

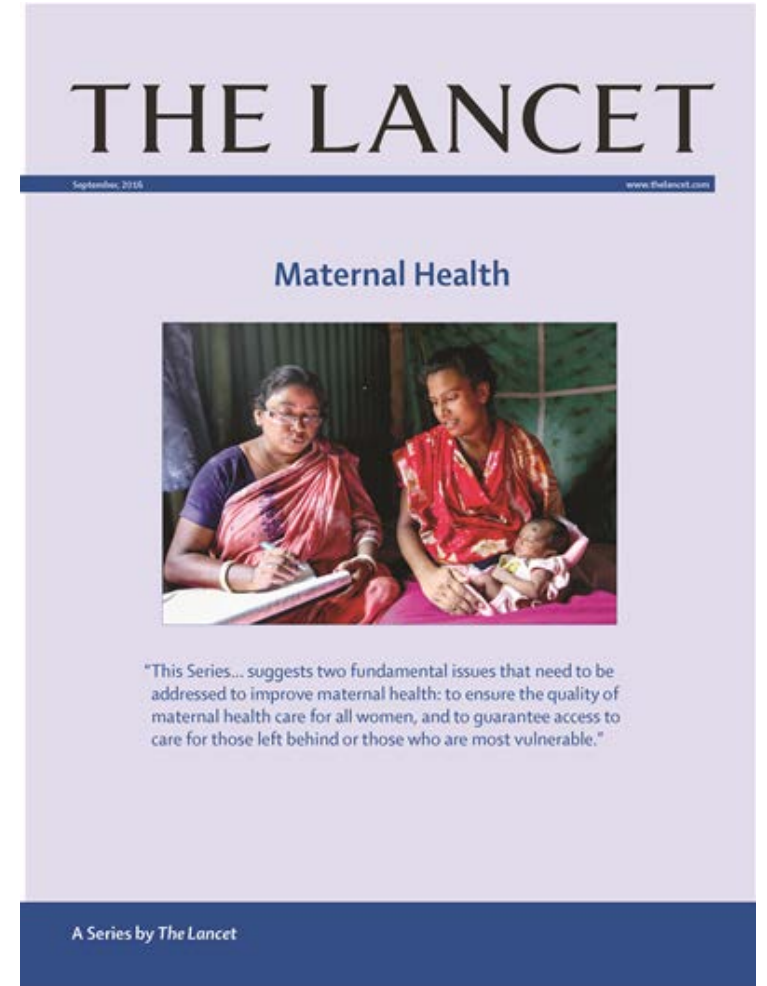
Maternal Health Series 2016

Six papers; three commentaries

Seventy-seven authors

Data tell a powerful story about the past decade, a current picture, & forecasts where we might be going

Diversity and Divergence



THE LANCET

LONDON
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HYGIENE
& TROPICAL
MEDICINE



Maternal Health Series



The **burden** of poor maternal health

Diversity: in the causes of maternal mortality

Divergence: widening inequity in key maternal health indicators



Beyond Too Little, Too Late and Too Much, Too Soon

- Review of high quality global recommendations for evidence-based care practices during ANC, IPC, PPC
- Review of practices that are “Not-Recommended”
- Landscape of data on national practices in MICs, specifically those recommended, but which could be harmful if performed routinely/or overused
- Emphasis on respectful care

What is **quality** maternal healthcare?

