



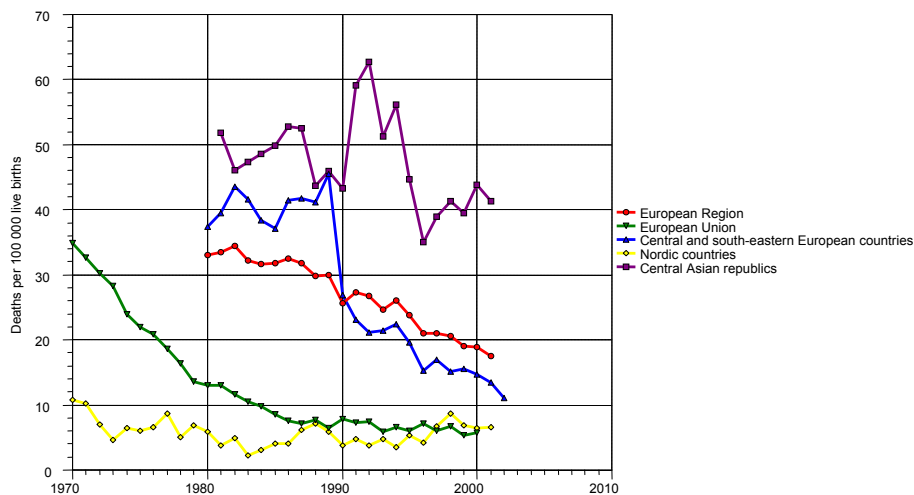
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Maternal and newborn health in the WHO European Region: the challenges and the way forward

Differences between and within countries

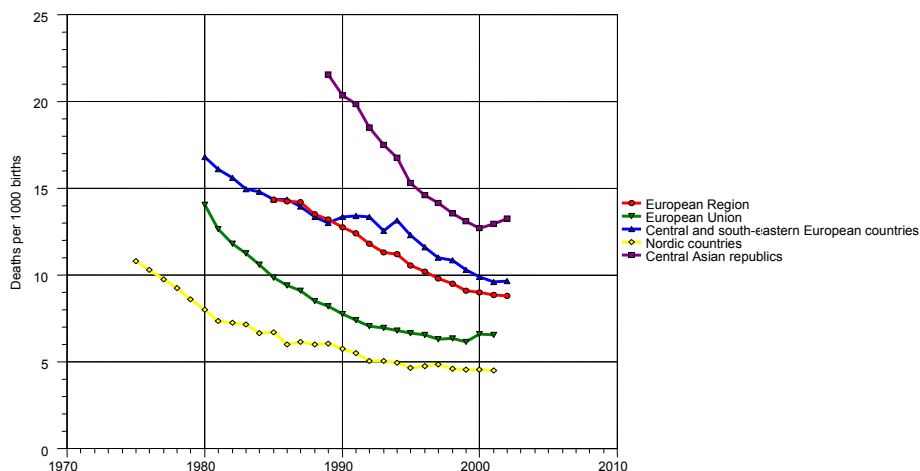
Motherhood is a positive and fulfilling experience for most women, but pregnancy and childbirth can also be associated with suffering, ill health or even death. In the European Region, wide differences still exist between and within countries in mothers' and newborn babies' morbidity and mortality, as well as in access to and quality of care.

Fig. 1. Maternal mortality in the European Region



Source: European health for all database. Copenhagen, WHO Regional Office for Europe, 2005 (<http://www.euro.who.int/hfad>, accessed 31 March 2005).

Fig. 2. Perinatal mortality in the European Region



Source: European health for all database. Copenhagen, WHO Regional Office for Europe, 2005 (<http://www.euro.who.int/hfad>, accessed 31 March 2005).

The mortality and coverage data in a country or a group of countries can hide wide disparities between and within those countries. Overall, the European Region has low mortality, but some countries have very high rates and, within a single country, differences between subgroups of the population can be striking. Rural populations have higher mortality than urban ones; rates can vary widely by ethnicity or wealth status, and remote areas bear a disproportionate burden of deaths. In urban areas, the risk of maternal and perinatal death differs significantly between women in slum settlements and those in wealthy suburbs.

Maternal mortality

In the European Region in 2001, maternal mortality (a measure of the risk of death associated with each pregnancy) was estimated to be 17.4 per 100 000 live births. Apart from the women who died from complications of pregnancy and childbirth, many more suffered disabilities. In 2001, the officially reported maternal death rates in the central Asian republics were as high as 42 per 100 000 live births, compared to 5 per 100 000 in the European Union.

In some countries, maternal deaths have decreased significantly but are still staggeringly high (in Romania, they fell from 84 per 100 000 in 1985 to 34 in 2001); in some countries, there is little or no change (in Uzbekistan, they fell from 34 per 100 000 in 1995 to 33 in 2002); in other countries, the trend is reversed (in Azerbaijan, they rose from 10 per 100 000 in 1995 to 20 in 2002).

