



The vulnerable and those experiencing disadvantage

Maternal Health Matters supports the implementation of the The WHO: Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health as the basic level of maternity care and is working actively to influence the level of maternity care provided within Australia

Maternal mortality represents one of the greatest health disparities between rich and poor countries; between the rich and poor within countries and between rural/remote and urban communities.

Developed countries have a maternal mortality rate of 7.8 deaths per 100,000 live births. Australia has consistently lower maternal death rates – 6.7 deaths per 100,000 women giving birth, while the maternal mortality rate in PNG alone is 215 per 100,000 births.

Maternal mortality tends to be under-reported because people in developing countries often die outside the health system, which makes accurate registration of deaths difficult. In some studies, the actual number of maternal deaths was double or triple what was initially reported.

While maternal mortality statistics are indicative of the overall state of maternal health for a particular population, they are only the tip of the iceberg. For every woman who dies, some twenty to thirty others face serious or long-lasting consequences. Women who survive severe, life-threatening complications often require lengthy recovery times and may face long-term physical, psychological, social and economic consequences. The chronic ill-health of a mother puts surviving children, who depend on their mothers for food, care and emotional support, at great risk.

In Australia, Aboriginal and Torres Strait Islander women maternal mortality rate is - 16.4 deaths per 100,000 women; more than twice the non-Indigenous rate of 6.7 deaths per 100,000.

The infant mortality rate is the number of deaths of children under one year of age in a calendar year per 1,000 live births in the same calendar year. Infant death is commonly viewed as an important indicator of the general health and wellbeing of a population.

In Australia the Infant Mortality rate in 2020 was 2.957 deaths per 1000. The Aboriginal and Torres Strait Islander infant mortality rate varies across Australia. For 2014-2016, the infant mortality rate was higher for Aboriginal and Torres Strait Islander infants than for non-Indigenous infants living in NSW, Qld, WA, SA and the NT; in 2016, the rate for Aboriginal and Torres Strait Islander infants was highest in the NT.

Enormous disparities remain within countries. Impoverished and rural women are far less likely than their urban or wealthier counterparts to receive skilled care during childbirth. In rural areas health clinics



and hospitals are often spread out over vast distances and transportation systems are often rudimentary.

In the campaign for Safe Motherhood, care during childbirth from a midwife is the single most effective way to reduce maternal death.

A child's greatest risk of dying is during the first 28 days of life, accounting for 40% of all deaths among children under the age of 5. Half of newborn deaths occur during the first 24 hours and 75% during the first week of life, with preterm birth, severe infections and asphyxia being the main causes.

Methods of effective prevention or cure for these conditions are well known and widely accessible for women in the developed world. However women in the developing world or in rural and remote locations may, not have access to the same level of care.

Midwives in all countries know how to identify the problems, to initiate management and where necessary to refer to a medical or other colleague. But in impoverished and rural/remote communities the risks of these conditions occurring are higher and are made more dangerous by the widespread incidence of:

- Malnutrition;
- Lack of access to clean water and sanitation;
- Epidemic levels of disease such as malaria, tuberculosis and HIV;
- Inadequate or unaffordable transport facilities in remote areas so that women with complications cannot reach skilled help;
- Inadequate human resources, drugs and equipment being available at health centres and hospitals;
- Inequitable opportunities for women and girls, leading to poor levels of education including knowledge about their own bodies and basic hygiene practices;
- Inequitable social and cultural status for women and girls, leading to inability to achieve their human rights, including control over their own reproductive health.

Australia is failing to meet the Safe Motherhood goals of ensuring all women have access to a skilled attendant during pregnancy, birth and the postnatal period. The United Nations Sustainable Development Goals include a substantial reduction of child mortality and improvement in maternal health by the year 2030. Australia will need to improve its services in remote areas to reach these goals and national resources must be made available.

A new global consensus has been agreed on the key evidence-based interventions that will sharply reduce the 290,000 women who still die each year during pregnancy and childbirth and the 5.4 million children who die before the age of 5. The WHO: *Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health* documents an evidence-based path to help women before, during and after birth and their children. The document is designed to facilitate



decision-making about how to allocate limited resources for maximum impact on the health of women and children. The document gives policy makers a way to make informed choices on how to set priorities and where to put funds and resources, guided by a list of absolutely critical interventions.

There are 56 essential interventions. The interventions are classified according to three levels:

- care that can be provided at the community level by community health workers, outreach workers, and volunteers with limited training;
- primary care, also delivered in the community at a clinic by professionals – nurses, midwives, community health workers—with more training;
- Referral care provided by physicians and skilled nurses and midwives in a hospital able to do Caesarean sections and provide emergency care.

The interventions are also classified according to six target groups:

- adolescent and pre-pregnancy
- pregnancy (before birth)
- childbirth
- postnatal (mother)
- postnatal (newborn)
- infancy and childhood.

Maternal Health Matters supports the implementation of the recommendations as the basic level of maternity care and is working actively to influence the level of maternity care provided within our country and the countries of the region.

- WHO - http://www.who.int/pmnch/topics/part_publications/essentialinterventions14_12_2011low.pdf
- **Implementing Safe Motherhood in Countries** - http://www.who.int/maternal_child_adolescent/documents/who_dhe_msm_9411/en/
- **United Nations Population Fund** - <http://www.unfpa.org/public/mothers>