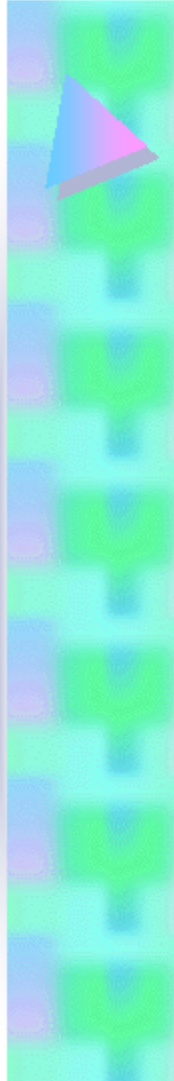


Role of Nurse - Midwife in reducing maternal mortality

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The problem

Complications of pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in developing countries



EFFECTS OF MOTHERS' DEATH

The death of a woman and mother is a tragic loss to the family, community and nation as a whole.

The death of a woman during pregnancy or childbirth is not only a health issue but also a matter of social injustice.



COMMITMENT TO REDUCING MATERNAL DEATHS

Millennium Development Goal (MDG)



GOAL

**Reduce current MMR by
75 % by 2015**

Role of Nurse - Midwife in reducing maternal mortality

**Saving
Lives**

**Improving
Quality**

**Avoiding
Harms**

Practices Related to Saving Lives

Practices that can prevent maternal deaths, such as:

- **Routine oxytocic drugs given to the mother after the baby is born. It reduces the risk of postpartum haemorrhage.**

- **Prophylactic antibiotics during caesarean section. This reduces serious postpartum maternal infection.**

- **Prophylactic antibiotics given to women who are HIV positive with prolonged rupture of membranes. They prevent maternal and neonatal infection.**

Deaths from hypertensive disorders can be prevented by careful monitoring during pregnancy

deaths can be prevented if women have access to family planning information and services, care for abortion-related complications

emphasises their primary prevention role through effective and appropriate management of normal labour and delivery.

Basic antenatal and postpartum care:

- focusing more on detection and treatment of complications than on schedules of risk assessment which fail to identify many women who have complications.
 - The preconceptual and pregnancy periods offer opportunities to detect and manage nutritional deficiencies and to offer prophylactic care such as tetanus toxoid immunizations, iron / folate supplementation, and voluntary and confidential counselling for HIV.
 - It is important to plan the place of birth and maximize the chances that a skilled attendant will be present.
 - Every opportunity must be taken to educate women and their families about when and where to seek care. More emphasis is needed on care in the days after birth, a sensitive but neglected period:
- postpartum care should include the prevention or early detection of maternal or newborn complications, as well as contraceptive advice**

Poor nutrition before and during pregnancy contributes in a variety of ways to poor maternal health, obstetric problems, and poor pregnancy outcomes:

Stunting during childhood as a result of severe malnutrition exposes women to the risk of obstructed labour due to cephalopelvic disproportion.

Women with severe anemia are more vulnerable to infection during pregnancy and childbirth, are at increased risk of death due to obstetric haemorrhage, and are poor operative risks in the event that caesarean delivery is needed.

Severe vitamin A deficiency may make women more vulnerable to obstetric complications and to associated maternal mortality. Further research is needed on the impact of vitamin A deficiency on pregnancy outcome and on the feasibility of introducing vitamin A supplementation into maternal health care programmes.

