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Consequences of severe obstetric complications

Health reporter, 15 April 2009

Feature: Consequences of severe obstetric complications

Recommended readings:

- Health of women after severe obstetric complications in Burkina Faso: a longitudinal study
- Severe maternal morbidity from direct obstetric causes in West Africa: incidence and case fatality rates
- WHO systematic review of maternal morbidity and mortality: the prevalence of severe acute maternal morbidity (near miss)
- Severe complications during pregnancy impose high costs on mothers in West Africa
- Strategies for reducing maternal mortality: getting on with what works

Latest additions:

- The vital role of the private sector in reproductive health
- Malaria treatment in Nigeria: the role of patent medicine vendors
- Manual for the health care of children in humanitarian emergencies
- Global challenges for humanity
- Human rights guidelines for pharmaceutical companies in relation to access to medicines: the sexual and reproductive health context

Announcements

Feature: Consequences of severe obstetric complications

Every year, it is estimated that up to 9 million women survive severe complications during childbirth including haemorrhage, dystocia, infections, hypertensive diseases such as eclampsia or pre-eclampsia and severe anaemia. In some poor countries, the reliance on out-of-pocket fees to pay for emergency care means that such complications

often pose an immediate financial burden on women and their households. In addition, there are long lasting effects on the survival rate of women and infants, women's physical and mental health, and on their households' economic and social well-being.

Evidence from two West African countries, Benin and Burkina Faso, has shown that infants born to women with severe obstetric complications are more likely to die after hospital discharge up to a year after birth. This suggests that the deaths were not attributable solely to neonatal complications but possibly to the socio-economic environment in which women live. In Burkina Faso, women who initially survive severe obstetric complications are also more likely to die. Their inability to pay for - and subsequent delays in seeking follow-up care, may have contributed to their deaths.

Some groups of women who survive a severe obstetric complication are also at risk of mental health problems including depression and anxiety, as well as negative physical health outcomes. This is especially the case for women whose babies died. Their self-reports of ill health reveal factors not easily captured in clinical medical examinations and might indicate a context of unfavourable social conditions or in some cases psychological distress.

In the past there has been little recognition of the difficulties faced by women who suffer from severe obstetric complications. Postnatal services often focus on the prevention of infant mortality rather than interventions intended to improve maternal health and survival. It is important that policymakers who are involved in the organisation and integration of maternal and child health services, consider a range of alternative mechanisms for financing emergency obstetric care so that vulnerable women and their households are adequately protected against the high cost of care and the long term health, economic and social repercussions associated with this.

In addition, resources need to be devoted to ensuring that women who are treated for severe obstetric complications receive adequate care before, during and after discharge from hospital. This should involve expanding the length of time that care is available to women and their babies after delivery, and focusing efforts on maternal health as well as child health.

Many thanks to Rebecca Wolfe from the Towards 4+5 Research Programme Consortium, the London School of Hygiene and Tropical Medicine, UK, for writing the content for this Health Reporter.

Towards 4+5

Towards 4+5 is a five year research programme consortium on maternal and newborn health. The goal is to support evidence-based policy and practice in order to facilitate the achievement of the MDGs 4 and 5 – to improve child health and reduce maternal mortality. Towards 4+5 has partners in Bangladesh, Burkina Faso, Ghana, Malawi and Nepal.

More information:

- Towards 4+5
www.towards4and5.org.uk
 - ‘Reducing maternal deaths: evidence and action’, 2004 DFID Maternal Health Strategy
www.dfid.gov.uk/pubs/files/maternal-deaths-strategy.pdf
 - The Partnership for Maternal, Newborn & Child Health
www.who.int/pmnch/en/
 - Maternal and newborn health, Eldis Health Resource Guide
www.eldis.org/go/topics/resource-guides/health/maternal-and-newborn-health
 - Improve maternal health, Health and the Millennium Development Goals, Eldis Health Resource Guide
www.eldis.org/go/topics/resource-guides/health/health-and-the-millennium-development-goals/goal-5-improve-maternal-health
 - ‘Improving the health of mothers and babies: breaking through health system constraints’
id21 insights health #11, August 2007
www.id21.org/insights/insights-h11/index.html
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Recommended readings

1. Health of women after severe obstetric complications in Burkina Faso: a longitudinal study

Authors: V. Filippi; R. Ganaba; R. Baggaley

Publisher: The Lancet, 2007

Although maternal mortality is widely used as an indicator of development, the many pathways that link maternal health and illness to long-term economic and developmental indicators are under-explored. This article in The Lancet investigates how severe obstetric complications affect a range of health and other outcomes in the year after the end of pregnancy in hospitals in Burkina Faso. The authors compare the health experiences of women whose pregnancies ended in severe obstetric complications with those of women with uncomplicated childbirth.

