

# DevPulse

NEDA Development Advocacy Factsheet

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## **An MDG Challenge:** **Reducing maternal and infant mortality**

First, the good news: infant and child mortality rates have decreased dramatically over the past two decades. As a result, there is a high probability of meeting the goal of reducing infant and child mortality to 19 and 26.7, respectively, by 2015 according to the Philippines Midterm Progress Report on the Millennium Development Goals (MDGs).

From an under-5 child mortality rate of 80 per 1,000 live births in 1990, the numbers have decreased to 34 per 1,000 in 2008. Infant mortality rate has decreased as well, from 57 infant deaths per 1,000 live births in 1990 to 25 per 1,000 in 2008.

Unfortunately, the outlook for maternal health is not as bright, with maternal death rates decreasing at a very slow pace. From 209 maternal deaths per 100,000 live births in 1990, maternal mortality rates are down to 162 maternal deaths per 100,000 – too far from the goal of only 52 deaths per 100,000 live births.

In fact, several government and international agencies have identified this goal as the least likely to be achieved among the eight MDGs by 2015.

### **Causes of maternal deaths**

World Health Organization (WHO) data show that more than 70 percent of all maternal deaths can be attributed to five direct causes: hemorrhage (25%), infection (15%), unsafe abortion (13%), eclampsia (very high blood pressure leading to seizures – 12%), and obstructed labor (8%), while indirect causes include diseases that complicate pregnancy or are aggravated by pregnancy, such as malaria, anemia, and HIV.

At the root of these problems are poverty and lack of education. According to the Department of Health (DOH), maternal poverty and poor education are associated with delays in seeking, reaching, and receiving appropriate care. Over half of births occurred at home, and only one third were assisted by skilled birth attendants. These delays can result in adversely affected pregnancy.

High fertility rates and high unmet need for family planning also lead to poor pregnancy outcomes and infant deaths. Data from the National Statistics Office (NSO) have shown that having too many children and having them in close succession



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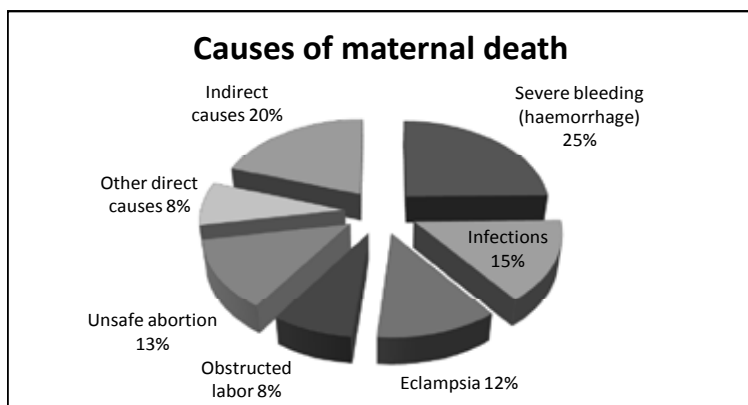
corresponds to higher infant, child, and maternal mortality rates. According to a Guttmacher Institute study, half of the 3.1 million pregnancies occurring in the Philippines each year are unintended.

In their paper, *Population, Poverty and the Reproductive Health Bill*, UP School of Economics professors noted that “contraceptive use remains extremely low among poor couples because they lack information about and access to them.” Consequently, the Guttmacher Institute explains, “many women give birth to more children than they can care for, while others, in desperation, turn to illegal abortion.” But because abortion is illegal in the Philippines, most procedures are performed without proper safety precautions, thus increasing the risk of hemorrhage and infection.

Poor nutrition is another factor that increases maternal and child mortality. Surveys have shown that many children and pregnant women do not consume enough calories, protein, iron and vitamin A.

If not addressed promptly, undernutrition leads to various health problems, including poor physical and mental development, and decreased resistance to infections, among many others. Babies born to undernourished, sickly mothers are prone to death, illness and disability, including cerebral palsy, mental retardation, and visual and hearing impairment.

By improving mothers' access to good nutrition and health care during pregnancy, childbirth, and the postnatal period, needless deaths of mothers and infants can be prevented. At the same time, improved access to family planning information and services can help reduce the numbers of unintended pregnancies, allow sufficient time between pregnancies, and reduce the incidence of sexually transmitted diseases, according to several international development agencies. Ultimately, this can help improve mothers' chances of having safer pregnancies and healthy babies.



## An integrated strategy for maternal, neonatal and child health

In 2008, the DOH launched an integrated Maternal, Neonatal and Child Health and Nutrition (MNCHN) Strategy. Through this, it outlined specific policies and actions for local health systems to address health risks that lead to maternal and neonatal deaths. The MNCHN Strategy works to ensure that all pregnancies are wanted, planned, supported, and well-managed; deliveries are facility-based and managed by skilled birth attendants; and all mothers and newborns receive good postpartum and postnatal care. The following programs shall be pursued to attain those objectives: improved health service delivery, proper regulation of health facilities, capacity-building of health care staff, improved health financing, and establishment of governance mechanisms to ensure political commitment and accountability.

## Working with international partners

To rapidly reduce maternal and infant deaths in the country, the DOH recently joined forces with the United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), WHO, and the Australian Agency for International Development (AusAID). The Philippine Information Agency (PIA) said the UN agencies are expected to assist the government by pooling procurement, sharing costs in service delivery, common equipment, training of health workers, and monitoring and evaluation.

The project will begin with a Transition Period from 2009 to 2011, to be followed by a Full Operationalization Period from 2011 to 2016. Covered areas include the provinces of Eastern Samar, Ifugao, Lanao del Sur, Maguindanao, North Cotabato, and Sarangani, as well as urban poor areas in Tacloban, General Santos, Taguig, Navotas, Parañaque and Makati.

## A protocol for newborn care

The DOH has also recently launched the Essential Newborn Care (ENC) Protocol, which aims to reduce neonatal deaths, or deaths of infants within the first 28 days of life. The protocol will guide health workers and medical practitioners in providing evidence-based essential newborn care.

DOH data has shown that 50 percent of neonatal deaths occur during the first two days of life. The top three causes include birth asphyxia (31%), complications of prematurity (30%) and severe infection (19%).

The protocol classifies procedures as time-bound, nontime bound, or unnecessary. Time-bound interventions, which should be routinely performed first, include immediate drying, skin-to-skin contact followed by cord clamping, nonseparation of newborn from mother, and breastfeeding initiation. Nontime bound interventions include immunizations, eye care, vitamin K administration, weighing and washing. Unnecessary procedures include routine suctioning, routine separation of newborns for observation, administration of glucose water or formula, and footprinting. *By Jyasmin Calub*

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