Too little too late

- Lack of evidence-based guidelines
- Women delivering alone

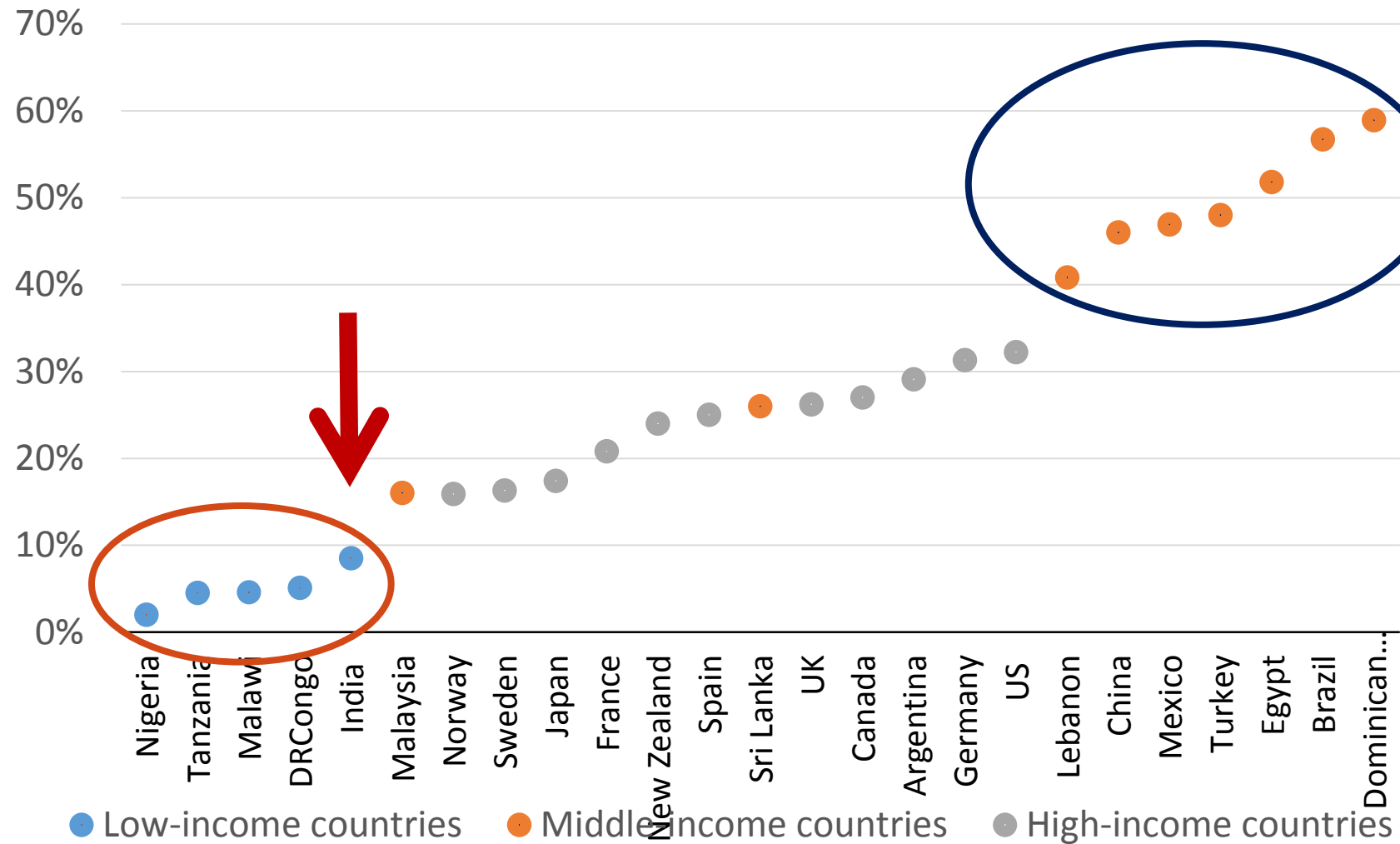
Appropriate,
Timely,
Evidence-
Based,
Respectful
Care

