Dossier “Maternal health”

This dossier is an information product of the Department of Information & Library Services (ILS) of the Royal Tropical Institute (KIT). It is a copy of an archived version of the former web document that was last updated in 2012. Some web links may no longer be valid. An overview of all ILS dossiers on health, gender, local governance, culture, and sustainable economic development can be accessed at http://www.kit.nl/4733 or in search4dev.nl.

Last update: Wednesday 24 October 2012

Table of Contents

Scope

This dossier serves as a background to the Maternal Health portal. The portal shares examples of practical projects and initiatives that have been undertaken with the explicit objective of contributing to the attainment of Millennium Development Goal 5. Another aim of the dossier is to file (scientific) documents that are relevant to all maternal health specialists, ranging from midwives to policy makers.

The portal and dossier are an initiative of the ‘MDG5 Meshwork for Improving Maternal Health’, a cross-sector, cross-disciplinary network of organizations based in Sierra Leone, Afghanistan and the Netherlands. The purpose of the Meshwork is to develop innovative and effective partnerships that contribute to the achievement of Millennium Development Goal 5, to improve maternal health. The portal has been developed and managed by the Information and Library Services department of the Royal Tropical Institute (KIT). The target audience is formed by the partners of the Meshwork and the global community of public health professionals and policy makers who are involved in designing projects and programmes addressing maternal health.

If you would like to make any comments on this dossier or suggest new resources, please contact the editor, Ilse Egers.

In-Depth

By Kathy Herschderfer
Development, Policy and Practice (DEV), Royal Tropical Institute

For many women childbirth is a matter of life or death - for them and for their baby. Nearly every minute, a woman dies from complications related to pregnancy and childbirth. According to the UN, 99% of these deaths occur in developing countries, where childbirth is the leading cause of death for many 15 to 19 year old girls. When mothers die so much is lost - a child without a mother is four times more likely to die prematurely, while in financial terms maternal and newborn deaths also cost the global economy $15 billion a year in lost productivity.
But the tragedy does not end there. It is estimated that for every woman who dies another 20 suffer from illness or disability as a result of pregnancy or childbirth - around 10 million women a year. Many of these women not only face severe discomfort and emotional distress, but are abandoned by their families. Worldwide efforts have been undertaken to reduce maternal mortality and one of the Millennium Development Goals (MDG 5) is dedicated to improving maternal health.

KIT's Involvement

By Kathy Herschderfer
Development, Policy and Practice (DEV), Royal Tropical Institute

KIT aims to contribute to the reduction of maternal mortality in several ways. It is involved in a number of projects and programmes where maternal health is being considered in a comprehensive way, respecting the local context with special attention for the health system. Here follow some examples of KIT's involvement in the field of maternal health.

In Sierra Leone, in a project of the MDG5 Meshwork for Improving Maternal Health, KIT supports the development of a well functioning joint knowledge system for monitoring, evaluation and research by public and private partners, and is directly engaged with a study of evidence-based interventions in reproductive and child health. In the Meshwork's project in Afghanistan, KIT devolves a study on the cultural social dimensions of maternal mortality.
KIT is also involved in research in the field of maternal health, for example in the Health Policy Making in Vietnam, India and China (HEPVIC) project, aiming to enhance health policy processes in developing countries through a comparative study of the three Asian countries. The overall goal of this EC-funded research project is to enhance and promote the use of evidence and integrated approaches to health policy-making and implementation in low-income countries, using maternal health as a case-study.

Support to Yemen's maternal and newborn health programme
The health of women and newborns is a major concern in Yemen, with maternal deaths the leading

cause of death among women of reproductive age. It is unlikely that the Millennium Development Goal for improving maternal health (MDG 5) will be reached by 2015. The goal of Yemen's Maternal and Newborn Health (MNH) Programme is to contribute to reducing maternal and newborn morbidity and mortality through a sustained increase in the use of quality midwifery, obstetric and family planning services, especially by poor and marginalised women in the Governorates of Taiz, Ibb, Lahej, Aldhale and Amran. KIT is providing managerial, technical and coordination support to Yemen's Maternal and Newborn Health (MNH) Programme, executed by the Ministry of Public Health and Population (MOPHP) in five Governorates.

Resources

KIT Library Queries, at the bottom of this page, offer quick access to the Library's (printed & electronic) articles, books, and other types of documents on Maternal Health and related themes.

Documents

- An impact evaluation of the safe motherhood promotion project in Bangladesh: evidence from Japanese aid-funded technical cooperation
  Kamiya Y., Yoshimura Y., Tajul Islam M.
  This paper reports the findings from a quasi-experimental impact evaluation of the Safe Motherhood Promotion Project (SMPP) conducted in the Narsingdi district of Bangladesh. SMPP is a Japanese aid-funded technical cooperation project aimed at developing local capacities to tackle maternal and newborn health problems in rural areas. The results showed that the project successfully increased the utilization of antenatal visits and postpartum EmOC services and also enhanced women's knowledge of danger signs during pregnancy and delivery. The project also reduced income inequalities in access to antenatal care. In contrast, we found no significant increase in the use of skilled birth attendants (SBA) in the project site. Nonetheless, community mobilization activities and the government's voucher scheme played a complementary role in promoting the use of SBA.
  Social Science & Medicine | 2013
- Factors influencing HIV screening decisions for pregnant migrant women in South East Asia
  Crozier K., Chotiga P., Pfeil M.
  This paper reports on findings that relate to the factors that influenced HIV testing and treatment decisions in pregnancy by migrant women in four different border health clinics. Universal screening in pregnancy for HIV is common and migrant women are an identified high risk group. The increasing mobility within countries and migration across borders affects the growing prevalence of HIV, but little is understood about how migrant women view risk of HIV in relation to pregnancy. The organisation of clinics does not currently meet the needs of migrant women and causes stress for health staff due to time constraints. Extra resources should be focussed where there are large numbers of migrants.
  Midwifery | 2012
- Factors associated with pregnant women's anticipations and experiences of HIV-related stigma in rural Kenya
  Cuca Y., Onono M., Bukusi E., et al.
  Pregnant women who fear or experience HIV-related stigma may not get care for their own health or medications to reduce perinatal transmission of HIV. This study examined factors associated with anticipating and experiencing HIV-related stigma among pregnant women

