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Maternal Mortality

The gravity of the problem of maternal deaths has been likened to the crashing of a jumbo jet every four hours, every day, with the 250, all women, passengers killed each time.¹ The passengers share the common characteristics of being either pregnant or recently delivered of a baby; they are in the prime of their life and many are teenagers.

Most of these deaths, estimated to be about 500,000 annually, occur in the developing countries of Africa, Asia and Latin America where maternal death rates may exceed 1,000 per 100,000 live births. Even these horrific figures must represent gross under-reporting, since such statistics are based on hospital data, whereas most deliveries in developing countries occur at home where such deliveries may even be unattended.² Most developing countries do not have records of all births and deaths.

The factors leading to such high maternal mortality rates in developing countries are many and intertwined. They consist of medical, health services, reproductive and socio-economic factors. Of the medical factors, those causing direct maternal deaths (e.g. haemorrhage, puerperal infections and toxæmia) account for 50-98% of maternal deaths.² The importance of the

level of development of health services is underlined by many investigations into maternal deaths which show that more than half of the deaths could be prevented by proper handling – correct and adequate intervention by medical personnel for the treatment of pregnancy complications; availability of adequate numbers of trained personnel and essential supplies including blood for transfusion and drugs; easy access to antenatal care and family health education.

Not to be underscored is the role of reproductive and socio-economic factors. Young women, many of them in their teens, those with high parity and those with unwanted pregnancy form high risk groups. The same individuals are likely to come from socioeconomically deprived

groups; more likely to be poor, illiterate and underusers of available health care facilities.

Many of the above factors are operative here at home. We welcome therefore the attempt by Dr. M. E. Keller (page 13) to look at the problem as it is seen at Kamuzu Central Hospital. Corrective action aimed at reducing the impact of preventable medical factors should be the responsibility of all who are engaged in the care of pregnant and recently delivered women.

Editor

References:-

1. Maternal mortality: helping women off the road to death: WHO chronicle; (1986): 40,175-183.
2. Giving Birth Alone : Africa Health (Aug.-Sept., 1986)

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