Too much too soon

- Routine induced or augmented labor
- Routine antibiotics postpartum



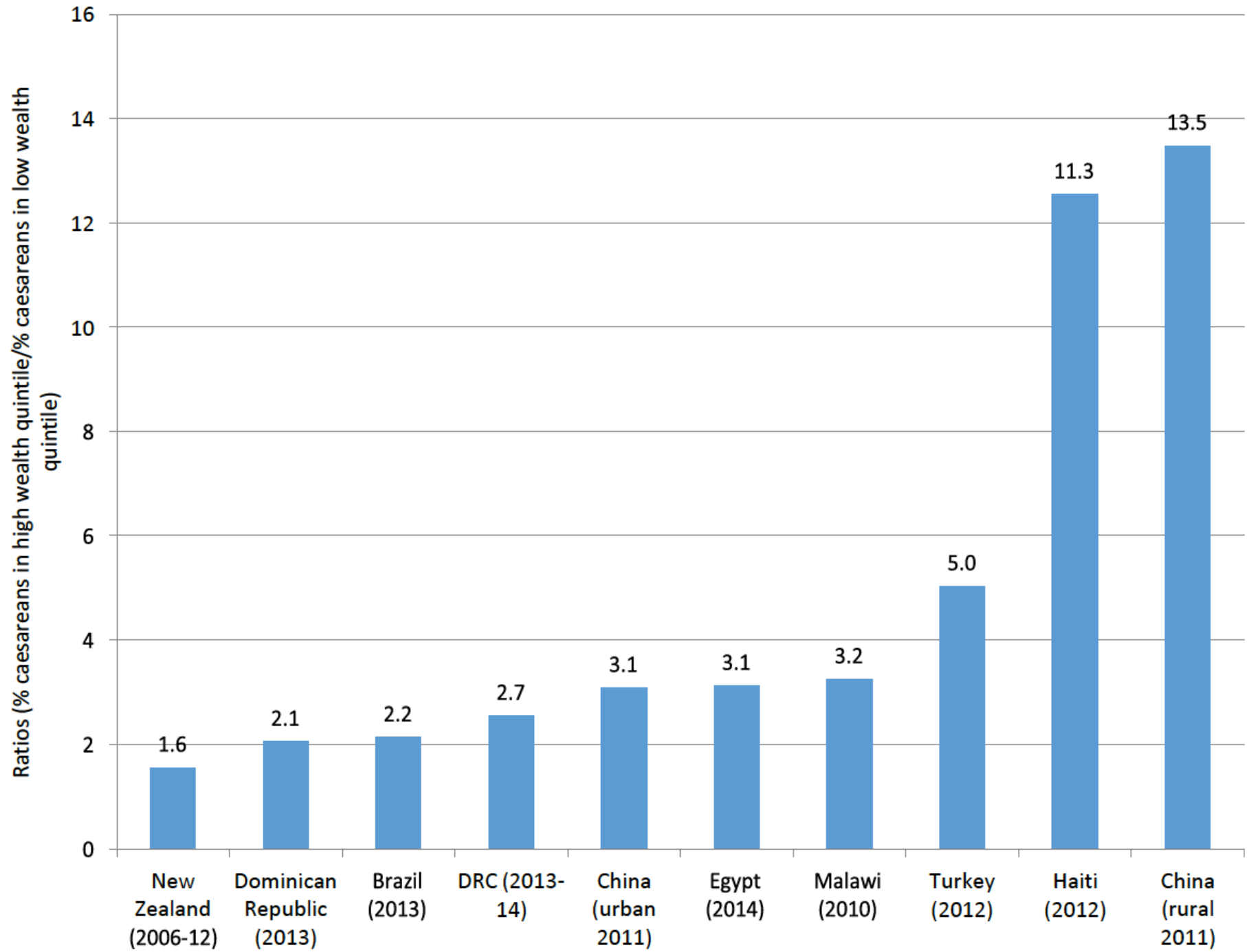
Caesarean-section rates: **too little & too much**



Disparate rates between (and within) countries

Both “too little, too late” & “too much, too soon”

