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Research article

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Procrastination of Global Progress in Tackling Maternal and Newborn Deaths: Need to Act Differently for Different Outcomes

Olivier Sibomana*

Department of General Medicine and Surgery, University of Rwanda, Rwanda

***Corresponding Author**
Olivier Sibomana, Department of General Medicine and Surgery, University of Rwanda, Rwanda.

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Abstract

Maternal and newborn mortality is great public health issue that need strong global attention. Although most of them are preventable, an estimate of 4.5 million, including 0.29 million maternal deaths, 1.9 million stillbirths, and 2.3 million newborn deaths, occurs every year. This is equivalent to the death of 800 women and 6700 newborns every day or the death of one pregnant woman or newborn every seven seconds. The regions with the highest death rates include Sub-Saharan Africa and Central and Southern Asia. Despite many available interventions, if offered to all expectant mothers and newborns, would greatly reduce maternal and newborn mortality burden, the world is off track to meet the global targets for maternal deaths, infant deaths and stillbirths, and this should not be acceptable. Even though there has been considerable progress in maternal and newborn health (MNH) care that led to 45% reduction in maternal mortality since 1990, from 2015, the world's efforts to reduce maternal and infant deaths have significantly reduced and even reversing in some countries, according to the recent report. This halt has been caused by the COVID-19 pandemic, climate change, increased poverty, and humanitarian crises that increased the burden on the already underwhelmed MNH care. Increasing financial investment and political commitment, enhancing health service delivery, improving community engagement, and strengthening data and information system are mostly required to eventually minimize maternal and neonatal deaths. We must act differently if we need different outcomes.

Abbreviations

MNH: Maternal and Newborn Health
COVID-19: Coronavirus Disease 2019
WHO: World Health Organisation
UHC: Universal Health Coverage
MMR: Maternal Mortality Ratio
NMR: Newborn Mortality Rate
SBR: Stillbirth Rate
SSNC: Small and Sick Newborn Care
EmOC: Emergency Obstetric Care
MPDSR: Maternal and Perinatal Death Surveillance and Response System
LMICs: Lower- and Middle-Income Countries
CHWs: Community Health Workers
MCH: Maternal and Child Heath
EPMM: Ending Preventable Maternal Mortality
ENAP: Every Newborn Action Plan
SOPs: Standards Operating Procedures

Key Words: Maternal and Newborn Health, Maternal Mortality, Newborn Mortality, Preterm Death

1.Introduction

A robust and prosperous society is built on healthy women and kids. When implementing a primary healthcare strategy, maternal and newborn health (MNH) is essential to achieve universal health coverage (UHC) [1,2]. The ongoing burden of maternal, neonatal, and child mortality around the world has come to people's attention more recently [3]. Although the vast majority of them can be avoided entirely, an estimated 4.5 million maternal, infant, and stillbirth deaths still occur annually around the world. There are interventions and technology that, if offered to all expectant mothers and newborns, would greatly minimize unnecessary suffering and disasters worldwide. However, the world is not on track to meet global targets for maternal deaths, infant deaths and stillbirths, and this is unacceptable [1,4].

Maternal death is defined as "the death of a woman while pregnant or within 42 days of a termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes" [5]. On other hand, newborn death is death of child "within the first 28 days of birth due to suffering from conditions and diseases associated with lack of quality care at or immediately after birth and in the first days of life" [6]. The ma-

jority of maternal deaths occur during pregnancy, childbirth, and the first few weeks after giving birth, with obstetric hemorrhage being the main cause of mortality. Other factors that can cause maternal death include complications from abortion, sepsis or infections, obstructed labor, and hypertensive diseases [3]. Preterm birth, low birth weight, infections, birth abnormalities, sudden infant death syndrome, maternal pregnancy difficulties, and complications associated to labor such as birth asphyxia or lack of breathing at birth are the leading causes of newborn death [6,7].

Despite several international and national initiatives to improve women's health, the issue of maternal mortality remains a problem in many developing countries [8]. Despite a 45% reduction in maternal deaths globally since 1990, an estimated 800 women still die every day from largely preventable causes before, during and after birth, and 90% of preventable maternal deaths occur in low and middle-income countries [9]. Additionally, every day, roughly 6700 newborns die, and in only 7 seconds a pregnant woman or newborn dies [4,6].

