POLICY-MAKING TO REDUCE

MATERNAL MORTALITY

A holistic approach to maternal care

Education, Not Abortion

Key To Reducing Maternal Deaths, Major Chilean Study Finds

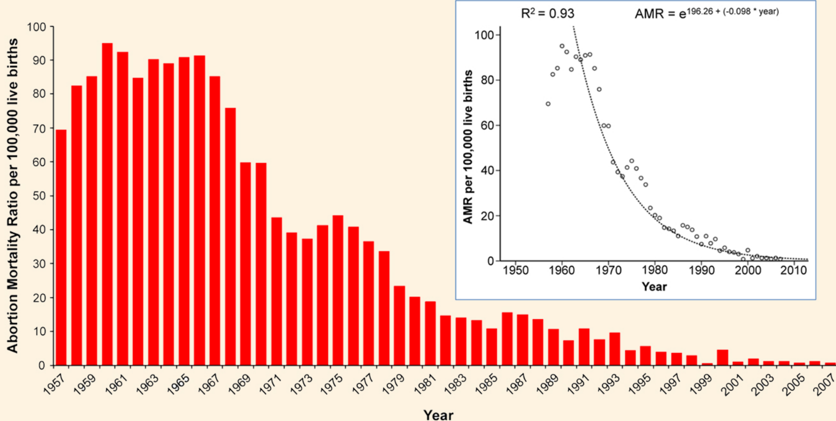
Professor ELard Coch, Chile

A major scientific analysis using 50 years of maternal mortality data from Chile has found that the most important factor in reducing maternal mortality is the educational level of women.

Professor Elard Koch, a molecular epidemiologist and lead author of the study, says educating women enhanced their ability to access existing health care resources, and since those resources included skilled attendants for childbirth, that directly led to a reduction of maternal deaths during pregnancy and childbirth. It was crucial that research verified the actual determinants to improve maternal health.

Prof. Koch pointed out that following the prohibition of abortion in Chile in 1989, the numbers of maternal deaths continued to decline. Contrary to widely-held assumptions,making abortion illegal in Chile did not result in an increase in maternal mortality. In fact, after abortion was made illegal, the number of maternal deaths continued to decrease from 41.3 to 12.7 per 100,000 live births (69.2% reduction).

> "Prohibiting abortion in Chile led to a decrease in maternal mortality and better maternal health."



His team's research, entitled 'Women's Education Level, Maternal Health Facilities, Abortion Legislation and Maternal Deaths: a Natural Experiment in Chile from 1957 to 2007' was conducted on behalf of the Chilean Maternal Mortality Research Initiative (CMMRI) and was published in the May 4, 2012 issue of PLoS ONE.

Using 50 years of reliable, comprehensive official data from Chile's National Institute of Statistics the study is the first in-depth analysis of a large time series, year by year, of maternal ' deaths and their determinants, including years of education, per capita income,total fertility rate, birth order, clean water supply, sanitation, and childbirth delivery by skilled attendants, and analysing the effect of historical educational and maternal health policies.

As Dr. Koch explains: “In this sense, it is a unique natural experiment conducted in a developing country.” During the fifty-year period under study, the overall maternal mortality rate dramatically declined by 93.8%, from 270.7 to 18.2 deaths per 100,000 live births, making Chile a leader in maternal healthcare outcomes in the Americas.

“During 2008, the overall maternal mortality rate declined again, to 16.5 per 100,000 live births, positioning Chile as the country with the second lowest ratio in the American continent after Canada, with at least two points lower than the United States,” said Dr. Koch.

His research showed that the most important factor in reducing maternal mortality was the educational level of women - and that this increased the effect of all other factors. For every additional year of maternal education there was a corresponding decrease in the maternal mortality rate of 29.3 per 100,000 live births.

Dr. Koch says that the ‘synergistic effect’ of the following factors had reduced maternal mortality:

1. Increased level of female education
2. Complementary nutrition programs
3. Universal access to maternal prenatal, perinatal and postnatal health services.
4. Development of emergency obstetric units and specialized care for complex high risk cases (pivotal during the slow phase of reduction)
5. Sanitary development, including access to clean water and sewerage systems.

“Definitively, the legal status of abortion is unrelated to overall maternal mortality rates,” he added. The principle of double effect is recognized in Chile, therefore ectopic pregnancy and other exceptional conditions where medical interventions are necessary to save the life of the mother and which may put the life of the child at risk are considered a medical ethics decision and not a legal issue.