Figure: country-specific caesarean-section rates

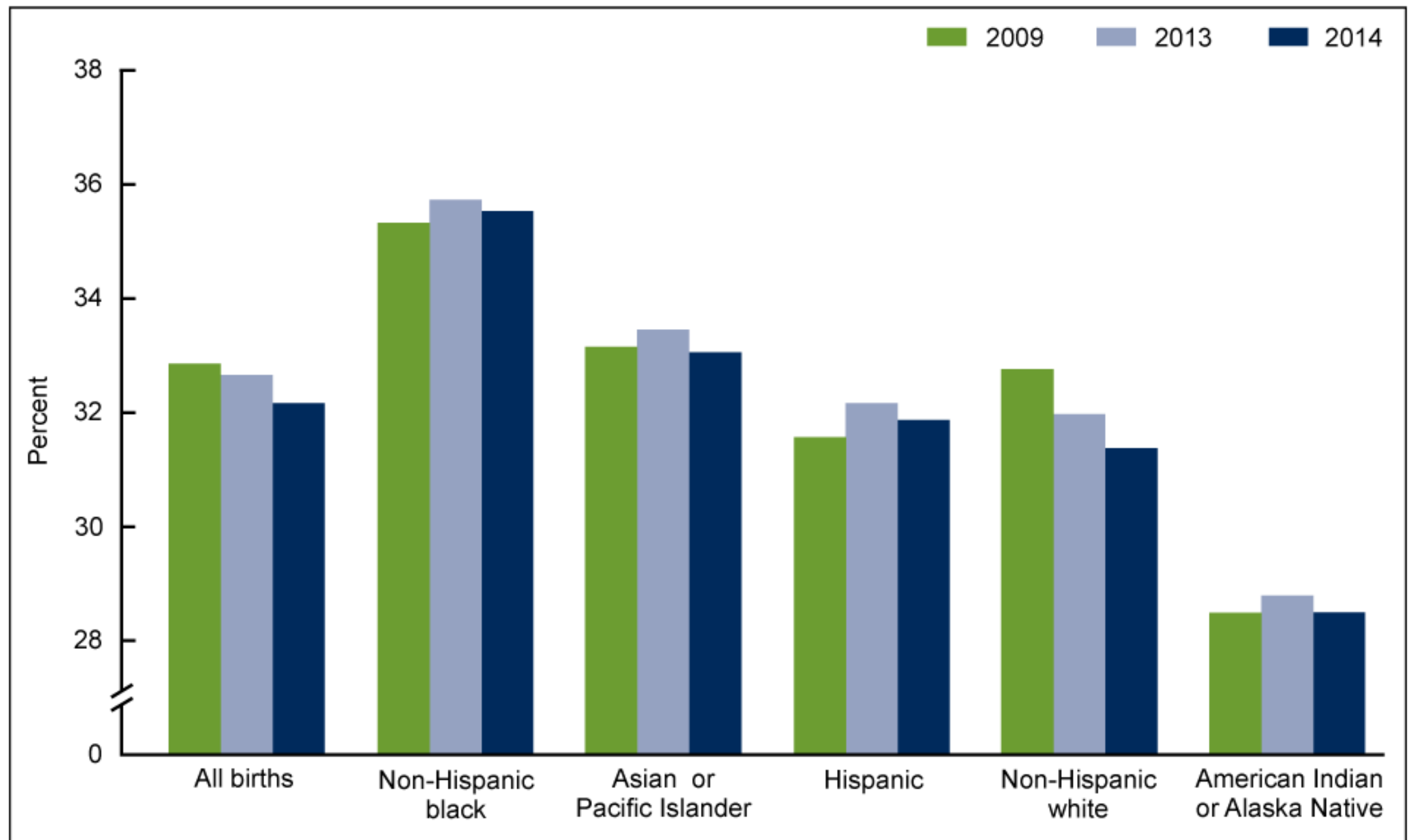


Too Little Too Late, Too Much Too Soon: HICs

- US

- In 2010 African American women in Manhattan were more likely to die (56/100,000) than women in North Korea or Vietnam (54/100,000)
- US only HIC with rising mortality and rising costs of maternity care
- Maternal mortality rates for African American women are 3-4 xs that of white women
 - Despite (or because) of having higher rates of interventions than white, Hispanic, or Asian women