The article finds that women with severe obstetric complications were poorer and less educated at baseline than were women with uncomplicated delivery. Women with severe obstetric complications, and their babies, were significantly more likely to die after discharge with 2% of the 337 studied dying within one year. Women with severe obstetric complications were significantly more likely to have experienced depression and anxiety at 3 months. The authors find that the women were increasingly more likely to have experienced suicidal thoughts within the past year at all time points and to report the pregnancy having had a negative effect on their lives at all time points, than were women with uncomplicated delivery. The authors conclude that women who give birth

with severe obstetric complications are at greater risk of death and mental health problems than are women with uncomplicated delivery. Greater resources are needed to ensure that these women receive adequate care before and after discharge from hospital.

[adapted from the author]

Available online at: www.eldis.org/go/topics/resource-guides/health&id=42845&type=Document

2. Severe maternal morbidity from direct obstetric causes in West Africa: incidence and case fatality rates

Authors: A. Prural; M. H. Bouvier - Colle; L. de Bernis; G. Bréat

Publisher: Bulletin of the World Health Organization: the International Journal of Public Health, 2000

Data on maternal morbidity make it possible to assess how many women are likely to need essential obstetric care, and permit the organization, monitoring and evaluation of safe motherhood programmes. In this paper by the World Health Organisation the authors propose operational definitions of severe maternal morbidity and report the frequency of such morbidity as revealed in a population-based survey of a cohort of 20,326 pregnant women in six West African countries. The study showed that certain complications, i.e. sepsis, uterine rupture and eclampsia, carried a very high risk of death for pregnant women in West Africa. This applied even in large urban settings where there was good access to health care and its utilisation by pregnant women was of a high order.

This finding suggests an unsatisfactory quality of maternal health care. The fact that a quarter of the 81 percent of women who delivered within health services were not attended by qualified health personnel, even though such personnel were present in sufficient numbers, indicates significant malfunctioning of public health services. The authors detail how further analysis is in progress concerning the relationship between the different severe obstetric conditions, the level of care and the individual risk factors. It is to be hoped that a better understanding will emerge of severe maternal morbidity in West Africa, eventually leading to a major decline in maternal and perinatal mortality.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=42847&type=Document

3. WHO systematic review of maternal morbidity and mortality: the prevalence of severe acute maternal morbidity (near miss)

Authors: L. Say; R.C. Pattinson; A.M. Gülmezoglu; BioMed Central; World Health Organisation (WHO)

Publisher: Reproductive Health, 2004

This article, published in Reproductive Health, examines the worldwide prevalence of severe acute maternal morbidity (SAMM), based on a review of thirty studies. The article finds that SAMM is defined both as a 'near miss' and as a response to emergency hysterectomies or admission to intensive care. Results show that in resource-poor settings, four to eight per cent of pregnant women who deliver in hospital will experience SAMM when case identification is based on specific diseases, compared with only one per cent in developed countries. This rate is respectively one per cent and 0.4 per cent when organ failure is considered. The ratio of SAMM to mortality for disease-specific cases ranged from 11–12 in studies from Niger, Benin and Malaysia to 117–223 in European studies.

The authors conclude that more SAMM cases are likely to die in resource-poor settings than in developed country settings. However, they highlight the variations in definition and case identification of SAMM, and the need to set clear criteria. They recommend using organ-system based criteria which avoids variation, thus making it easier to establish summary estimates for SAMM prevalence. These estimates could then serve as a maternal health measure and quality of care indicator. [adapted from author]

Available online at: www.eldis.org/go/topics/resource-guides/health&id=16357&type=Document

4. Severe complications during pregnancy impose high costs on mothers in West Africa

Authors: Josephine Borghi; London School of Hygiene and Tropical Medicine, UK
Publisher: id21 Development Research Reporting Service, 2003

Benin and Ghana have high maternal mortality rates. 'Near-misses', where mothers survive a potentially fatal crisis, are even more common. Research involving the London School of Hygiene and Tropical Medicine assesses the costs of such emergencies and reveals the important role played by households in financing obstetric services in both countries.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=9330&type=Document

5. Strategies for reducing maternal mortality: getting on with what works

Authors: O. M. Campbell; W. J. Graham
Publisher: The Lancet, 2006

This Lancet paper is the second in a series of articles on maternal survival. It examines different strategies to reduce maternal mortality. These include single interventions close to a life-threatening complication and preventative measures. The paper finds that whilst

there are numerous interventions for maternal health, few have maternal mortality as an outcome. It also shows that no interventions alone can reduce the rate of maternal mortality in a population. Interventions are therefore best given together in varying combinations or packages. These packages in turn reach the target group of women through various means of distribution.