attending antenatal care clinics in rural Kenya. Over half of the HIV-positive women interviewed postpartum reported having experienced stigma, much of which was self-stigma. Women experiencing minor depression, and those whose family knew of their HIV status had significantly greater adjusted odds of experiencing stigma. Lack of women's empowerment, as well as depression, may be important risk factors for HIV-related stigma and discrimination.
Aids Care | 2012 | pp. 1173-1180

- Determinants of maternal health services utilization in urban settings of the Democratic Republic of Congo - A Case study of Lubumbashi City
  Abel Ntambue M., Malonga F., Dramaix-Wilmet M.
  The study was undertaken in order to determine the factors that influence the use of mother and child healthcare services in a Lubumbashi, Democratic Republic of the Congo. In Lubumbashi, a significant proportion of women continue not to make use of healthcare services during pregnancy, as well as during and after childbirth. In addition to measures aimed at reinforcing women's autonomy, efforts are also needed to reinforce and improve the information given to women of childbearing age, as well as communication between the healthcare system and the community, and participation from the community, since this will contribute to raising awareness of safe motherhood and the use of such services, including family planning.
  BMC Pregnancy | July 2012
- Costs and cost-effectiveness of training traditional birth attendants to reduce neonatal mortality in the Lufwanyama Neonatal Survival Study (LUNESP)
  Based on established guidelines, the strategy of using trained TBAs to reduce neonatal mortality was 'highly cost effective'. The authors strongly recommend consideration of this approach for other remote rural populations with limited access to health care.
  PLoS ONE | 2012 | 9 pp.
- Preventing the preventable: pre-eclampsia and global maternal mortality
  Hezelgrave N., Duffy S., Shennan A.
  Obstetrics, Gynaecology & Reproductive Medicine | 2012 | 2 pp.
- Abortion incidence and postabortion care in Rwanda
  Basinga P., Moore A., Singh S., et al.
  To estimate the incidence of induced abortion, a national sample survey was conducted of health facilities that provide postabortion care. A purposive sample survey of key informants knowledgeable about abortion conditions was also held. More than 16,700 women received care for complications resulting from induced abortion in Rwanda. An urgent need exists to address unmet need for contraception, to strengthen family planning services, to broaden access to legal abortion, and to improve postabortion care.
  Studies in Family Planning | 2012 | pp. 11-20
- The effects of midwives' job satisfaction on burnout, intention to quit and turnover: a longitudinal study in Senegal
  Rouleau D., Fournier P., Philibert A., et al.
  This study found that although midwives seem to be experiencing burnout and unhappiness with their working conditions, they retain a strong sense of confidence and accomplishment in their work. It also suggests that strategies to retain them in their positions and in the profession should emphasize continuing education.
  Human Resources for Health | 2012 | 30 pp.
- Reducing maternal mortality: better monitoring, indicators and benchmarks needed to improve emergency obstetric care. Research summary for policymakers
  Collender G., Gabrysch S., Campbell O.
  Several limitations of emergency obstetric care (EmOC) indicators and benchmarks are analysed

in this short paper, which synthesises recent research on this topic. A comparison between Sri Lanka and Zambia is used to highlight the inconsistencies and shortcomings in current methods of monitoring EmOC. Recommendations are made to improve the usefulness and accuracy of EmOC indicators and benchmarks in the future.
Tropical Medicine and International Health | 2012 | 3 pp.

