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Maternal Health: Stepping Up Efforts to Save Mothers' Lives



Every day, almost 800 women die due to pregnancy or childbirth complications. Ninety per cent of maternal deaths take place in Africa and Asia; the risk of a woman dying from maternal causes in sub-Saharan Africa is 1 in 39, accounting for 56% of the global maternal deaths¹. The loss of mothers shatters families and threatens the well-being of more than one million surviving children every year.

Women are the primary caregivers for children and families. When women die, the overall health and productivity of a nation suffers. Evidence shows that infants whose mothers die are more likely to die before reaching their second birthday than those whose mothers survive. Children without mothers are less likely to receive proper nutrition, health care and education, leading to a continued cycle of poverty and poor health. Issues of maternal health are also directly linked to women's social and economic status, including their opportunities for education, employment and social participation.

No woman should die giving life. Working for the survival of mothers has therefore become a development priority. The International Conference on Population and Development's Programme of Action and the Millennium Development Goals (MDGs) call for 75% reduction in global maternal mortality by 2015.

Maternal health in Sudan²

Almost one quarter of the population has no access at all to even basic health care. The government investment in health care is low and the cost of most health is born by families. This situation has serious implications for maternal health.

The country has more than 10.6 million women of reproductive age (15-49 years). There are 1.2 million births every year, and on average a Sudanese woman gives birth to 5 to 6 children in her lifetime (Sudan Population Census, 2008). One in every 32 Sudanese women is at risk of maternal death. Maternal deaths are common in Sudan and disproportionately occur among the poorest, the rural, and the nomad populations. Over 60% of maternal deaths in the country are caused by easily preventable and treatable birth complications.

¹ Trends in maternal mortality: 1990 to 2010 (WHO, UNICEF, UNFPA and The World Bank, 2012)

² All figures in this Fact Sheet, unless otherwise indicated, are based on the Sudan Household Health Survey 2010 and the Sudan Population and Housing Census 2008. Maternal mortality indicators have been highly variable across recent surveys and it remains unclear whether latest indicators reflect the situation.



Young Sudanese women are more likely to die in childbirth due to their limited access to reproductive health services. Sudan also has a high rate of Female Genital Mutilation/Cutting; the practice of its most severe form, infibulation, is one factor in the prevalence of obstetric fistula since it contributes to obstructed labour.

UNFPA support to improve maternal health

Despite many challenges, Sudan is making significant efforts to improve maternal and new born health services. UNFPA supports the delivery of quality maternal health services by strengthening Sudan's health system in three main areas: midwifery services, emergency obstetric care and family planning. UNFPA also supports the Government of Sudan to build political and social commitment to maternal health. Maternal health issues have been specifically addressed in national health policies, including the 5-years National Strategy for Reproductive Health and the Road Map for Maternal and Neonatal Mortality Reduction. UNFPA also supports information systems to track maternal deaths, for example through population census, household health surveys and the Maternal Death Review at the state level. UNFPA has also supported the national and state-level costing of the Maternal Health Road Map. This exercise shows clearly exactly what investments are required in the areas of infrastructure, human resources, training and equipment in order to meet the goals of maternal and neonatal survival and also provides for better child survival.

Midwives deliver health, save lives

The world needs midwives now more than ever. More than 340,000 women and over 3 million infants around the world die every year as a result of pregnancy and childbirth complications that could have been easily prevented by midwives or others with midwifery skills³. In all countries that have significantly reduced maternal and new born mortality, midwives have been key to success. Midwives can help prevent 90% of all maternal deaths. Investing in them is one of the soundest investments a county can make.

In Sudan, the number of deaths from maternal causes is the highest in rural areas where births are most likely to be attended by village midwives, relatives or traditional birth attendants. Almost 60% of rural areas in Sudan do not have access to even basic midwifery services. Village midwives are the main care providers and usually a trusted member in their communities, so they play a critical role in promoting good health in societies. However, most of them are not trained and poorly paid (in cash or kind). Retaining trained midwives in rural areas also remains a big challenge for the country.

