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Social justice through safe motherhood

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THE World Health Organisation celebrated its 50th anniversary on Tuesday. The date coincides with the annual World Health Day.

One of the most important objectives of WHO is the betterment of the health of women and children. Thus, this year the theme "Safe Motherhood" has been chosen.

According to WHO figures, 1,600 women die of pregnancy and childbirth daily. The annual fatality rate stands at a staggering 500,000! Almost 90 per cent of these deaths take place in countries of Asia and sub-Saharan Africa. The remaining 10 per cent involve mostly developing nations.

In fact, complications of pregnancy and childbirth are among the major causes of death of women of reproductive age in many developing countries. On top of this, more than 50 million others suffer from maternal morbidity, or acute complications from pregnancy.

For some 30 per cent of these women, the illnesses are long-term and often debilitating. These include irreversible damage of the uterus, incontinence and infertility.

Major complications during delivery may result in permanent nerve damage and loss of sensation, wasting of leg muscles and, finally, paralysis. Infections may also lead to persistent pain and damage of the reproductive system.

The highest maternal mortality rate is found in Eastern and Western African countries. There are nations which have recorded 10 deaths for every 1,000 live births. The reasons for this are inadequate maternity care, poor hygiene and inappropriate management of delivery.

These issues were recently addressed at an international conference in Washington DC called World Health Day - Safe Motherhood and Reducing Maternal Death. The participants included US First Lady, Hillary Clinton, and World Bank president James Wolfensohn. Malaysia was represented by Datin Seri Dr Siti Hasmah Mohd Ali, wife of Prime Minister Datuk Seri Dr Mahathir Mohamad and a strong proponent of family healthcare.

In Malaysia, it is estimated that between 1991 and 1995, there were 500,000 births annually. The maternal mortality rate - or death which occurs during pregnancy or within 42 days after childbirth - recorded in the peninsula during the period was 0.2 per 1,000 births, or approximately 100 per year. This is relatively low compared with other developing countries, where the average maternal death rate for every 1,000 live births is 4.8.

Experts believe that the majority of deaths related to pregnancy and delivery can be prevented. Most occur either during or shortly after delivery. Some of the major causes of maternal death are severe bleeding (25 per cent), infection (15 per cent) and unsafe abortion (13 per cent).

The provision of basic medical care during and shortly after delivery is crucial. The availability of commendable healthcare infrastructure and professional support are vital in ensuring a safe, hygienic, non-traumatic and well-monitored childbirth.

Prior to delivery, an appropriate ante-natal care service is required to help the expectant mother and foetus survive the 38-week or so gestation period. Malaysians are lucky as the Ministry of Health has a comprehensive ante-natal programme. Mothers-to-be need only follow the guidelines and advice given by medical personnel.

Facilities for regular check-ups with reliable referral possibilities

are widely available throughout the nation. The rural clinic to population ratio has improved from 1:5,320 in 1990 to 1:4,580 in 1995.

These facilities and support have become one of the mainstays of the national health agenda. They have also contributed tremendously to the significant reduction in the number of pregnancy and delivery-related mortalities and morbidity.

Beginning in 1995, the National Plan of Action on Nutrition of the Ministry of Health, included a programme to reduce severe anaemia, or the reduction of red blood cells, among pregnant women. Many women become mildly anaemic during pregnancy.

If afflicted with severe anaemia, an expectant mother may become very tired and weak. She may also suffer from dizziness. As reduction in red blood cells means a lesser number of haemoglobin, the oxygen-carrier, the baby may also be affected as it receives less oxygen. This may lead to premature labour.

Apart from the backing of a solid ante-natal healthcare programme, pregnant women also need to put in a lot of effort to ensure safe motherhood.

They should observe good pregnancy practices. These include eating good food, getting enough rest and avoiding an unhealthy lifestyle.

Smoking, drinking alcohol and the use of illegal drugs during pregnancy would only increase the possibility of miscarriage, still-birth and having babies who are underweight and with reduced mental capacity. These can also complicate delivery and post-natal care.

A pregnant woman is a special individual. Physiologically she is different in the sense that she is sharing her body with another human being or beings. She is sharing blood, food, air, hormones and many other things. Mentally, too, she may not be as much the person she used to be.

Thus, in these moments, her psychological needs should be perfectly read and understood by those around her, especially, the husband. Indirectly, husbands can also contribute to the success of the pregnancy.

The care given to child-bearing women does not stop after delivery, but actually continues, especially for the newborn. A rather exhaustive immunisation package is prepared to ensure that the child grows into a healthy and strong individual. Thus we are able to achieve a great improvement in post-natal survival rate as we progress.

The infant mortality rate, or the death of babies within the first year of life, had gone down from 24 in 1980 to 10.5 in 1995, for every 1,000 babies. During the same period, the toddler (1-2 years old) death rate was more than halved from two to 0.8 per 1,000. In addition, only 0.67 per cent of neonates (premature babies) died in 1995.

Pregnancy is not a disease. It is a normal physiological happening. Nevertheless, each pregnancy is associated with certain risks to health and survival, both to the woman and for the baby she bears. These risks are invariably present in every society and in every setting.

But at the present moment they affect mostly pregnant women living in poor and underdeveloped countries.

We know now how to reduce these risks. We actually have the resources and the will to do it. It has been said that reducing maternal mortality is one of the most cost-effective strategies available in the area of public health. Access to information related to pregnancy and contraception can help reduce risky and unwanted pregnancies.

Access to healthcare facilities, especially at the critical time of birth, can help ensure that childbirth is a memorable and joyful event. The quest for safe motherhood is not merely a healthcare strategy, but is also tantamount to the fulfilment of social justice.

"We have enjoined on man, kindness to his parents, in pain did his

mother bear him, and in pain did she give him birth."