- Midwifery education, regulation and association in six South Asian countries – A descriptive report
  Bogrena M.,Wiseman A., Berg M.
  The objective of this article is to describe the situation of midwifery education, regulation and association in six South Asian countries: Afghanistan, Bangladesh, Bhutan, India, Nepal, and Pakistan.
  Main recommendations for improving formal midwifery education across the countries were development of legislation, strengthened formal midwifery education, strengthened professional value, and an improved learning environment. The findings might benefit the future midwifery profession in South Asia and is an important step in addressing the MDGs to reduce maternal and newborn morbidity and mortality in the region.
  Sexual & Reproductive Health Care | 2012 | 6 pp.
- The effect of traditional birth attendant training on maternal and neonatal care
  Miller P., Rashida G., Tasneem Z. et al.
  To determine whether traditional birth attendants (TBAs) trained via the "SMART Dai" method were superior to untrained TBAs in knowledge and practice regarding maternal and newborn care. SMART Dai training seemed to be an important factor in the significant reduction in perinatal mortality in the CBI areas. Properly trained TBAs can substantially contribute to improved delivery outcomes.
  International Journal of Gynecology and Obstetrics | 2012 | 5 pp.
- Factors influencing the use of antenatal care in rural West Sumatra, Indonesia
  Agus Y. and Horiuchi S.
  The study aim was to describe the factors related to low visits for antenatal care (ANC) services among pregnant women in Indonesia. Parity was the factor influencing women's receiving less than the recommended four ANC visits during pregnancy. Women who were encouraged by their family to get ANC services had higher traditional beliefs score than women who encouraged themselves. Moreover, traditional beliefs followed by lower income families had the greater influence over preferring TBAs, with the opposite trend for preferring midwives. Increased attention needs to be given to the women; it also very important for exploring women's perceptions about health services that they received.
  BMC Pregnancy and Childbirth | 2012 | 8 pp.
- Factors influencing Ghanaian midwifery students willingness to work in rural areas: A computerized survey
  Lori J. , Rominski S. et al.
  The conclusion of this article is that by better understanding the motivating factors for rural healthcare workers, specific policy interventions can be established to improve the distribution of midwives thereby decreasing the burden of maternal and infant mortality.
  International Journal of Nursing Studies |2012| 8 pp.

2011

- Accounts of severe acute obstetric complications in Rural Bangladesh
  Sikder S., Labrique A., Ullah B. et al.
  The article describes the health care decision-making process during severe acute obstetric

complications among women and their families in rural Bangladesh. The study shows that non-certified providers such as village doctors and untrained birth attendants were the first-line providers for women in all categories of severe complications. Coordination of transportation and finances was often arranged through mobile phones, and referrals were likely to be provided by village doctors.
BMC Pregnancy and Childbirth | 2011 | 13 pp.

- Tools for demographic estimation on maternal mortality
  UNFPA | 2011
- The quality of the maternal health system in Eritrea
  Sharana M., Ahmed S. and Ghebrehiwet M. et al.
  In Eritrea, critical gaps in the health system—especially those related to human resources—will impede progress toward MDG 5, and it will not be possible to reduce maternal mortality without addressing the high burden of abortion.
  International Journal of Gynecology & Obstetrics | 2011
  Maternal health and knowledge and infant health outcomes in the Ariaal people of northern Kenya
  Miller E.
  There is a strong link between maternal knowledge and child well-being in many populations worldwide. Fewer studies have investigated the links between indigenous systems of medical knowledge and infant outcomes in non-Western societies, such as the Ariaal people of northern Kenya. This study has four goals. First, it defines culture-specific domains of health knowledge in Ariaal mothers using the cultural consensus method, a statistical model that measures knowledge shared by a set of informants. Second, it identifies factors that predict maternal health knowledge. Third, it investigates associations between maternal health knowledge and treatment-seeking behaviors. Finally, it associates health knowledge with biomarkers of infant health.
  Social Science & Medicine | 2011
- The status of maternal and newborn care services in Sierra Leone 8 years after ceasefire
  Oyerinde K., Harding Y. and Amara P. et al.
  The objective was to conduct a needs assessment for emergency obstetric care to address the unacceptably high maternal and newborn mortality indices in Sierra Leone. Significant increases in the uptake of institutional delivery services, the linkage of remote health workers to the health system, and the recruitment of midwives, in addition to rapid expansion in the training of health workers (including training in midwifery and obstetric surgery skills), are urgently needed to improve the survival of mothers and newborns.
  International Journal of Gynecology and Obstetrics | 2011
- Practices of traditional birth attendants in Machakos District, Kenya
  Kaingu C., Oduma J. and Kanui T.
  The aim of the study was to document TBAs practices as well as the indigenous herbal remedies they use to manage pre, intra and post partum complications in a rural Kenyan community. The conclusion is Traditional Birth Attendants still have a role to play in assisting pregnant women in rural communities. Their knowledge on herbal medicines is equally important and should be preserved for posterity.
  Journal of Ethnopharmacology | 2011
- Human resources for maternal, newborn and child health: from measurement and planning to performance for improved health outcomes
  Gupta N., Maliqi B. and Franca A. et al.
  Findings from 68 countries demonstrate availability of doctors, nurses and midwives is positively correlated with coverage of skilled birth attendance. Most (78%) of the target countries face

acute shortages of highly skilled health personnel, and large variations persist within and across countries in workforce distribution, skills mix and skills utilization.
Human Resources for Health | 2011