Midwifery schools in Sudan face a severe shortage of teaching staff and graduates are not guaranteed employment. Schools are also poorly equipped and the curriculum does not meet the international midwifery education standards. The number of midwives in the government's health service is small and varies greatly between states. Overall, midwives in Sudan have limited career prospects and often work in poor conditions. The high turnover and low incentives contribute to the shortage of skilled midwives at all levels of service.

³ UNFPA uses the term 'Midwives and Others with Midwifery Skills' in reference to health personnel with midwifery skills, including midwives, doctors, nurses and health visitors.



UNFPA efforts to improve midwifery services

UNFPA recognizes the unique skills, roles and responsibilities of midwives in averting maternal and neonatal deaths and disability. For decades, the agency has been investing in midwifery programme. In 2011, UNFPA and partners conducted the first ever survey on the midwifery situation in 58 countries, including Sudan.

UNFPA Sudan works with the Ministry of Health and the Midwifery Association to strengthen midwifery services in the country. It provides support to develop policies and programmes that improve the availability and quality of care provided by midwives. A National Strategy for Scaling-up Midwifery has been developed and integrated into the Road Map for Maternal and Neonatal Mortality Reduction. Supports were also provided to strengthen the Nursing and Midwifery constituency within the Allied Health Professional Council, who is responsible for the registration and authorization of professional midwives to perform life-saving functions, including basic emergency obstetric care.

UNFPA has provided technical support to the Ministry of Health for the review of the National Reproductive Health Policy 2009-2010 to integrate some new measures, including the provision of contraceptives by Village Midwives. The agency also supports advocacies with the Ministry of Health for advancing the recruitment of midwives in some states. In 2011, UNFPA provided support to conduct a research on the situation of Village Midwives and gaps in midwifery services in the country.

In efforts to expand the midwifery workforce, UNFPA supports the Academy for Health Sciences – a government institution responsible for midwifery training in the country – which include village midwives and health visitors training programmes, bachelor degree and diploma of midwifery programmes, and midwifery technician training in states with high maternal mortality rates. From 2010 to 2012, more than 700 Village Midwives and Midwifery Technicians have been enrolled and graduated from the training programmes; and 6 schools have been renovated and equipped in Khartoum State and five target states namely Kassala, Gadaref, White Nile, Blue Nile and South Kordofan. Support to strengthen the midwifery education also includes the review of midwifery curricula for all levels of midwifery cadres, recruitment of tutors, provision of laboratory equipment for the schools, extension of the length of study, and improved admission requirements.



In addition to this, UNFPA supports in-service trainings for Village Midwives and Midwifery Technicians to improve the quality and coverage of services (including Antenatal and Postnatal Care, Family Planning, and Basic and Comprehensive Emergency Obstetric Care) in underserved rural areas. Over 1,500 midwives have been reached through those trainings.

UNFPA also provides midwifery supplies and other facilities for hospitals and primary health care centres. Other support includes transportation for referral services of emergency cases and delivery in rural areas, and microcredit for midwives in the ex-combatants' reintegration sites.

At the community level, a series of trainings and outreach activities for midwives have been conducted to support community mobilization and awareness-raising campaigns on issues of reproductive health, gender, youth-friendly services, HIV/AIDS and Health Information System. The activities also targeted government staffs, medical doctors and assistants, health visitors, social workers and community leaders.

Under its Humanitarian Programme, UNFPA assists conflict-affected communities in Darfur and other states by providing clean delivery and other reproductive health supplies for midwives in displacement camps, rural areas and nomadic communities. The agency also provides equipment for EmONC services and supports the renovation of hospitals and health facilities, just to name a few. Additionally, UNFPA supports the Ministry of Health to conduct a range of trainings and awareness-raising activities for midwives and other health care providers on emergency reproductive health and gender-based violence services, including training on the Minimum Initial Service Package (MISP), Family Planning, Fistula, HIV/AIDS and the Clinical Management of Rape. More than 300 midwives have participated in those trainings.



Emergency obstetric and neonatal care protects mothers and new-borns

Five of the major causes of maternal death – haemorrhage, sepsis, unsafe abortion, hypertensive disorders and obstructed labour – can be treated in health facilities that provide Emergency Obstetric and Neonatal Care (EmONC). Nearly all women and their babies who die from pregnancy and childbirth complications could have been saved if they had access to affordable, good-quality EmONC.

