

THE VULNERABLE AND THOSE EXPERIENCING DISADVANTAGE

Maternal mortality represents one of the greatest health disparities between rich and poor countries - as well as between the rich and poor within countries and between rural/remote and urban communities.

Developed countries have a maternal mortality rate of 14 deaths per 100,000 births, while Oceania has a maternal morbidity rate of 230 per 100,000 births. In Australia, Aboriginal and Torres Strait Islander women maternal mortality rate is 21.5 deaths per 100,000 women; more than two and half times the non-Indigenous rate of 7.9.

The infant mortality rate is the number of deaths of children under one year of age per 1,000 live births in a calendar year. Infant death is commonly viewed as an important indicator of the general health and wellbeing of a population.

In Australia the Infant Mortality rate in 2010 was 4.10 deaths per 1,000 births. However, in 2010, the infant mortality rate in very remote Australian areas was 2.6 times the rate in major cities. The Aboriginal and Torres Strait Islander infant mortality rate varies across Australia. In New South Wales, the rate was 7.7 deaths per 1,000 live births in 2006-2008.

In the Northern Territory, the Aboriginal and Torres Strait Islander infant mortality rate was over three times as high as the non-Indigenous infant mortality rate - 13.6 deaths per 1,000 live births.

In Pacific Island Countries infant mortality rates in 2005 ranged from 15.7 per 1,000 live births in Fiji to 55.2 per 1,000 live births in Papua New Guinea.

Across the board, enormous disparities exist between rich and poor women within countries. Impoverished and rural women are far less likely than their urban or wealthier counterparts to receive skilled care during childbirth. In rural areas, health clinics and hospitals often service vast areas, requiring lengthy travel, often with rudimentary transportation systems.

In the campaign for Safe Motherhood, care during childbirth from a midwife is the single most effective way to reduce maternal death.

A child's greatest risk of dying is during the first 28 days of life, accounting for 40% of all deaths among children under the age of five. Half of newborn deaths occur during the first 24 hours and 75% during the first week of life, with preterm birth, severe infections and asphyxia being the main causes.

Methods of effective prevention and/or cure for these conditions are well known and widely accessible for women in the developed world. However women in the developing world or in rural and remote locations may not have access to the same level of care.

Midwives in all countries know how to identify the problems, to initiate management and where necessary to refer to a medical or other colleague. But in impoverished and rural/remote communities the risks of these conditions occurring are higher and are made more dangerous by the widespread incidence of:

- Malnutrition;
- Lack of access to clean water and sanitation;
- Epidemic levels of disease such as malaria, tuberculosis and HIV;
- Inadequate or unaffordable transport facilities in remote areas so that women with complications cannot reach skilled help;
- Inadequate human resources, drugs and equipment being available at health centres and hospitals;
- Inequitable opportunities for women and girls, leading to poor levels of education including knowledge about their own bodies and basic hygiene practices;
- Inequitable social and cultural status for women and girls, leading to inability to achieve their human rights, including control over their own reproductive health.

Australia is failing to meet the Safe Motherhood goals of ensuring all women have access to a skilled attendant during pregnancy, birth and the postnatal period. The United Nations International Millennium Goals include a substantial reduction of child mortality and improvement in maternal health by the year 2015. Australia will need to improve its services in remote areas to reach these goals and national resources must be made available.

A new global consensus has been agreed on the key evidence-based interventions that will sharply reduce the 358,000 women who still die each year during pregnancy and childbirth and the 7.6 million children who die before the age of five. The findings are published in the *World Health Organisation: Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health* which documents an evidence-based path to help women before, during and after birth and their children.

The document is designed to facilitate decision-making about how to allocate limited resources for maximum impact on the health of women and children. The document gives policy makers a way to make informed choices on how to set priorities and where to put funds and resources, guided by a list of critical interventions.

There are 56 essential interventions. The interventions are classified according to three levels:

- care that can be provided at the community level by community health workers, outreach workers, and volunteers with limited training;
- primary care, also delivered in the community at a clinic by professionals – nurses, midwives, community health workers—with more training; and
- referral care provided by physicians and skilled nurses and midwives in a hospital able to do Caesarean sections and provide emergency care.

The interventions are also classified according to six target groups:

- adolescent and pre-pregnancy
- pregnancy (before birth)
- childbirth
- postnatal (mother)
- postnatal (newborn)
- infancy and childhood.

Safe Motherhood for All supports the implementation of the recommendations contained as the basic level of maternity care and is working actively to influence the level of maternity care provided within our country and the countries of the region.

Sources

WHO - http://www.who.int/pmnch/topics/part_publications/essentialinterventions14_12_2011low.pdf

Implementing Safe Motherhood in Countries - http://www.who.int/maternal_child_adolescent/documents/who_dhe_msm_9411/en/

United Nations Population Fund - <http://www.unfpa.org/public/mothers>

Safe Motherhood for All, now and into the future, because healthy women make healthy babies make healthy nations.