- "I am tired, but we really try." Perspectives of midwives on quality of maternal health care provision in Queen Elizabeth central hospital, Blantyre (Malawi)
  Linda Quadvlieg
  The results of the study indicated that midwives experience difficulties in coping with shortage of staff, high workload, low salaries and insufficiency of working equipment. This leads to frustration among the midwives. The findings indicate that midwives need to be taken seriously in terms of improvement of their work situation: more staff is needed and higher salaries. On the other hand, midwives need to take responsibility for their own (lack of) skills and (inappropriate) attitudes and need to invest in quality of care.
  Master's Thesis December | 2010
- Learning lessons from a traditional midwifery workforce in Western Kenya
  Dietsch E. and Mulimbalimba-Masururu L.
  The objective of this research was to learn lessons from a traditional midwifery workforce in Western Kenya. It was common for these traditional midwives to believe they had received a spiritual gift which enabled them to learn the skills required from another midwife, often but not always their mother. The participants commenced their midwifery practice by learning through an apprenticeship or mentoring model but they anticipated their learning to be lifelong. Lifelong learning occurred through experiential reflection and reciprocal learning from each other. Learning in colleges, hospitals and through seminars facilitated by non-government organisations was also desired and esteemed by the participants but considered a secondary, though more authoritative source of learning.
  Midwifery | 2011
- Monitoring and evaluation of skilled birth attendance: A proposed new framework
  Adetoro A., Hofman J. and Kongnyuy E. et al.
  This paper provides a review of the literature on the approaches and conceptual frameworks for evaluating progress with skilled birth attendance (SBA). The applicability of current frameworks is reviewed and a new simplified framework for monitoring and evaluation of SBA is proposed.
  Midwifery | 2011
- Proposed continuing professional education programme for midwives in China: New mothers' and midwives' views
  Fen Cheung N., Zhang, L. and Mander, R. et al.
  The present study aims to inform the development of a proposed continuing professional education programme. The study has shown a fundamental problem in Chinese midwifery education, in that midwives do not have access to evidence-based material. Self-directed learning with portfolio assessment is likely to prove useful for the proposed programme; this may facilitate midwives' personal/professional development to update their knowledge, understanding and competence towards their full role as midwives.
  Nurse Education Today | 2011
- Is demand-side financing equity enhancing? Lessons from a maternal health voucher scheme in Bangladesh
  Ahmed S. and Khan M.
  This study evaluated the effects of a universal DSF on maternal healthcare service utilization in Bangladesh. A household survey was conducted. Despite these improvements, socioeconomic disparity in the use of maternal health services has remained pro-rich, implying that demand-side financing alone will be insufficient to achieve the Millennium Development Goal for maternal health. A comprehensive system-wide approach, including supply-side strengthening,

will be needed to adequately address maternal health concerns in poor developing countries.
Social Science and Medicine | 2011

- Using cell phones to collect postpartum hemorrhage outcome data in rural Ghana
  Andreatta P., Debpuur D., Danquah A. et al.
  The study aimed to evaluate the use of cell phones by professional and traditional birth attendants in rural Africa for reporting postpartum hemorrhage data. Birth attendants participated in the study and were trained to send Short Message Service text messages from cell phones using a simple numeric protocol to report data regarding PPH. The results indicate that it is possible to train professional and traditional birth attendants to use cell phones to report health-related outcome data.
  International Journal of Gynecology & Obstetrics | 2011
- Mapping of health system functions to strengthen priority programs. The case of maternal health in Mexico
  González-Block M., Rouvier M., Becerril V. et al.
  Hospital infrastructure and human resource training are the most prominent functions in the maternal health system. Concept mapping enabled the identification of critical functions constituting adaptive maternal health systems, including aspects of actor perspectives that are seldom included in normative and analytical frameworks. Important areas of divergence across actors' perceptions were identified to target capacity strengthening efforts towards better integrated, performing health systems.
  BMC Public Health | 2011
- Women-focused development intervention reduces delays in accessing emergency obstetric care in urban slums in Bangladesh: a cross-sectional study
  Nahar S., Banu M., Nasreen H.
  Manoshi program reduces the first delay for life-threatening conditions but not non-life-threatening complications even though providing financial assistance. Programme should give more emphasis on raising awareness through couple/family-based education about maternal complications and dispel fear of clinical care to accelerate seeking emergency obstetric care.
  BMC Pregnancy and Childbirth | 2011
- Factors associated with repeat pregnancy among women in an area of high hiv prevalence in Zimbabwe
  Smee N., Shettty A., Stramix-Chibanda L. et al.
  HIV status alone was not significant as a predictor of repeat pregnancy. Women's childbearing intentions are not influenced by the risk of mother-to-child transmission of HIV in this population. Future research is needed to address the cultural attitudes and sexual practices of HIV-positive women in order to minimize the threat of MTCT.
  Women's Health Issues | 2011
- Lessons for low-income regions following the reduction in hypertension-related maternal mortality in high-income countries
  Golgenberg R., McClure E., MacGuire E. et al.
  To evaluate pre-eclampsia/eclampsia-associated maternal mortality in high-income countries to understand better the potential improvements in pre-eclampsia/eclampsia-related mortality in low-income countries. A substantial reduction in pre-eclampsia/eclampsia-related mortality could be made in low-income countries by widespread hypertension and proteinuria screening and early delivery of women with severe disease. Magnesium sulfate may reduce mortality, but should not be the cornerstone of maternal mortality reduction programs.
  International Journal of Geneaology & Obstetrics | 2011
- Attitudes and referral practices of maternity care professionals with regard to complementary and alternative medicine: An integrative review

Adams J., Lui C-W., Sibbritt D. et al.
This paper presents an literature review examining the attitudes and referral practices of midwives and other professionals with regard to complementary and alternative treatment and its use by pregnant women. Use of complementary medicine during pregnancy is a crucial healthcare issue.
Journal of advanced nursing | 2011

