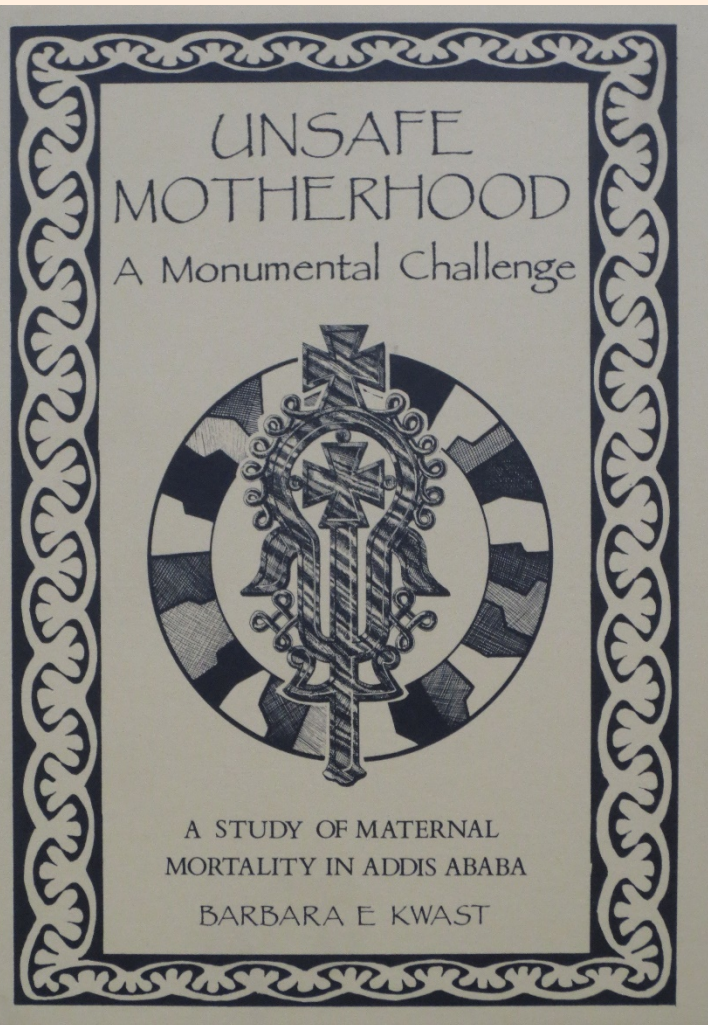
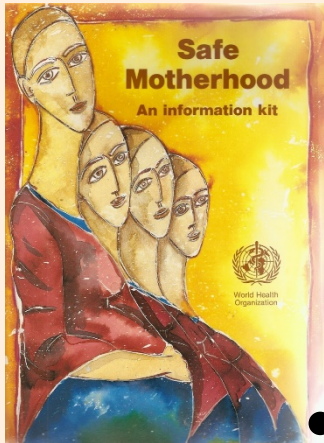


From Unsafe Motherhood to Safer Motherhood -a birthing process over time- 1987 - 2017

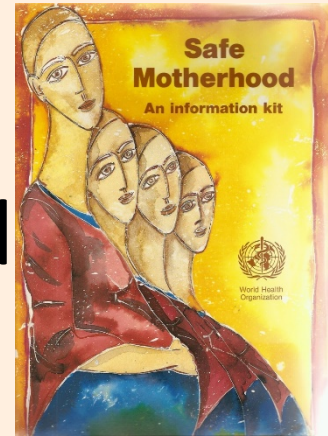


30 years of Safe Motherhood Initiative
Woodrow Wilson Center, Washington D.C.
8 December 2017

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
- Interregional Meeting on the Prevention of Maternal Mortality, WHO, Geneva 1985
- Nairobi Safe Motherhood Conference 1987
 - World Bank, UNFPA, UNDP, WHO



...with Mr Barber Conable (2nd right, partly hidden), president of the World Bank, Mr Kibaki (right), Mrs Sadik, deputy executive director, United Nations Development Programme, Mr William H. Draper, the administrator, World Health Organisation, look on. ... Mr Halfdan Mahler (2nd left), director-general, World Health Organisation. Picture by JOSEPH ODIYO

...round mothers, tells conference

MUSYOKA ... yesterday urged ... community to ... safety in ... use ... ing ones — were to develop faster and enjoy a high standard of living. President Moi was officially opening a three-day Safe Motherhood International Conference at the Kenyatta International Centre, Nairobi, over 120 delegates including ... of ...

ference will try to identify the causes of death in pregnancy and childbirth and to outline the strategies for combating the problem.

