

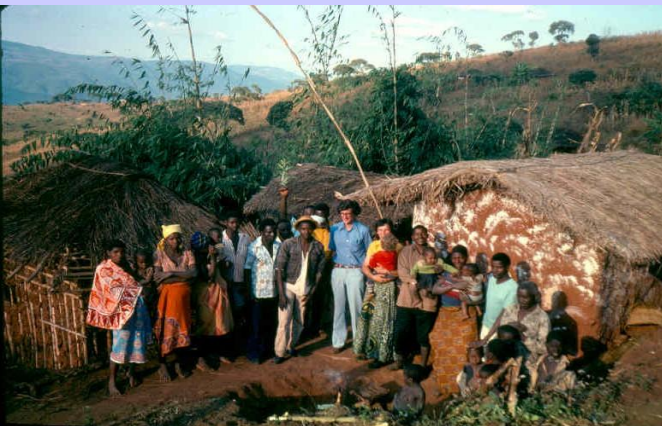
Why is childbirth still unsafe?

Jos van Roosmalen

em.prof. Safe Motherhood and
Health Systems

VU University Amsterdam, the
Netherlands

Who is your speaker?





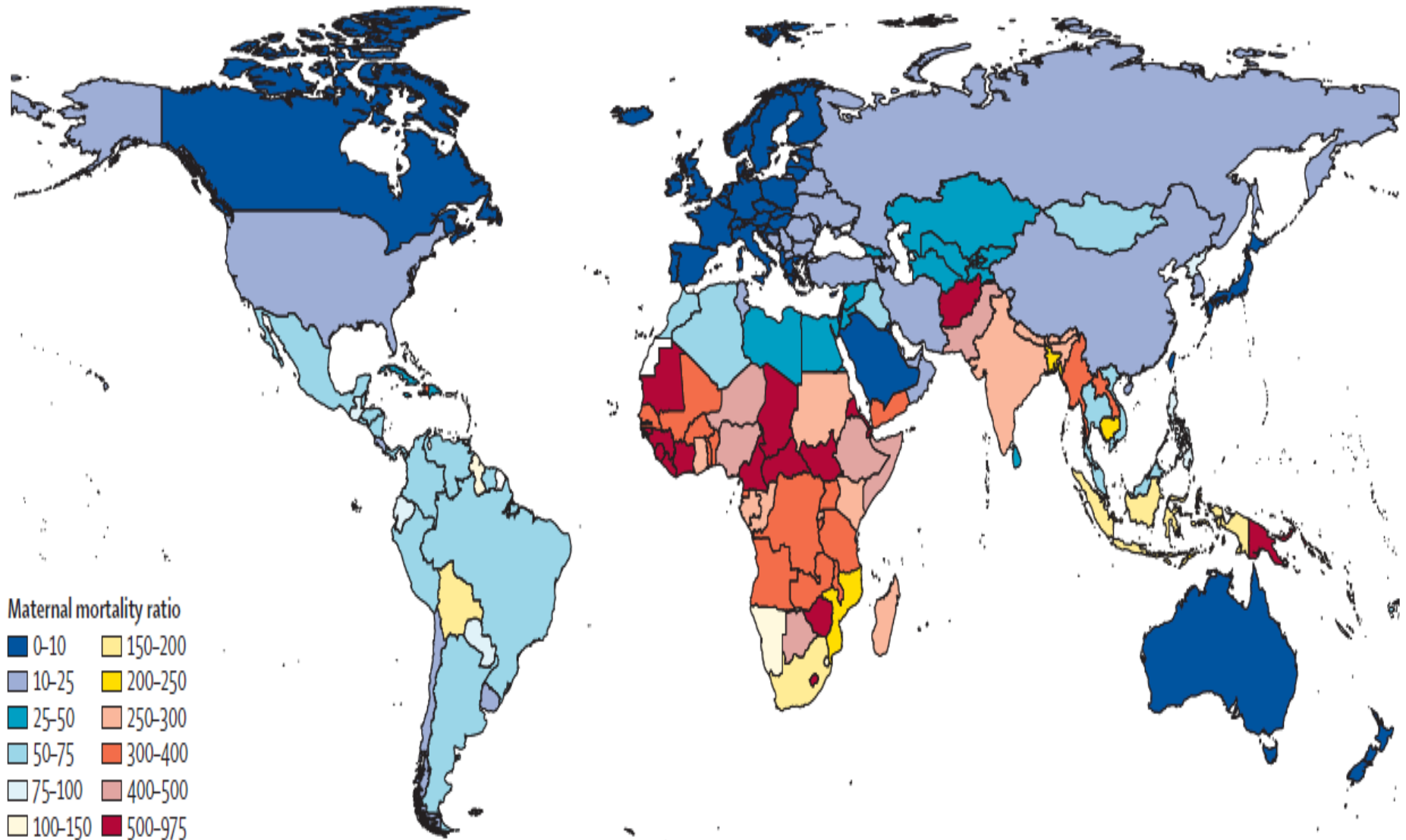
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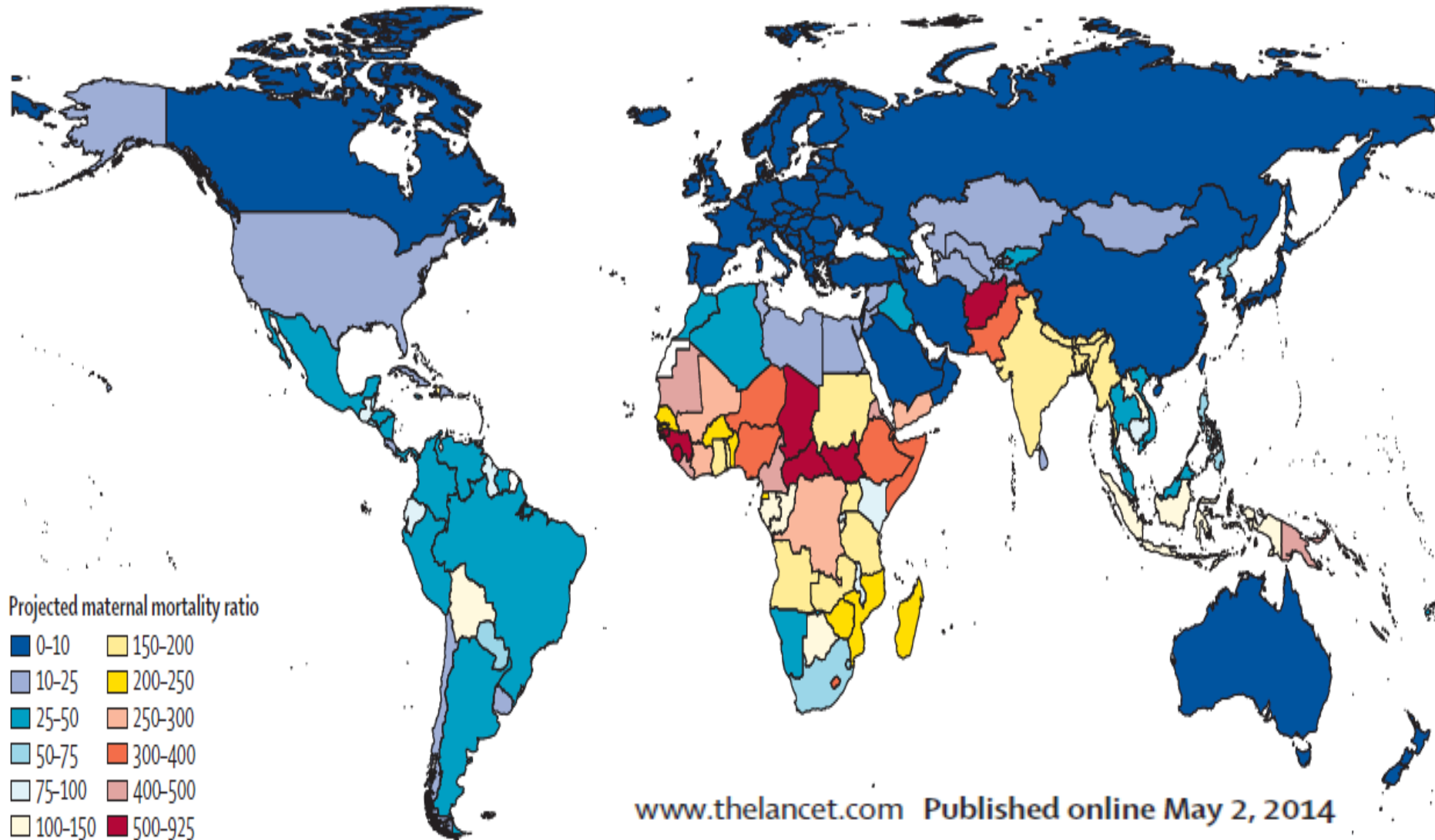
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Maternal mortality ratio in 2013