- Improvement of maternal health services through the use of mobile phones
  Noordam C., Kuepper, B. and Stekelenburg J. et al.
  The objective of this article is to analyse, on the basis of the literature, the potential of mobile phones to improve maternal health services in Low and Middle Income Countries. Few projects exist in this field and little evidence is available as yet on the impact of mobile phones on the quality of maternal health services. Projects focus mainly on the delay in receiving care –that is in recognizing the need and making the decision to seek care – and the delay in arriving at the health facility.
  Tropical Medicine & International Health | 2011
- What has public health got to do with midwifery? Midwives' role in securing better health outcomes for mothers and babies
  Biro M.
  This paper aims to raise midwives' public health consciousness and explores the ways in which they can, regardless of the maternity service context in which they work, explicitly acknowledge their own public health practice and the role of midwifery more generally in securing maternal and infant health.
  Women and Birth | 2011
- Impact of a training package for community birth attendants in Madagascar
  Lucey O., Andriatsihosena, M., Ellis M.
  This brief report assesses the impact of community birth attendant training and explores barriers to safe delivery in rural Madagascar. They found a mismatch between hygiene knowledge and reported practice. Clinical experience appears to reinforce training to achieve longer lasting change in practitioner knowledge.
  Journal of Tropical Pediatrics | 2011
- The influence of distance and level of care on delivery place in rural Zambia: A study of linked national data in a geographic information system
  Gabrysch S., Cousens S. et al.
  Maternal and perinatal mortality could be reduced if all women delivered in settings where skilled attendants could provide emergency obstetric care if complications arise. Research on determinants of skilled attendance at delivery has focused on household and individual factors, neglecting the influence of the health service environment, in part due to a lack of suitable data. The aim of this study was to quantify the effects of distance to care and level of care on women's use of health facilities for delivery in rural Zambia, and to compare their population impact to that of other important determinants.
  PLoS Med | 2011
- Task shifting in maternal and newborn care: a non-inferiority study examining delegation of antenatal counseling to lay nurse aides supported by job aids in Benin
  Jennings L., Yebadoko A., Affo J. et al
  Shifting the role of counseling to less skilled workers may improve efficiency and coverage of health services, but evidence is needed on the impact of substitution on quality of care. This research explored the influence of delegating maternal and newborn counseling responsibilities to clinic-based lay nurse aides on the quality of counseling provided as part of a task shifting

initiative to expand their role.
Implementation Science | 2011

- Utilization of maternal health services among young women in Kenya: Insights from the Kenya Demographic and Health Survey
  Ochako R., Fotso JC., Ikamari L.
  The study results show that place of residence, household wealth, education, ethnicity, parity, marital status and age at birth of the last child had strong influences on timing of first ANC visit and the type of delivery assistance received. The major finding is an association between early timing of the first ANC visit and use of skilled professionals at delivery.
  BMC Pregnancy and Childbirth | 2011
- A maternal health voucher scheme: what have we learned from the demand-side financing scheme in Bangladesh?
  Ahmed S., Khan M.
  To improve the performance of the demand-side strategy, it has become important to adopt some supply-side interventions. In poor developing countries, a demand-side strategy may not be very effective without significant expansion of the service delivery capacity of health facilities at the sub-district level.
  Health Policy and Planning | 2011
- Maternal mortality estimation at the subnational level: a model based method with an application to Bangladesh
  Ahmed S., Hill, K.
  To provide a model-based method of estimating maternal mortality at the subnational level and illustrate its use in estimating maternal mortality rates and maternal mortality ratios in Bangladesh. Bangladesh has made noteworthy strides in reducing maternal mortality since 1990, even though the utilization of skilled birth attendants has increased very little. However, several areas still show alarmingly high maternal mortality figures and need to be prioritized and targeted by health administrators and policy-makers.
  Bulletin World Health Organization (2011).
- Strengthening HIV services for pregnant women: an opportunity to reduce maternal mortality rates in Southern Africa/sub-Saharan Africa
  Moodley J., Pattinson R., Baxter C. et al.
  Reliable data from South Africa emanating from WHO recommendations for the Safe Motherhood programme underscores HIV/AIDS as the most common cause of maternal deaths. The strengthening of HIV services for pregnant women especially in countries with a high burden of HIV infection will reduce HIV-related and un-related maternal mortality rates.
  BJOG | 2011
- Maternal health and HIV/AIDS
  International Partnership for Microbicides | 2011
- Maternal health care professionals' perspectives on the provision and use of antenatal and delivery care: a qualitative descriptive study in rural Vietnam
  Graner S., Mogren I., Q Duong L. et al.
  Contextual conditions strongly influenced the performance and interaction between pregnant women and health care professionals within antenatal care and delivery care in a rural district of Vietnam. Although Vietnam is performing comparatively well in terms of low maternal and child mortality figures, this study revealed midwives' and other health care professionals' perceived difficulties in their daily work. It seemed maternal health care was under-resourced in terms of staff, equipment and continuing education activities.
  BMC Public Health | 2010