The paper concludes that implementation of an effective care strategy during the birth period is an overwhelming priority if the fifth Millennium Development Goal, to reduce maternal mortality by 75 per cent by 2015, is to be achieved. A health centre care strategy during the birth period can be justified as the best way to bring down rates of maternal mortality. This is where women deliver in a health centre, with midwives as the main providers, but with other attendants working with them in a team. Other opportunities to alter the risks of maternal deaths include antenatal care, postpartum care, family planning and safe abortion.

Available online at: www.eldis.org/go/topics/resource-guides/health/maternal-and-newborn-health&id=33412&type=Document

Latest additions from the Health resource guide

1. The vital role of the private sector in reproductive health

Authors: B. O'Hanlon

Publisher: Private Sector Partnerships-One, 2009

Increasingly, governments and donor agencies recognise the need to engage the private sector to increase the coverage of health services. This policy brief by PSP-One (a USAID funded project) shows how in many cases, national and local governments will need to redefine their roles and broaden the scope of health planning. The private sector can help expand access to and quality of reproductive health services through its resources, expertise, and infrastructure. The brief provides an overview of the private sector, highlights the critical role it plays in delivering health services and products in developing countries, and explains how governments and donor agencies can engage this sector to achieve reproductive health goals.

Collaboration with the private sector requires an understanding of the many actors involved and what motivates them. The brief argues that the diversity of private sector groups can make collaboration a challenge, however many interventions have been successful in engaging private-sector partners to achieve public health goals.

Government ministries and donors need to reassess the role of the private sector and engage it as a necessary partner in an overall strategy to improve the availability and quality of family planning and reproductive health services.

Available online at: www.eldis.org/go/topics/resource-

2. Malaria treatment in Nigeria: the role of patent medicine vendors

Authors: O. Oladepo; S. Kabiru; B.W. Adeoye

Publisher: Future Health Systems research consortium, 2008

Malaria is a major cause of illness and death in Nigeria. It is also a significant drain on its economy and a major financial burden to the poor. This scoping study by Future Health Systems provides a quick assessment of the malaria treatment markets and the role played by patent medicine vendors in Nigeria, and offers ways to improve the regulation and provision of anti-malarial drugs. It documented the sources of drugs in three states and people's problems in getting access to appropriate treatment for malaria.

The household survey confirmed that private patent medicine vendors (PMVs) are the largest source of treatment for malaria at all the study sites. Households, community leaders, government officials, PMVs, and PMV Association leaders all voiced concern about the quality of anti-malarial drugs. The document shows that despite a call for stronger regulation, around a fifth of PMVs expressed concern that corruption would impede the enforcement of drug regulations by the government. The authors conclude that actions to improve the provision of quality treatment for malaria will have to address various issues. They involve getting community organisations, PMVs and their associations, and government agencies to work together. This can be done by various methods including training PMVs and their drug suppliers about appropriate malaria treatment and about the potential role of insecticide-treated nets in malaria prevention.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=42561&type=Document

3. Manual for the health care of children in humanitarian emergencies

Publisher: World Health Organization, 2008

The acute phase of an emergency is defined by crude mortality rate and persists as long as the crude mortality rate is at least double the baseline mortality rate, that is, as long as there are twice as many people dying per day compared to the normal rate of death. The manual aims to reduce child morbidity and mortality by addressing the major causes of child morbidity and mortality in emergencies. The guidelines serve as a reference manual for the evaluation and management of children in emergencies, and as the basis for the training of health care workers. The target audience is first level health workers who provide care to children under the age of 5 years.

The manual focuses on the care of children where no inpatient hospital facilities are available. It assumes that some injectable and intravenous medicines can be given. The authors warn that these guidelines need to be adapted to meet local needs based on the

local disease burden. Triage and emergency management are considered in addition to general assessment flow charts of children with conditions such as malaria, malnutrition, measles and diarrhoea. The guidelines conclude with suggestions for integrating the prevention and care of children within the local context and broader health care delivery system.

Additional areas covered include:

- mental health and psychological support
- prevention of HIV infection
- immunization and other public health measures
- poisoning
- management of children with burns
- injuries.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=42551&type=Document

4. Global challenges for humanity

Publisher: The Millennium Project, 2008

The Millennium Projects' 15 Global Challenges for 2008 aim to provide a framework to assess the global and local prospects for humanity. Their description, with a range of views and actions to address each challenge, include regional views and progress assessments. They are updated each year since 1996 and published in the Millennium Projects' annual 'State of the Future' document.

The global challenges are:

1. How can sustainable development be achieved for all while addressing global climate change?
2. How can everyone have sufficient clean water without conflict?
3. How can population growth and resources be brought into balance?
4. How can genuine democracy emerge from authoritarian regimes?
5. How can policymaking be made more sensitive to global long-term perspectives?
6. How can the global convergence of information and communications technologies work for everyone?
7. How can ethical market economies be encouraged to help reduce the gap between rich and poor?
8. How can the threat of new and reemerging diseases and immune micro-organisms be reduced?
9. How can the capacity to decide be improved as the nature of work and institutions change?
10. How can shared values and new security strategies reduce ethnic conflicts, terrorism, and the use of weapons of mass destruction?