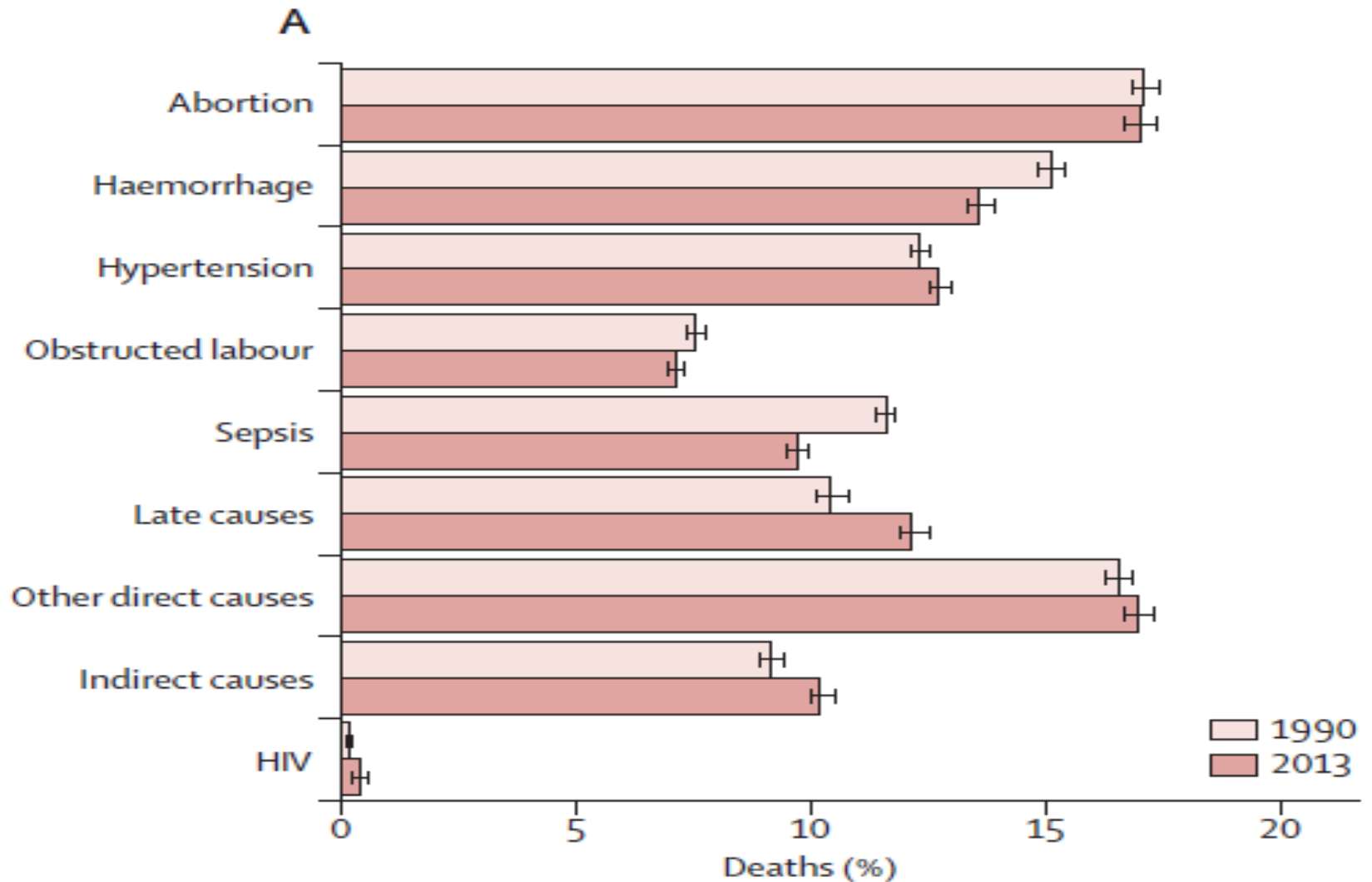
Maternal mortality ratio in 2030



Top ten countries

Order	Country	Deaths in 1000s (UI)	Deaths (%)	Cumulative %
1	India	68.3 (41.6-106.2)	19.9	19.9
2	Nigeria	36.7 (22.4-57.0)	10.7	30.6
3	Pakistan	20.1 (12.3-31.3)	5.9	36.5
4	Afghanistan	20.0 (7.5-43.1)	5.8	42.3
5	Ethiopia	18.2 (11.1-28.8)	5.3	47.6
6	Congo, the Democratic Republic of the	15.4 (9.0-24.7)	4.5	52.1
7	Bangladesh	11.6 (6.7-18.7)	3.4	55.5
8	Indonesia	9.6 (5.6-16.0)	2.8	58.3
9	Tanzania, United Republic of	8.0 (4.8-12.8)	2.3	60.6
10	China	7.3 (6.4-8.3)	2.1	62.7