- Indigenous beliefs and practices that influence the delayed attendance of antenatal clinics by women in the Bohlabelo district in Limpopo, South Africa
  Ngomane S., Cur B., Cur M. et al.
  It is recommended that indigenous beliefs and practices should be incorporated into the midwifery curriculum, so that the health sector is able to meet the needs of all members of the community.
  Family Health International | 2010
- Quality considerations in midwifery pre-service education: Exemplars from Africa
  Fullerton J., Thompson J., Johnson P. et al.
  This paper uses comparisons and contrasts identified during an assessment of pre-service education for midwives in three countries in sub-Saharan Africa. The purpose of the paper is to stimulate discussion about issues that must be carefully considered in the context of midwifery educational programming and the expansion of the midwifery workforce.
  Midwifery | 2010
- Economic inequalities in maternal health care: Prenatal care and skilled birth attendance in India, 1992–2006
  Pathak P., Singh A., Subramanian S.
  The use of prenatal care and skilled birth attendance (SBA) remains disproportionately lower among poor mothers in India irrespective of area of residence and province. Despite several governmental efforts to increase access and coverage of delivery services to poor, it is clear that the poor do not use SBA and even if they had SBA, they were more likely to use the private providers.
  PloS ONE | 2010
- Lessons regarding the use of birth kits in low resource countries
  Hundley, V., Avan B., Braunholtz D., et al.
  The objective of the article is to synthesize implementation lessons regarding birth kits in terms of the context, the user, requirements for use and the logistics of supplying kits. Conclusion: despite widespread use of birth kits, implementation lessons are hard to identify. The fact that birth kits are predominantly used in non-facility settings, and probably by non-skilled attendants, poses further challenges in synthesising the evidence. It would seem logical that government run programmes would increase utlisation rates; however in these countries national level data are not yet available. Such data are crucial to identifying how women obtain and use birth kits. The importance of context cannot be over emphasised, and better descriptive methods are needed to capture contextual factors that may impact on the implementation process.
  Midwifery | 2010
- Determinants of utilization of maternal care services after the reduction of user fees: A case study from rural Burkina Faso
  DeAllegri M., Riddeb V., Louisa V. et al.
  To identify determinants of utilization for antenatal care(ANC)and skilled attendance at birth after a substantial reduction in user fees. User fee alleviation secured equitable access to care a cross socio-economic groups, but alone did not ensure that all women benefited from ANC and from skilled attendance at birth. Investments in policies to address barriers beyond financial ones are urgently needed.
  Health Policy | 2010
- The potential of medical abortion to reduce maternal mortality in africa: what benefits for Tanzania and Ethiopia?
  Baggaley R., Burgin J. et al.
  Unsafe abortion is estimated to account for 13% of maternal mortality globally. Medical

abortion is a safe alternative. Ethiopia and Tanzania were selected because of their high maternal mortality ratios (MMRatios) and contrasting situations regarding health care provision and abortion legislation. The focus was on misoprostol-only regimens due to the drug's low cost and accessibility. They included the impact of medical abortion on women who would otherwise choose unsafe abortion and on women with unwanted/mistimed pregnancies who would otherwise carry to term.
PLoS ONE | 2010

- Why don't some women attend antenatal and postnatal care services? A qualitative study of community members' perspectives in Garut, Sukabumi and Ciamis districts of West Java Province, Indonesia
  Titaley C., Hunter C., Heywood, P. et al.
  This paper aims to explore community members' perspectives on antenatal and postnatal care services, including reasons for using or not using these services, the services received during antenatal and postnatal care, and cultural practices during antenatal and postnatal periods in Garut, Sukabumi and Ciamis districts of West Java province. The study found that the main reason women attended antenatal and postnatal care services was to ensure the safe health of both mother and infant. Financial difficulty emerged as the major issue among women who did not fulfill the minimum requirements within the first month after delivery.
  BMC Pregnancy and Childbirth | 2010)
- Recent trends in maternal, newborn, and child health in Brazil: progress toward Millennium Development Goals 4 and 5
  Barros F., Matijasevich A., Requejo J. et al.
  The authors analyzed Brazil's efforts in reducing child mortality, improving maternal and child health, and reducing socioeconomic and regional inequalities from 1990 through 2007. The findings provide compelling evidence that proactive measures to reduce health disparities accompanied by socioeconomic progress can result in measurable improvements in the health of children and mothers in a relatively short interval.
  American Journal of Public Health | 2010
- The experience of being a traditional midwife: relationships with skilled birth attendants
  Dietsch E.
  This article focuses on an unexpected finding of a research project which explored the experience of being a traditional midwife. The unexpected finding was that traditional midwives often perceive skilled (professional) birth attendants to be abusive of both them and the women who are transferred to hospital for emergency obstetric care. Current global strategies to reduce maternal and newborn mortality by increasing the number of women birthing with a skilled (professional) birth attendant in an enabling environment may be limited while the reasons for traditional midwives being the caregiver of choice for the majority of women living in areas such as Western Kenya remain unaddressed.
  Rural and Remote Health | 2010
- Pregnancy-related mortality in southern Nepal between 2001 and 2006: independent estimates from a prospective, population-based cohort and a direct sisterhood survey
  Wee D., Mullany L., Katz J. et al.
  Two independent estimates collected with different methods in the same geographic area over similar time periods resulted in similarly high estimates of mortality that are approximately twice the current national estimate. Access to life-saving maternal health interventions remains low in rural Nepal, and continued efforts are necessary to ensure equitable and country-wide progress toward Millennium Development Goal 5.
  American Journal of Epidemiology | 2010

