Maternal Mortality in Nigeria and Public Health Interventions

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Abstract

In the last decade, so much has been said concerning maternal death in Nigeria, the Millennium Development Goals and political will of the government in achieving these goals. Health related goals are majorly driven by public health interventions, and some good progress has been noticed in issues relating to maternal mortality and morbidity i.e. Improve Maternal Health (MDG 5). [1]The public health interventions utilized include, but are not limited to: surveillance, outreach, referral and follow up, collaboration and coalition development, advocacy and policy enforcement.

Introduction

Maternal mortality is primarily a public health issue. It is defined as the death of a woman in pregnancy, labour or within forty-two days of delivery (puerperium) irrespective of the site and duration of the pregnancy from any cause related to or aggravated by the pregnancy or its management but not from incidental or accidental causes[2]. Issues regarding maternal deaths and morbidity have been of great concern for several years but the verve in reducing maternal death was given a great boost at the Millennium Declaration held in New York in 2000.[3,4]Being the primary focus of the 5th Millennium Development Goal i.e. Reduce Maternal Mortality, more definite targets were stipulated and means of accessing the set goals were defined in clear terms.[4] The goal, which elapses by 2015 is being raced by developing countries across the world, Nigeria not being left out.

Most internal media sources usually state that Nigeria is slow in achieving the MDGs, MDG 5 inclusive but this is not entirely true.[1,5] As much as such statements help putting governmental and non-governmental agencies on their toes, its import would suggest that public health interventions have been ineffective in the last twelve years.

This is not so judging by the progress report of Nigeria by the United Nations Development Program which states that "recent progress towards this goal is promising and, if the latest improvements can be sustained at the same rate, Nigeria will reach the target by 2015."[1] Maternal mortality in Nigeria has fallen by 32 percent in the span of five years (2003 to 2008) with the current ratio being 545 deaths per 100,000 live births (2008).[1]

Public health interventions in Nigeria regarding issues pertaining to maternal mortality cut across the spectrum of activities in the field of public health ranging from advocacy and policy development to teaching and counseling. The interventions blend together in a bid to achieve a common end point. And these interventions are not isolated to the field of maternal morbidity and mortality; their peculiar application in this regard would be discussed in the later paragraphs.

Public Health Interventions

Surveillance

The importance of active surveillance of maternal deaths cannot be overemphasized. When done properly, it provides detailed information to characterize maternal deaths and proffer a better system to detect maternal deaths. Surveillance of maternal deaths in Nigeria is not yet at its prime. However, recent developments across the states in Nigeria show that some states are instituting well-grounded surveillance systems. An example is the 'AbiyeSafe Motherhood Project' in Ondo state, which is backed up by a law on inquiry into maternal deaths mandating prompt report of any maternal death to specified bodies. [6]In Oyo State, it is required that all hospitals in the state report any case of maternal death to the appropriate agencies.[7] This provides a better quantification and gives a true picture of the state of affairs in such state. In Kaduna State, the effectiveness of a SMS-based surveillance system was researched into but is yet to be fully implemented.[8]The goal was to determine if semi-illiterate traditional birth attendants and community health extension workers can effectively use SMS cell phone technology to conduct systematic surveillance of vital household events in the community. [8]

The pitfall here is that all the states work individually with respect to the surveillance system and thereafter report to the Ministry of Health. Indeed, a maternal mortality review in individual states is a good development; however, a national system of surveillance would be more representative of the true picture of things based on the disparate geographical, cultural, political and religious beliefs in Nigeria. Achieving this would help standardize the definition of maternal deaths in Nigeria, identify more maternal deaths and collect more detailed information about those deaths. This would be instrumental in achieving greater success in reducing maternal deaths in Nigeria.

Outreach

Community based outreach programmes are perhaps the commonest and mostly appraised public health intervention in issues relating to maternal health in Nigeria. The primary focus is sensitization of the general public on the causes of maternal death. In Nigeria, the top five causes of maternal deaths are haemorrhage, obstructed labour, sepsis, eclampsia and abortion.[9] The usual tools of community-based outreach are fliers, banners, public address system and other audio devices. These community-based outreaches can be augmented by the mass media and they are usually conducted in the native languages of the target population. Outreaches proffer some solution to the first level of delay i.e. delay in seeking appropriate medical help as they serve as platform for dissipating information on how to seek appropriate medical help and recognize an obstetric emergency.They also serve as forum where the views and opinions of the people are aired. When properly organized, it is of immense benefit to the people.

