IT IS TIME TO TAKE ACTION!

Federal Government, State Governments, Executive Governors, commissioners, first ladies, state policy makers, LGA chairmen, LGA Council members, political leaders, community leaders, religious leaders, traditional leaders can help to make motherhood safe in Nigeria by taking 10 key actions:

1. **Provide free antenatal and delivery services at State and Local Government Area (LGA) levels.**
2. **Keep health facilities open for 24 hours and provide basic clinic equipment to improve the quality of maternal health services**
3. **Employ adequate number of trained and skilled health providers (medical doctors or trained midwives);**
4. **Train and employ more women in the North as service providers to make Primary Health Care (PHC) services more acceptable to women and their husbands.**
5. **Encourage all women to attend ANC (antenatal care) during pregnancy and to deliver with the help of a trained health provider (a medical doctor or a trained midwife).**
6. **Ensure that in each ward, there is at least one health facility to provide basic care to women who need emergency care in pregnancy or after delivery; ensure that in each LGA, there is at least one well equipped health facility to provide comprehensive care, essential and emergency for women in pregnancy and after delivery.**
7. **Provide integrated maternal child health (MCH) services at all health facilities including child spacing/family planning services.**
8. **Educate men, women and community members on causes and prevention of maternal deaths.**
9. **Ensure that all children including girls are in school, as this will enhance their ability to make the right decisions concerning their health.**
10. **Allocate and release more financial resources for maternal Health services**

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THE DIMENSIONS OF THE TRAGEDY

- Maternal death means death of a woman due to complications of pregnancies or childbirth.
- Maternal deaths is unacceptably high in Nigeria.
  - Every 30 minutes a Nigerian woman dies from causes related to pregnancy and childbirth.
  - This adds up to an estimated 54,000 women who die each year from pregnancy-related causes.
- For each woman who dies (maternal death), about 20 other women suffer from serious disease, disability or physical damage caused by complications of pregnancy or childbirth.
- Adolescents suffer disproportionately from complications related to childbearing because their bodies are not fully developed for child bearing.
- Thousands of children are left motherless each year as a result of maternal deaths. These children are 5 times more likely to die within two years than children whose mothers are alive.
- Almost half of infant deaths per year in Nigeria result from poor maternal health and poor care at the time of delivery (labour).
- While some health indicators have improved over the last two decades, maternal mortality (death) rates have shown little improvement in Nigeria.

Maternal Health in the North-West Zone: Jigawa, Kaduna, Katsina, Kano, Kebbi, Sokoto and Zamfara States

- Only 41% receive any form of antenatal care
- Only 10% of deliveries take place in health facilities
- Only 13% of deliveries are assisted by a trained personnel such as medical doctor, or nurse-midwife
- Only 22% of mothers that deliver at home receive postnatal checkups

(Source: Nigeria Demographic and Health Survey, 2003)

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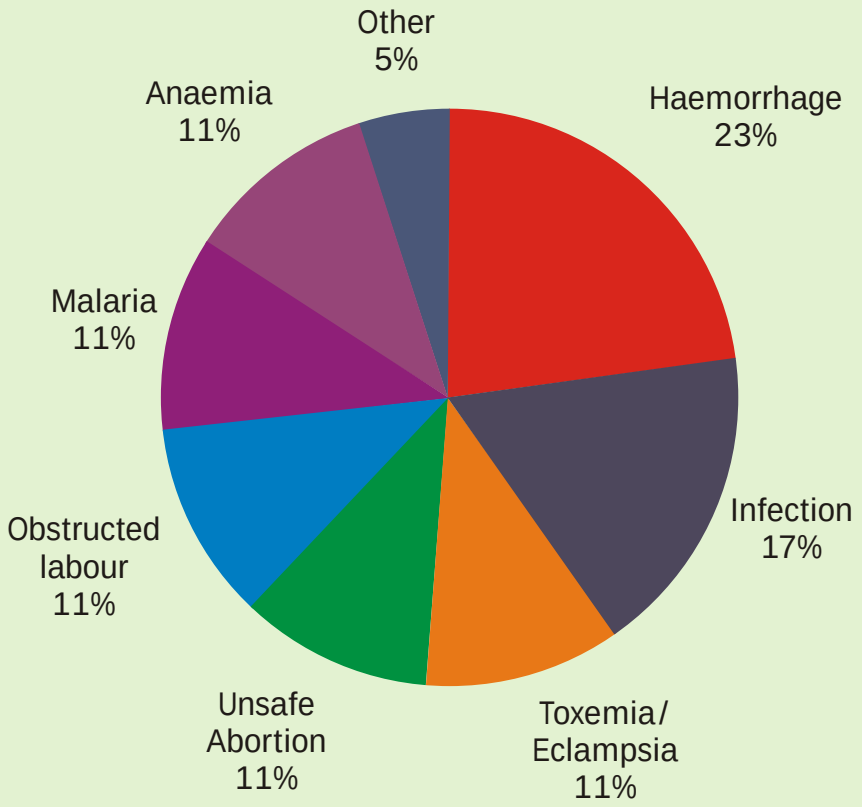
CAUSES OF MATERNAL DEATH IN NIGERIA

