

WASH and maternal & reproductive health

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Overview

1. Maternal health and WASH:

Historical lesson

Conceptual framework shows multiple mechanisms

Epidemiological evidence: systematic review results

2. Case studies - Burden of poor WASH:

Domestic birth settings

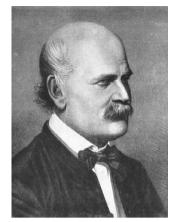
Facility birth settings

Complex relationship requiring intersectoral action

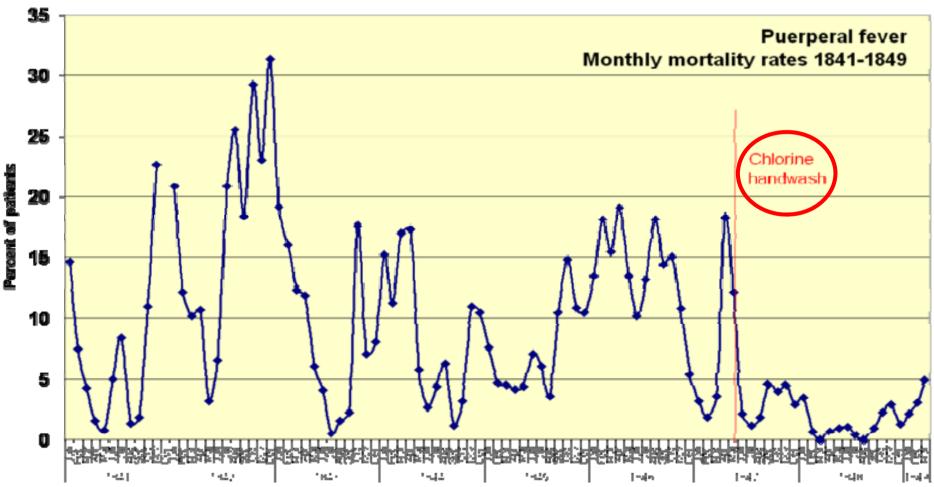




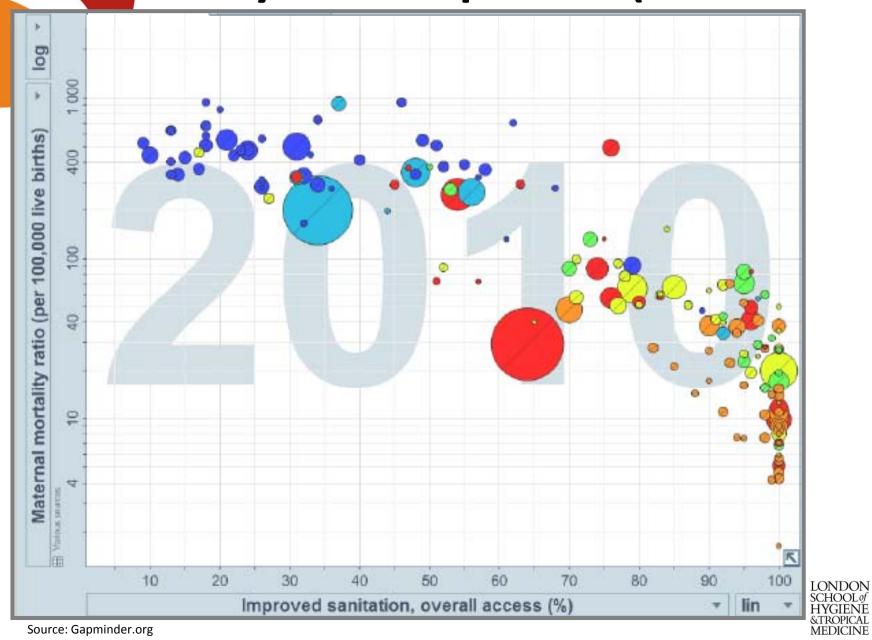
Vienna, 1847



Poor hygiene in health facilities - Semmelweis

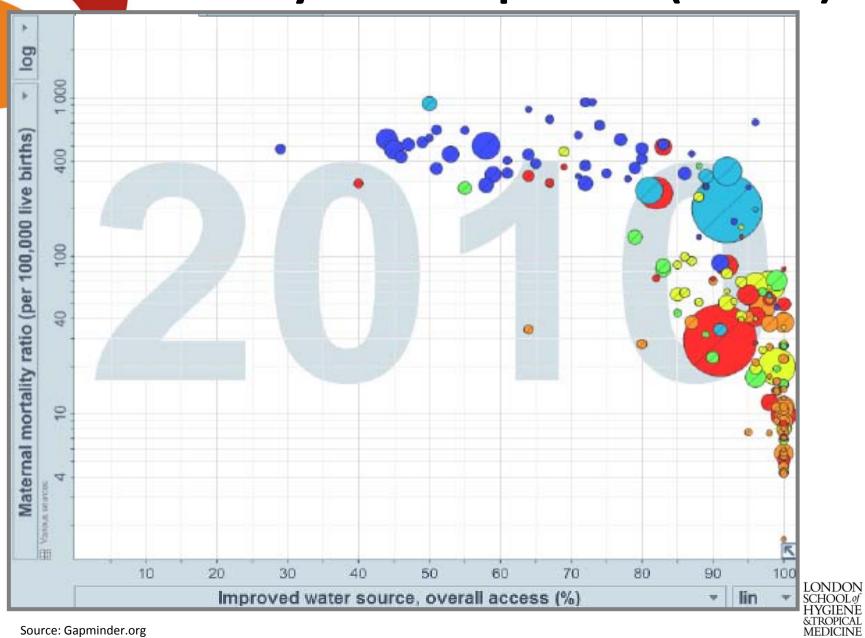


