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 **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

Miller S, et. al. Beyond too little, too late and too much, too soon, 2016 Lancet, 19-35
What is **quality** maternal healthcare?

**Too little too late**
- Lack of evidence-based guidelines
- Women delivering alone

**Too much too soon**
- Routine induced or augmented labor
- Routine antibiotics postpartum

**Appropriate, Timely, Evidence-Based, Respectful Care**

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

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

- All births
- Non-Hispanic black
- Asian or Pacific Islander
- Hispanic
- Non-Hispanic white
- American Indian or Alaska Native

India: caesarean-section by sector & wealth

Disparity by time & wealth

Richest quintile
National average
Poorest quintile

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)

Miller S, et. al. Beyond too little, too late and too much, too soon, 2016 Lancet, 19-35
11 Countries Episiotomy Rate 17%-92%
Equity in Maternal Care, Neither TLTL nor TMTS

Best outcomes with fewest interventions and lowest cost
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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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