According to the recent UN report that tracks progress against two key global strategies: Every newborn: an action plan to end preventable deaths and Strategies for ending preventable maternal mortality, since 2015, the world's efforts to reduce maternal and infant deaths have significantly reduced. A number of factors, including COVID-19, climate change, rising poverty, and escalating humanitarian crises that are placing further strain on already overburdened maternal and newborn health care, are contributing to this halt [1]. We must act differently if we want different results.

1.1. Global Burden of Preventable Maternal and Newborn Deaths

The previous 10 years have seen a slowdown in global progress in reducing maternal, newborn, and stillbirth fatalities, according to trend data. Gains were made more quickly between 2000 and 2010 than they have been since 2010. The COVID-19 pandemic, climate change, conflicts, and other events pose global obstacles that further hinder progress in maternal and newborn health care in this decade, necessitating more urgent action and financial support for maternal and newborn health goals [1,10].

According to the most recent estimates, 4.5 million total deaths, including 0.29 million maternal deaths, 1.9 million stillbirths and 2.3 million newborn deaths occur every year [11-13]. The regions with the highest death rates include Sub-Saharan Africa and Central and Southern Asia, while there are differences among these regions in terms of how quickly nations are making progress toward achieving the worldwide 2030 targets. 60% of all maternal deaths, stillbirths, and infant deaths worldwide, as well as 51% of all live births, occur in just 10 nations (Table 1). Additionally, the number of stillbirths and maternal and infant deaths that could have been prevented continues to be a severe burden in ten nations that are classed as fragile states (Table 2). Only these ten unstable nations are responsible for 659 000 maternal, stillbirth, and newborn deaths worldwide, which is equivalent to 14% of the total [1].

Country	Maternal deaths (thousands)	Stillbirths (thousands)	Neonatal death (thousands)	Total (thousands)
India	24	297	468	788
Nigeria	82	181	277	540
Pakistan	10	207	257	474
Democratic Republic of Congo	22	113	106	241
Ethiopia	10	83	104	196
Bangladesh	4	66	51	121
China	3	63	42	108
Indonesia	8	42	53	103
Afghanistan	9	38	49	95
United republic of Tanzania	5	43	46	94

Source: Improving maternal and newborn health and survival and reducing stillbirth - Progress report 2023." https://www.who.int/publications-detail-redirect/9789240073678

Table 1: Countries with the Largest Numbers of Deaths in 2020

Country	Total stillbirths and neonatal deaths (thousands)
Democratic republic of Congo	241
Afghanistan	95
Sudan	80
Yemen	55
Somalia	52
Chad	51

Myanmar	36
South Sudan	24
Central African Republic	15
Syrian Arab Republic	9

Source: Improving maternal and newborn health and survival and reducing stillbirth - Progress report 2023." https://www.who.int/publications-detail-redirect/9789240073678

Table 2: Number of Total Stillbirths and Neonatal Deaths in 2020 for the 10 Most Fragile Countries

In the last ten years, advancement has not been swift and extensive enough. Although the preterm birth rate barely changed between 2010 and 2020, more than 4.5 million women and babies still die each year, despite modest advances in care. Since the vast majority of these deaths might be avoided with excellent care provided throughout pregnancy, childbirth, and for newborns, each one of them is a tragedy and utterly inexcusable. Compared to a decade ago, the rates of progress are slower and, in some cases, even reversing. This information should raise red flags: Without quick course correction, 65 nations would fall short of the SDG neonatal mortality objective, and 55 must more than double their current rate of improvement to reach the 2030 target [14].

The leading cause of neonatal death is preterm birth. One infant dies every two seconds due to premature birth (1 in 10 births are fewer than 37 weeks gestation). Preterm birth rates have hardly altered over the previous ten years, and in certain areas, they are even increasing. One baby died from preterm birth complications every 40 seconds in 2020, according to estimates, and millions more live with disabilities that affect them and their families for the rest of their lives. Preterm birth, which accounts for more than one in three of all newborn deaths (deaths in the first month of life), is the leading cause of lost human capital according to the most recent estimates of the global burden of disease, which has remained constant since 1990 [14].

1.2.The Need of Acting Differently for Different Outcomes

Investment and political commitment are mainly required to eventually minimize maternal and neonatal deaths [15,16]. National targets have been established to reduce the maternal mortality ratio (MMR) and the newborn mortality rate (NMR) in 83% of the reporting countries. Only 31% of reporting countries have national stillbirth targets, and only 34% of nations that are currently on pace to miss the global goal of reducing stillbirth rate (SBR) by 2030 do so. This indicates that national political commitment and ambition to lower maternal and newborn mortality are still lacking. Even in cases when nations have established MMR, NMR, and SBR aims, not all have coordinated finance with these objectives. Just over half (49%) of reporting nations track appropriations for maternal and newborn health (MNH) specifically, and only 61% have costed their MNH plans. Even fewer nations (22%) and (28%), respectively, have set aside particular budget lines for small and sick newborn care (SSNC) and emergency obstetric care (EmOC). Furthermore, only 12% of nations reported having a fully funded MNH plan. This suggests that there isn't enough political will or funding to support MNH. The world needs to invest in MNH and increase the political will for change in maternal and newborn health if it wants to see different results [1].