The causes of maternal death in Nigeria

- Most maternal deaths take place during delivery or in the immediate post-partum period after delivery (post - partum).
- Most maternal deaths in Nigeria are due to five direct causes: haemorrhage (heavy bleeding), sepsis (infection) unsafe abortion, obstructed labour and high blood pressure.



(Source: UNICEF, 2006)

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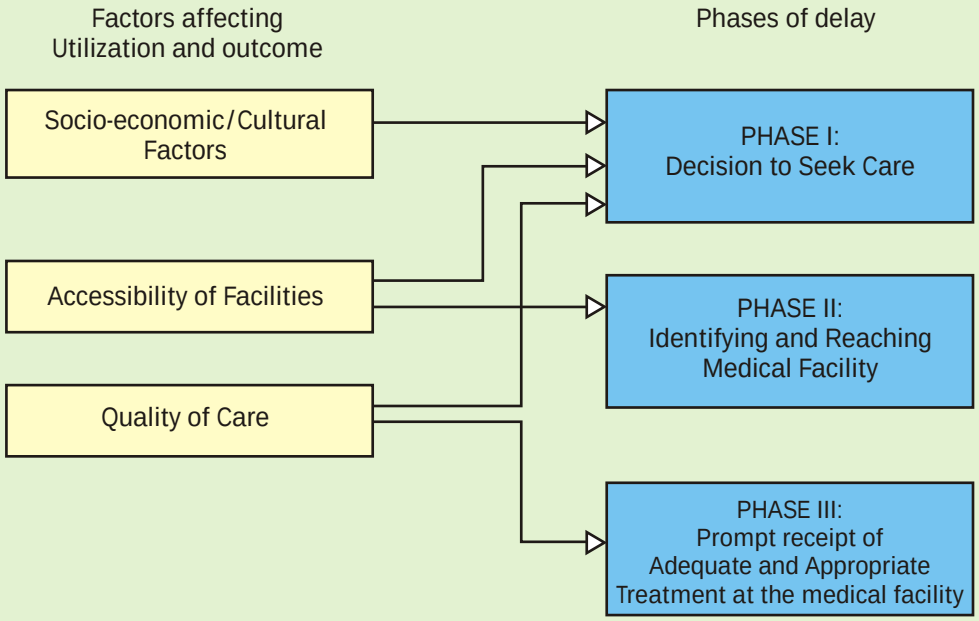
DELAYS AND MATERNAL DEATH

Timing proves to be critical in preventing maternal death and disability: Although post-partum haemorrhage can kill a woman in under two hours, for most other complications, a woman has 12 hours or more to get life-saving emergency care. The “three delays” model (see below) has proved to be a useful tool to identify the points at which delays can occur in the management of obstetric complications, and to design programmes to address these delays.



(Source: UNFPA)

The first two "delays" (delay in deciding to seek care and delay in reaching appropriate care) relate directly to the issue of access to care, encompassing factors in the family and the community including transportation.

The third "delay" (delay in receiving care at health facilities) relates to factors in the health facility.

Unless the three delays are addressed, no safe motherhood initiative can succeed.

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OBSTETRIC FISTULA: A TRAGIC FAILURE TO DELIVER MATERNAL HEALTH SERVICES

Every 30 minutes a Nigerian woman dies from complications of pregnancy. For every woman who dies, 20 or more others are injured or disabled.

One of the most serious injuries of childbearing is obstetric fistula, a hole in the vagina or rectum caused by labour that is prolonged (lasting more than 24 hours) often for days without treatment. Usually the baby dies. Because the fistula leaves women leaking urine or faeces, or both, it typically results in social isolation, depression and deepening poverty. Left untreated, fistula can lead to chronic medical problems. Like maternal mortality, fistula is almost entirely preventable.

EVERYBODY CAN HELP TO REDUCE THE BURDEN!

Evidence shows that maternal mortality can be reduced without first achieving high levels of economic development. Everybody can help to reduce the burden of maternal mortality in Nigeria.