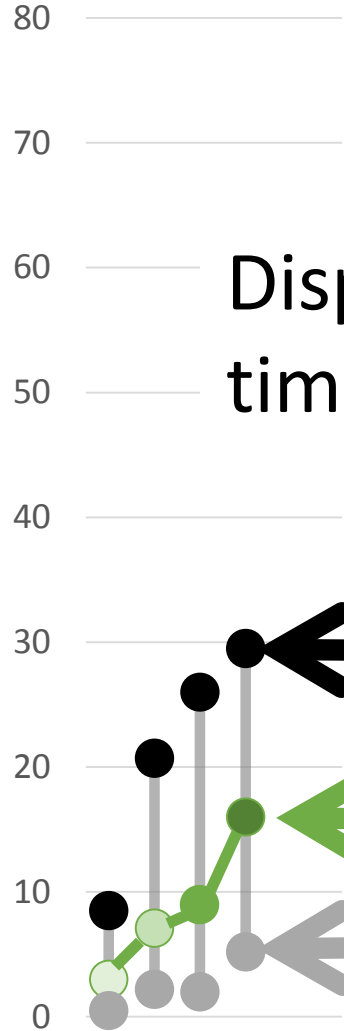
Figure 3. Cesarean delivery rates, by race and Hispanic origin of mother: United States, 2009, 2013, and 2014



SOURCE: CDC/NCHS, National Vital Statistics System.



India: caesarean-section by sector & wealth



Disparity by time & wealth



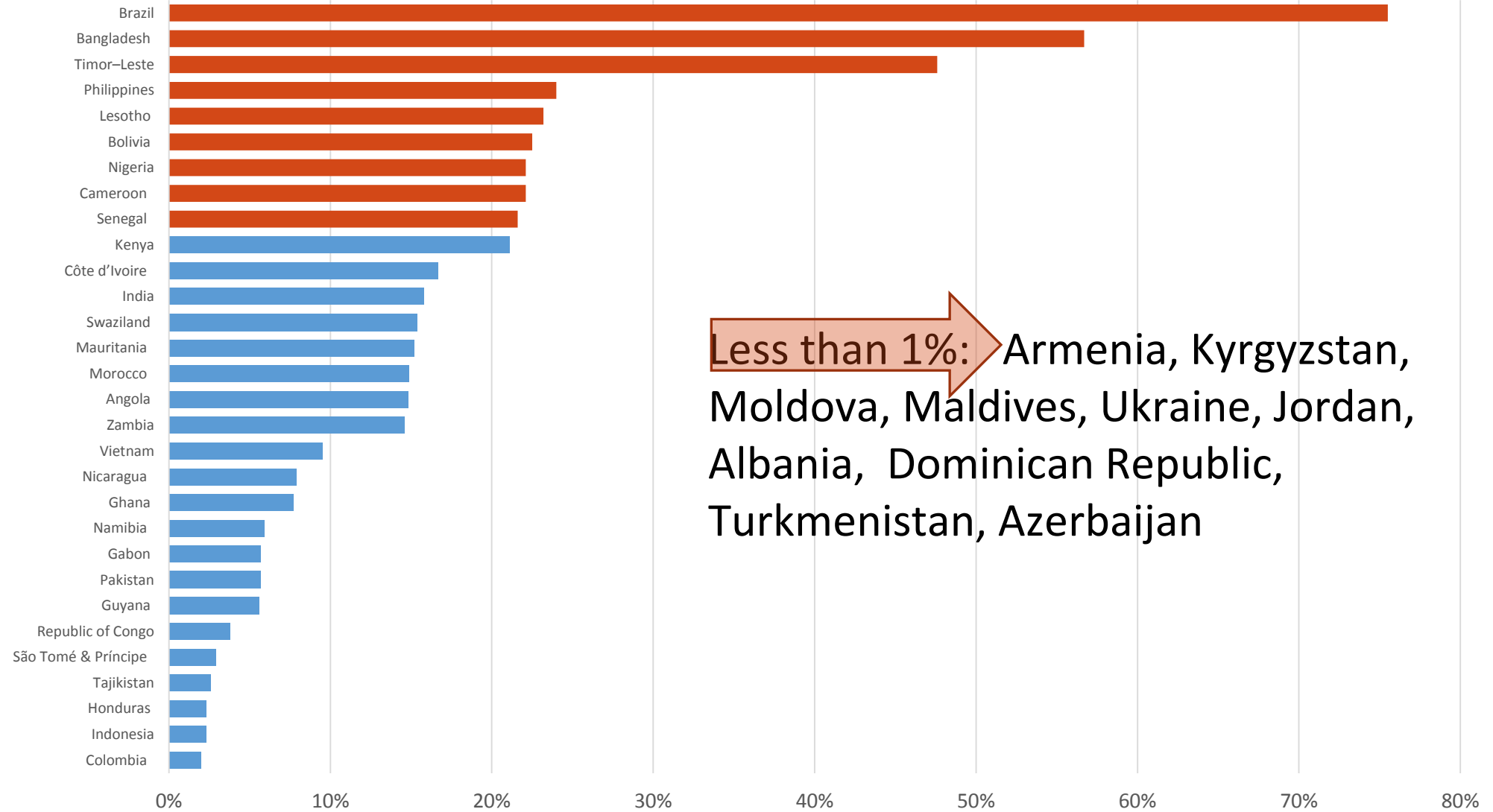
Disparity by sector & wealth by state & sector