Over 70% of maternal deaths are due to the same group of causes: haemorrhage, eclampsia, sepsis and unsafe abortion. Conditions such as HIV/AIDS, tuberculosis, heart disease and malaria can aggravate pregnancy and childbirth complications.

Perinatal mortality

Perinatal mortality in the European Region tends to follow the same geographical pattern as maternal deaths. About one third of perinatal deaths are related to intrapartum complications leading to birth asphyxia. In total, three quarters of perinatal deaths in countries with limited resources occur in babies of normal gestational age and weight who die of infections, intrapartum asphyxia and birth trauma. Preterm birth and malformations contribute to the

remainder of the early neonatal deaths. Hypothermia is a common underlying cause for most perinatal deaths.

Data quality and registration

The limited quality of the available data and registration issues are a concern for both maternal and perinatal deaths. A number of maternal mortality and infant mortality surveys show underreporting in various countries in both eastern and western parts of the Region. The registration of newborn babies is far from optimal for a number of reasons, such as fees for registering a newborn baby, or in the case of preterm birth and/or perinatal death, and of births at home.

Another issue is the correct registration of births and valid data collection, where different definitions of live births are used. Some countries in the Region still have not adopted the international criteria for live births. Morbidity data are also questionable, both for mothers and babies, where international definitions such as the International Statistical Classification of Diseases and Related Health Problems (ICD-10) have not been fully integrated into clinical practice and reporting.

Access to and use of services

Most deaths occur because of lack of access to and use of services or poor service provision. Appropriate care during pregnancy and childbirth remains unavailable, unused, inaccessible or of poor quality, thereby placing women and their babies in great danger. If women had access to good quality family planning services, post-abortion care services and, where legally permissible, safe abortion services, this could also reduce maternal and perinatal deaths. In some instances, abortion is used instead of family planning. Unsafe abortions still play a significant role in the mortality and morbidity of women.

The challenges in maternal and child health care in many countries of the European Region include over-medicalization, poor health education and insufficient interprofessional and multidisciplinary collaboration. Further, the primary health care level is often neglected. Even uncomplicated maternal and neonatal conditions can result in long hospital stays that are not cost-effectiveness and deny patient satisfaction.

Inequities

Maternal and perinatal mortality are indicators of the inequity between rich and poor, and men and women, and give an indication of women's place in society and their access to social, health and nutritional services and economic opportunities. Women are becoming increasingly aware of their rights, however, and a number of countries have in recent years succeeded in improving the health and well-being of mothers and their babies.

Current evidence indicates that countries with high maternal and infant mortality have inadequate political and broad-based commitment, which can result in limited resources being allocated to improve maternal and newborn health.

Interventions that work

A considerable number of maternal and perinatal deaths are avoidable. Interventions that can prevent mortality from major causes are known and can be made available even in resource-poor settings. Keys to success include: support and care in pregnancy, childbirth and the postpartum period focusing on adequate care and preparation in the household; systematically detecting

complications and recognizing others at an early stage; supporting the woman and her baby through this special event; and assuring quality services are available close to where women live.

Services should be provided by health professionals with midwifery skills, able to recognize complications promptly and make appropriate referrals, including being able to stabilize the woman or newborn baby until they are safely transferred to the next level of care. These health professionals should also be competent to work with women and the community on key health issues such as healthy behaviour, nutrition, breastfeeding, and prevention of infections.

Experience over the past decade has shown that it is possible to improve maternal and newborn health outcomes even in the most resource-limited settings, but no single intervention is sufficient by itself. Maternal and newborn deaths can be significantly reduced using low-cost and effective interventions. Many countries with limited resources have succeeded in reducing maternal mortality. The health of the newborn is directly linked to the health of the mother. Avoiding complications that affect the mother will also improve perinatal outcomes and avert most neonatal deaths.

Maternal and newborn care services are a cornerstone of public health services. Care for pregnant women is often the entry point for health services for the family and community, to prevent and treat sexually transmitted infections and HIV or malaria, for example, to introduce family planning, or to provide immunization, nutritional advice and other health programmes and interventions. Not only the maternal and child sector, but also other areas of the health system would benefit from strengthened health services. This can be achieved by upgrading the facilities (such as outreach services, clinics and hospitals) that provide essential drugs and staff, an effective referral system, transportation and communications, to ensure that mothers and babies receive the care they need, especially for treating pregnancy-related complications.

The key lessons learnt are that partial solutions will not improve maternal health, and that success rests mainly on the systematic strengthening of the integrated health systems that provide care and support to every pregnant woman and her baby.

For more information contact:

FOR TECHNICAL INFORMATION

Dr Alberta Bacci
Medical Officer
Making Pregnancy Safer
WHO Regional Office for Europe
Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 39 17 14 62
Fax: +45 39 17 18 50
E-mail: aba@euro.who.int

FOR PRESS INFORMATION

Ms Liuba Negru
Press and Media Relations
WHO Regional Office for Europe
Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 39 17 13 44
Fax: +45 39 17 18 80
E-mail: LNE@euro.who.int