CONCLUSIONS

- A major scientific analysis using 50 years of maternal mortality data from Chile has found that the most important factor in reducing maternal mortality is the educational level of women.
- The authors also found that making abortion illegal in Chile did not result in an increase in maternal mortality. In fact, after abortion was made illegal, the number of maternal deaths continued to decrease from 41.3 to 12.7 per 100,000 live births (69.2% reduction).

Dr. Elard Koch is a molecular epidemiologist and researcher at the Department of Family Medicine in the University of Chile. He is Associate Professor and Director of Research for the Institute of Molecular Epidemiology, Centre of Embryonic Medicine and Maternal Health at the Universidad Católica de la Santísima Concepción, in Santiago, Chile. He was awarded the ‘Academic Excellence Medal on Research’ for three consecutive years (2008, 2009 and 2010) from the University of Chile.

Ireland, without abortion, leads the world in maternal health

Dr. Eoghan de Faoite, Ireland

In July 2011, a 32-year-old pregnant woman went to her local hospital in Kilkenny, Ireland, feeling unwell. She was 23 weeks pregnant with her first child and found to be suffering from severe pre-eclampsia. Doctors were concerned that her escalating bloodpressure was putting her life at risk; she was told that unless they intervened, she may die.

She and her husband were told that "[the doctors] will do everything they can for the baby, but that [she] is the priority." She underwent an emergency Caesarean section and delivered a baby girl at 23 weeks and five days -- the cusp of viability. The baby girl was transferred to a neonatal intensive care unit, where specialists worked to keep her alive while other specialists stabilized and care for her mother.

After five weeks, Mom was discharged home well. After five months, baby went home as well, becoming the most premature baby to survive in Irish medical history. Irish obstetrical and neonatal care was celebrated in the press. Tributes were paid to the excellent care of the medical teams who intervened to save a sick mother and also did everything they could to save her baby.

Dr. Eoghan de Faoite, M.D. is a board member for the Committee on Excellence in Maternal Health and a practicing physician in Dublin. He has testified before the Irish parliament on matters of reproductive policy and legislation on abortion.

Such is the standard of Irish obstetrical practice today. Doctors always intervene to save the life of the mother if she suffers a life-threatening complication of pregnancy (including sepsis) while at the same time doing everything they can to preserve the life of the baby. Such interventions are "never considered abortions," according to the former chairman of the Institute of Obstetricians and Gynecologists, even if the baby does lose his or her life as a consequence.

These interventions are permissible in Ireland today under current Irish law, which bans abortion. It is this standard of practice, coupled with one of the lowest rates of maternal mortality in the entire world -- far lower than in the United States or the United Kingdom -- that ranks Ireland as a world leader when it comes to maternal health care.

According to UNICEF, Ireland is one of the safest places in the world for mothers and their babies, ranked 1st in 2005 and 3rd in 2008 for lowest rate of maternal mortality. The World Health Organization identified Ireland as the nation where women face the lowest lifetime risk of maternal mortality.

Neither do Irish women seek recourse to abortion in the United Kingdom for the sake of their lives or health. An analysis of data for the last 20 years from the British Department of Health, which is required by Section F of the UK Abortion Act to record whether abortions were carried out to "save the life of the mother," demonstrates that not a single abortion was carried out on Irish women under that section. The same data show that no   Irish women received

abortions under Section G, documenting abortions performed to "prevent grave permanent injury to the physical or mental health of the pregnant woman."This data makes clear what Irish women have known all along – they do not have to leave Ireland to seek abortions if their life is in danger. In fact, from the available date, not one abortion has been carried out to save an Irish woman's life.

As Ireland faces pressure to legislate on abortion, recall the medical standards that have made it the world standard in maternal health. Ireland does not want or need legalized abortion. What we want is for our duty of care to preserve the life of both mother and baby in pregnancy to continue, and we can do that without legislating for abortion.

Dublin Declaration
ON MATERNAL HEALTHCARE

"As experienced practitioners and researchers in obstetrics and gynaecology, we affirm that direct abortion – the purposeful destruction of the unborn child – is not medically necessary tosave the life of a woman.

We uphold that there is a fundamental difference between abortion, and necessary medical treatments that are carried out to save the life of the mother, even if such treatment results in the loss of life of her unborn child.