Sources: NFHS 1992-3, 1998-9, 2005-6, 2015-6; Rapid Survey on Children 2013-4



Evidence based care: % women delivering with birth companion



Less than 1%: Armenia, Kyrgyzstan, Moldova, Maldives, Ukraine, Jordan, Albania, Dominican Republic, Turkmenistan, Azerbaijan

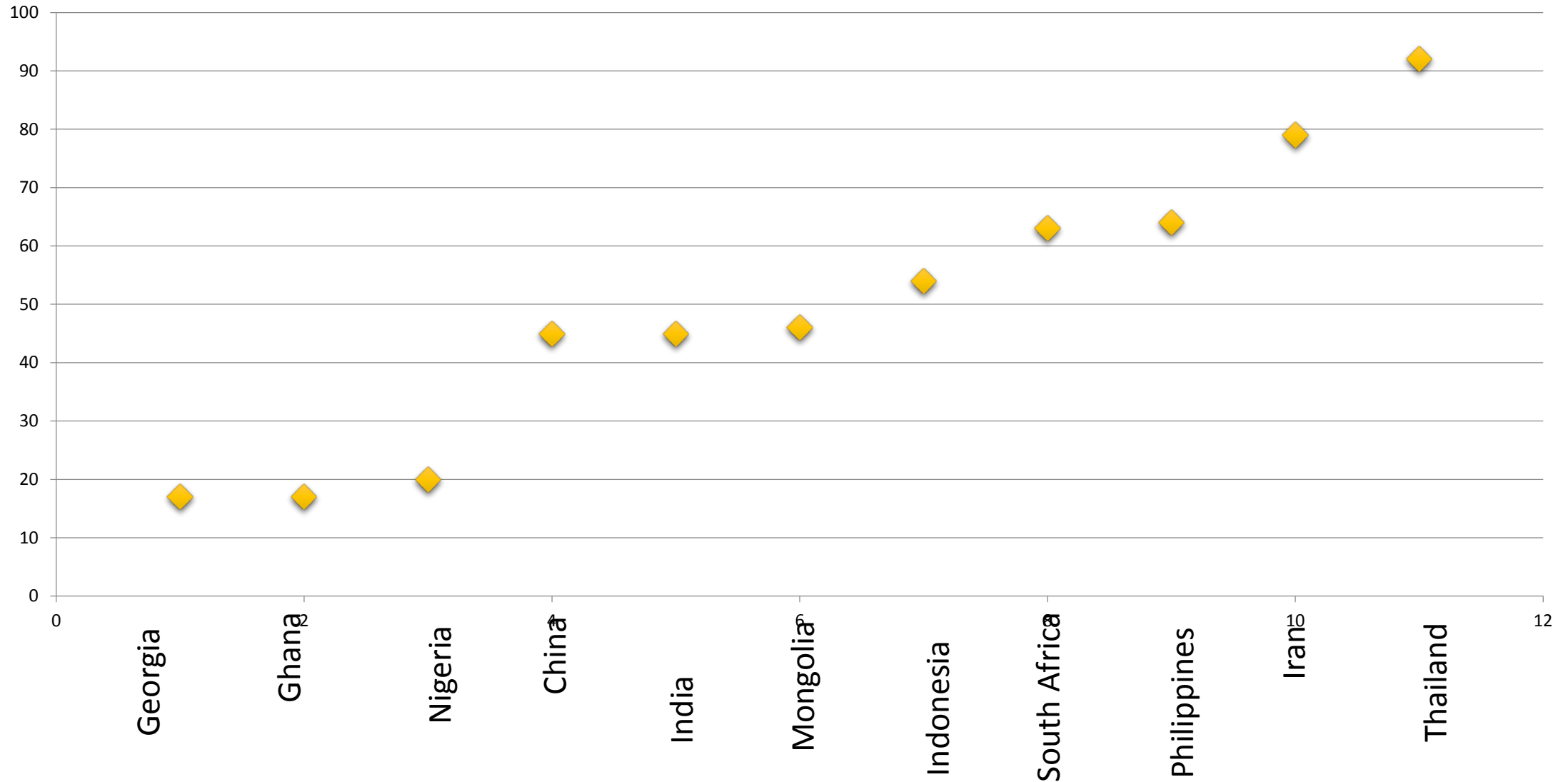


Too Much, Too Soon in MICs: Practices recommended, may be life saving, but harmful if done routinely/over used

- Induction: 24 countries
 - 2% (Paraguay) to 71% (Iran)
- Augmentation: 15 countries
 - 1% (China) to 79% (India)
- C/S: 81 countries
 - 2% (Timor Leste) to 59% (Dominican Republic)



11 Countries Episiotomy Rate 17%-92%



Equity in Maternal Care, Neither TLTL nor TMTS

Best outcomes with fewest interventions and lowest cost

Equity in Maternal Care, Neither TLTL nor TMTS

Best outcomes with fewest interventions and lowest cost

MIDWIFERY LED CARE

Change is coming

- Efforts to reduce the first C/S (nulliparous term vertex singleton)
- ACNM, CMQCC, ACOG, SfMFM, WHO and other groups, including insurers, are giving a range of recommendations including:
 - Redefining active labor as starting at 6 cm
 - No inductions with an unripe cervix
 - Truly informed consent so women's choices and voices are heard
 - Continuous support in labor and childbirth
 - Decreasing reliance on electronic fetal monitoring
 - Movement, position changes
 - Midwifery Care: improved rates in VBAC also brought down NTVS
- Monetary penalties: CA insurance exchange announced that insurers will not be permitted to provide insurance coverage for hospitals with high rates of C-sections —> 24%

Equity, Access, Respectful Care



Countries, and the global community, must take action to reach every woman, every newborn, everywhere with respectful quality care

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Also:



THE LANCET



Maternal Health Series

The Lancet Maternal Health Series **study group** & **steering committee** members:

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- Oona Campbell – London School of Hygiene & Tropical Medicine
- Dipa Nag Chowdhury – The MacArthur Foundation, India
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- Marge Koblinsky – Independent Consultant
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