- The potential of medical abortion to reduce maternal mortality in Africa: what benefits for Tanzania and Ethiopia?
  Baggaley R., Burgin J., Campbell O.
  This is the first analysis of impact of medical abortion provision which takes into account additional potential users other than those currently using unsafe abortion. Thousands of women's lives could be saved, but this may not be reflected in as substantial changes in MM-Ratios because of medical abortion's demographic impact. Therefore policy makers must be aware of the inability of some traditional measures of maternal mortality to detect the real benefits offered by such an intervention.
  PLoS One | 2010
- The role of social support and parity in contraceptive use in Cambodia
  Samandari G., Speizer I., O'Connell K.
  In Cambodia, unmet need for contraception is high. Studies suggest that social support and parity each play a role in contraceptive decision making. To promote contraceptive use, family planning programs should focus on increasing men's approval of contraception, improving partner communication around family planning and bolstering women's confidence in their reproductive decision making.
  International Perspectives on Sexual and Reproductive Health |2010
- Postabortion care counseling practiced by health professionals in southeastern Nigeria.
  Adinma J., Ikeako L. et al.
  This study is about determining the practice of postabortion care counseling among healthcare professionals in southeastern Nigeria. A high proportion of health professionals reported practicing counseling. However, less than half had received formal training. An increased training activity program is recommended for health professionals to improve the overall quality of service delivery.
  International Journal of Gynecology & Obstetrics | 2010
- Impact of community-based maternal health workers on coverage of essential maternal health interventions among internally displaced communities in eastern Burma: The MOM Project.
  Mullany L., Lee T., Yone L. et al.
  Coverage of maternal health interventions and higher-level care at birth was substantially higher during the project period. The MOM Project’s focus on task- shifting, capacity building, and empowerment at the community level might serve as a model approach for similarly constrained settings.
  PloS Medicine | 2010
- New paradigm old thinking: the case for emergency obstetric care in the prevention of maternal mortality in Nigeria
  Ijadunola K. and Ijadunola M. et al.
  The continuing burden of maternal mortality, especially in developing countries has prompted a shift in paradigm. This study assessed the knowledge of maternity unit operatives at the primary and secondary levels of care about the concept of emergency obstetric care. It also described the operatives' preferred strategies and practices for promoting safe motherhood and averting maternal mortality in South-west Nigeria.
  BMC Women's Health | 2010
- Maternal deaths drop by one-third from 1990 to 2008: a United Nations analysis
  Wilmoth J., Mathers C. et al.
  According to estimates presented for 172 countries and territories in the interagency report, approximately 358,000 maternal deaths occurred worldwide in 2008. There was much variability between countries, with a maternal mortality ratio of 290 deaths (per 100 000 live births) in developing regions as compared to 14 deaths (per 100 000 live births) in developed regions. Not

surprisingly, 99% of maternal deaths in 2008 occurred in developing countries. Levels and trends of maternal mortality varied widely within regions as well.
Bulletin of the World Health Organization | 2010

- Examining the "Urban Advantage" in maternal health care in developing countries
  Matthews Z., Channon A., Neal S. et al.
  Although recent survey data make it possible to examine inequalities in maternal and newborn health care in developing countries, analyses have not tended to take into consideration the special nature of urban poverty. There are two main patterns of urban inequality in developing countries: (1) massive exclusion, in which most of the population do not have access to services, and (2) urban marginalisation, in which only the poor are excluded. The urban poor do not necessarily have better access to services than the rural poor, despite their proximity to services.
  PLoS Medicine | 2010
- Exploring evidence for disrespect and abuse in facility-based childbirth report of a landscape analysis
  Bowser D., Hill, K.
  This report is a review of the evidence on the topic of disrespect and abuse in facilitybased childbirth. The primary purpose of the report is to review the evidence in published and gray literature with regard to the definition, scope, contributors, and impact of disrespect and abuse in childbirth, to review promising intervention approaches, and to identify gaps in the evidence. A compelling gap in the evidence concerns a lack of impact studies relative to specific interventions.
  USAID | 2010
- High ANC coverage and low skilled attendance in a rural Tanzanian district: a case for implementing a birth plan intervention
  Magoma M., Requejo J.,Campbell O. et al.
  Increasing coverage of skilled delivery care and achieving the full implementation of Tanzania's Focused Antenatal Care Package in Ngorongoro depends upon improved training and monitoring of health care providers, and greater family participation in antenatal care visits.
  BMC Pregnancy and Childbirth | 2010
- Effects of the World Bank's maternal and child health intervention on Indonesia's poor: Evaluating the safe motherhood project
  Baird, J.; Ma, S.; Ruger, J.
  This article examines the impact of the World Bank's Safe Motherhood Project on health outcomes for Indonesia's poor. Unemployment and the pupil teacher ratio were statistically significantly associated with infant mortality and percentage deliveries overseen by trained personnel, while pupil teacher ratio and female education level were statistically significantly associated with under-five mortality.
  Social Science and Medicine | 2010
- Effects of severe obstetric complications on women's health and infant mortality in Benin
  Filippi V., Goufodji S., Sismanidis C. et al.
  This article describes a cohort study which followed women and their babies after a severe complication or an uncomplicated childbirth. The conclusion is that women in developing countries face a high risk of severe complications during pregnancy and delivery. Resources are needed to ensure that pregnant women receive adequate care before, during and after discharge from hospital. Near-miss women with a perinatal death appear a particularly high-risk group.
  Tropical Medicine and International Health | 2010

- National female literacy, individual socio-economic status, and maternal health care use in sub-Saharan Africa
  McTavish S., Moore S., Harper S. et al.
  National policies that are able to address female literacy and women's status in sub-Saharan Africa may help reduce income-related inequalities in maternal health care use.
  Social Science and Medicine | 2010
- Maternal near miss and maternal death in the World Health Organization's 2005 global survey on maternal and perinatal health
  Souza J., Cecatti J., Faundes A. et al.
  The focus of this article is on developing an indicator of maternal near miss as a proxy for maternal death and to study its association with maternal factors and perinatal outcomes. Women who survive the serious conditions described could be pragmatically considered cases of maternal near miss. Interventions to reduce maternal and perinatal mortality should target women in these high-risk categories.
  WHO Bulletin | 2009
- Strategic directions for strengthening nursing & midwifery services in the African Region 2007–2017
  WHO Guidelines for implementing strategic directions for strengthening nursing and midwifery services in the African Region 2007–2017.
  World Health Organization | 2007