Much has been achieved over the years through outreach programs on maternal mortality but there is still lot of grounds to cover. Of significance is the ability to coordinate activities and extend the reach-outs to remote parts of the country and to virgin fields where people would naturally shy away from. Another issue pertaining to this intervention is proper assessment of the effectiveness of the work. Most outreaches are done without creating a feedback mechanism hence there is no way of assessing the value of work done. Work is done when the people talked to have a full understanding of the message being passed across and can reproduce it. This pitfall is most often associated with smaller bodies and organizations conducting the outreach as they may not be armed with the necessary skill and financial ability. Hence why some form of collaboration is being advocated so that all bodies going to the field would pass the same message and speak in one voice.

Referral and Follow-Up

A good referral system is important in reducing maternal deaths. And that has been a challenge for many years in Nigeria. The ability of a care giver to identify an obstetric emergency, realize that he/she is not skilled enough or is not an environment with appropriate facility or both, stabilize the patient and refer as soon as possible to a health facility where the health needs of the woman can be attended to is of utmost importance in reducing maternal morbidity and mortality.

An adequate referral system has been the bane of healthcare delivery for some years in Nigeria as most deliveries are attended to by Traditional Birth Attendants.[9] Initially, the goal was to attempt to train these TBAs on

how to recognize an obstetric emergency and to refer appropriately but that has not yielded the desired result. Currently, the standard attendant at delivery is a skilled birth attendant, defined by the World Health Organization as "a midwife, doctor or nurse trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period and in the identification, management and referral of complications in women and newborns".[10] Most of the deliveries in the rural areas in Nigeria, especially the North, are still attended to by traditional birth attendants and the referral system, which is one of the defining characteristics of a skilled birth attendant is largely lacking.[9]

Recent developments have actually shown that there is hope. The Abiye Safe Motherhood project epitomizes a good referral system in today's Nigeria in which the Mother and Child hospital in Akure serve as the referral centre where complicated cases are attended to. The effect of traditional birth attendants have been significantly reduced by "health rangers", who are primarily community health extension workers allocated to twenty-five pregnant women saddled with the task of visiting them regularly, detect high risk pregnancy, carry out a birth plan, embark on complication readiness advice, family planning and the use of insecticide treated mosquito nets. Well - equipped basic health centres have been provided in the remote towns and villages with well qualified health personnel and these serve as the first point of call. Referrals are made by these qualified staff to the Mother and Child Hospital in Akure. The Abiye Safe Motherhood project has been applauded by the World Bank, and it has been recommended as the solution to Africa's health challenges.[6]

Collaboration and Coalition Development

Nigeria is made of diverse ethnic groups with disparate religious, political and cultural beliefs. For any project to be successful, the place of community participation cannot be undermined. Adequate community participation would involve the religious and traditional leaders in the community. Their assertion of the project is pivotal in getting the listening ears of the rural dwellers.

There is no reduction of maternal mortality without adequate funding. These funds come from either the government via the federal ministry of health or office of the Special Assistant to the President on the Millennium Development Goals, through non-governmental organizations and through international bodies like the World Health Association, World Bank and other bilateral and multilateral agencies. Also, some non-governmental organizations and individuals are actively involved in the funding of projects relating to maternal mortality.

Collaboration has lots of positives when done in a well-motivated environment. It stimulates excitement at all levels: local, state and federal government. There is more credibility, influence and impetus to achieve set objectives when different parties come together. Also, there is a more comprehensive approach and the chances of duplication of efforts are reduced. Collaboration ensures that all voices are heard and creates sustained change.

The Abiye Safe Motherhood Project is an example of effective collaboration as the financial partner is the World Bank and the technical partner the Bill and Melinda Gates Institute, Obafemi Awolowo University. The community leaders are also fully involved and also assist in effective surveillance of all parties involved at the work at the grassroot level.[6]

Advocacy and Policy Enforcement

Advocacy in issues relating to maternal morbidity and mortality is the ability to facilitate change, and the development of new areas of policy, in order to tackle the unmet needs and deal with emerging health need as it relates to the reproductive needs of the woman. Success in advocacy is tied to proffering realistic solutions and not on emphasizing the problems. Advocacy is not a short term plan as it takes years and the involvement of other allies for the desired goal to be achieved. Benefits of advocacy include the provision of information, support and services while helping to voice out the need of the community.

In Nigeria, lots of advocacy is ongoing on issues of maternal health. Interestingly, majority of these advocacies has to do with provision of resources and/or funds and improved government will and commitment in achieving the Millennium Development Goal 5. It has been advocated that adequate budgetary provision would be required to create sustained progress in achieving goal

In Conclusion

Can Nigeria achieve the Millennium Development Goal 5? Yes, we can. Nigeria is already on track but time is not on our side as a nation. So much intervention has been put into place in the last few years and that is responsible for our current state. Sadly, the progress does not cut across all the states of the federation. While some states are making progress, some are stagnant. The onus lies on the government to consolidate efforts by utilizing the public health interventions at its disposal to solve issues relating to maternal morbidity and mortality. Pregnancy, birth and delivery can indeed be a safe and satisfying experience.

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