The opening session, addressed by the president of the World Bank, Barber Conable, the Director of the World Health Organisation, Dr Halfdan Mahler, also suffered from ...

In February an international conference was held in Nairobi on preventing the deaths of women following delivery. Its toll as often continues to be not given, and many also suffer from ...



The New York Times/James Brooke

...mother who wants no more children, outside in the Nairobi slum of Kawangware. With ... a family planning worker there.

THE NEW YORK TIMES, SATURDAY, FEBRUARY 14, 1987

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 conquer a third-world health problem that has been largely overcome in the West: the death of women in childbirth.

"The third world is where we were in Europe and the United States at the turn of the century," said Dr. Halfdan Mahler, Director General of the World Health Organization, one of the sponsors of a "Safe Motherhood Conference" held here this week to draw attention on what participants called a hidden tragedy.

At the opening session, Dr. 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 World Bank pledged \$1 million in aid for a "Safe Motherhood Project" managed by the World Health Organization. Mr. Conable said the World Bank will double World Bank attention, health and family planning, to \$500 million by the year 2000.

"Common sense says that such a goal is intolerable," said ...

day in the process of carrying or delivering their children," said Mr. Conable, a former Republican Representative from upstate New York.

The Nairobi meeting was partly an outgrowth of a conference held here two years ago to mark the end of the United Nations Decade for Women. The conference drew on new personal experiences to estimate the toll of maternal mortality.

World Health Organization estimates that 500,000 women die each year during pregnancy and childbirth, and 99 percent of these deaths take place in developing countries. In fact 300,000 of these 250,000 are in South Asia.

The risk for women of dying during pregnancy and childbirth is 50 to 100 times higher in the developing countries, especially in Asia. And a woman is faced with this risk on an average five to six times in her life. While in the developed nations an estimated 494,000 women die annually as a result of pregnancy, in Africa one in 21 dies for the same reason.

In February an international conference was held in Nairobi on preventing the deaths of women following delivery. Its toll as often continues to be not given, and many also suffer from ...

According to the report, maternal mortality is the leading cause of death among young women in many developing countries. Illness and death during pregnancy and childbirth are common.

...of 20 women in ... me that three ... Barbara Herz, ...

Delivery kills 1/2m women

By NATION Reporter

About 500,000 women die from causes related to child-bearing every year throughout the world. And 60 per cent of these deaths occur in South Asia and 30 per cent in sub-Saharan Africa, according to a study carried out by the World Bank and published in Nairobi yesterday.

Scourge of pregnancy, childbirth

By NEENA VYAS

THE World Health Organization has estimated that 500,000 women die each year during pregnancy and childbirth and 99% of these deaths take place in developing countries. In fact 300,000 women die in Asia alone, and of these 250,000 are in South Asia.

Some countries are teaching them the skills of risk pregnancies. For such pregnancies referred to equipped district hospitals. It has been calculated that a three-pronged strategy of providing pre-natal care and family planning services at the rural community level would reduce deaths by half in about a year. This could reduce maternal deaths by half in about a year. In most developing countries less than 20% of the population is spent on child health programmes and most of this 20% is spent on maternal and child health. With an increase in awareness of the problem of maternal mortality and increase in maternal health programmes, maternal mortality can be expected to decrease.

