

DELIVERING SOLUTIONS TO IMPROVE MATERNAL HEALTH AND INCREASE ACCESS TO FAMILY PLANNING

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SUMMARY

According to the World Health Organization (WHO), approximately 800 women die daily from preventable causes related to pregnancy and childbirth. Almost all of these deaths occur in developing countries, with higher rates for women living in rural areas and among poorer communities.

Several factors greatly limit women's access to the quality health services they need to protect them from maternal illness and death. The good news is that we already know how to reduce maternal mortality. Skilled care before, during, and after childbirth can save the lives of women and babies.

ACTIONS TO SAVE LIVES

The concrete actions recommended here¹ have been proven to make a difference, using mostly low-cost systems or technologies that build on the current knowledge base.

INVEST IN FEMALE EMPOWERMENT, EDUCATION, AND HEALTH

Investing in female empowerment and education is one of the simplest and most important ways to improve reproductive health in any setting. Women's agency has a powerful effect on improving all aspects of women's lives, including their health. At the highest levels, maternal health programs should coordinate with efforts to reduce gender inequality by educating women, giving them greater decision-making power, increasing their access to capital assets and employment, and expanding their access to health services. Empowering girls and women through education leads them to take greater control over their own

sexual health by making it easier for them to start their families later and allowing them to choose the number of children they bear.

Investing in maternal health is good economics. The consequences of maternal death and illness can ripple through families for years. Studies in many low-income countries have found that poor families who have maternal health-related expenses they cannot afford may use savings or incur debt to make payments, which reduces their ability to purchase food or invest in education.

Given women's key role in the labor force in many countries, especially in agricultural production, maternal deaths and disabilities impose heavy costs on households and on the economy. Policymakers can decrease women's and girls' risk of maternal death by expanding entrepreneurial opportunities, including microcredit programs, vocational training, and land titling.

Investing in young women is especially important,

as adolescents face a higher risk of complications and death as a result of pregnancy than do older women. Interventions that target adolescent girls, such as conditional cash transfers that put money directly in their hands, increase school retention rates and lower the risk of sexual activity and HIV/AIDS.

When women have access to education and health care, a generational multiplier effect applies. These women's children get better educations and are more productive adults; hence, investing in the women contributes to long-term economic growth.

IMPROVE NUTRITION FOR INFANTS AND MOTHERS

Improving nutrition for pregnant and lactating women is an important goal, but such nutritional interventions must occur within the optimal window from early pregnancy through the first 1,000 days of a child's life.

Nutrition and health programs should also combat misconceptions about vitamins, alter harmful diets through behavior change, and increase production and availability of high-value food sources. To improve the policy environment, ministries of agriculture and food programs should be included in policy discussions on improving maternal health and developing alternative strategies for micronutrient delivery.

ADDRESS SOCIAL AND CULTURAL NORMS, AND WORK WITH MEN AND RELIGIOUS GROUPS

Male champions—husbands, religious leaders, policymakers, and community leaders—are needed to support women's health and galvanize additional male support for maternal health. Educating men about danger signs and pregnancy complications increases the likelihood that future births will take place in health care facilities.

In addition, raising men's awareness of the benefits of family planning will reduce maternal mortality by increasing intervals between births. Increasing men's support for family planning may also require directly addressing their worries and the misinformation about potential side effects of family planning methods, particularly those side effects that are rumored to affect sexuality.

Maternal health programs should incorporate a thorough understanding of local culture and social norms and should work with religious groups to ensure successful program implementation. Most religious leaders are willing to discuss changes in behaviors that support health and respect for women.

Country-level mechanisms should be developed to coordinate the health work of faith-based organizations and other development agencies to avoid wasting resources. The capacity of civil society and faith-based organizations to document and evaluate their work on health is currently weak in most countries and should be strengthened.

MAKE MATERNAL AND NEWBORN HEALTH A PRIORITY FOR STRENGTHENING HEALTH SYSTEMS

Reducing maternal mortality requires a strong health system with well-distributed, high-quality facilities that can provide emergency obstetric care. Women with obstetric complications should be encouraged and able to use these facilities rather than give birth at home or in clinics without emergency services.

Overall, better financing and accountability in the health system will improve maternal health. Health finance reforms are key to increasing accountability to the needs of citizens. Institutions and governments need to do more research on how best to integrate maternal health more fully into the health care system.

