From Unsafe Motherhood to Safer Motherhood - a birthing process over time - 1987 - 2017

30 years of Safe Motherhood Initiative
Woodrow Wilson Center, Washington D.C.
8 December 2017
Barbara E. Kwast, FRCOG, PhD
The Genesis of Safe Motherhood

• Alma Ata PHC Declaration, WHO 1978
• Decade for Women, UN 1976-1985
  “Forward Looking Strategies” 1985
• “Where is the M in MCH?”
  Rosenfield & Maine 1985
• Nairobi Safe Motherhood Conference 1987
  World Bank, UNFPA, UNDP, WHO
Third-World Concern: Deaths During Childbirth

BY JAMES BROOKE
Special to The New York Times
NAIROBI, Kenya, Feb. 13 — International health experts here began a campaign today to end a third-world health problem that has largely gone away from Europe and the United States in the past century: the deaths of women in childbirth.

"The third world is where we were responsible for ending this problem," said Dr. Robert Jaslow, Director General of the World Health Organization, one of the sponsors of a "Safe Motherhood" campaign held here this week to draw attention to the hidden tragedy of maternal mortality.

At the opening session of the conference, Barber B. Conable Jr., president of the World Bank, challenged participants to "reduce by half the number of women who die in pregnancy and childbirth by the year 2000."

To further this goal, the bank has pledged $1 million for a "Safe Motherhood" project managed by the World Bank. Mr. Conable also informed delegates that, according to a study carried out in Nairobi and published by the World Bank and the UN Population Fund, about 200,000 women die each year in South Asia and sub-Saharan Africa.

"We must strengthen the health-care system to ensure that no woman dies needlessly," said Dr. Peter Carr, a member of the World Health Organization's expert panel.

On the last day of the conference, the UN General Assembly adopted a declaration that "further recognizes the urgent need to end the practice of delivering women in the absence of a skilled health-care provider." The declaration also calls for the establishment of a "Safe Motherhood" program.

The Nairobi meeting was attended by representatives from more than 100 countries and organizations, including the United Nations, the World Bank, the World Health Organization, and the International Planned Parenthood Federation.

The conference drew to a close today with a final appeal to all nations to "work together to end the tragedy of maternal mortality and to improve the health of women and children around the world."
The Road to Maternal Death

As described by Fathalla 1985

- Poor socio-economic status
- Excessive fertility
- High risk pregnancy
- Life threatening complications
- RAISING THE STATUS OF WOMEN
- FAMILY PLANNING SERVICES
- COMMUNITY BASED MATERNITY SERVICES
- ACCESSIBLE 1ST LEVEL REFERRAL SERVICES

[WHO 1986]
The Call to Action in Nairobi 1987

- Improving the status of women
- Changing attitudes, practices and laws
- Health sector strategies – the three-pronged approach:
  - Mobilizing community-based care
  - First Referral level facilities
  - “Alarm” and transport system
- The importance of Family planning
Essential Obstetric Functions at first referral level

1. Medical Treatment
2. Anaesthesia
3. Surgical Obstetrics
4. Blood Replacement
5. Manual procedures and monitoring of labour with a partograph
6. Management of High Risk Deliveries
7. Family Planning Support
8. Neonatal Special Care

Safe Labor & Delivery – our social responsibility

ANC  L&D  PNC
Important Landmarks in Safe Motherhood

- **1997**
  Ten Years of Safe Motherhood: a decade of measuring impact

- **1998**
  WHO designated as Safe Motherhood Year

- **2000**
  Millennium Development Goals

- **2003**
  Launch of campaign to end fistula

- **2010**
  UN Human Rights Council: Women’s right to Safe Motherhood is recognized as a Human Right

- **2015**
  From MDGs to SDGs
Paradigm shifts

• From selection of women ‘at high risk’ to ‘all women are at risk’
• From essential obstetric functions to emergency obstetric functions
• From TBA training to skilled birth attendants
• Task shifting for emergency obstetrics and surgery from specialists to clinical officers, 2009
From EOC to EmOC Signal Functions
WHO UNFPA UNICEF AMDD 1997/2009

1. Parenteral antibiotics
2. Uterotonic drugs
3. Parenteral anticonvulsants
4. Manual removal of the placenta
5. Removal of retained products
6. Assisted or instrumental vaginal delivery

7. Neonatal resuscitation

8. Surgery (e.g. Cesarean delivery)
9. Blood replacement

Basic Health Center

Comprehensive Hospital
If midwives were in place to treat or refer complications –
If adequate facilities were accessible to deal with complications- many deaths could be averted:

Around childbirth and first week postpartum

61% of all maternal deaths
49% of stillbirths
60% newborn deaths

Source: WHO 2014
Moments of Greatest Risk: 48 hours around time of delivery

- Labor Onset
- Maternal & Neonatal Mortality Risk
- Antenatal Period
- Admission to Birth Facility
- Delivery
- Discharge from Birth Facility
- Time
- 28 Days
- 42 Days

With permission. Dr. Katherine Semrau, BetterBirth Program, Ariadne Labs
The crisis of intrapartum management-issues impeding respectful quality care

Visible issues

- Overcrowding
- Lack of privacy
- Gaps in demand & Supply chain

Invisible issues

- Accountability
- Logistics
- Management

Photo with permission Dr Tarek Meguid
User-friendly guidelines for intrapartum management

Significant reductions in intrapartum stillbirths and birth asphyxia are possible

The unfinished agenda of MDG 4 and 5 - the tragic loss every day in 2017-

800
Woman die

7100
Stillbirths

7000
Newborns die

2700
of Newborns die on the first day

Source: WHO 2016, UNICEF 2017
Recognition that safe labor and delivery is an integral aspect of human rights

The seven P’s

- Political will
- Policy and practice gap
- Partnerships
- Power
- Peace
- Perseverance

Future Challenges beyond Obstetrics and Midwifery

For the implementation of UN Security Council Resolution 1325 on Women, Peace & Security
“It always seems impossible until it’s done.”

- Nelson Mandela
1918-2013
October

“My work and that of the hospitals is important, but it is more important to prevent fistula in the first instance and our midwives can achieve this. My dream is for there to be a midwife in every village of Ethiopia.”

Dr Catherine Hamlin

Congratulations to the class of 2017 who graduate this month from the Hamlin College of Midwives.

Thank you