Today: Global picture (Sanitation)



Source: Gapminder.org

Today: Global picture (Water)



Source: Gapminder.org



Millennium Development Goals 1990-2015

MDG 5A:

Reduction of maternal mortality ratio by three quarters.

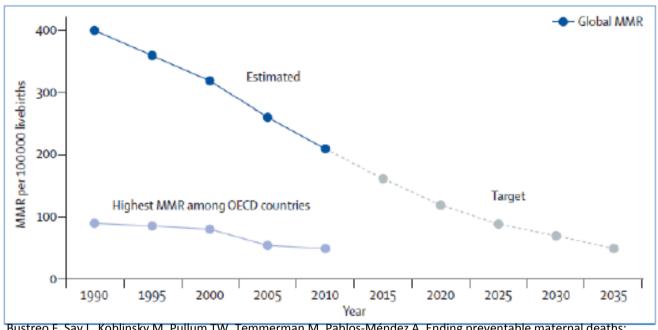
MDG 7C:

To halve... the proportion of the population without sustainable access to safe drinking water and basic sanitation.

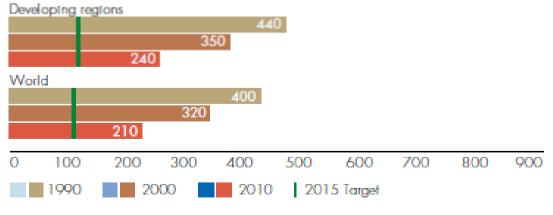




Insufficient progress on maternal mortality



Bustreo F, Say L, Koblinsky M, Pullum TW, Temmerman M, Pablos-Méndez A. Ending preventable maternal deaths: the time is now. The Lancet Global Health 2013;1:e176-e177.