We confirm that the prohibition of abortion does not affect, in any way, the availability of optimal care to pregnant women."

The Dublin Declaration on Maternal Health was written and signed by a select panel of the Committee on Excellence in Maternal Healthcare, in September 2012.
www.DublinDeclaration.com

The Importance Of Addressing Predictable Causes Of High-Risk Pregnancies

Dr. Monique V. Chireau, USA

Despite 130 years of research, the causes of pre-eclampsia (severe high blood pressure) in pregnancy remain unknown, and, while the condition is now manageable, a major study has found that there is still no clinically useful screening test to predict it arising.

Dr. Monique Chireau of Duke University, whose research has focused on the management of high-risk pregnancies, told the International Symposium on Maternal Health that further research was required in the field to enable better outcomes for patients.

Dr. Chireau (left)

Dr. Chireau commended Ireland's maternal health care practitioners for ensuring low rates of maternal deaths.

She commended Ireland's maternal health care practitioners for ensuring that Ireland has consistently been shown to have one of the lowest maternal mortality rates in the world, describing the low rates of maternal deaths as "quite remarkable."

Dr. Chireau pointed out that addressing predictable causes of high-risk pregnancy where intervention is possible was especially important, as it would help reduce maternal, foetal and neonatal mortality and morbidity.

The goal of prenatal care is "the birth of a healthy baby with minimal risk to the mother," she said, and advised that the cornerstones of care included identification of the potentially high-risk patient, ongoing evaluation of mother and baby and anticipation of potential problems before they occur, and intervention to address problems as needed.

Dr. Chireau also stressed the importance of communication with and education of patients. She has recently co-authored research on pre-eclampsia and stroke risks during and after pregnancy, and has proposed a multidisciplinary approach to correctly diagnose them and best prevent their deleterious outcomes.

She also dealt with the diagnosis and management of ectopic pregnancy, which is the cause of the highest mortality rate in the first trimester in the United States, although this declined markedly in recent times because of a combination of ultrasound improvements and better diagnosis criteria.

However, even with the use of these diagnostic tools, 40% of women with ectopic pregnancies are not diagnosed at the time of their first emergency department visit, Dr. Chireau revealed. Treatments differ based on case history and type and Dr. Chireau's research has provided better guidelines on appropriate treatments. A more frequently occurring type of ectopic pregnancy, for instance, is caesarean section scar pregnancy, and she has also published research in this area.

Dr. Chireau also said that she believed that it was not true to say that managing high-risk pregnancy involved a conflict between the needs of the mother and the child, but that, rather, it "comes down to understanding the particular circumstances of that pregnancy and dealing with it in a scientific and rational way." Doctors have a duty to provide care which considers the interests of both mother and child.

In recognizing a complementary duty to mother and child, Dr. Chireau espoused a methodological approach, informed by the dictate "first, do no harm," to lead practitioners towards excellence in maternal healthcare.

CONCLUSIONS

- Further research is required for a better understanding and more reliable diagnosis of pre-eclampsia in pregnancy.
- Managing high-risk pregnancy does not involve a conflict between the needs of the mother and the child, but rather it comes down to understanding the particular circumstances of that pregnancy and dealing with it in a scientific and rationalway.

Dr. Monique V. Chireau is Assistant Professorin the Division of Clinical and Epidemiological Research in the Department of Obstetrics and Gynaecology at Duke University Medical Center in Durham, North Carolina. She is also a staff gynaecologist at the Durham Veterans Administration Medical Center, and is a graduate of Harvard University and Brown Medical School.

Her research interests have focused on the management of high-risk pregnancies and include: the molecular biology of adverse pregnancy outcomes, epidemiology of adverse pregnancy outcomes, racial disparities in women's health, and health services research (outcomes and quality) in women's health.

Risky Medical Abortions in Health Care Resource Limited Areas

CONCLUSIONS: Medical abortion with mifepristone and misoprostol has been demonstrated in high resource areas to have a significant rate (20+%) of serious complications. In countries without medical infrastructure, these complications often result in maternal death. Complications increase when misoprostol alone is used for inducing abortion.

Donna Harrison, M.D. is a board certified obstetrician gynecologist and adjunct professor at Trinity International University. She has extensive experience lecturing on the adverse events associated with Mifepristone and Misoprostol and the association between abortion and maternal mortality.

LOVE THEM BOTH

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