

Precise Effective Strategies to Reduce Maternal Deaths in Resource Constrained Settings.

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INTRODUCTION

A maternal death, as defined by the ninth and tenth revisions of the International Statistical Classification of Diseases and Related Health Problems (ICD), is 'the death of a woman while pregnant or within 42 days of the end of the pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.' [1]. Sadly maternal deaths occurred almost every two minutes globally in 2020. This means a funeral almost every two minutes as a result of maternal deaths and this causes enormous pain emotionally in families and children.

The death of a woman giving birth is such a sad and painful clinical outcome. Bearing this in mind the deaths of these women has become a global public health nightmare especially in low to middle income countries like Zimbabwe. Huge investments in terms of skill, time, money, buildings, and equipment have been invested to curb this public health problem. The deaths of these women lead to orphans, widowers, disruption of families and suffering of the remaining children motherless.

GLOBAL BURDEN OF MATERNAL DEATHS

The total number of women who lost their lives while giving birth was 287 000 globally. It is reported that ninety five percent of these women who died resided in low to middle income countries and most of the deaths were preventable. Sub Saharan Africa and South Asia regions tribute the majority (87%) of maternal deaths globally. Sub Saharan Africa has the highest maternal deaths contributing 202 000 deaths (70%) and South Asia 47 000 (16%). [2] Despite the high maternal deaths in the two above mentioned regions globally the maternal mortality ratio (MMR) that is number of maternal death per 100 000 live births has been dropping globally. Eastern Europe had the highest decline between 2000 and 2020 with a reduction of 70% from MMR of 38 to 11, South Asia also recorded decline of 67% from MMR of 408 to 134 respectively during the same period. Despite the relatively high MMR in Sub Saharan Africa the region managed to reduce its MMR as well by 33% [2]. In 2023 Zimbabwe reported 505 maternal death and majority over 80 percent were avoidable and occurred in health facilities.

WHAT ARE THE MAJOR CAUSES OF MATERNAL DEATHS GLOBALLY

The World Health Organisation reports that the top cause of maternal deaths globally is Post Partum haemorrhage (PPH) which means excessive bleeding after delivery. This condition leads to deaths in a short space of time if not managed well. A healthy woman can die in few minutes due to PPH. Globally seventy thousand (70 000) women died of PPH last year [1]. Management of PPH is by intravenous fluid replacement and blood transfusion. Infection after child birth is another leading cause. These infections are commonly called sepsis. If untreated they lead to long excruciating suffering of new mothers till death. The treatment of these infections is by administering antibiotics. High blood pressure during pregnancy and after delivery is another cause of maternal deaths globally. [2] These are normally called pre eclampsia and eclampsia. Complications during labour are another cause of maternal deaths (MD), these come in various forms like uterine rupture, obstructed labour, and many more. Unsafe abortions also join the list contributing 13% of the

deaths. Majority of unsafe abortions occur in Sub Saharan Africa which contributes 50%. Various reasons for these deaths have been reported, the major reasons is lack of access to high quality clinical care, gender inequalities, volatile situations, poverty and cultural beliefs.[1][2]

STRATEGIES TO PREVENT MATERNAL DEATHS

As reported earlier the major cause of maternal deaths is lack of access to quality maternal health services. Therefore the most important strategy will be to improve quality of care through comprehensive Ante Natal Care (ANC) where these pregnant women and the unborn child are medically examined every month, better family planning services, Gender equality, training the health workers in comprehensive emergency maternal neonatal obstetric care (CEMNO) , basic emergency maternal obstetric neonatal care (BEMNO). Trainings in customer care, teamwork, communication, data and information management, discourage dangerous cultural practices such as use of herbs to initiate labour [4,5,6] such practices are associated with post-partum haemorrhage and uterine rupture, resource management, monitoring and evaluation of indicators, infection prevention and control , safe abortion, increased funding for maternal health services infrastructure, equipment and many more[3]

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