



Three Pillars of Maternal Health

Low-tech, low-cost ways to save women's lives

A WOMAN LIES BLEEDING IN THE EMERGENCY ROOM OF THE UNIVERSITY OF Ibadan College Hospital in Nigeria. Though her baby was delivered safely, she's suffering from postpartum hemorrhage, an easily treatable condition that nonetheless kills approximately 160,000 women in the global South annually—about 30 percent of all maternal deaths. In the past, this woman would likely have died in as little as two hours.

But today, a low-cost, wet-suit-like outfit can save her. Made of neoprene and Velcro, the AntiShock Garment or LifeWrap (www.lifewraps.org), enfolded around the new mother's lower body, can decrease bleeding and keep blood in her vital organs. It will help stabilize her, allowing time to transport her to an appropriate facility, for a surgeon to be called or for enough blood to be collected for her transfusion.

This is one of several low-tech, low-cost interventions that could dramatically reduce maternal mortality in the global South, where each year more than half a million women

HRIS DE BOE/UNFPA

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Woman in Nigerian hospital receives treatment with AntiShock Garment

die from preventable pregnancy-related causes—one every minute. In 2000, the United Nations identified reduction of maternal mortality as one of eight Millennium Development Goals—global priorities designed to help end poverty. Yet this issue is struggling for visibility and funding, lost in the competition for billions of dollars allocated for global health. Consequently, while such innovations as the AntiShock Garment offer women real hope, the challenge is how to make them widely available.

Another helpful postpartum intervention is the inexpensive, uterine-contracting drug misoprostol, which has been shown by research in India to prevent up to half of all postpartum hemorrhaging if administered within a few minutes after delivery. If a woman does start bleeding, the AntiShock Garment then stabilizes her. Or, if a woman suffers from eclampsia due to complications from hypertension—which can lead to convulsions and accounts for about 12 percent of all maternal deaths—she can best be helped by the drug magnesium sulfate. But that remedy is rarely used because of problems with availability, staff training or health-facility readiness.

In the past, experts in the maternal health field have disagreed on priority actions. But within the past year a consensus has emerged on the three pillars necessary to support a sustained drop in pregnancy-related deaths:

- Comprehensive reproductive health care must include contraception to avoid unwanted births and prenatal visits to monitor pregnant women.
- Skilled attendance at birth must mean ensuring that danger signs are identified early for at-home births,

or births in modest primary health-care centers, and that timely actions are taken to prevent complications or to bring women to more sophisticated facilities.

- It is a critical investment to increase capacity for emergency obstetric care, including operating rooms for C-section deliveries and stocked blood banks for transfusions.

These interventions can be funded and introduced without overhauling health systems. Other steps needed to improve maternal health aren't so clear-cut. But based on the billions spent each year on such global health issues as HIV/AIDS—not to mention expenditures for issues other than health—it's obvious that resources exist.

What's missing is the political will. For the global community to meet commitments made in the Millennium Development Goals, attention and resources need to be redirected, and greater concern put forth by health experts, government officials and ordinary citizens. As Thoraya Obaid, director of the U.N. Population Fund, noted, "It would cost the world less than two and a half days' worth of military spending to save the lives of 6 million mothers, newborns and children every year."

—JUDITH F. HELZNER

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THE STAGGERING NUMBERS

Every minute around the world, 380 women become pregnant, 190 face unplanned or unwanted pregnancies, 110 experience pregnancy-related complications, 40 have unsafe abortions—and one dies.

Since 1987, when the World Health Organization launched the Safe Motherhood Initiative to reduce the maternal death toll, progress has been made, but not much. Sixty percent of women in sub-Saharan Africa lack any skilled birth attendant—a figure unchanged since the 1990s. The maternal mortality ratio would have to decline by 5.5 percent annually to reach the U.N. Millennium Development Goal target of a 75 percent reduction by 2015. Instead, it's declining by less than 1 percent per year.

Field workers refer to the "three delays" keeping the death toll high: in seeking care, in transportation to a care facility and in receiving care. Access to contraceptives is also crucial—if they were readily available worldwide, maternal mortality rates would drop off as much as 30 percent (conservative estimate). The availability of safe, legal abortion also would greatly help reduce maternal deaths.

Inequities in the lifetime risk of dying from pregnancy-related causes are staggering: one in 8,000 in industrialized countries, compared to one in 70 in India, one in 22 in sub-Saharan Africa and one in eight in Afghanistan. See www.childinfo.org/maternal_mortality_countrydata.php (UNICEF) for more data, and for activist suggestions visit the White Ribbon Alliance for Safe Motherhood (www.whiteribbonalliance.org).