Improvement in health workers' skills to identify high mortality rates, has brought some progress. For such pregnancies referred to equipped district hospitals. It has been calculated that a three-pronged strategy of providing pre-natal care and family planning services at the rural community level would reduce deaths by half in about a year. This could reduce maternal deaths by half in about a year. In most developing countries less than 20% of the population is spent on child health programmes and most of this 20% is spent on maternal and child health. With an increase in awareness of the problem of maternal mortality and increase in maternal health programmes, maternal mortality can be expected to decrease.

THE STATESMAN, 13 NOVEMBER 1987

of a number of communicable childhood diseases which are almost entirely preventable. National deaths can also be reduced. Data also show that the lowest risk age group for pregnancy and childbirth is 20 to 24 years. Girls who become pregnant while still in school suffer from increased risk and girls below the age of 15 years run a 5 to 7 times higher risk. Women over the age of 35 years and those who have had five or more pregnancies also run a higher risk. The community and women's groups need to be educated. If no action is taken, 2000 women will die.

to health centers due date a woman to one of the remote site to an emergency delivery. Another problem comment was Duale of Zaire how to perform is not available said, midwives the 200 to 300 Other solutions rural health care training service identify pregnancies Down a dirt road of Kawangware 59,000, the effective maternal health care seen. Built Kabiro Health care to explain "I haven't birth in Kawangware, a

In developing countries, about half of all women go through labor and childbirth without anesthesia or trained attendants. In addition, two-thirds of pregnant women in developing countries are believed to be anemic.

Several conference participants, citing recent medical history, were optimistic that maternal mortality rates could be reduced in underdeveloped countries.

In 1935, it was pointed out, England and Wales had a maternal mortality rate of 400 for each 100,000 live births — not much below India's current rate of about 500. Today, Britain's rate is about 10 deaths for each 100,000 births.

The difference, experts here said, is not economic development but the widespread extension of modern health services: family planning, antibiotics, Caesarian sections, blood transfusions, and hygienic medical practices.

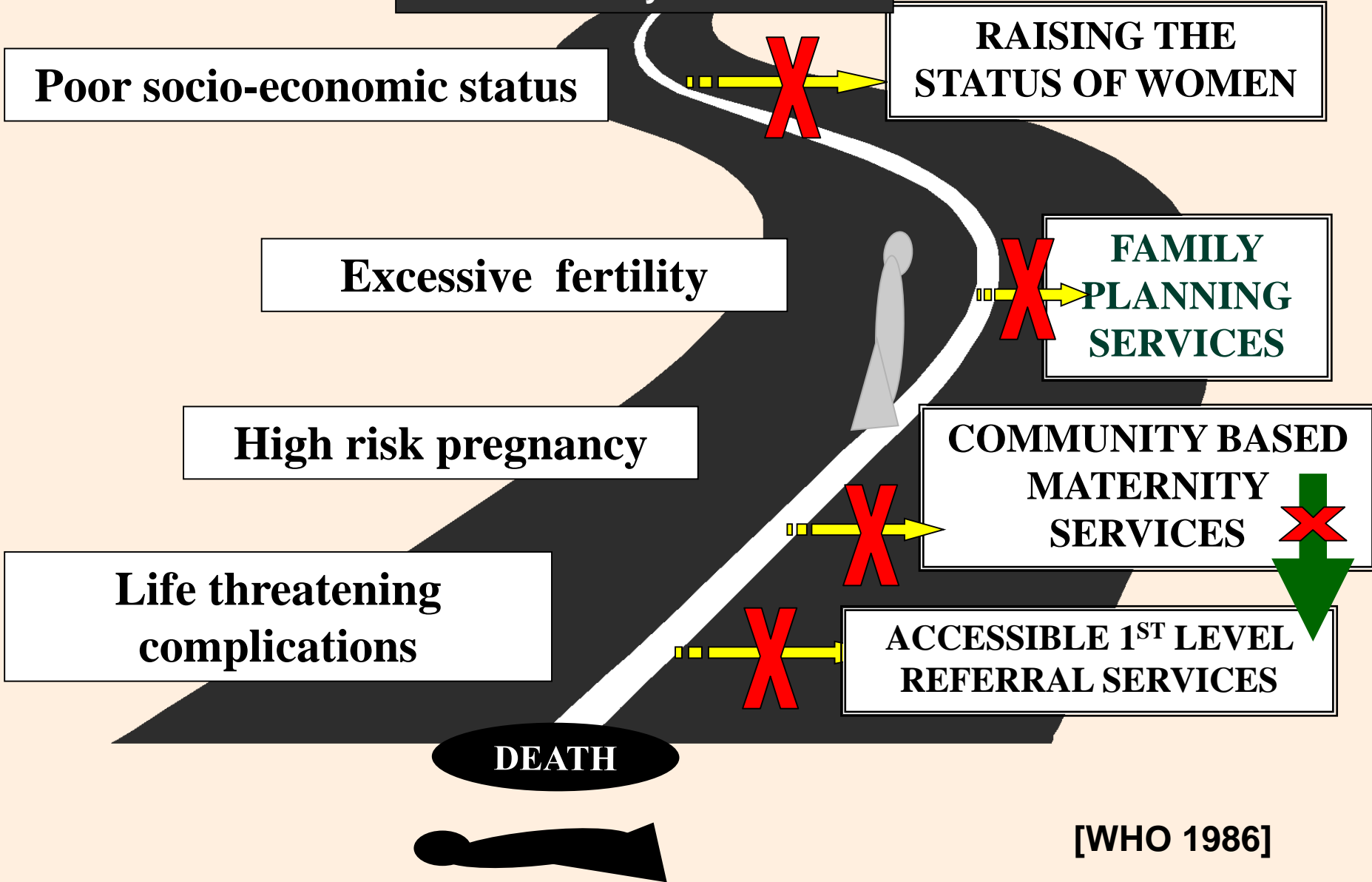
Family Planning Favored A key step, participants said, is access to family planning. Through the 1970's, many Africans criticized family planning programs as racially inspired limits on their growth. But at this

