

Maternal death review: A path to achieve the Millennium Development Goal of improving maternal health

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Childbirth is a universally celebrated event, an occasion for dancing, fireworks, flowers or gifts. Yet, for many thousands of women each day, child bearing is experienced not as the joyful event as it should be, but as a private hell that may end in death (1). Worldwide, over half a million women die every year as a result of complications arising from pregnancy and childbirth. For every woman who dies, many more suffer from serious conditions that can affect them for the rest of their lives (2). According to the WHO 2000 estimate, Ethiopia ranks 4th (24,000) in the absolute number and 22nd in maternal mortality ratio (3). The current estimate for MMR in Ethiopia is 871 per100, 000 live births (4).

Maternal mortality as defined by the Tenth Revision of the International Classification of Diseases (ICD-10) is the death of a woman while pregnant or within 42 days of 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 (3).

The international health and development community has repeatedly called for action to address this problem and governments have formally committed themselves to doing so, notably at the International Conference on Population and Development (5) as well as the respective five-year follow up conferences, and more recently in the Millennium Declaration in 2000. Improvement of maternal health is incorporated in the Millennium Development Goals (MDG) as one of the essential prerequisites for development and for poverty reduction.

However, because measuring maternal mortality is difficult and complex, reliable estimates of the dimensions of the problem are not generally available and assessing progress towards the goal is difficult. In recent years, new ways of understanding maternal mortality have been developed, bearing in mind the needs and constraints of developing countries in particular (3).

Counting Maternal Mortality alone cannot generate important information to avert maternal deaths (2, 6). It tells only part of the story. In particular, it tells us nothing about the faces behind the numbers, the individual stories of suffering and distress and the real underlying reasons why particular women died. Most of all, it tells us nothing about why women continue to die in a world where the knowledge and resources to prevent such deaths are available or attainable.

Today, with better understanding of the difficulties involved in measuring levels of maternal mortality, and the cost of conducting a full-scale survey to determine MMR, there is increasing interest on efforts to understand why the problem persists and what can be done to avert maternal deaths and severe morbidity.

If we are to understand the difficulties that women experience in obtaining health care and their reasons for electing to have their births away from health institutions, it is necessary to look at their experiences of care. In attempting to understand maternal mortality, it is especially important to explore causes and circumstances around maternal deaths. Although it is impossible to directly interview those who have already died, the families of the deceased can be made to provide important information (2, 6).

Each maternal death has a story to tell and can provide indications on practical ways of addressing its causes and determinants. Maternal death reviews provide evidence of where the main problems in overcoming maternal mortality and morbidity may lie, produce an analysis of what can be done in practical terms and highlight the key areas requiring recommendations for health sector and community action as well as policy directions (8).

In Ethiopia, it is difficult to find research works that provide an in-depth analysis of maternal deaths. Often the answer as to why mothers die is not a simple one and often has not been answered. Death may occur as a result of a series of interconnected events rather than one single factor. Answering the why question thus requires a systematic review of each maternal death in order to find information on circumstances surrounding the deaths.

In order to reach the Millennium Development Goal of reducing maternal mortality, the government of Ethiopia is trying to expand essential health services and ensure their accessibility. Inline with this, it becomes a timely issue to identify individual, cultural and societal factors which hinder women's access to good and quality health care. Moreover, site-specific information on the causes and contributing factors for maternal death are key to programmatic actions, in local contexts.

References

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