

How should we treat maternal death — to heal the country instead of patients only

In the world's poorest countries, limited food supplies and behindhand medical quality put a woman's life at risk if she is pregnant. Especially in rural areas, where there is a shortage of medicines and specialized treatment, maternal mortality rates are exceptionally high. Gender minority, poverty, and rural living conditions make women in developing countries increasingly marginalized. Therefore, to protect female profits and fundamental human rights, the World Health Organization and social charitable foundations should devote more of their development aid to improving the living quality of pregnant women.

Over the past ten years, there has been little progress in female health during pregnancy and post-natal recovery in developing countries. The World Population Fund says developed countries are primarily to blame. In 1994, for example, the international community announced a comprehensive plan to improve health and promote education in developing countries, but barely half of the \$6 billion, the project amount, was pledged. Less than 1 percent of the world's health care spending goes to diseases in sub-Saharan Africa, and maternal care is neglected and never funded.

One in 28 pregnant women died from the fertility disease in southern Africa, compared with one in 11,900 in Western Europe. It is not only directed by the lack of medical funding that contributes to the high maternal mortality rate but also by local women's ignorance of medical knowledge and sexual relations.

Take fistula, a common complication of childbirth, as an example. It costs about \$300 to repair one fistula, and about 90 percent of relative cases are repairable. However, most of the patients who develop fistulas are poor rural women who have never seen a doctor or received medical literacy. They are usually 15 or 16 years old girls, considering their lives unsavable after being diagnosed. Without seeing doctors, they are often abandoned by their husbands because of the stench of fecal matter, starve to death in isolation, or getting infected in the birth canal. As for women who choose to deliver a baby by themselves, the messy birth conditions and harsh birth practices usually reduce the survival rate of newborns and cause maternal deaths from hemorrhage.

The most effective solution to this may have nothing to do with medicine at all. A South African study found that giving girls school uniforms worth \$6 every 18 months might increase their likelihood of studying on campus and thus drastically reduce the number of pregnancies. If women in Africa could receive more education at a young age, they would stay in school longer, which delays marriage and pregnancy until they can afford a safe birth.

In addition, the popularization of vaccination and access to contraception cannot be underestimated. Statistics show that more than 200 million women worldwide would like contraception but do not have material security. Conservatives strongly oppose forced abortion; liberals fiercely fight for abortion rights. But there has been a lack of community support for women whose lives are depleted due to obstructed childbirth. Maternal injuries have occurred more frequently than maternal deaths in recent years. Unsafe abortion causes the death of 70,000 women each year and severe injuries to another 5 million.

In the 1970s, Allen Rosenfeld, a social entrepreneur in maternal health, worked with the Ministry of Health on a revolutionary scheme that gave trained midwives the right to prescribe.

Previously, intrauterine contraceptive devices and oral contraceptives were only available in Southeast Asia under doctors' prescription. The initiative soon brought the most natural and effective form of contraception to 99 percent of the local population and contributed to a decline in maternal mortality for years.

For national donors and social charities, the first step towards improving rural health systems is funding maternal care in remote areas. Initiate local training programs and courses to develop more health care professionals. In addition to building more clinics, it is also essential to establish a system for assessing clinics and reduce the payment of medical staff who are absent without any reason to ensure the efficiency of existing clinics.

For too long, maternal health care has been dismissed as a "female issue," the tragic result of developing countries' neglect of women's human rights, and lacks a place on the mainstream international agenda. "Women are dying not because there is no cure, but because society has not yet decided whether saving their lives is worth it," the journal *Clinical Obstetrics and Gynecology* said. The World Bank also concluded in a 2003 report: "Maternal mortality rates in developing countries can be halved every seven to ten years, regardless of income levels and economic growth rates." Poverty is the leading cause of maternal mortality. Still, the amount of a country's Gross Domestic Product that is used to invest in women's health care depends on its political will to save women.

References:

WHO, UNICEF, UNFPA and The World Bank, *Trends in Maternal Mortality: 2000 to 2017*

WHO, Geneva, 2019

Leontine Alkema-Doris Chou-Daniel Hogan-Sanjian Zhang-Ann-Beth Moller-Alison Gemmill-Doris Fat-Ties Boerma-Marleen Temmerman-Colin Mathers-Lale Say, *Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group, The Lancet Published Online*, November 12, 2015

AbouZahr, C., and T. Wardlaw, *Maternal Mortality at the End of the Decade: What Signs of Progress?*, *Bulletin of the World Health Organization*, vol. 79, no. 6, 2001, pp. 561—573.

Khan, Khalid S., et al, WHO Analysis of Causes of Maternal Death: A systematic review, *Lancet*, vol. 367, no. 9516, 1 April 2006, pp. 1066—1074.

Data links:

<https://docs.google.com/spreadsheets/d/e/2PACX-1vRdA4twhWTy7cQsHCaKLTTsq3vxDh5ZDYROLGjMycyWJwh5kixMH5vphNv-r3lUVhgq1USnu9A5MJ2V/pubchart?oid=697541986&format=interactive>

Maternal death rates Worldwide

<https://docs.google.com/spreadsheets/d/e/2PACX-1vTKESoVIFM1JQyOapneKlgbwebzaD9qKfJ7kRzZtze2qTQnpzJbYTyUpzs47bU2mJldYxuOHLxcJxEu/pubchart?oid=618279326&format=interactive>

Maternal death trends (by regions)

https://docs.google.com/spreadsheets/d/e/2PACX-1vRXITQdi3iQ_2W07vuy-dvu4RWY5oxXHqAfdtx_I56grdUv5TNuUO6yDNsHWK3YHfrTyeug0ADFXVB1/pubchart?oid=320867404&format=interactive

Causes of Maternal Deaths

https://docs.google.com/spreadsheets/d/e/2PACX-1vRsVTvFNhXTqjOmTD_34zkqATUpH0imV3v1jt5h4YRHcrdn67Rwek_yP-CsEpRbqntz8P_sS9VlQsQi/pubchart?oid=553885745&format=interactive

Lifetime risk of maternal death: 1 in X (by income group)