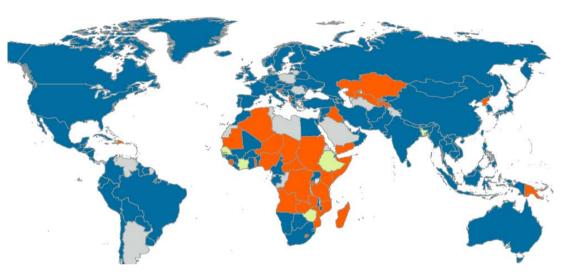


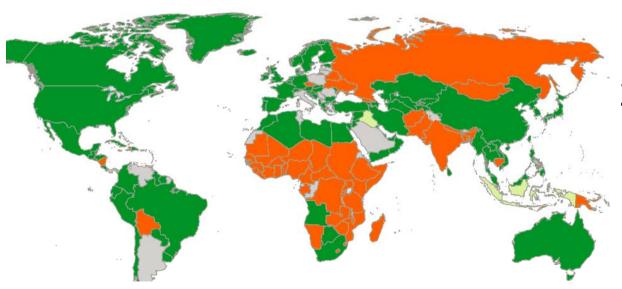




Progress on domestic access to water & sanitation

780 million without access to safe drinking water





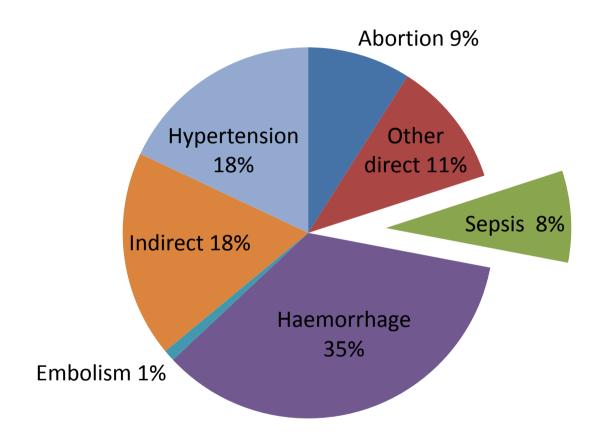
2.5 billion without access to safe sanitation





WASH & Maternal Mortality

Causes of maternal mortality



Significant proportion of maternal deaths caused by sepsis



Conceptual framework: WASH links with maternal/reproductive health

Three lenses:

- 1. WASH transmission (biological)
- 2. Life-course (long-term perspective)
- 3. Gender (social and behavioural)



1. In the water



2. Behaviour & location





Life course perspective on potential impacts

Low birth

Morbidity

weight

Infections: cord, skin & eve

Unacceptable child health services

Poor mental health

Stillbirth

Spontaneous abortion

Repeated pregnancy

Maternal Death

C-section

Obstructed labour

Cardiac disease

Anaemia

Unacceptable ANC,

delivery & PNC services

Stigma

Pelvic inflammatory disease

Short adult

Infections: enteric, parasitic,

respiratory

Stunting

Anaemia, rheumatic disease

Cognitive impairment

Unacceptable schools School absenteeism/dropout

Harassment, rape

Orphans Early marriage

Opportunity costs Spinal compression

Unacceptable FP services

Prolapse

Caloric expenditure











Systematic literature review

Tropical Medicine and International Health

doi:10.1111/tmi.12275

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Systematic review and meta-analysis: association between water and sanitation environment and maternal mortality



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Evidence base is limited

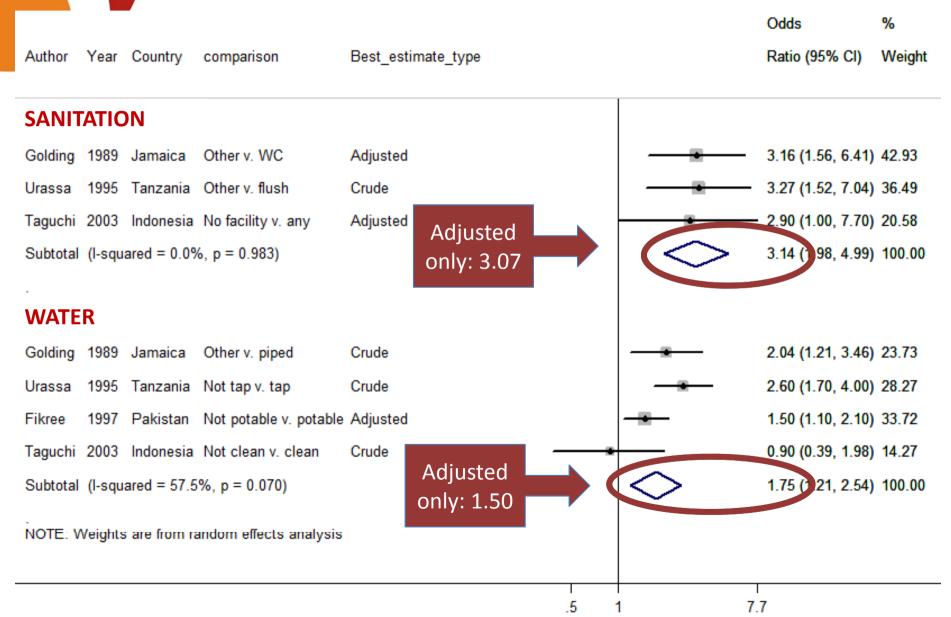
-14 articles (5 individual-level, 8 ecological, 1 facility-based)

