Maternal Morbidity and Disability: Getting the Attention It Deserves

Mary Ellen Stanton/USAID
Woodrow Wilson Center
July 14, 2015
THE SILENT ENDURANCE:
Social conditions of women's reproductive health in rural Egypt

by Hind A. S. Khattab
edited by Gilliam Potter
1992

• Women’s “culture of silence”
• Women give lower priority to their health status
• Women’s position in the family hierarchy of power will affect health related behaviors
• Lack of awareness among women concerning their own health
• Health professionals patronizing attitude...
• Health professionals lack of knowledge of the life conditions of patients
“We always hear the Millennium Development Goals emphasis on maternal mortality….We have to add ...that millions of women are permanently disabled and have their lives ruined by childbirth every year – some of them might even be better off dead!”

....Baroness Tong
Hearings Chair
Maternal Morbidity, Disability and Their Consequences: Neglected Agenda in Maternal Health

- A set of studies (9 original papers) and two commentaries
- in two geographic areas of Bangladesh (Matlab and Chandpur),
- a comprehensive snapshot of short- and long-term consequences of acute maternal morbidity
- an extensive data set and robust methodology
- quantitative and qualitative
- retrospective and prospective, combined with postpartum physical examinations
- to examine, maternal morbidity, disability and their consequences
Conceptual framework
Study of Maternal Morbidity and its Consequences

Maternal morbidity
(hemorrhage, preeclampsia, prolonged/obstructed labor, sepsis)

Consequences/Disabilities
(short and long term)

Child
Growth/developmental
Education
Survival

Family/household
Social
• Social support
• Relationships
• Child caring
• Family structure
• Violence
Economic
• Productivity
• Impoverishment

Woman
Physical consequences
• Incontinence
• Obstetric fistula
• Dyspareunia
• Hemorrhoids
• Hemorrhage
• Infection
• Hypertension

Psychological consequences
Survival

Source: Koblinsky et al. JPHN, 2012.
Maternal morbidity

An overarching term that refers to any physical or mental illness or disability directly related to pregnancy and/or childbirth. These are not necessarily life threatening but can impact quality of life.

Acute maternal morbidities
- Obstetric complications – direct and indirect
- Severe obstetric complications
  - Absolute maternal indications (AMIs)—life-threatening or severe
  - Severe acute maternal morbidities (SAMMs)—organ failure
  - Near miss—nearly died but survived

Postpartum maternal morbidities and disabilities

Chronic morbidities

Source: Koblinsky et al. JPHN, 2012.
For every maternal death, there are about 40 severe/less severe complications and over 160 postpartum morbidities/disabilities.

There numbers are far higher than previous estimates of 20 women with complications and 40 with postpartum morbidities/disabilities for every maternal death.

Source: Stanton and Brandes, JPHN 2012
10% of women have maternal complications in the intrapartum period
- Severe dystocia is the most common complication, but hemorrhage causes the most deaths
25% died at home; most died in a public or private health facility
40% suffer physical complications postpartum—but most are relatively mild – first degree prolapse, hemorrhoids, hypertension
In cases of chronic maternal disabilities, such as uterine prolapse, women may experience...

- *khota* (insult) – ridicule by neighbors and in-laws
- Physical and sexual violence for not meeting husbands’ demands

“*If people can find a deficiency, they will castigate me. During quarrels they will take the upper hand and stigmatize me.*”

...*Woman with stress incontinence*

“*If I cannot sleep with you what is the use of keeping you? I’ll divorce you.*”

...*Husband of woman with 2nd degree prolapse*

Source: Stanton and Brandes, Khan et al. and Naved at al, JHPN June 2012
In cases of chronic maternal morbidity, economic consequences for the family include

• taking out loans
• selling assets

“Even among the poorest households in Bangladesh, there is an unexpected resiliency to the economic shock of paying the cost for obstetric emergencies”
In the case of perinatal death

- women may be “sequestered for years” and be unable to even carry out religious rituals the consider fundamental to their spiritual well-being

- Postpartum depression

- Emotional violence and controlling behavior by the family and community
• The cumulative probability of survival up to age 10 years was 24% in children whose mothers died before their tenth birthday compared to 89% in those whose mothers remained alive.

• Infant mortality is approximately 8x higher for those infants who died than if the mother survived.

Extensive review in low and lower middle income countries

Manifestations:
- Anxiety -- common
- Depression -- common
- Psychosis – uncommon

Prevalence in low and lower middle income countries of common mental disorders
- Pregnancy 16%
- Postnatal 20%

➢ Suicide rates are underestimated

Summary conclusions—selected

- Perinatal common disorders are prevalent among women in resource constrained settings
- Few have access to any form of mental health care
- Infants of women with common mental disorders are at risk for poorer growth, health and development

Source: Jean Hailes /Monash University, WWC presentation, April 2015
Highlight the importance of the postpartum and postnatal care that goes beyond the standard 4-6 week period

• Communications to women and families about the importance of postpartum care—assessing risk and actual occurrence of complications (physical problems, depression, violence) and responding with special attention to children whose mothers died and the mothers of perinates who died

• Beyond screening, build capacity—individual expertise and organizational capacity to effectively respond to repair prolapse and fistula, treat mental illness, provide family planning for all who desire it, and so forth

• Social protection for the most economically and socially vulnerable

• Spotlight the fundamental issues of the status and human rights

Source: Stanton and Brandes, JHPN June 2012.
Thank you