

Training course in adolescent sexual and  
reproductive health 2019

Antenatal, intrapartum and postnatal care

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### **Question 1:**

**What were the estimated global maternal mortality ratios in 2000 and in 2017?**

The global MMR in 2017 is estimated at 211 maternal deaths per 100 000 live births, while in 2000 it was estimated at 342.

### **Question 2:**

**What were the global lifetime risks for maternal mortality for a 15-year-old girl in 2000 and in 2017?**

The global lifetime risk of maternal mortality for a 15-year-old girl in 2017 was estimated at 1 in 190; nearly half of the level of risk in 2000: 1 in 100.

### **Question 3.1:**

**What was the trend in maternal mortality ratio between 2000 and 2017 in South Asia and how did it compare to the trends in North America during this period?**

Between 2000 and 2017, the sub region of Southern Asia achieved the greatest overall percentage reduction in MMR: 59% (from 384 to 157). Notably, one sub region with very low MMR (12) in 2000 – Northern America – had an increase in MMR of almost 52% during this period, rising from 11.8 to 18 in 2017. This is likely related to already low levels of MMR, as well as improvements in data collection, changes in life expectancy and/or changes in disparities between subpopulations.

### **Question 3.2:**

**What was the trend in maternal mortality ratio between 2000 and 2017 in your country of origin, and how did it compare with the global average?**

Between 2000 and 2017, Ethiopia achieved reduction in MMR of 61% (from 1030 to 401). The global MMR average in 2017 is estimated at 211 maternal deaths per 100 000 live births, representing a 38% reduction since 2000, when it was estimated at 342. Visibly, Ethiopia has achieved a drastic reduction in MMR in the time period in consideration when compared with the global average.

### **Question 4:**

**Name one recommendation of the report for Primary Health Care systems and for Civil Registration and Vital Statistics systems.**

PHC-Primary health care is thereby considered the cornerstone for achieving universal health coverage (UHC), which only exists when all people receive the quality health services they need without suffering financial hardship.

CRVS-Improvements in measurement must be driven by action at the country level, with governments creating systems to capture data specific to their information needs; systems that must also meet the standards required for international comparability.

**Question 5.1:**

**Identify the 1st, 2nd, 3rd order themes within the typology of mistreatment of women experienced during childbirth in the following case study.**

Identified blame	Typology		
	3rd order themes	2nd order themes	1st order themes
<b>She was abandoned</b>	Failure to meet professional standards of care	Neglect and abandonment	Neglect, abandonment or long delays
<b>The midwife told her that if did not get on the table and lie down, she would leave</b>	Poor rapport	Lack of supportive care	Lack of supportive care from health workers
<b>The midwife yelled at the young woman</b>	Verbal abuse	Hard language	Judgmental or accusatory comments
		Threats and blaming	Threats of withholding treatment

**Question 5.2:**

**Name the WHO document which addresses respectful care during childbirth.**

Prevention and elimination of disrespect and abuse during childbirth. Geneva: World Health Organization; 2014.