L+

Sikh So

The Road to Maternal Death

As described by Fathalla 1985





Preventing the Tragedy of Maternal Deaths

A REPORT ON THE
International Safe Motherhood Conference

NAIROBI, KENYA
February 1987

The Call to Action in Nairobi 1987

The Safe Motherhood Initiative



Address

by
Barber B. Conable
President
The World Bank
and
International Finance
Corporation

and

Proposals for Action

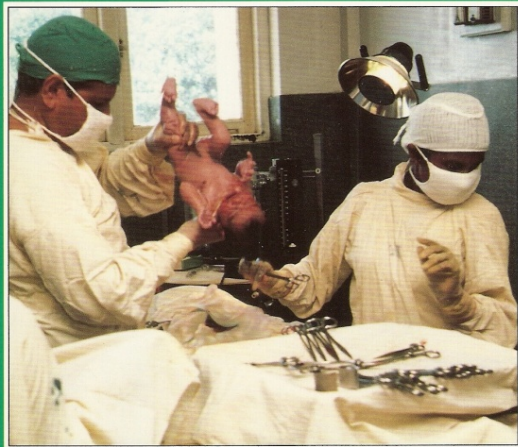


Nairobi, Kenya
February 10, 1987

- 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

*Essential elements of
obstetric care
at first referral level*



World Health Organization
Geneva

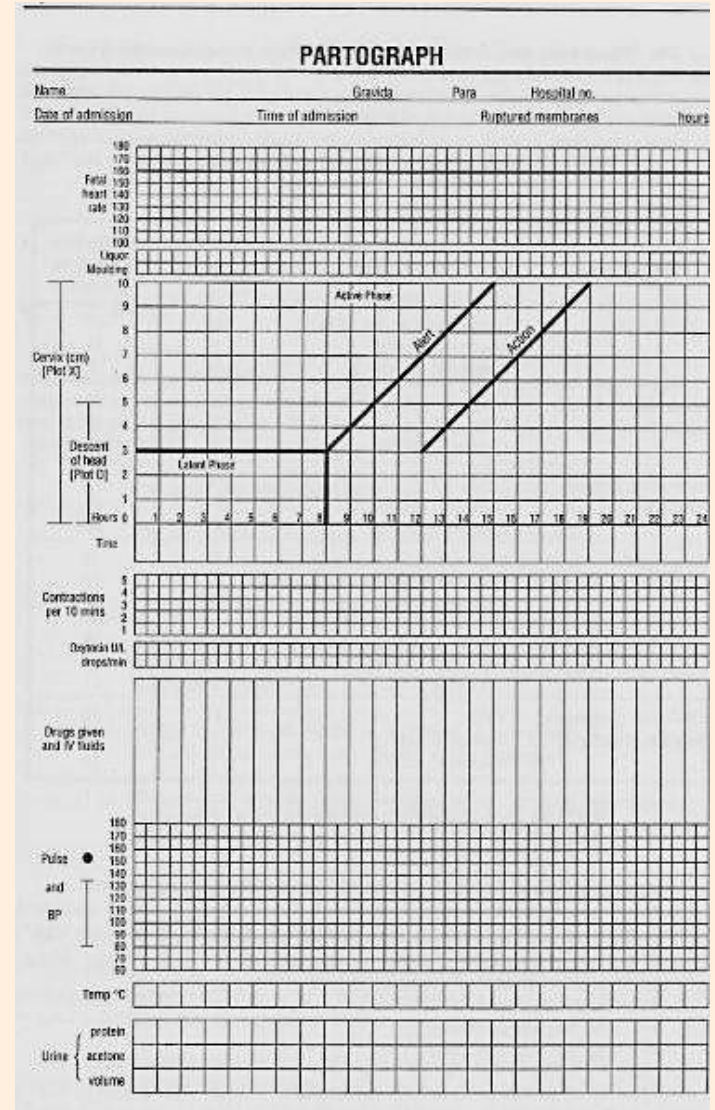


1. Medical Treatment
2. Anaesthesia
3. Surgical Obstetrics
4. Blood Replacement
5. *Manual procedures and monitoring of labour with a partograph*
6. Management of High Risk Deliveries
7. Family Planning Support
8. Neonatal Special Care

Source: WHO 1987/1991



WHO Composite Partograph



Safe Labor & Delivery – our social responsibility



ANC



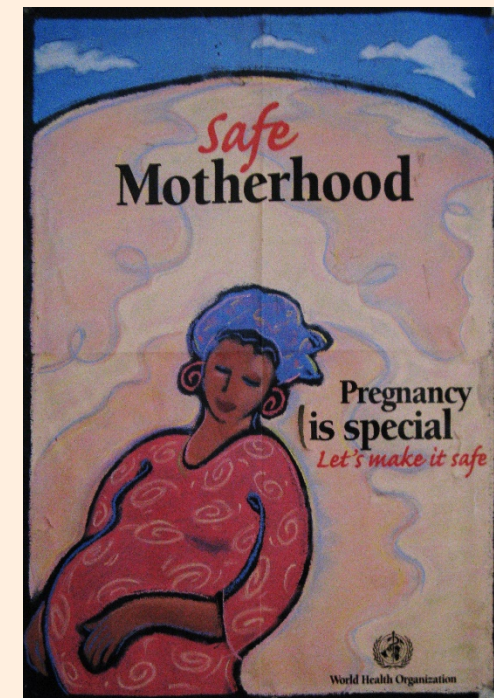
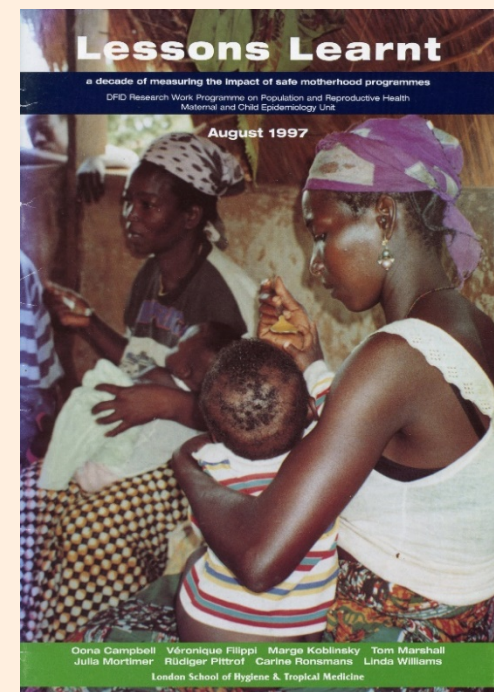
L&D



