

MDG Progress Report 2013: Goal 5 To improve maternal health



Progress to date

Target

Reduce the maternal mortality rate (MMR) by three quarters between 1990 and 2015.

Summary

There have been some improvements in healthcare offered to mothers or mothers-to-be meaning maternal mortality has nearly halved since 1990.

However the MDG target for 2015 is far from being met.

Reductions in maternal deaths are nowhere near the 2015 target. Although there have been important improvements in maternal health and a fall in maternal deaths, progress is still slow.

An estimated 287,000 maternal deaths occurred around the world in 2010, a decline of 47 per cent from 1990. The **maternal mortality rate** (MMR) is the number of maternal deaths per 100,000 live births. The MMR has also decreased, from 440 in 1990 to 240 in 2010. But the MMR in developing countries was still 15 times higher than in developed countries. Most maternal deaths occur in sub-Saharan Africa (with 56 per cent of these deaths) and Southern Asia (29 per cent).

A doctor, nurse or midwife can intervene to prevent life-threatening complications such as heavy bleeding, or refer the patient to a higher level of care when needed. In developing regions overall, the proportion of deliveries attended by doctors, nurses or midwives rose from 55 per cent in 1990 to 65 per cent in 2010.

Reductions in childbearing amongst teenagers and an expansion of contraceptive use have continued, but at a slower pace since 2000 than in the previous decade.

Increased access to safe, affordable and effective methods of contraception has provided individuals with greater choice and opportunities for responsible decision making. Contraceptive use has also contributed to improvements in maternal and infant health by preventing unintended or closely spaced pregnancies. Use increased rapidly from 1990 to 2000 in many regions, but since then the pace of progress has tended to slow.

Source: Millennium Development Goals Report 2012 (<http://www.un.org/en/development/desa/publications/mdg-report-2012.html>)

CASE STUDY 1

Asibi, pregnant with her first baby in Kunkua Village, Ghana

This picture shows Asibi, who does not know her age and is pregnant with her first baby in Kunkua Village in the Bongo District of the Upper East Region, Ghana.

She hopes she will be able to go to hospital to deliver her baby, but is scared and unsure what will happen if she has no transport when the time comes.

The Upper East Region has only 9 doctors in the entire region, meaning one Doctor to every one million patients.

Aid to Ghana is working. It is being used to pay health worker salaries, to build clinics and provide equipment.

But more is needed to meet increasing demand and expand health services in rural parts of the country where health services are too far away or inadequate.

Source: Oxfam



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Nurse Linda Mbe. Show pupils this image before looking at case study 2.

CASE STUDY 2

Nurse Linda Mbe, age 24 on a Ghana Health Service Motorbike, Ghana

This picture shows Nurse Linda Mbe, age 24, on a Ghana Health Service Motorbike in Bongo District, Upper East Region. The motorbike is used to transport pregnant women from Kunkua village to the local hospital when complications arise during labour. The Upper East Region has only 9 Doctors in the entire region, meaning one doctor to every one million patients.

In 2008, Ghana's government made health-care free for all pregnant women. It was able to do this partly thanks to foreign aid money. Since fees were abolished, close to half a million more women have received professional care during pregnancy – half a million women who would otherwise have struggled to pay, or would have missed out on expert care completely.

In Ghana, the number of women who die during childbirth has dropped from 560 to 451 for every 100,000 births in recent years. This is brilliant progress. But that number still needs to get a lot lower. In the UK it's eight deaths for every 100,000 births and in Germany it's four.

Source: Oxfam



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ACTIVITY

Aim	To consider the risks involved in giving birth in low income countries and the inequalities in access to healthcare for mothers that exist at the global scale.
You will need	The progress update, case study 1 and case study 2. Words that are in bold are defined in the glossary.
Title	Who matters more than mothers?
Age	11-14.
Task/s	<ul style="list-style-type: none"> • Ask pupils to read the update information on MDG5. What questions do they have about what they have read? • If they were to give MDG5 a <i>traffic light</i> colour, what would it be? <ul style="list-style-type: none"> ○ Red (way off) ○ Amber (mixed progress) ○ Green (good progress) • Look at case study 1. How does the information here relate to MDG5? How many people there are per doctor somewhere like London? (answer: 365 – source: https://www.cia.gov/library/publications/the-world-factbook) • Ask pupils to imagine how they think Asibi feels? What would they think if they were here, and were worried about how they were going to get to hospital? • Now show them the image for case study 2. How do they think this relates to the problem? Can they imagine what the woman on the motorbike is doing? • Get pupils to read the text for case study 2. How would this help someone like Asibi? • Ask pupils what happened in 2008 in Ghana that was important? What difference do they think that made for pregnant women? • Point out the difference in maternal health between Ghana, even with improvements, compared to the UK or Germany (see the figures in case study 2). Why do they think it is still so different? What else do they think needs to be done?

FURTHER WORK

Age	11-14.
Task/s	<p>Encourage students to think about the risks involved in giving birth and global inequalities in access to healthcare for mothers.</p> <p>Points for discussion:</p> <ul style="list-style-type: none">• What are the risks involved in giving birth?• Do they think the pregnant woman in the case study 1 is likely to encounter more risks in giving birth than a similar-aged women in the UK? If so, why?• Do they think it is fair that these differences exist, just based on where you are born?• Get students to imagine that they are a doctor at a hospital in Ghana seeking support for a campaign for better access to healthcare for pregnant women. Write a letter to President Mahama, the current Head of State in Ghana, asking for support the campaign. They must think about the layout and style of writing very carefully. Outline the government's involvement in the past and what impact it has had to date, what the current problems are, what they think still needs to be done and how this can be achieved. They should aim to include statistical evidence, as well as the opinions of individuals where they can.

Glossary of terms

Maternal mortality rate: The annual number of female deaths per 100,000 live births from any cause related to or aggravated by pregnancy