



International News

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Worldwide drop in maternal mortality

Figures released by United Nations agencies and the World Bank on 12 November 2015 show that the world has seen a significant drop in maternal mortality over the last 25 years.

The new report from the World Health Organization (WHO), the UN Children's Fund (UNICEF), the UN Population Fund (UNFPA) and the World Bank Group highlights a fall in maternal mortality of almost 44% since 1990. Maternal deaths around the world dropped from about 532,000 in 1990 to some 303,000 in most recent data. The analyses are also published in the medical journal *The Lancet*.

A new Global Strategy for Women's, Children's and Adolescents' Health, launched by UN Secretary-General Ban Ki-moon in September 2015, aims to help achieve the ambitious target of reducing the maternal mortality rate (MMR) to fewer than 70 per 100,000 live births globally, as included in the Sustainable Development Goals (SDGs).

Reaching that goal will require more than tripling the pace of progress, according to the report. Dr Babatunde Osotimehin, Executive Director of the UN Population Fund, said 'many countries with high maternal death rates will make little progress, or will even fall behind, over the next 15 years if we don't improve the current number of available midwives and other health workers with midwifery skills.'

About 99% of the world's maternal deaths will have occurred in developing regions, with Sub-Saharan Africa alone accounting for two in three deaths. But that itself represents a major improvement: Sub-Saharan Africa saw a nearly 45% decrease in MMR, from 987 to 546 per 100,000 live births between 1990 and 2015.

The greatest improvement of any region was recorded in Eastern Asia, where the MMR fell from approximately 95 to 27 per 100,000 live births, or a reduction of 72%, according to the report.

Ensuring access to high-quality health services during pregnancy and childbirth is helping to save lives, the report said. The authors highlight that essential health interventions include:

- practising good hygiene to reduce the risk of infection;
- injecting oxytocin immediately after childbirth to reduce the risk of severe bleeding;
- identifying and addressing potentially fatal conditions like pregnancy-induced hypertension;
- ensuring access to sexual and reproductive health services and family planning for women.

The third paper from the Lancet Series on Midwifery, 'Country experience with strengthening of health systems and deployment of midwives in countries with high maternal mortality' is referenced in the report. It also gives examples of countries with successful strategies to reduce mortality, such as Cambodia which 'invested in transport infrastructure and construction of health-care facilities staffed with an expanded cadre of trained midwives throughout the country' to achieve one of the best reduction rates at 84.2% change in MMR between 1990 and 2015.

Flavia Bustreo, Assistant Director-General for Family, Women's and Children's Health at WHO, said: 'Over the past 25 years, a woman's risk of dying from pregnancy-related causes has nearly halved. That's real progress, although it is not enough. We know that we can virtually end these deaths by 2030 and this is what we are committing to work towards.'

Trends in maternal mortality: 1990–2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division.

<http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>

Maternal mortality remains high in Papua New Guinea

Recent statistics for maternal and newborn mortality rates across the nation essentially reflect the need for attention to midwifery in Papua New Guinea (PNG).

According to Technical Advisor for Maternity Health in PNG, Dr Lahui Geita, Demographic Health Surveys conducted in 2006 revealed that 733 out of 100,000 women in the country die during childbirth. Surveys conducted 10 years earlier stood at around 300 of 100,000 women; an increase in mortality rates.

The Papua New Guinea Midwifery Society held its first Midwifery Symposium in November 2015. Speakers from all spectrums of maternal, newborn, sexual and reproductive health in PNG gathered to address the high level of maternal mortality rate and develop solutions.

Dr Rufina Latu, Technical Officer at the World Health Organisation, said there was a need for parliamentarians to communicate with the health sector to improve the midwifery agenda in PNG. She said that although midwives were well trained, there was only so much they could do to improve maternal services when they were not properly equipped to tackle complications at most health centres. She also stated that at present, there were not enough midwives to serve the growing population of PNG.

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Pat Brodie, Professor of Maternity Practice, Development and Research, University of Technology, Sydney said there were instances where midwives – in rural areas especially – worked alone because they were the only trained midwives in their health centres.

Where availability of midwives was not a problem, there was a lack of resources such as basic delivery safety kits.

According to Jennifer Pyakalyia, acting president of the PNG Midwifery Society, the current midwifery training facilities cannot cater for the anticipated number of midwives needed nationwide.

The society was encouraged to use tools of advocacy to engage political commitment in order to create an avenue to build the society.

Maternity mortality rates are expected to continue rising if the government does not work with the midwifery society to improve service quality, staff quantity and resource availability.