KIT Library Queries

- Maternal mortality
- Maternal and child health
- Maternal welfare
- Maternal health services
- Motherhood

Glossary

- **Maternal mortality**
  According to the Tenth International Classification of Diseases, a maternal death is defined as 'the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.'
- **Midwifery**
  The scope of practice of professional midwives' practice. The art and science of assisting a woman before during and after labour and birth. *(Website UNFPA)*
- **Midwife**
  A person who, having been regularly admitted to a midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery.

  The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for

the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and childcare.
A midwife may practise in any setting including the home, community, hospitals, clinics or health units.

Adopted by the International Confederation of Midwives Council meeting, 19th July, 2005, Brisbane, Australia and supersedes the ICM "Definition of the Midwife" 1972 and its amendments of 1990 (Source: UNFPA website)

- **Fertility regulation**
  The process by which individuals and couples regulate their fertility. Methods include, among others, delaying childbearing, using contraception, seeking treatment for infertility, interrupting unwanted pregnancies and so on.
- **Informed choice**
  Voluntary decision by a client to use, or not to use, a contraceptive method (or accept a sexual and reproductive health service) after receiving adequate information regarding options, risks, advantages and disadvantages of all available methods.
- **Maternal and child health programmes**
  Programmes providing health care aimed at improving the health of mothers and children, including efforts to ensure safe motherhood, eliminate unsafe abortion and help women plan and space their births.
- **Emergency obstetric care**
  Basic care includes parenteral antibiotics, oxytocic and sedatives; manual removal of the placenta; manual removal of retained products of conception; and assisted (vaginal) delivery. Comprehensive district level care would also include obstetric surgery and blood transfusions.

(Source: All key terms in this Glossary are adapted from IPPF)

- **Maternal mortality rate**
  The number of deaths of women due to pregnancy and childbirth complications per 100,000 women aged 15-45 or 15-49 years. This rate measures a woman's lifetime risk of dying associated with reproduction.
- **Maternal mortality ratio**
  The number of women who die as a result of pregnancy and childbirth per 100,000 live births. Sometimes 1,000 or 10,000 live births is used instead
- **Perinatal death**
  Death of a fetus after 28 weeks of pregnancy or of a child within the first week of life. The perinatal mortality rate is the number of deaths per 1,000 total births.
- **Reproductive health**
  IPPF endorses the definition of reproductive health agreed at the International Conference on Population and Development, which stated: "Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition is the right of men and women to be informed and to have access to safe, effective,

affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility.

- **Reproductive rights**
  These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.
- **Safe motherhood**
  Pregnancy and childbirth with low risk of death or ill health. In order to make motherhood safer, women need regular antenatal advice and care, a good diet during pregnancy, to be attended by trained personnel at delivery, and to have access to treatment for obstetric emergencies. Reducing high rates of maternal mortality and morbidity also depends on reducing the likelihood of women experiencing an unwanted high risk pregnancy, which necessitates the availability of family planning and safe abortion services.
- **Sexual and reproductive health services**
  Defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being through preventing and solving reproductive health problems. It also includes sexual health.
- **Sexual rights**
  IPPF endorses the definition of sexual rights agreed at the Fourth World Conference on Women, which stated that: "The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.
- **Sexuality counselling**
  Counselling on issues of sexuality with the aim of creating a climate where clients can express themselves and their concerns relating to sexual relationships and intimacy without fear of discrimination.
- **Traditional Birth Attendant**
  This comprises women who provide delivery services in the community. This includes traditional birth attendants who initially acquired their skills by delivering babies themselves or through apprenticeship. (WHO does not include them in the category of 'skilled attendants' who are allowed to provide/manage deliveries).
- **Traditional methods (of contraception)**
  Non-supply methods including periodic and post-partum abstinence, total abstinence if for contraceptive reasons, withdrawal, douche and folk methods. They are not reliable contraceptives.
- **Unmet need for family planning**
  Estimates of women who would like to prevent or delay pregnancy but are not using contraception, either because they lack knowledge about family planning or access to services, or because they face cultural, religious and family obstacles.
- **Unsafe abortion**
  An induced abortion conducted either by persons lacking the necessary skills or in an environment lacking the minimal medical and hygienic standards, or both. Although the majority of the world's women live in countries where laws permit an induced abortion if a woman requests one and if there are health or social grounds for allowing it, a quarter of women live in countries where there is no access to legal abortion. Even in countries where abortion is legal, women may not be able to

obtain abortions easily for reasons of bureaucracy, availability or accessibility. In these circumstances women with unwanted pregnancies frequently resort to unsafe abortion.

- **Maternal death**
  When the direct cause of death of a woman is due to pregnancy, usually in the case of a woman who is currently pregnant or who has been pregnant in the last six weeks. Sometimes the last three or 12 weeks is used instead.
- **Trained Traditional Birth Attendant**
  A trained TBA is a TBA who has undergone a short course of training conducted by the modern healthcare systems to upgrade her skills.