- All pregnant women should have access to skilled care at the time of birth
- All those with complications should have timely access to quality emergency obstetric care
- All women should have access to birth spacing methods to avoid unintended pregnancies and to have intervals between births (child spacing)

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REDUCING UNINTENDED PREGNANCIES

Every day, thousands of women have unplanned pregnancies. A lot of these pregnancies end in unsafe abortions; many of which are performed under unsafe conditions.

Those women who want to delay or cease childbearing are in need of effective birth spacing methods.

In Nigeria, 17% of women would like to use a birth spacing method *(NDHS, 2003)*. However, some women do not know about modern methods, are unable to obtain or afford them, or distrust or dislike the methods that are available. Still others live with a partner who does not approve of contraception or who wants them to become pregnant.

ENSURING SKILLED ATTENDANCE AT BIRTHS

The most critical intervention for safe motherhood are to ensure that a health worker with midwifery skills is present at every birth, and transportation is available to a more comprehensive level of obstetric care in case of an emergency. Up to 15% of all births are complicated by a potentially fatal condition, and women attended by trained attendants are more likely to receive treatment early, when the situation can still be controlled.

Experience shows, however, that the training of birth attendants needs to be part of a broader strategy, including functioning referral systems and back-up professional support. Skilled attendants alone cannot effectively reduce maternal mortality THEY need to be linked up with a larger health care system with the facilities, supplies, transport and professionals to provide emergency obstetric care when it is needed.

Some women may clearly be at risk for complications. But often complications arise with little or no warning. Since it is almost impossible to predict who develops a life-threatening complication, all pregnant women should have access to a qualified health provider, for antenatal and delivery care, and services to address an emergency if necessary should be available to all women.

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PROVIDING EMERGENCY OBSTETRIC CARE TO WOMEN IN NEED

Delivery care is key for maternal survival! Maternal mortality is one of the few major health problems for which medical intervention is the key to the solution. What is more important, however, is the provision of adequate emergency obstetric care (EOC) that will greatly reduce maternal mortality.

Emergency obstetric care should be made available to all women who need it. This means that all pregnant women should have access to functioning facilities that offer essential obstetric care if they develop complications.

Since complications cannot be prevented or reliably predicted, it requires that facilities capable of delivering essential obstetric care are distributed throughout the country, that they are well-equipped and staffed 24 hours a day, seven days a week and that the women who need them have a way of getting to them in time to prevent death or disability. Basic emergency obstetric care, provided in health centers, includes the capabilities for:

- Administration of antibiotics, oxytocics, or anticonvulsants
- Manual removal of the placenta
- Removal of retained products following miscarriage or abortion
- Assisted vaginal delivery with forceps or vacuum extractor.

Comprehensive emergency obstetric care includes all basic functions above, plus Caesarean section and safe blood transfusion.

In guidelines jointly issued in 1997 by WHO, UNICEF, and UNFPA, it is recommended that for every 500,000 people there should be four facilities offering basic and one facility offering comprehensive essential obstetric care.

To manage obstetric complications, a facility must have trained staff and a functional operating theatre, and must be able to administer blood transfusions and anaesthesia.

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THE VALUE OF ANTENATAL CARE

Antenatal care can be a valuable way to establish a relationship between women and the health system. Trained birth attendants can also help foster a dialogue with female community leaders about the needs of pregnant women, and ways of mobilizing support for them.

WHO and UNICEF recommend that all pregnant women have at least four antenatal visits. Antenal care should also include:

- Assistance to prepare for the birth by identifying a skilled birth attendant and the nearest emergency obstetric care and planning for transportation to the health Facility.
- Immunization against tetanus
- Iron and folate tablets, as well as multiple micronutrient supplementation and, when available
- Malaria prophylaxis which prevents the illness contributing to poor maternal and neonatal health
- Hookworm treatment
- Diagnosis and management of sexually transmitted and Urinary Tract Infections, and early detection and management of complications such as Pre-eclampsia
- Voluntary Counseling & Testing for early diagnosis and management of HIV to prevent transmission of the virus from the mother to the child.

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3. Employ adequate number of trained and skilled health providers (medical doctors or trained midwives).

4. Train and employ more women as service providers so women can feel comfortable receiving services from a woman.

5. Encourage all women to attend ANC (antenatal care) during pregnancy and to deliver with the help of a trained health provider (a medical doctor or a trained midwife) in a health centre.

6. Ensure that in each ward, there is at least one health facility to provide basic care to women who need emergency care in pregnancy or after delivery.

    - Ensure that in each LGA, there is at least one well equipped health facility to provide comprehensive care, essential and emergency for women in pregnancy and after delivery.

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8. Educate men, women and community members on causes and prevention of maternal deaths.

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10. Allocate and release more financial resources for maternal health services.