Lack of dietary calcium appears to increase the risk of a woman developing pre-eclampsia and eclampsia during pregnancy. Calcium supplementation seemingly has little impact in preventing pre-eclampsia in areas where dietary intake is sufficient but may be an important option where diets are deficient in calcium. **Giving Magnesium sulphate as ordered by physician for women with eclampsia. It reduces the risk of further convulsions**

Practices Related to Improving Quality

Practices that can improve the health of women and the infants, such as:

- **Companionship provided by a lay career during labour.** This improves maternal satisfaction, shortens labour, and improves breastfeeding. It also reduces the need for pain relief and assisted delivery.
- **Being mobile during labour.** This shortens labour and reduces the need for pain relief and assisted deliveries.
- **Routine antibiotics for preterm, prelabour rupture of membranes.** They improve maternal and neonatal outcomes.
- **Prophylactic steroids given prior to preterm birth.** They prevent respiratory distress syndrome and reduce neonatal mortality.
- **Keeping the umbilical cord clean at delivery.** Poor hygiene is associated with neonatal tetanus and sepsis.
- **Strengthen the referral system through supportive supervision, regular communication, and logistic/managerial support, including ensuring the availability of essential drugs and supplies.**

Role of nurse midwife in each practice

Practices Related to Avoiding Harms

Practices that are degrading or painful, and should be dropped, such as:

- Routine episiotomy for all women is associated with more pain, poor healing, and longer hospital stays. Episiotomies should only be done where clinically required.
- Enemas. They are uncomfortable and are of no benefit.
- Perineal shaving. Degrading and of no demonstrable benefit.
- Withholding oral fluids. Uncomfortable and unjustified.
- Artificial rupture of the membranes (AROM). Painful, and of no value unless progress in labour is abnormal.

Pregnant Woman Must know

- Attend clinic at least 4 times
- Attend clinic early before 3 months (start ANC early and continue)
- Take your fersolate and folic acid daily
- Have nutritious diet

Pregnant Woman to know

- Know the danger signs in pregnancy bleeding, loss of liquor
- Have tetanus injections
- Be delivered by a trained attendant
- Ensure transport arrangement is made for emergencies
- Test for HIV and get appropriate treatment

WHY WOMEN AND BABIES DIE IN PREGNANCY & CHILDBIRTH:

The Three Delays

1st Delay

Delay in the Home



2nd Delay

Delay in Accessing the Health Facility



3rd Delay

Delay in receiving care at the health facility

Role of Nurse - Midwife in reducing maternal mortality

Delay in
deciding to
seek care
(Individual
& family)

Delay in
reaching
care (Community
& System)

Delay in
receiving care
(System)

Poor facilities,
personnel and
Supplies

Poorly trained
personnel with
indifferent
attitude

The First Delay

Delay in deciding to seek care at the household level due to:

- Lack of information and inadequate knowledge about danger signals during pregnancy and labour
- Cultural /traditional practices that restrict women from seeking health care
- Lack of money



The Second Delay

Delay in accessing health facilities due to:

- Distant health facilities
- Poor roads and communication network
- Poor community support mechanisms



The Third Delay

Delay in receiving care at the health facility due to:

- Inadequate skilled attendants
- Inadequate equipment, supplies and drugs
- Poorly motivated staff
- Weak referral linkages



Recommendations

1. Clinical guideline for nurse-midwife regarding

Management of Prolonged or obstructed labour

Hypertensive disorders

Postpartum haemorrhage

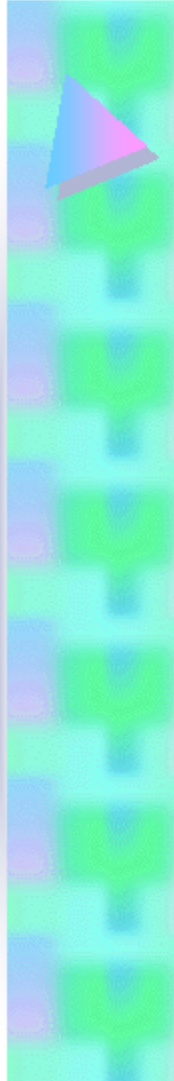
Puerperal Sepsis

2. Accurate and adequate documentations, National statistics on maternal mortality rates and causes.

3. Follow up home delivery

4. Applied partograph by nurses

5. Emphasize in aseptic technique



CONCLUSION

*Lives of mothers and
infants are worth saving.*

Act now !