PNC

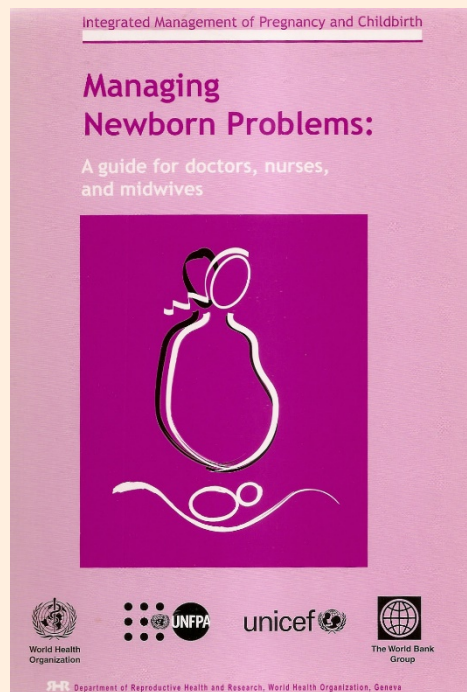
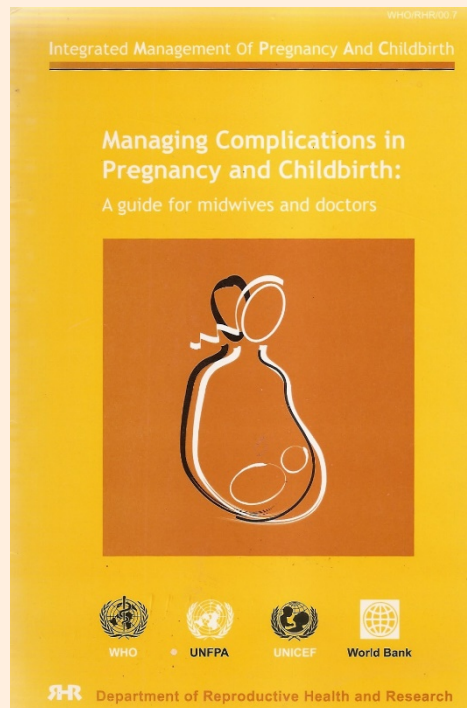
Important Landmarks in Safe Motherhood

