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 maternal mortality rate (MMR) in the year 2000 was estimated at **342** maternal deaths per 100, 000 live births (342/100,000lb), whilst that of 2017 was estimated at **211** maternal deaths per 100,000 live births (211/100, 000lb).

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 2000 was estimated at **1 in 100** whereas that of 2017 was estimated at **1 in 190**.

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 from **384** (maternal deaths per 100,000 live births) in 2000, to **157** (maternal deaths per 100,000 live births) in 2017. That is, an overall percentage reduction in MMR reduction of 59%. This equates to an average ARR of 5.3%. Northern America, with very low MMR of 12 in 2000 however recorded an increase in the period 2017, with an MMR of 18, thus, 52% increase. This is likely related to issues of complacency due to already low levels of MMR, as well as improvements in data collection, changes in life expectancy and or change in disparities between sub-populations. Thus, whereas Southern Asia intensified efforts to reduce its rather high maternal mortality rates recorded in 2000, Northern America might not have made comparable investments in improved maternal health since it had very low MMR rate of 12, hence, the high increase of 52% recorded in 2017. This implies that national and sub-regional investment in maternal health must continue to be a priority to all stakeholders and at no point should they relent on their efforts. Each birth counts and the cost of even one maternal death is way too much for families and countries to bear. Countries with very low MMR should aim at zero maternal deaths.

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?

Despite its very high MMR in 2017, sub-Saharan Africa as a region also achieved a substantial reduction in MMR of roughly 38% since 2000. Ghana's overall change in MMR between 2000

and 2017 was estimated at **36%,** i.e., from 484 (in 2000) to 308 (in 2017), whilst the global MMR trend was estimated at 342 (in 2000) and 211 (in 2017).

Though lower than the global overall percentage reduction of 59%, the progressive reduction in Ghana's MMR from a high of **484/100,000lb** (in 2000), 371 (in 2005), 339 (in 2010), 320 (in 2015) to **308/100,000lb** is very remarkable and commendable. The introduction of the "Free Maternal Health policy under Ghana's National Health Insurance in 2001, and the development of the Maternal Health Acceleration Framework (MAF), which served as a roadmap to improved maternal health care in Ghana contributed significantly to the reduction in MMR from 2000 to 2017. Also, the involvement of traditional leaders such as queen-mothers as maternal health champions at the community and local levels, on Comprehensive Abortion Care (CAC) services can be attributable to the reduction of maternal deaths in Ghana. This is because it led to the intensification of community education and increased referrals, and contributed to reduction in unsafe abortion, teen pregnancy and increased access to maternal health services in general. In spite of the significant gains made, Ghana however still has to do a lot more to reduce maternal deaths so as to catch up with the global MMR trends.

Question 4:

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

Primary Health Care - The report recommended that efforts to increase the provision of skilled and competent care to more women, before, during and after childbirth, must be seen in the context of external forces including but not limited to climate change, migration and humanitarian crises. This is not only because of the environmental risks presented, but also because of their contribution to health complications.

Civil Registration and Vital Statistics systems - The WHO report also called on governments to establish well-functioning CRVS systems with accurate attribution of cause of death. 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. Globally, standardized methods for preventing errors in CRVS reporting (i.e. incompleteness and misclassification) should be established to enhance international comparability.

Question 5.1:

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

Typology of Mistreatment during Childbirth of 20 year Old Woman

First-Order Themes	Women physically restrained to the bed during childbirth

	Harsh or rude language Threats of withholding treatment Discrimination based on age Neglect, abandonment, or long delays Dismissal of women's concerns Poor staff attitudes Lack of supportive care from health workers
Second-Order Themes	Physical restraint Harsh language Threats and blaming Discrimination based on sociodemographic characteristics Neglect and abandonment Ineffective communication Lack of supportive care
Third-Order Themes	Physical Abuse Verbal Abuse Stigma & Discrimination Failure to meet professional standards of care Poor rapport between women and providers

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.