More information on the Papua New Guinea Midwifery Society at <https://www.facebook.com/pngmidwives/>

WHO Safe Childbirth Checklist

As part of WHO's efforts to reduce the number of maternal, stillbirths and neonatal deaths, the WHO Safe Childbirth Checklist programme was established in consultation with general practitioners, obstetricians, anaesthetists, nurses, midwives, patient safety experts and patients to assist health-care workers in reducing the number of adverse events that occur around the time of childbirth. The aim was to develop a tool that helps to translate known best practices into practice at the bedside.

WHO's new 'Safe Childbirth Checklist and Implementation Guide' targets the major causes of maternal and newborn complications and deaths, including post-partum haemorrhage, infection, obstructed labour, pre-eclampsia and birth asphyxia.

Of the more than 130 million births occurring each year, an estimated 303,000 result in the mother's death, 2.6 million in stillbirth, and another 2.7 million in a newborn death within the first 28 days of birth. The majority of these deaths occur in low-resource settings, often lacking skilled birth attendants.

'Far too many women and children are still dying in childbirth from preventable causes often linked to poor quality of care,' says Dr Marie-Paule Kieny, WHO Assistant Director-General, Health Systems and Innovation. 'The WHO Safe Childbirth Checklist will help health-care workers follow the essential care standards for every birth.'

The checklist, developed and tested in partnership with Ariadne Labs, a joint centre of Brigham and Women's Hospital and the Harvard T.H. Chan School of Public Health and supported by the Bill & Melinda Gates Foundation, synthesises existing evidence-based WHO guidelines and recommendations into a single and practical bedside tool targeted at improving adherence to best practices, including adequate communication around the time of delivery.

It identifies four 'pause points', each corresponding to a specific period in a health worker's normal flow of work:

- when the mother is admitted,
- just before pushing (or before caesarean section),
- within one hour after birth,
- before the mother and newborn are discharged.

These pause points allow birth attendants to make their 'checks' at times when they can not only protect the mother and

newborn against dangerous complications, but also at the most convenient times in their work flow.

The checklist was first piloted for usability in nine countries in Africa and Asia.

Subsequently it was field-tested in Karnataka State, India, where adherence to recommended practices at each birth increased from an average of 10 out of 29 practices prior to introduction of the checklist to an average of 25 out of 29 practices after the checklist had been introduced.

The technical development of the WHO Safe childbirth checklist was supported by WHO's Departments of Reproductive Health and Research and the Department of Maternal, Newborn, Child and Adolescent Health.

<http://www.who.int/reproductivehealth/news/childbirth-checklist/en/>

Symposium for young midwifery leaders in Denmark

UNFPA, ICM, WHO and other multilateral, civil society and private sector partners are organising a Symposium on 15–16 May 2016 for young midwifery leaders at the occasion of the Women Deliver conference 16–19 May in Copenhagen, Denmark.

The Symposium will be preceded by a one day leadership orientation training on the 14th of May in collaboration with the Danish Midwives Association.

Young midwives will attend the capacity building, policy and advocacy event and actively engage in discussions during the main Women Deliver conference to spread key messages on midwifery to enhance the health and well-being of women and their newborns.

The symposium objectives are to:

- Enhance the ability of young midwives with leadership potential to become powerful strategic leaders and advocates, and to engage in national policy dialogues with a stronger evidence-based voice.
- Highlight the role that midwives can play in achieving the new SDGs and to enhance their potential for fulfilling this role through increased knowledge about latest research findings and data (Lancet, State of the World's Midwifery Report) as well as about emerging issues at national, regional and global level.
- Create a global network of young midwife leaders (YML) to serve as a forum for exchanging good practices in scaling up midwifery and latest innovations in improving quality of midwifery care in order to enable the YML to have a greater impact across the entire health and social care system.
- Showcase how investments in YML from both the South and the North can help improve quality of care within midwifery practice; highlighting the importance of investment in midwifery research, advocacy, mentorship and leadership skills of young midwifery leaders.

Outcomes of the symposium will include a joint declaration of commitment from the young midwife leaders (YML) and the supporting global partners to enable the midwives to serve as advocates and providers of quality midwifery care in their countries. YML will also identify the support for midwives needed from the global community, regional and national partners to fulfil the commitment.

<http://www.internationalmidwives.org/news/?nid=321>

Women Deliver, 4th Global Conference, 16–19 May 2016, Bella Centre, Copenhagen, Denmark

<http://www.womendeliver.org/conferences/2016-conference/>

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