Observational nature of studies

- Potential for residual confounding, especially by socioeconomic status



Meta-analysis of individual level studies





Burden of poor WASH in domestic and facility birth settings

India, Bangladesh, Malawi, Tanzania

Demographic and Health Surveys





Definition of WASH in home settings

Using the UN Joint Monitoring Programme definitions for 'improved':

- 1. 'WASH-safe' = improved water & sanitation
- 2. 'WASH-unsafe' = lacks either of both









Improved water source:

- Piped or protected well into dwelling, yard
- Public tap/standpipe or public well
- Neighbour's tap or borehole
- Rainwater or bottled water



Improved sanitation:

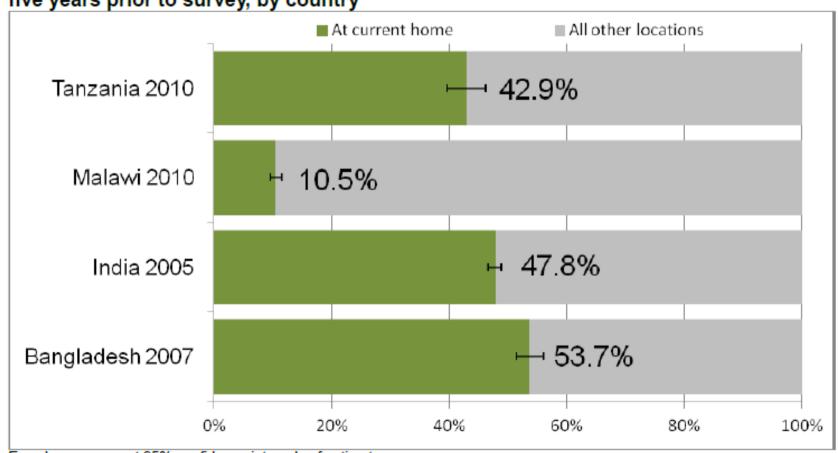
- Flush to sewer, septic tank, pit latrine
- Pit latrine ventilated improved pit (vip)
- Pit latrine with slab
- Composting toilet

& is not shared



Home births as % of all births

Figure 1. Proportion of births delivered in the current home among all live births in five years prior to survey, by country



Error bars represent 95% confidence intervals of estimates.





SummaryWhat we know

- Plausible biological and social mechanisms link WASH with maternal health
- Poor water and poor sanitation environments are associated with higher maternal mortality
- High burden of poor water and sanitation in domestic and facility birth settings exists
- Existing evidence confirms that benefits of improvement may be substantial





SummaryGaps in evidence

- From 67 identified biological mechanisms, there is no published evidence of link with maternal mortality in 30
- Limitations of observational evidence
- Lack of impact interventions
- Current definitions do not consider quality, distance or cost
- Limited data on hygiene practices (domestic or facility)
- No definition of (birth) facility WASH environments
- Lack of up-to-date facility-level data
- Increase understanding and channel action to improve hygiene on labour wards

www.soapboxcollaborative.org





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