11. How can the changing status of women help improve the human condition?
12. How can transnational organized crime networks be stopped from becoming more powerful and sophisticated global enterprises?
13. How can growing energy demands be met safely and efficiently?
14. How can scientific and technological breakthroughs be accelerated to improve the human condition?
15. How can ethical considerations become more routinely incorporated into global decisions?

(adapted from author)

Available online at: www.eldis.org/go/topics/resource-guides/health&id=42544&type=Document

5. Human rights guidelines for pharmaceutical companies in relation to access to medicines: the sexual and reproductive health context

Authors: R. Khosla; P. Hunt

Publisher: The Human Rights Centre, University of Essex, 2008

This briefing points out that access to essential medicines is a fundamental element of the right to health. It examines the role of the pharmaceutical industry in ensuring access to medicines generally and in particular for sexual and reproductive health.

Sexual and reproductive health are key elements of the right to the highest attainable standard of health. There is a strong link between HIV/AIDS and sexual and reproductive health. The international community agrees that the MDGs will not be achieved without ensuring access to sexual and reproductive health services and an effective global response to HIV/AIDS. The availability of antiretroviral therapy (ART) has significantly reduced AIDS morbidity and mortality in developed countries. Yet in developing countries, where 95% of HIV positive people live, the overwhelming majority still does not have access to life-sustaining medication.

This briefing argues that in association with international institutions and CSO's pharmaceutical companies can play an important role in ensuring access to vaccination thus meeting their human rights obligations. It provides guidance for ensuring the availability and accessibility of vaccinations for immunisation against serious sexual and reproductive health problems, such as HPV. Some of the recommendations for pharmaceutical companies include:

- The company should adopt a human rights policy statement which expressly recognises the importance of human rights generally, and the right to the highest attainable standard of health in particular, in relation to the strategies, policies, programmes, projects and activities of the company.
- The company should integrate human rights, including the right to the highest attainable standard of health, into the strategies, policies, programmes, projects

- and activities of the company.
- The company should always comply with the national law of the State where it operates, as well as any relevant legislation of the State where it is domiciled.
 - The company should refrain from any conduct that will or may encourage a State to act in a way that is inconsistent with its obligations arising from national and international human rights law, including the right to the highest attainable standard of health.
 - Whenever formulating and implementing its strategies, policies, programmes, projects and activities that bear upon access to medicines, the company should give particular attention to the needs of disadvantaged individuals, communities and populations, such as children, the elderly and those living in poverty.
 - The company should also give particular attention to the very poorest in all markets, as well as gender-related issues.
 - Pharmaceutical companies should develop culturally appropriate information packages to avoid a negative reaction against the vaccination.
 - Critically, if access it to be enhanced, prices must come down.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=42529&type=Document

Announcements

1. E-conference: Environment and health through a poverty lens

Dates: 10-23 June 2009

This e-conference, hosted by the Environment Health and Development Network, is one element of a two-part major event. This moderated e-conference focusing on 'Environment and health through a poverty lens' is open to all network members over the 14 days.

Three key themes covered will include:

- Critical linkages between environment, health and development
- Applying different research approaches and their analytical value
- Ways forward for the Network

A 3 day symposium hosted by the University of East Anglia on 15-17 June will form the second part of the event, with discussions from the e-conference feeding into the symposium. Details of the e-conference and how to participate will be circulated to network members and posted on the website in May/June.

More details available online at: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=42458&type=Item

2. Meeting: 2nd International Meeting - Innovations & Progress in Healthcare for Women, 'Prevention, Screening and Risk Prediction in Women's Health'

Dates: 9-11 November 2009

Location: Royal College of Obstetricians and Gynaecologists, London, UK

This is the 2nd international meeting on 'Innovations & Progress in Healthcare for Women' and it is being jointly held by the UCL Elizabeth Garrett Anderson Institute for Women's Health in collaboration with the Royal College of Obstetricians and Gynaecologists (RCOG).

The theme of the meeting will be 'Prevention, Screening and Risk Prediction in Women's Health' and each day will be dedicated to one specialty area.

The three specialty areas are:

- Obstetrics & Neonatal
- Gynaecology & Reproductive Health
- Gynaecology & Cancer.

More details available online at: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=42681&type=Item

See the complete list of announcements at: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements

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- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

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The views expressed in this newsletter and on the Eldis website are the opinion of the authors and do not necessarily reflect the view of Eldis, IDS or its funders.

Eldis currently includes descriptions and links to over 4,500 organisations and over 22,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet. Eldis is one of a family of Knowledge services at IDS - <http://www.ids.ac.uk/go/knowledge-services>

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