- **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

Basic

Health
Center

7. Neonatal resuscitation

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

Comprehensive

Hospital

Professional Midwifery could save 3.6 million lives

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

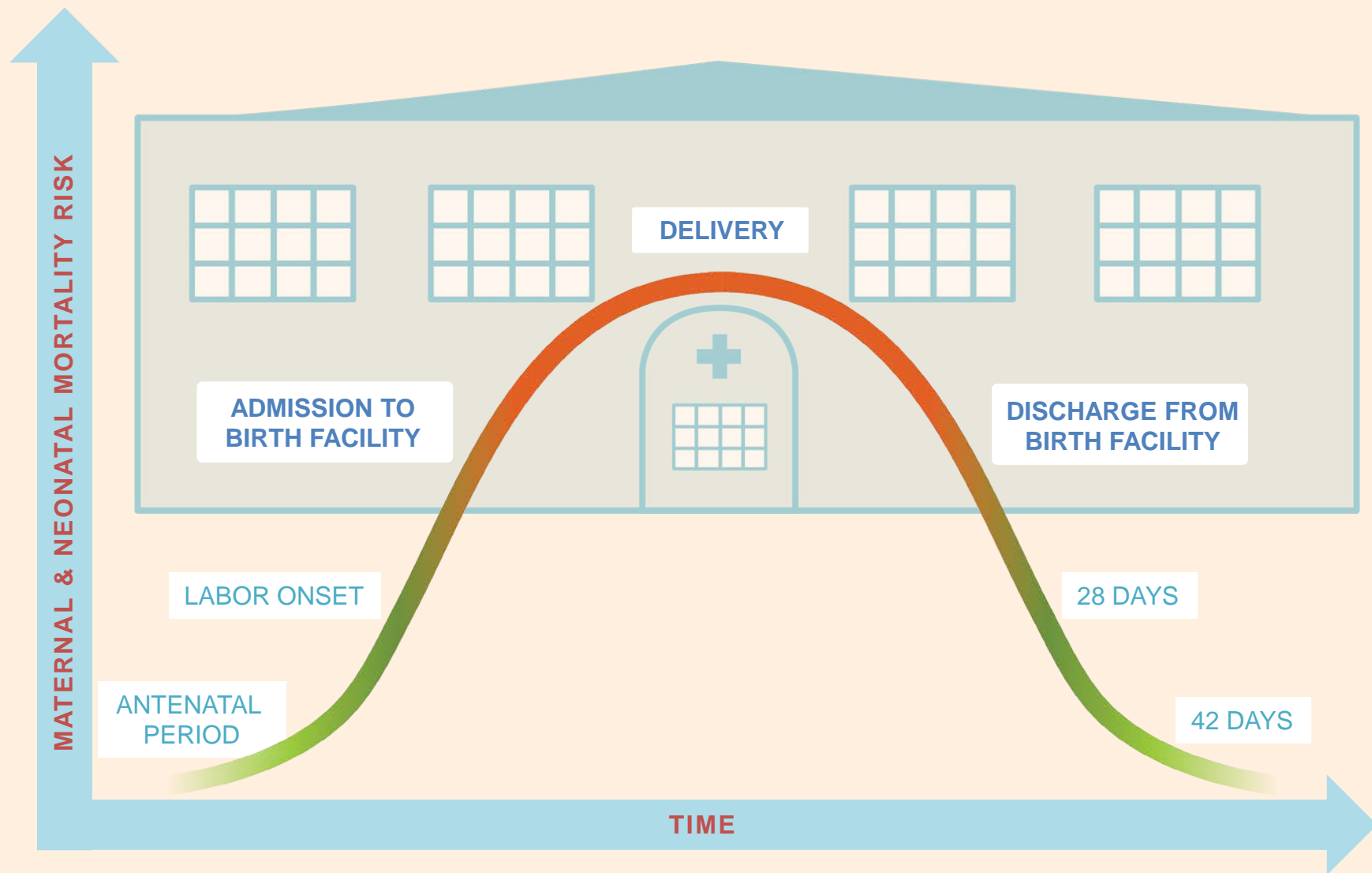
61 % of all maternal deaths

49 % of stillbirths

60 % newborn deaths



Moments of Greatest Risk: 48 hours around time of delivery



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

User-friendly guidelines for intrapartum management

Significant reductions in intrapartum stillbirths and birth asphyxia are possible

PartoMa Guidelines

Partogram-Associated
Labour Management Guidelines

Version 1.2 | Launched in March 2015

The PartoMa Project
Department of Obstetrics &
Gynaecology,
Mnazi Mmoja Hospital

© 2015 The PartoMa Study, University of
Copenhagen. All Rights Reserved.