Causes of maternal death

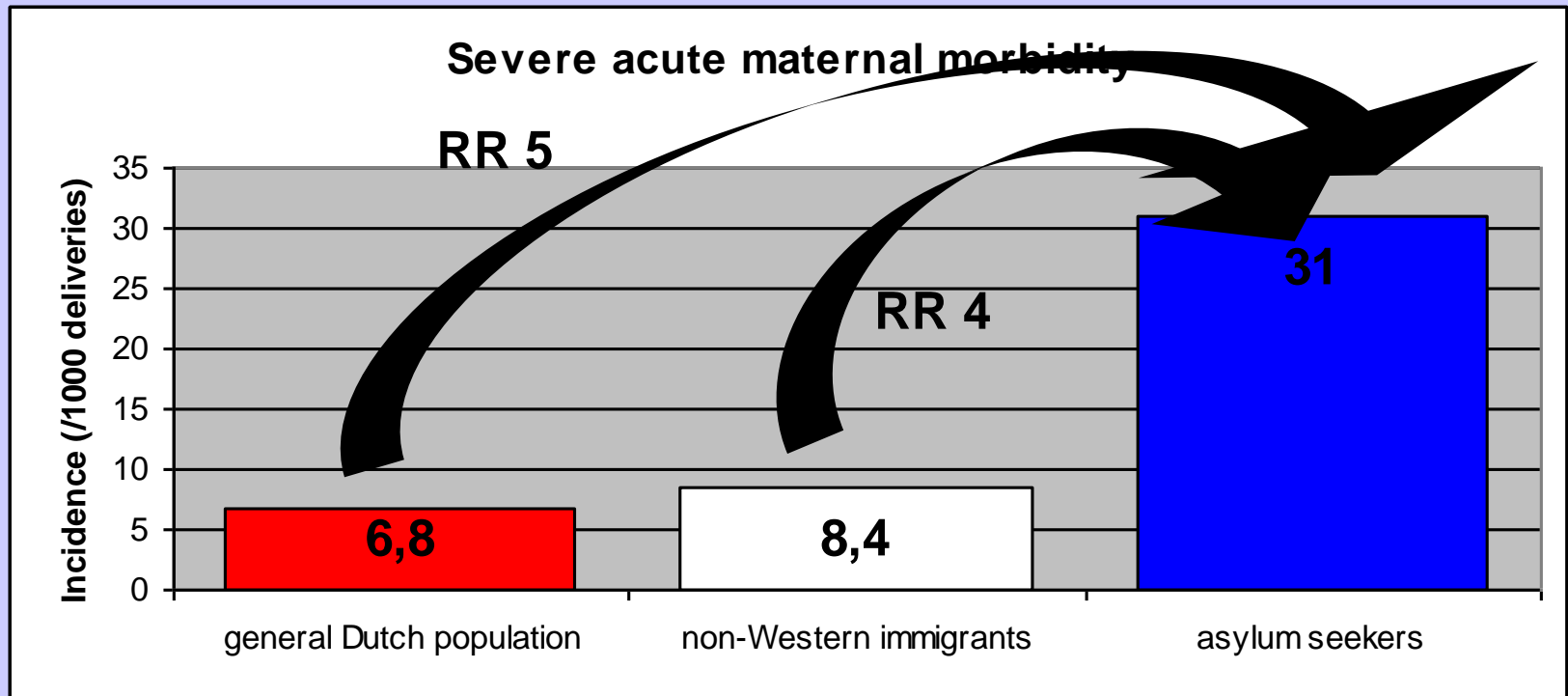


B

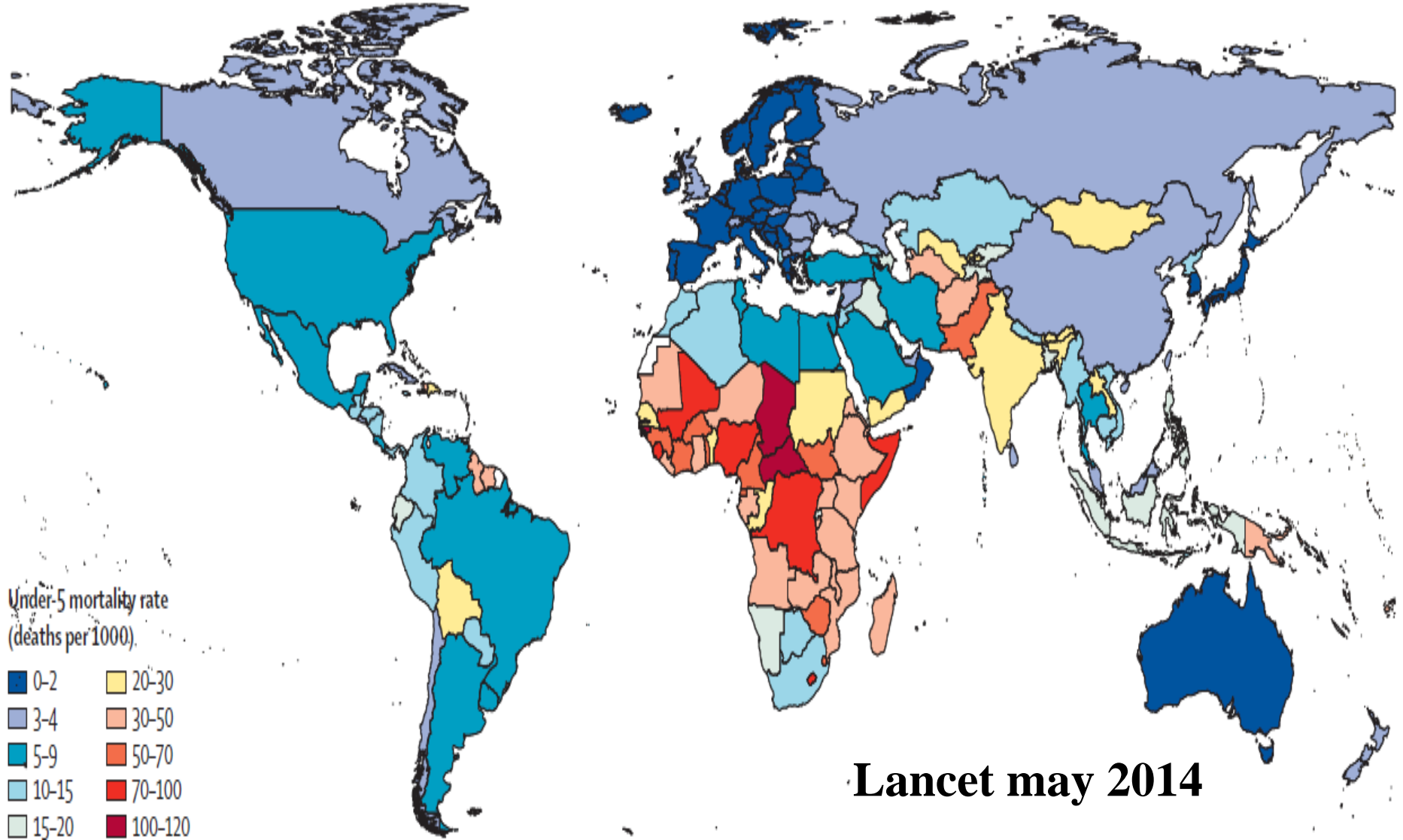
Do they die because of that?

- hidden story behind
- example from Netherlands

Asylum seekers



Underfive mortality in 2030



Lancet may 2014

Global underfive mortality decline since 1970

- **Early neonatal mortality** -55%
- Late neonatal mortality -74%
- Postneonatal mortality -73%
- Child mortality (1-4) -75%

Child survival and survival status of father

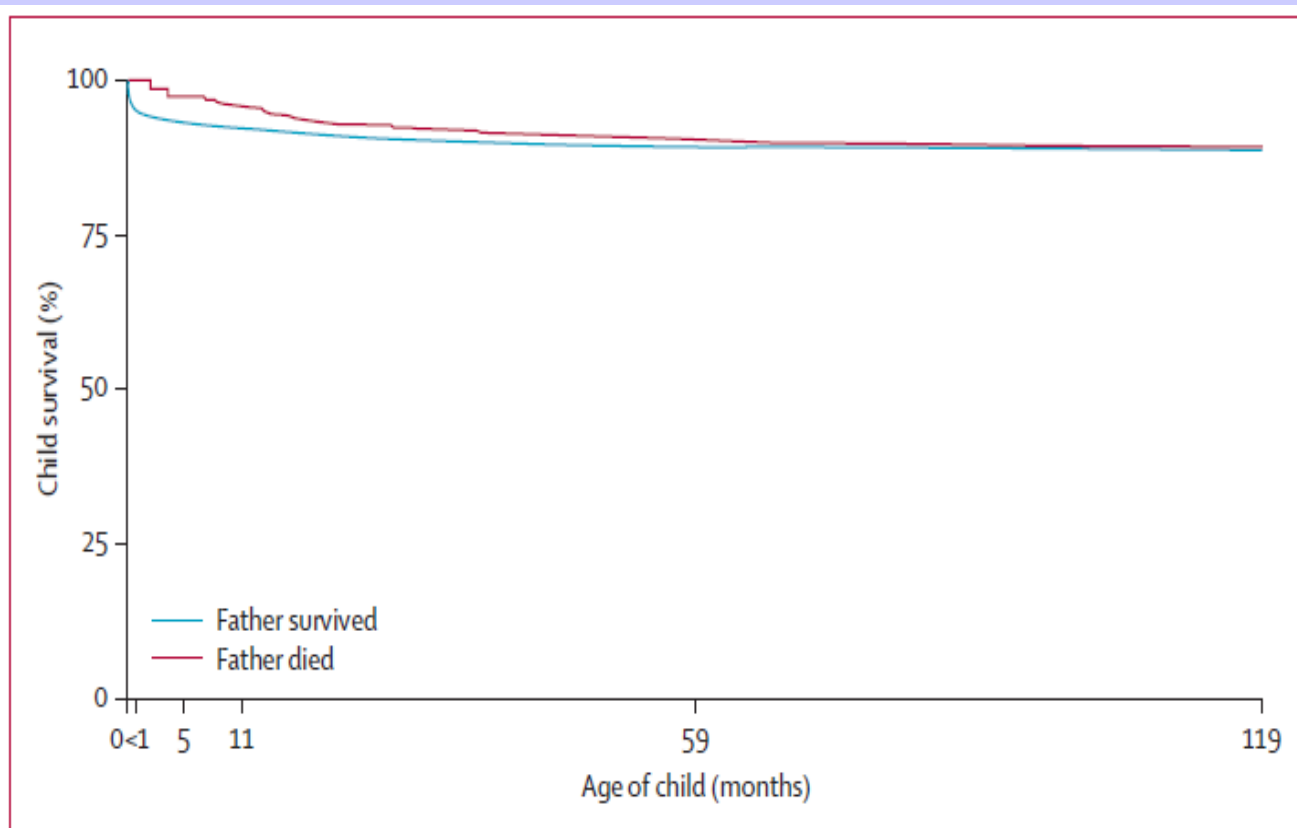


Figure 3: Kaplan-Meier survival curve from birth according to survival status of father

Numbers at risk for months 0, <1, 5, 11, 59, and 119 were 130 007, 122 974, 115 722, 110 025, 77 837, and 53 210, respectively.

