EDITORIAL

Need to Intensify Safe Motherhood Interventions in Africa

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Recent evidence suggests a trend towards an increasing rate of maternal mortality throughout much of sub-Saharan Africa. In a country such as Nigeria, maternal mortality rates climbed from 600 per 100,000 in 1987 at the launching of the international Safe Motherhood Initiative to 1000 per 100,000 in 2000; and now, it is nearly 1,500 per 100,000 live births. Indeed, recent data published by UNFPA/UNICEF indicate that Nigeria now has the second highest rate of maternal mortality in the developing world. Similarly, high rates of maternal mortality are being reported from several East and West African countries including Ethiopia, Mozambique, Tanzania, Zambia, Ghana, Liberia and Sierra Leone.

Several factors account for this unsatisfactory state of affairs. The first is the declining priority accorded to the prevention of maternal mortality as a component of reproductive health. Since it became known that HIV/AIDS is principally an African epidemic, programmatic emphasis has tended to shift from other reproductive health issues to HIV/AIDS. Many African governments, while increasingly talking the HIV/AIDS challenge more seriously, have not shown commensurate commitment to other reproductive health problems especially maternal morbidity and mortality. Furthermore, throughout sub-Saharan Africa, international donor funding has increased for HIV, while it has decreased significantly for issues surrounding maternal mortality reduction.

The second problem is the fact that maternal mortality is not quite the same as HIV/AIDS. Both are no doubt driven by poverty and declining national economies. However, while HIV/AIDS may respond to short-term interventions at the individual and household levels, maternal mortality requires the integrated improved performance of all sectors of the national economy over a longer period of time. Indeed, it is now understood that maternal mortality is associated with complex infrastructural, cultural, socio-economic and political issues, which need to be addressed simultaneously before a decline in rates can be achieved. Thus, interventions must include true multi-sectoral designs and considerations before they can reach the “heart of the matter” in addressing maternal mortality in Africa in a realistic fashion. To date, not many African countries understand this peculiarity of maternal mortality, and not many have taken steps to re-direct their efforts appropriately.

At the programmatic level, the prevention of maternal mortality depends on the three components of primary, secondary and tertiary prevention. Unfortunately, all three levels of prevention are very poorly developed in many parts of Africa. Primary prevention, the reductions in unwanted...
pregnancies that place women at risk of death, is not working well in many parts of Africa. African countries, especially those with high rates of maternal mortality, have some of the lowest contraceptive prevalence rates in the developing world. Indeed, an inverse association currently exists between high rates of maternal mortality and contraceptive prevalence rates in Africa, and there is a large unmet need for contraceptives in countries with high and many rates of maternal mortality. Unless efforts are concentrated on increasing contraceptive use by vulnerable women, especially adolescents and highly parasitic women, it would be difficult to achieve significant reduction in maternal mortality in the foreseeable future.

Secondary prevention, the judicious use of quality antenatal care at the termination of an unwanted pregnancy, also poses significant challenge in many parts of sub-Saharan Africa. Antenatal coverage range from as low as 40% in countries such as Mali and Nigeria to as high as 80% in Zimbabwe and South Africa. Even in countries with high antenatal coverage, the quality of services is often less than optimal, and there is currently no evidence that antenatal care in itself improves many of the proximate medical and social factors that lead to maternal mortality in Africa. Termination of pregnancy is legally restricted to many parts of Africa and, of course, women often have limited access to safe abortion services. Consequently, unsafe abortion is presently one of the leading causes of maternal mortality in many African countries. The most heavily affected countries are Ethiopia, Kenya, Mozambique and Nigeria, where abortion is responsible between 20% and 50% of all cases of maternal deaths. It is clear that unless measures are taken to address the problem of unsafe abortion in Africa, maternal mortality would not be expected to fall anytime in the near future.

There is now a growing consensus that timely prevention, the prompt treatment of complications that lead to maternal mortality, holds the key to reducing maternal mortality in developing countries. However, if timely prevention is to be effective, pregnant women must be able to reach health facilities on time when these complications arise, and the facilities themselves must be fully equipped to manage pregnancy-related complications. Here again, there are problems in many African countries. Today, it is well known that a large proportion of pregnant women in several African countries are not attended to in clinics by a skilled health attendant, and many women fail to reach an obstetric facility in time when they experience complications, and that there are institutional delays that prevent the prompt management of complications that lead to mortality. This issue of the African Journal of Reproductive Health carries nine articles that are related to the prevention of maternal mortality in various parts of Africa. The paper on the estimation of maternal mortality in Western Tanzania by Mhizuka and his colleagues describes the use of a simple method—the hospital-based method—to determine the true community incidence of maternal mortality. Throughout Africa, maternal mortality statistics are often inaccurate, derived as they often are from hospital data which do not fully reflect the extent of maternal mortality in America. Community-based studies of this nature are to be encouraged from different parts of Africa, as they hold the key to our improved understanding of the true rates and determinants of maternal mortality. Indeed, as we increasingly undertake community-based interventions that seek to promote safe motherhood, these kinds of data are necessary to monitor our efforts over time.

Three articles from Nigeria show that abortion is still a significant problem in the country. They all call for a realistic approach to dealing with the problem, in particular the training of health practitioners in efforts to reduce the rate of maternal mortality in the country. Such training is based on the principle that when the skills of health providers are improved in delivering emergency obstetric services, they can use limited resources to deal with abortion-related complications and reduce the likelihood of maternal death.

The paper on the utilization of antenatal services in Equatorial Guinea by Jomol and that of antenatal screening for hypertension in rural Tanzania's both
to assess the point on the limitations of antenatal care as a secondary preventive strategy for reducing maternal mortality in Africa. In particular, the paper


discusses the factors that lead to maternal mortality in its component constituents.

References