To improve health outcomes, increase patient satisfaction, and advance equity, service delivery must be strengthened for quality and compassionate MNH care. Numerous deliveries occur in primary care facilities with inadequate equipment, making it difficult for them to consistently diagnose high-risk pregnancies, manage intrapartum complications, and refer severe cases to hospitals in a timely manner [17]. This calls for the availability of high-impact and critical goods, the upkeep of suitable equipment, and accessible, knowledgeable, motivated, and respectful healthcare providers. Furthermore, it requires the involvement of the community to ensure that services are responsive to their needs and preferences and that they are active partners in supporting the health of pregnant women and new mothers. 54 of the 106 nations (51%) that were surveyed reported having a national strategy or plan for MNH. In addition, 42% of nations reported to have policies in place to guarantee the fair posting and distribution of qualified healthcare personnel, and 28% reported to have policies in place to boost employee engagement and retention. For MNH, specialized midwives, neonatal nursing specialists, community health workers, and extension specialists are all essential [1].

Another vital element of healthcare quality that is still lacking in many nations is community engagement. Community-based strategies can help increase awareness of pregnancy danger signs and emergency planning. In order to achieve the ultimate objective of ensuring that women and children not only survive but also thrive, the World Health Organization's Global Strategy for Women's, Children's, and Adolescents' Health (2016-2030) places a strong emphasis on community engagement [18,19]. Only 36% of countries have a routine maternal and perinatal death surveillance and response system (MPDSR) that includes stakeholders at the community level. A sound approach to increasing newborn survival is considered community-based maternal and neonatal care. To preserve the lives of newborns, it is imperative that both the mother and the baby have access to and use high-quality prenatal and postnatal care. The tasks and responsibilities of community health workers vary throughout and even within nations, although many LMICs utilize them as part of their primary healthcare initiatives. Extension and community health workers (CHWs) can play a significant role in resource-limited settings by encouraging families to adopt healthy behaviors, promoting delivery in healthcare facilities, and ensuring timely referral of women and newborns [20].

Data and information are essential to delivering high-quality

MNH care because they enable measurement, program tracking, informed decision-making, evidence-based implementation, and accountability [21,22]. Monitoring progress toward achieving Sustainable Development Goal 3 requires the availability of high-quality maternity and child health (MCH) data [23]. The Ending Preventable Maternal Mortality (EPMM) and Every Newborn Action Plan (ENAP) 2025 coverage objectives, as well as maternal and newborn deaths, are regularly monitored, collected, and used in many countries. However, many nations have not placed a high priority on gathering data and information to guide initiatives to prevent stillbirths. Inaccurate, incomplete, out-of-date, or inconsistent health information data make it impossible to properly assess maternal and child health services. Inaccurate data can impact the performance of the health system and lead to misleading decisions. Healthcare facilities should therefore develop procedures and exercise caution to protect data quality. Before sending their data to the next level, data validation teams in the various healthcare facilities should be encouraged to have their data confirmed. It should be strongly urged to utilize Standards Operating Procedures (SOPs) for data management consistently [23].

2. Conclusion

Conflict and other catastrophes, climate change, economic downturns, and the COVID-19 pandemic are just a few of the problems that the globe is currently dealing with simultaneously. In order to avoid maternal and newborn mortality and stillbirths, campaigning for domestic and international initiatives is more important than ever. Many nations have MNH policies and plans, but they must be put into action at the local level with funding and oversight of care for pregnant women and their newborns. Adopting the appropriate policies is essential but insufficient. Although many nations have adopted goals and national policies, they are not being put into practice. For national and international transformation, local action is crucial. Systemic change is necessary in all districts and regions to have an impact. There is still much to do, including really working with parents and women rather than simply listening to them. To prioritize action, advocate, and invest, national actors must collaborate with international partners. Stakeholders can only work together to ensure that every woman and adolescent girl have access to high-quality, respectful care and that every baby has the opportunity to be delivered alive, at the right time, and at the correct size by collective action.

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