Child survival and survival status of mother

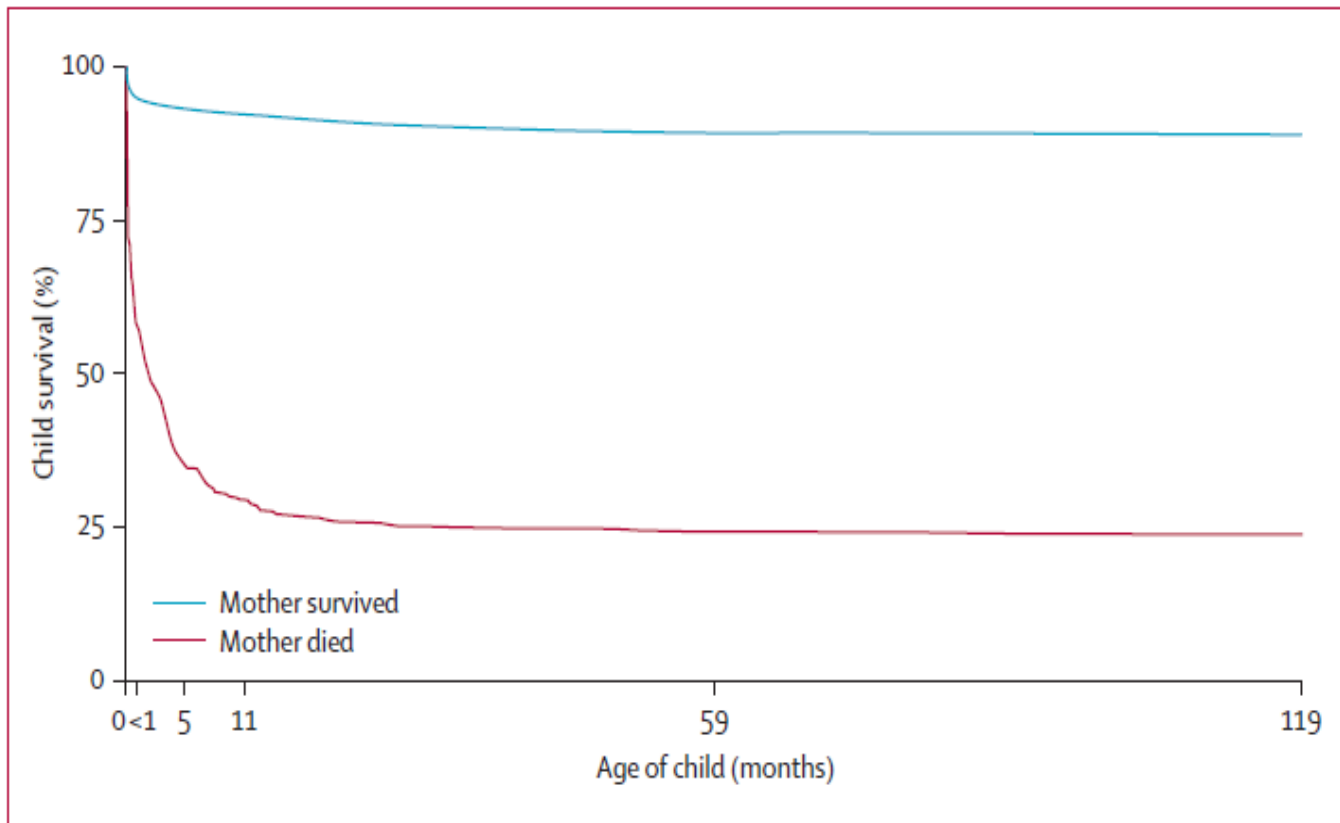
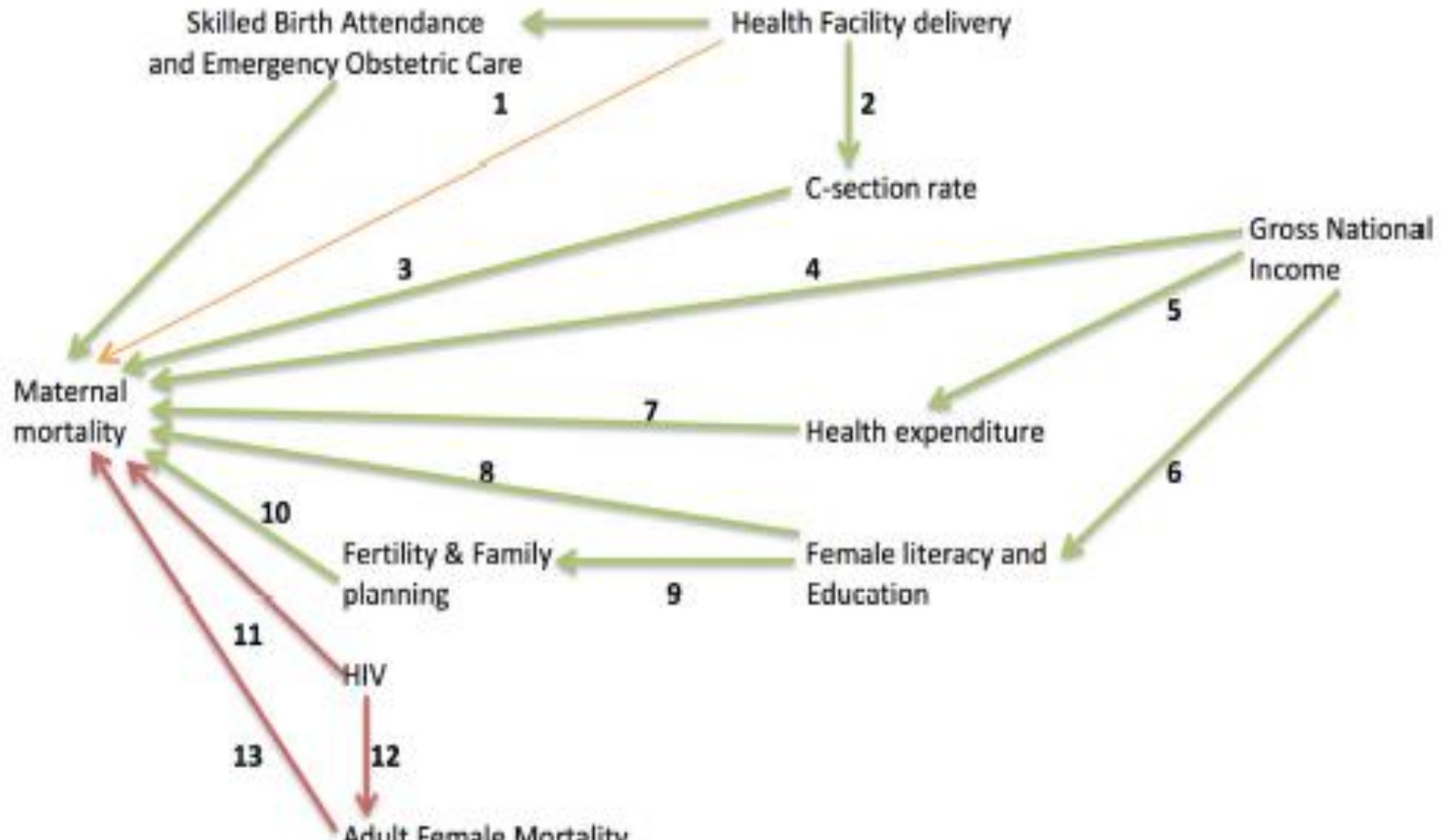


Figure 2: Kaplan-Meier survival curve from birth according to survival status of mother

Numbers at risk for months 0, <1, 5, 11, 59, and 119 were 144 861, 137 156, 128 994, 122 736, 87 427, and 60 381, respectively.

Determinants of maternal mortality



Four themes

- Family planning and abortion
- Quality of maternity care
- Socio-economic differentials
- Human rights/inequity

Four themes

- **Family planning and abortion**
- Quality of maternity care
- Socio-economic differentials
- Human rights/inequity

My own experience

- In 1976 went to Tanzania
- At that time the Netherlands had 16 millions
- At that time Tanzania had 16 millions

In 2019

- Netherlands **17.1 million**
- Tanzania **58.5 million**



THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

Telegrams: "AFYA", DODOMA
Telephone: +255 026 2323267
Fax No.
(All letters should be addressed to
The Permanent Secretary)



University of Dodoma
Faculty of Social Science in Community
Development
Building No. 11
P.O. BOX 713
40478 DODOMA.

Ref. No: GA. 203/291/09/28

19th September 2018

Chief of Party,
FHI 360,
USAID – Tulonga Afya,
DAR ES SALAAM.

**RE: CANCELLATION OF BROADCASTING OF RADIO AND TV SPOTS
FOR FAMILY PLANNING**

Kindly refer to the above mentioned heading.

