

Updates on Maternal and Child Health

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Despite various efforts made for attaining Millennium Development Goals (MDG) four and five by the end of 2015, reducing high maternal and child mortality still remains a challenge for most developing countries.¹ Though maternal mortality ratio (MMR) dropped by nearly 44% globally between 1990 and 2015, everyday around 830 women continue to die from pregnancy and its related complications throughout the world. The maternal deaths are much higher in rural areas, poorer communities and among adolescent pregnant girls.

The high maternal mortality reflects inequities in access to health care services and gaps between developed and developing countries. Almost all maternal and child deaths still occur in developing countries. More than half of maternal deaths take place in sub-Saharan Africa and nearly one third in South Asia.² Almost all these deaths occur as a result of pregnancy and childbirth complications. The major complications: severe bleeding, infections, hypertension and unsafe abortions account for nearly three-fourths of all maternal deaths.³

Similarly, the risk of a child dying is higher in developing countries. Nearly, six million under five children died worldwide in 2015. Out of total deaths, more than half could have been prevented or treated by extending basic health care interventions. Leading causes of death in under-5 children associate directly with preterm birth complications, pneumonia, birth asphyxia, diarrhea and malaria in developing countries. Similarly, nearly 45% of all child deaths are directly or indirectly linked to malnutrition. A mother's precaution prior to conception and during pregnancy can increase her child's chance of survival and good health by attending antenatal cares, being immunized against tetanus, and avoiding smoking and use of alcohol.

Moreover, neonatal deaths account for majority of the child deaths worldwide. Neonatal care is crucial for ensuring child survival by guaranteeing breathing, exclusive breastfeeding, keeping the baby warm and personal hygiene before touching the baby. In postnatal period, identifying and caring for illnesses is very important. Any neonatal illness must be treated immediately by a trained health care provider.^{4,5} Most maternal and neonatal deaths can be prevented and treated by increasing the access of skilled care during childbirth. However, in most resource poor countries, long distance to health facility, lack of information, inadequate health services, cultural beliefs and practices remain major contributory factors of high maternal and child mortality.

Nepal has been on track to achieve MDGs four and five. The country was able to reduce MMR from 850 to 213 per 100,000 live births between 1990 and 2015.⁶ Similarly, the proportion of birth attended by skilled birth attendant increased from seven percent to 60% between 1990 and 2015.⁷ However, Nepal has not been able to attain all targets of the universal access to reproductive health. Likewise, Nepal made remarkable progress in achieving MDG four by reducing child mortality. All three indicators of MDG four: reduction of infant mortality and under-five mortality, and proportion of one-year-old children immunized against measles were very close to meet the targets.^{6,7} However, reducing neonatal deaths still remains a challenge.

The evidence from MDG achievements suggests remarkable progress in Nepal's maternal and child health-related outcomes. However, the main challenge is to scale up what works, continually improve effectiveness and speed up the progress. Since achievements are currently not uniform across all population groups, ecological and development regions, these targets need to be disaggregated. Nepal needs to modify the previous targets so that it is inclusive of the hardest to reach populations. This population includes the ultra-poor and disadvantaged because of their sex, age, ethnicity, disability, or geographical location.

As we move beyond MDG and towards achieving sustainable development goals (SDG), focusing on equity is crucial to improve maternal and child health. This could be the best way for Nepal to meet the SDG targets of reducing maternal mortality ratio to less than 70 per 100 000 live births and end preventable deaths of newborns and children below 5 years of age by 2030.^{2,3}

REFERENCES

1. Bhandari TR. Maternal and child health situation in South East Asia. *NJOG*. 2013;7(1):5–10.
2. WHO. Maternal mortality. [cited 2016 May 18]. Available from: <http://www.who.int/mediacentre/factsheets/fs348/en/>
3. Say L, Chou D, Gemmill A, Tunçalp Ö, Moller A-B, Daniels J et al. Global causes of maternal death: a WHO systematic analysis. *Lancet Glob Health*. 2014;2(6):e323–33.
4. WHO. Children: reducing mortality. [cited 2016 May 18]. Available from: <http://www.who.int/mediacentre/factsheets/fs178/en/>
5. You D, Hug L, Ejdemyr S, Idele P, Hogan D, Mathers C et al. Global, regional, and national levels and trends in under-5 mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Inter-agency Group for Child Mortality Estimation. *The Lancet*. 2015;386(10010):2275–86.
6. WHO. World Health Statistics 2015. [cited 2016 May 18]. Available from: http://www.who.int/gho/publications/world_health_statistics/2015/en/
7. UNDP. Millennium Development Goals. UNDP in Nepal. [cited 2016 May 28]. Available from: <http://www.np.undp.org/content/nepal/en/home/post-2015/mdgoverview.html>