey period 1998-2001

Maternal deaths: 199

Causes: direct-61.8% indirect 38.2%

- Malaria and eclampsia are the main causes each constitutes 18.1%.
- 46.2% of deaths occurred Within the first 24 hours.

# Wad Medani Hospital Survey

Period: 1998-2002

## No. of Maternal Deaths 118

- Sepsis is the main cause followed by haemorrhage and malaria.
- Two third of maternal deaths followed C-section.
- Two third of maternal deaths from the rural area.

# Conclusion:

- M.M.R is still high.
- Indirect causes like malaria and anaemia became the leading causes of m.deaths in some settings.
- Sepsis, haemorrhage and eclampsia are still the leading causes of m.deaths.
- Most disadvantaged populations are the rural.
- Surgical interventions (c-section) highly contributed in maternal deaths.

# Interventions:

- Establish (or update) national policy and standards for maternal care and develop measures to support the national policy and standards.
- Keep safe motherhood high on the national and development agenda.
- Ensure availability of adequate facilities for all women who are pregnant or delivering, wherever they are, including women in complex emergency situations.

- Assist the performance of midwifery professionals through pre and in-service training to ensure availability of skilled attendant at each childbirth.
- Support free institutional deliveries and essential obstetric care.
- Early Detection and recognition of complications during pregnancy, childbirth postpartum period.

- Help pregnant women to reach the care they need rapidly when they are in danger.
- Screening pregnant women for risk factors.
- Improve systems for monitoring and evaluating maternal services.
- Support researches in quality maternal health care.
- Mobilize communities to support transport and communication to improve access to care for women when they are in danger.

- Raise the awareness of communities on danger signs during pregnancy and labour.
- Ensure free and informed choice of timing and spacing of pregnancies.
- Promote partnership to encourage national alliances among United Nation Agencies, nongovernmental organizations, medical professional associations, private sector, woman's and youth organizations, focal ministries and community leaders.