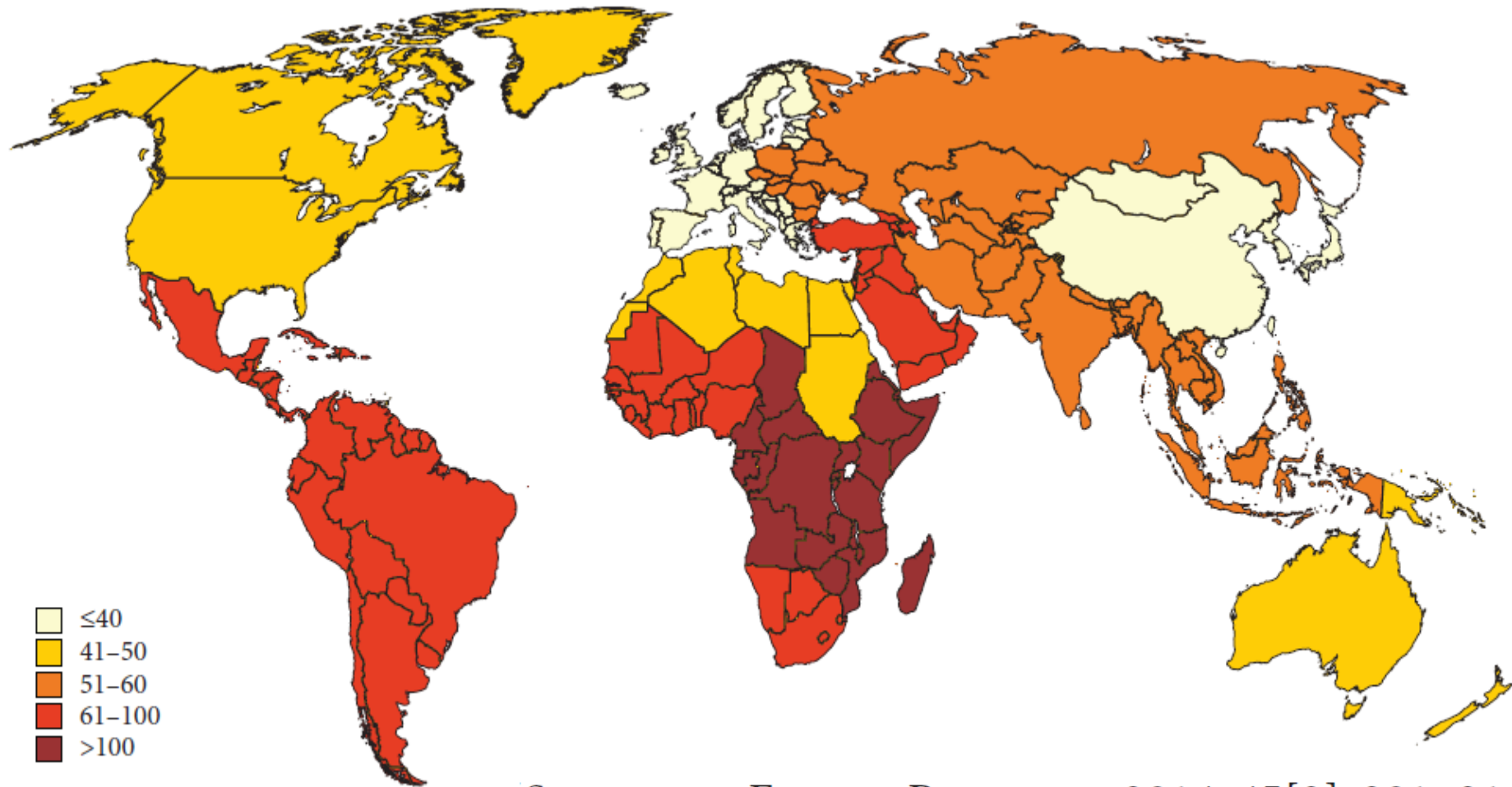
The Ministry of Health, Community Development, Gender, Elderly and Children acknowledges various supports from your Organization in improving family planning services in the country.

However, the Ministry intends to revise the contents of all your ongoing Radio and TV spots for family planning, thus I **request you to stop with immediate effect airing and publishing any family planning contents in any media channels**, until further notice.

Thank you for your continued support and cooperation.


Dr. Mpoki M. Ulisubisya
PERMANENT SECRETARY (Health)

Unintended pregnancies per 1000 WRA, 2012



STUDIES IN FAMILY PLANNING 2014; 45[3]: 301-314

Population policies

- If only we could prevent unintended pregnancies!
- Especially those unwanted
- Different from mistimed

Four themes

- Family planning and abortion
- **Quality of maternity care**
- Socio-economic differentials
- Human rights/inequity

Beyond too little, too late and too much, too soon:
a pathway towards evidence-based, respectful maternity
care worldwide

Lancet 2016; 388: 2176–92

TLTL, TMTS

- Only TLTL in LMIC?
- Only TMTS in high income countries?
- No, TLTL and TMTS together in many LMIC, especially with increasing facility births

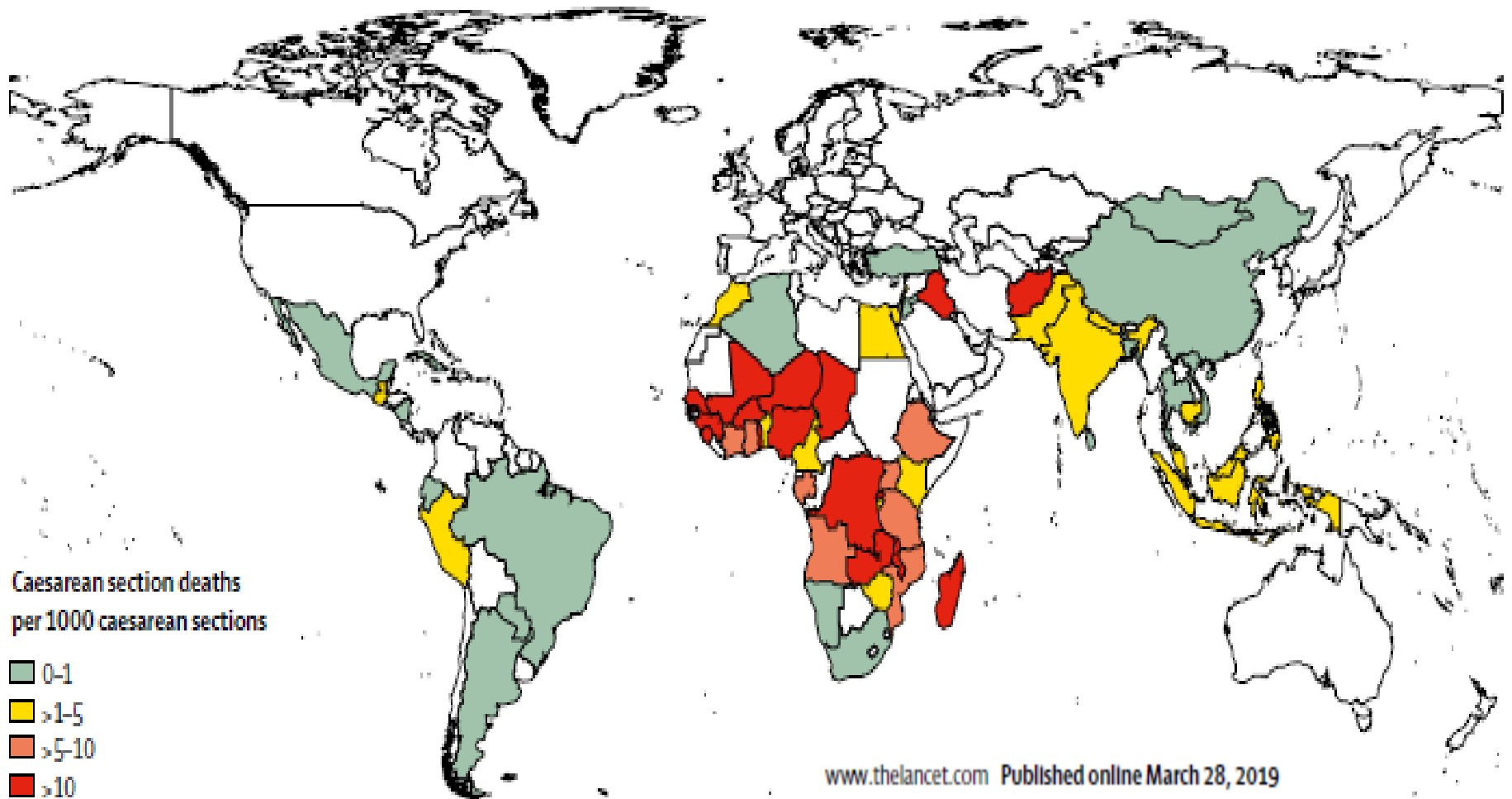
Quality of training 1

- G1P0 in labor with 5 cm of dilatation
- Caput 3/5
- Caput succedaneum +
- = Obstructed labor = CS!
- 5 hours later SVD, 3000 gr, Apgar 9/10