Maaløe N, Housseine N, Meguid T, Nielsen BB, Jensen AKG, Khamis RS, et al. Effect of locally-tailored labour management guidelines on intrahospital stillbirths and birth asphyxia at the referral hospital of Zanzibar: A quasi-experimental pre-post-study (The PartoMa study). **BJOG October 2017.**

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

Future Challenges beyond Obstetrics and Midwifery

The seven P's

Political will

Policy and practice gap

Partnerships

Power

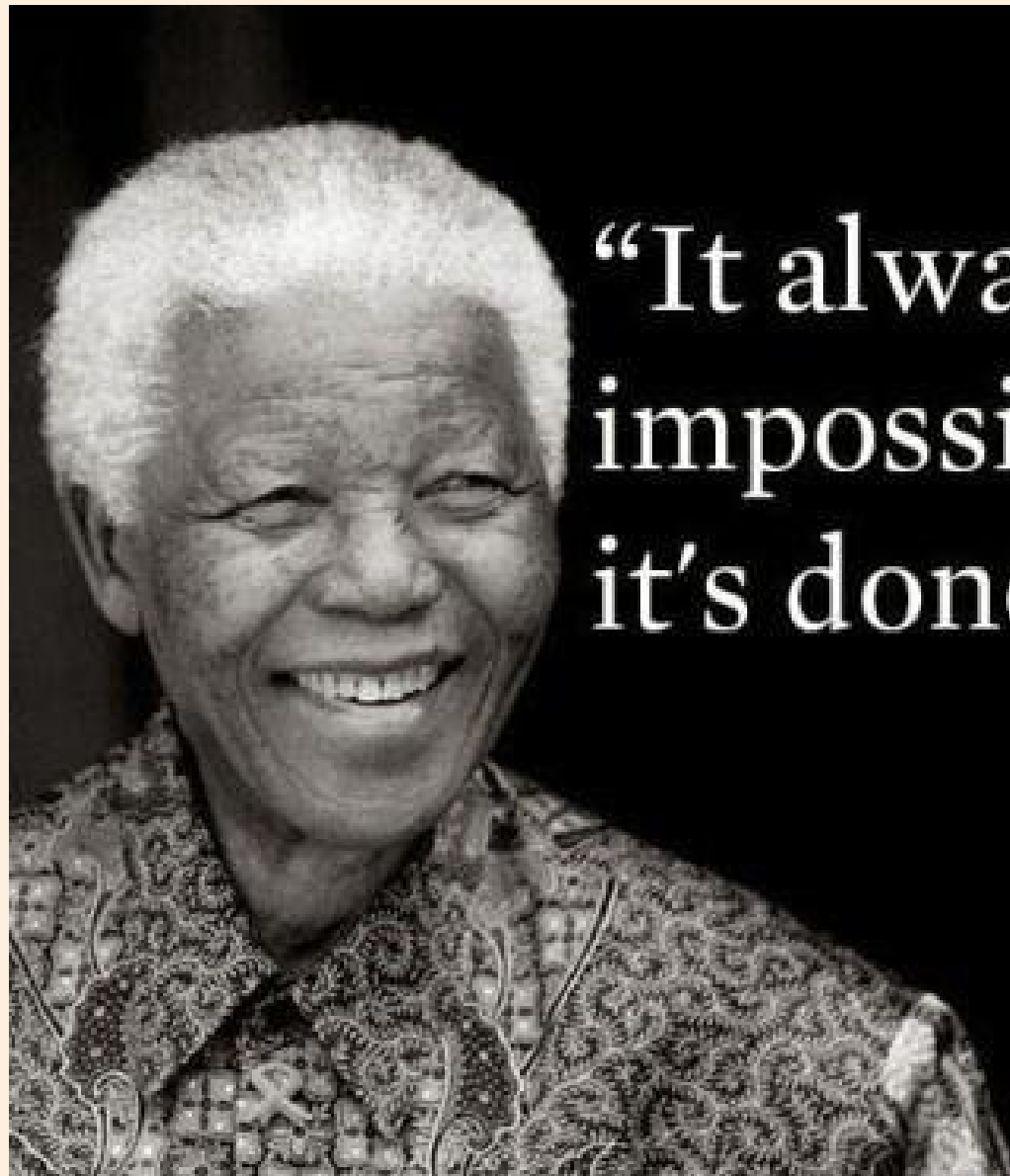
Peace

Perseverance



Recognition that safe labor and delivery is an integral aspect of human rights





“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