IMPROVE TRANSPORTATION AND REFERRAL FOR MATERNAL HEALTH

In many remote places of the world, better transportation and access to enhanced health services—through referrals—would significantly improve maternal health outcomes. More women and newborns could be referred to the health services they need if there were greater collaboration across sectors, increased use of mobile phones, and more public-private partnerships. These investments must be accompanied by efforts to address the huge costs of transporting a pregnant or laboring woman from her home to the health center or from the health center to a hospital.

EXTEND RESPONSIBILITY TO A BROADER CADRE OF WORKERS

The care and treatment of pregnant women should involve a broader cadre of workers. Stronger referral systems could supplement the work of traditional birth attendants. District-level hospitals should be upgraded to handle emergency obstetric care.

Most critically, medical policymakers should scale up the training and availability of midwives. New performance outcomes and improved training for workers is required. Political buy-in and commitment from the health ministry, medical universities, and professional councils and associations are necessary for long-term success.

USE MHEALTH

Mobile health (mHealth) interventions hold much promise, but more research is needed to determine how mobile phones might strengthen and enhance health systems and to ensure that evidence would guide programming. For example, access to phones must be considered when evaluating the effect or success of these efforts. Over the long term, public-private partnerships are critical to the sustainability of mHealth programs.

EXPAND ACCESS TO ESSENTIAL MATERNAL HEALTH COMMODITIES

Four major commodities—oxytocin, misoprostol, magnesium sulfate, and manual vacuum aspirators—address the three leading causes of maternal mortality. The distribution of these commodities must be scaled up significantly to improve maternal health outcomes across a wider area. If oxytocin and misoprostol were available to all women giving birth, they could prevent 41 million postpartum hemorrhage cases and save 1.4 million lives.

For home deliveries, safe birthing kits are a critical part of the continuum of care. According to PATH, most safe home-birthing kits contain a small bar of soap for washing hands, a plastic sheet to serve as the delivery surface, clean string for tying the umbilical cord, a new razor blade for cutting the cord, and pictorial instructions that illustrate the sequence of delivery events and hand-washing.²

INTEGRATE HIV/AIDS AND MATERNAL HEALTH SERVICES

The evolving realities of the HIV epidemic require donors and policymakers to shift their responses to new areas, including fulfilling the unmet need for contraception and family planning as a means of combating transmission and increasing treatment.

Increasing the links between HIV/AIDS centers and maternal health clinics and implementing the United Nations–WHO model framework for preventing mother-to-child transmission would reduce rates of transmission to children and increase the number of women receiving care.

In addition, bridging pediatric and adult care for adolescents would also prevent further transmission of HIV. Current policies and programs often fail to include HIV-positive adolescents because of the stigma associated with the disease and the failure to acknowledge this cohort's sexual activity.

ADDRESS MATERNAL MORBIDITIES IN DEVELOPING COUNTRIES

Safe motherhood programs should expand their focus to address life-altering maternal illnesses and conditions such as anemia, fistula, infertility, uterine prolapse, and maternal depression. Data should be collected on near-miss morbidity, rates of caesarean section, contraceptive prevalence rates, and proportion of births handled by skilled birth attendants. Such data will help researchers to find ways to reduce maternal morbidities.

CONCLUSION

The women who die during pregnancy, labor, and delivery will never be able to speak for themselves, nor will they tell the story about what went wrong. Even those who suffer from maternal illnesses are often kept from speaking out by the very factors that harmed them in the first place—families, communities, and institutions that did not value



their health and well-being. We have the great responsibility of speaking for these mothers and pushing for the low-cost, simple changes that will reduce the unnecessary and avoidable death toll of women and young girls around the world.

ENDNOTES

- 1 This policy brief summarizes the recommendations published in the Wilson Center report, “Delivering Solutions: Advancing Dialogue to Improve Maternal Health” by Margaret E. Greene and Calyn Ostrowski, which was funded by the Maternal Health Task Force and the United Nations Population Fund.
<http://www.wilsoncenter.org/sites/default/files/Delivering%20Solutions%20for%20Maternal%20Health%20Report.pdf>.
- 2 To read more about PATH, see the organization’s website at <http://www.path.org/our-work/safe-birth.php>.

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