Quality of training 2

- G7P6, 5 SVD, live babies
- CS because of breech
- Two weeks later, distended abdomen
- Incision open up to fascia
- Necrotic bowel from adhesions

Maternal death risk following CS in LMIC



Maternal and perinatal mortality and complications associated with caesarean section in low-income and middle-income countries: a systematic review and meta-analysis

Soha Sobhy, David Arroyo-Manzano, Nilaani Murugesu, Gayathri Karthikeyan, Vinoth Kumar, Inderjeet Kaur, Evita Fernandez, Sirisha Rao Gundabattula, Ana Pilar Betran, Khalid Khan, Javier Zamora, Shakila Thangaratnam

Findings We included 196 studies from 67 LMICs. The risk of maternal death in women who had a caesarean section (116 studies, 2 933 457 caesarean sections) was 7.6 per 1000 procedures (95% CI 6.6–8.6, $\tau^2=0.81$); the highest burden was in sub-Saharan Africa (10.9 per 1000; 9.5–12.5, $\tau^2=0.81$). A quarter of all women who died in LMICs (72 studies, 27 651 deaths) had undergone a caesarean section (23.8%, 95% CI 21.0–26.7; $\tau^2=0.62$).

Interpretation Maternal deaths and perinatal deaths following caesarean sections are disproportionately high in LMICs. The timing and urgency of caesarean section pose major risks.

Perinatal death after CS in LMIC

- Sub-Saharan Africa 100.4 (83.9-118.3)
- Before 2000 116.3 (75.5-164.5)
- After 2000 74.7 (62.1- 88.3)

- Overall per 1000 84.7 (70.5-100.2)

Second stage Caesarean Section

B Timing of caesarean section (second vs first stage)

Maternal outcomes

Maternal death	4	7	6061		12.3 (2.9-52.5)	0.00
ITU admission	3	13	2238		16.7 (4.9-56.8)	0.00
Hysterectomy	5	23	5942		22.1 (7.6-64.4)	0.00
Blood transfusion	7	251	8403		2.0 (1.0-3.8)	0.49
Post-partum haemorrhage	4	348	5748		5.2 (1.8-14.7)	0.85
Intraoperative complications	3	323	5708		17.8 (3.3-95.3)	1.70
Bladder injury	5	75	8395		5.6 (3.0-10.6)	0.19
Post-partum endometritis	2	199	3965		1.7 (1.1-2.6)	0.00
Wound infection	7	321	7332		2.8 (1.2-6.5)	0.93
Uterine angle extension	4	241	6840		11.5 (4.2-31.2)	0.82
Fetal outcomes						
Perinatal death	5	33	6157		9.2 (4.2-20.1)	0.00
Low Apgar score 5 mins	3	21	2537		11.9 (1.1-130.3)	2.90
Neonatal intensive care admission	6	357	7488		3.6 (2.2-5.8)	0.24

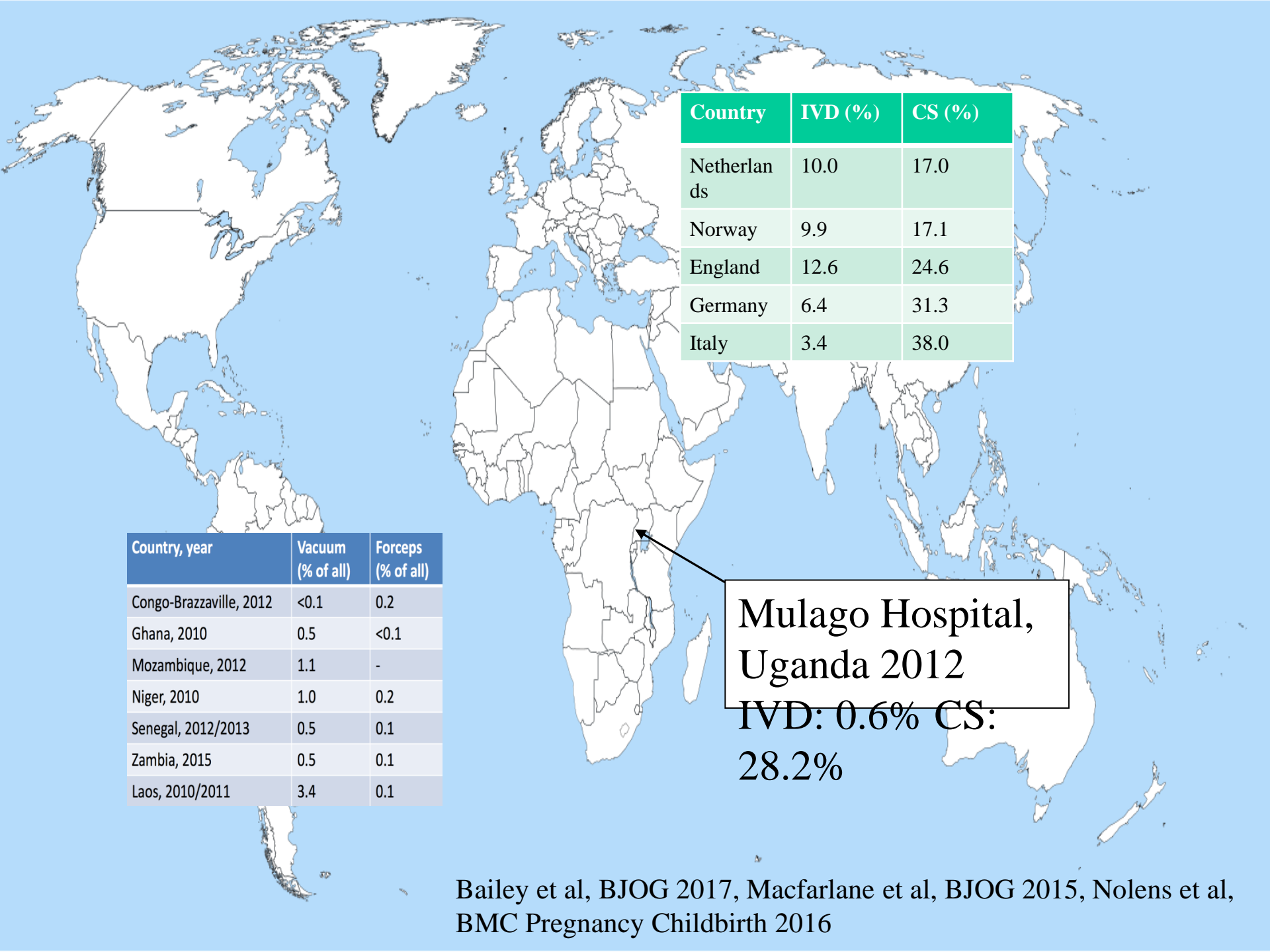
0.02 0.04 0.1 0.2 0.5 1 2 5 10 25 50 100 200



Favours second stage

Favours first stage

www.thelancet.com Published online March 28, 2019



Country	IVD (%)	CS (%)
Netherlands	10.0	17.0
Norway	9.9	17.1
England	12.6	24.6
Germany	6.4	31.3
Italy	3.4	38.0

Country, year	Vacuum (% of all)	Forceps (% of all)
Congo-Brazzaville, 2012	<0.1	0.2
Ghana, 2010	0.5	<0.1
Mozambique, 2012	1.1	-
Niger, 2010	1.0	0.2
Senegal, 2012/2013	0.5	0.1
Zambia, 2015	0.5	0.1
Laos, 2010/2011	3.4	0.1

**Mulago Hospital,
Uganda 2012**
**IVD: 0.6% CS:
28.2%**

Bailey et al, BJOG 2017, Macfarlane et al, BJOG 2015, Nolens et al, BMC Pregnancy Childbirth 2016

Vacuum versus CS

Outcome

	Vacuum extraction n=358	Second stage CS n=425	OR (95% CI)
Maternal death	0	5 (1.2%)	NA
Severe maternal outcome	3 (0.8%)	18 (4.2%)	0.19 (0.06-0.65)
Decision to delivery interval (DDI)	25 min	2h 24 min	
IUFD during DDI	3/347 (0.9%)	18/410 (4.4%)	0.19 (0.06-0.65)
Perinatal death	29/347 (8.4%)	45/410 (11.0%)	0.74 (0.45-1.21)

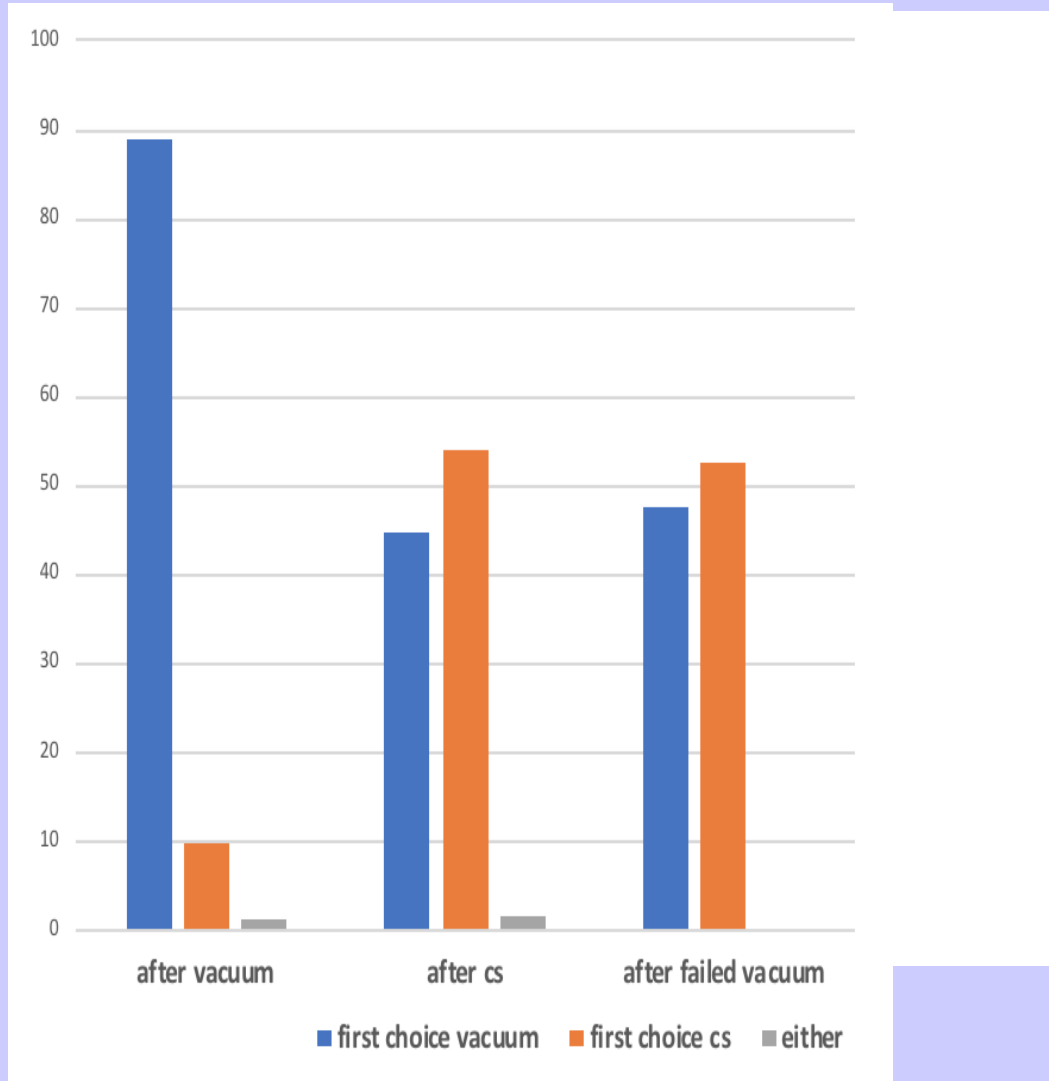
One hour of births!



Vacuumextraction



What women prefer



Women after vacuum extraction: n= 181

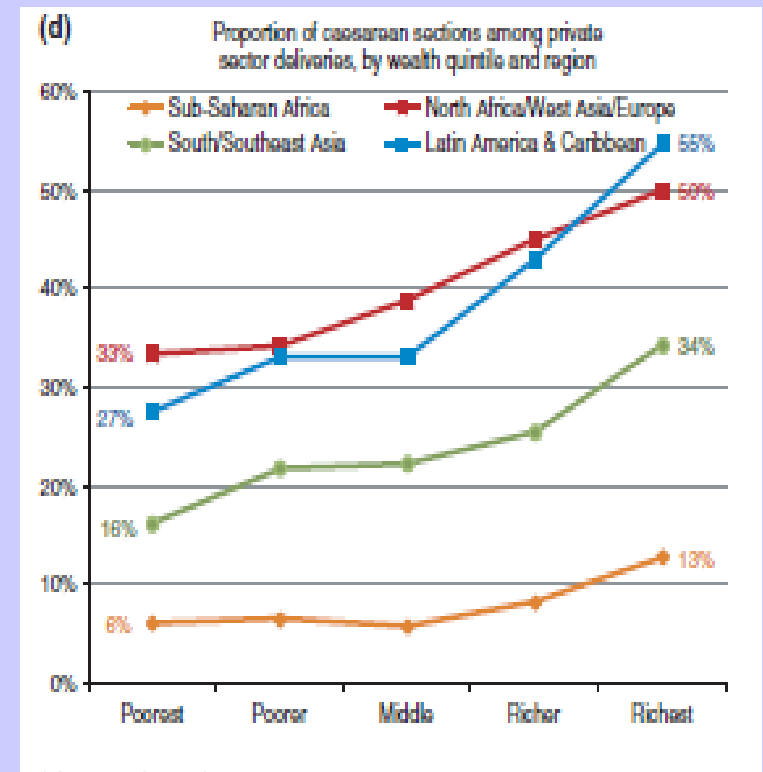
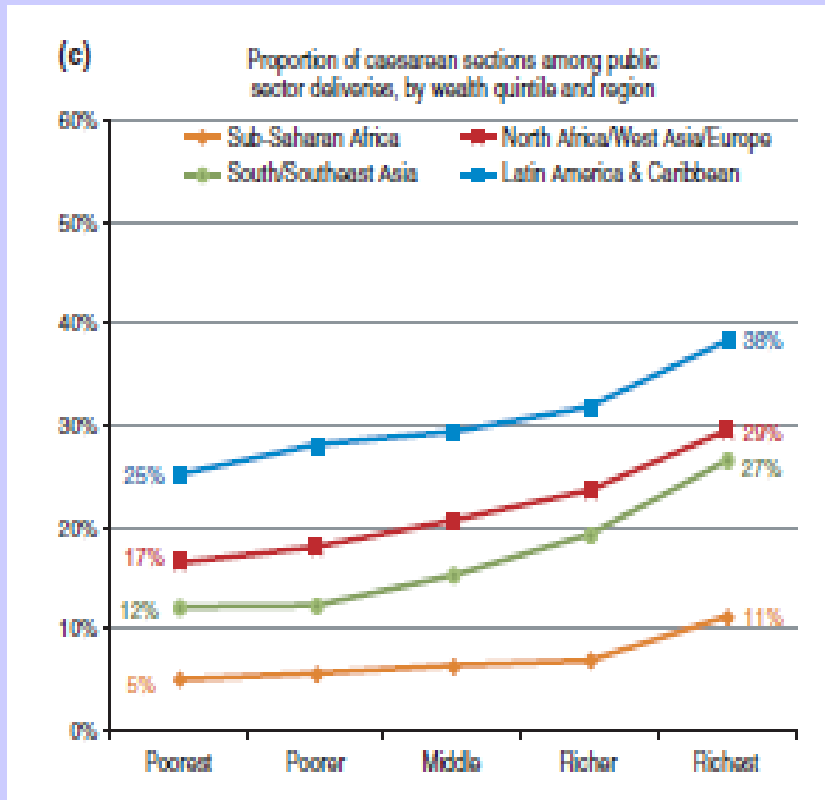
Women after CS: n= 269

Women after failed vacuum: n= 21

Four themes

- Family planning and abortion
- Quality of maternity care
- **Socioeconomic differentials**
- Human rights/inequity

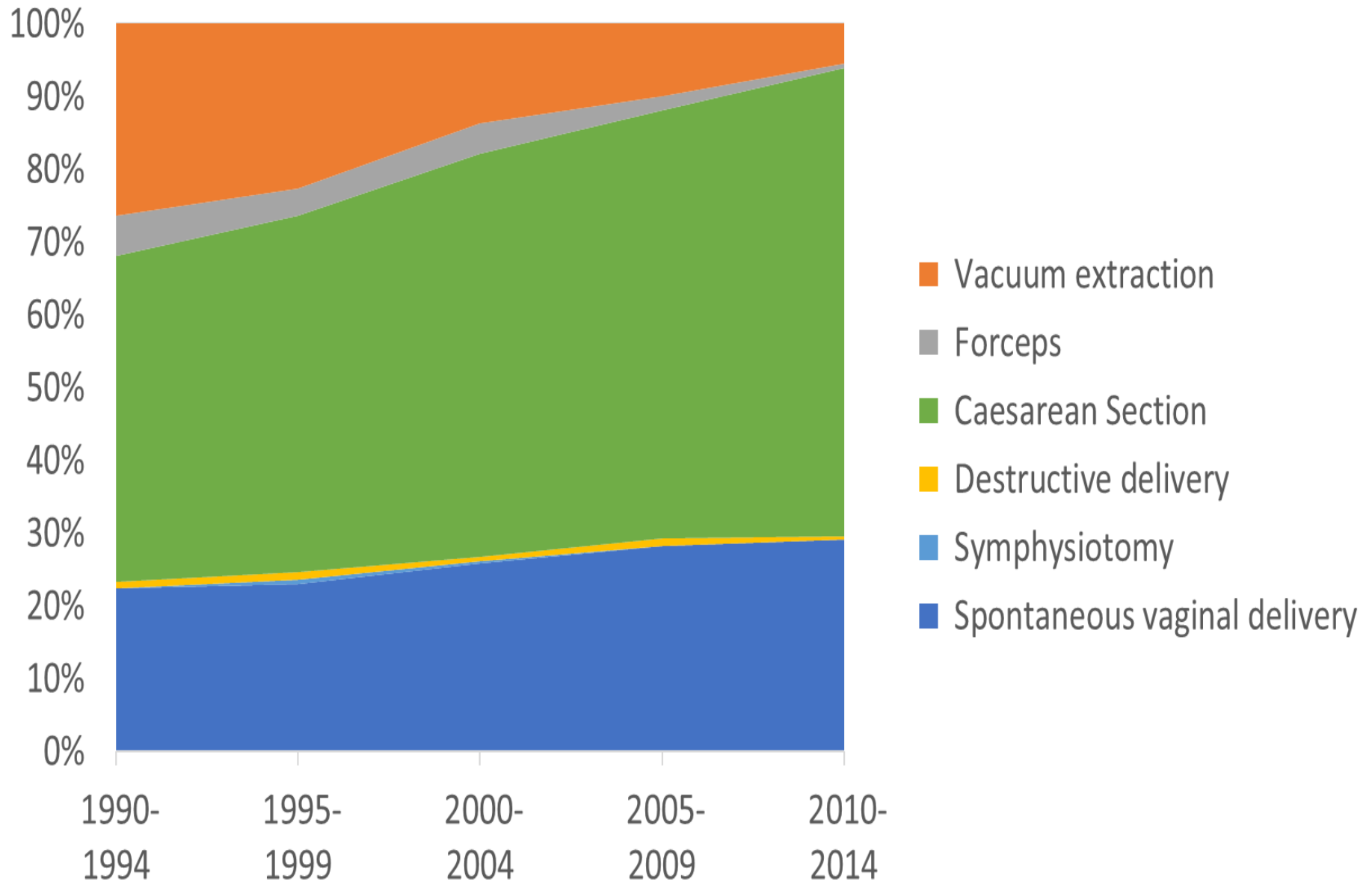
Caesarean section, wealth quintile, region, public or private



One example

- G1P0, 17 years
- Obstructed labor at home with FSB
- Two weeks later: 6 cm big VVF
- Living with grandmother in deep poverty, mother died

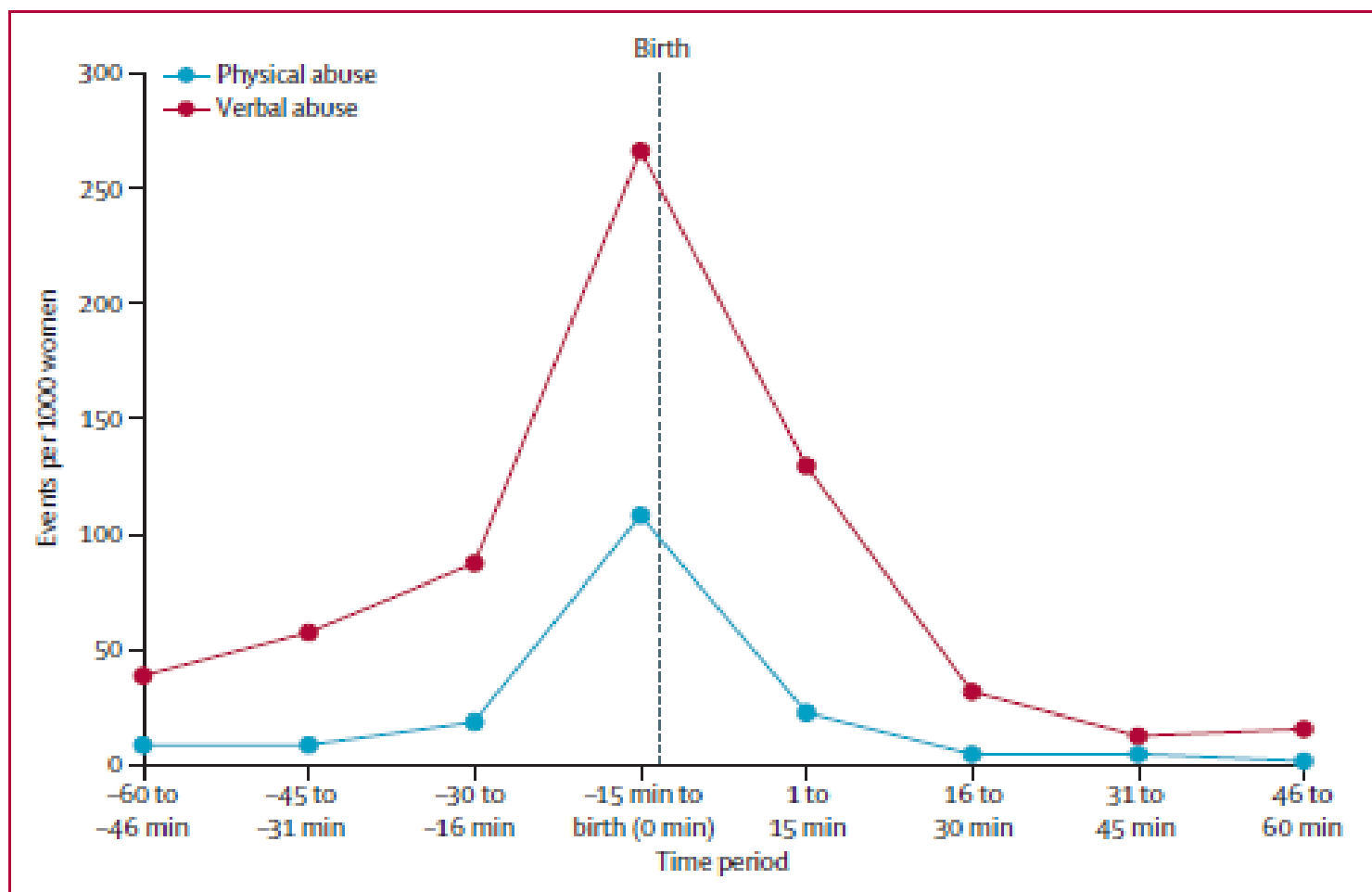
Mode of facility delivery for prolonged, obstructed labors that resulted in obstetric fistula and stillbirth



Four themes

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Mistreatment during labor





EQUALITY



EQUITY



WHY

'Brilliant in its simplicity
and power'
Steven Levitt

NATIONS

'Compelling and highly
readable'
Niall Ferguson

FAIL

**THE ORIGINS
OF POWER,
PROSPERITY
AND POVERTY**

DARON ACEMOGLU & JAMES A. ROBINSON

Shortlisted for the *FT* and Goldman Sachs Business Book of the Year Award

Why nations fail?

- Inclusive political and economic institutions
- Extractive political and economic institutions

Lack of accountability

- Only when women and their communities stand up
- Saying enough is enough
- Things may change for the better

Thank you