There are two levels of emergency obstetric and neonatal care:

1. Basic EmONC can be provided at a health centre level includes administration of antibiotics, oxytocin and anticonvulsants, manual removal of the placenta, vaginal delivery, and newborn resuscitation. None of these life-saving treatments require surgery.
2. Comprehensive EmONC includes basic EmONC as well as surgery (e.g. Caesarean section), and safe blood transfusion. Since Comprehensive EmONC includes surgical procedures and requires anesthesia, it is only provided in hospitals.

In Sudan, more than 1 in 3 women who deliver suffer from prolonged labour, and 1 in 4 women experiences excessive bleeding. Two thirds of maternal death cases reviewed indicate a delay in women's decision to seek care and a delay in identifying and reaching medical facility. One third of deaths well relate to not receiving adequate care once hospitalized.

Only 66% of health facilities in Sudan can provide basic EmONC and only 46% can provide comprehensive EmONC (Federal Ministry of Health, 2010). Health facilities suffer from critical shortages of some essential drugs and only about half of health care providers at hospital level have received any training on EmONC. There are major gaps in the capacity of health care providers and the availability of facilities necessary for timely referral of emergency cases to hospitals. In many hospitals, necessary safe blood supplies are not available for those needing transfusion.

One of the most serious pregnancy injuries is Obstetric Fistula. Fistula is a hole between the vagina and the bladder or rectum caused by untreated obstructed labour resulting in leaking urine or faeces leaving women socially isolated. Adolescent pregnancies and the practice of the most severe form of Female Genital Mutilation contribute to Fistula and maternal injury in Sudan.

Antenatal care can also help prevent birth complications as it helps identify and treat symptoms at the early stage. Women who get adequate antenatal care (i.e. the four standard visits) are most likely to have safe and uncomplicated deliveries. In Sudan, 75% of pregnant women receive at least one antenatal care visit and 47%

of those receive four visits. The services are provided in only 45% of health facilities across the country (Annual Report of the National Reproductive Health programme, 2008). Postnatal care is also important and yet very weak in Sudan.

UNFPA support in providing emergency obstetric and neonatal care

UNFPA Sudan works at many levels to expand access to obstetric care. The agency supports the Government to establish and improve the quality of EmONC services provided by health care centres and hospitals in rural and urban areas; to upgrade health facilities to provide comprehensive EmONC services; and to provide training for medical personnel, including doctors and village midwives.

In efforts to improve referral services in rural areas, UNFPA has provided ambulances and telecommunication services for health facilities. The agency also supports education and media campaigns to raise communities' awareness on EmONC as well as issues of the three delays in accessing health services and antenatal care for women.

UNFPA leads the Campaign to End Fistula by providing support to fistula management and rehabilitation centres to provide services on fistula repair, counselling, and referral of cases. This support has resulted in the screening and treatment of hundreds of Sudanese women. UNFPA also works with communities to prevent fistula and to reduce the stigma by helping women who are affected to be reintegrated into the community.

In the area of health reform, UNFPA supports the development of national guidelines and protocols on the management of emergency obstetric and neonatal care (including post-abortion care) and Fistula. EmONC, as well as free caesarean sections, has been integrated into national health policies. Advocacy and policy dialogue on this issue also address adolescent sexual and reproductive health.

UNFPA also supports the right of every woman to the best possible health care in humanitarian settings. The agency provides training, medicines and equipment for basic antenatal care, EmONC, and fistula repair and management for the displaced in Darfur and other conflict- and disaster-affected populations throughout Sudan.

Family planning: giving choices to shape the future

At least 200 million women worldwide need safe and effective family planning, but lack access to information and services, as well as support from the community. Family planning or child spacing reduces women's chance of dying from maternal complications. It is also critical for improving families' living standard as it allows women and their husbands to choose when to have children, so that each child gets sufficient care and support for their development. For many countries, every dollar a government spends on family planning ultimately saves costs on health care, housing, education, water, and sanitation.

Sudan has one of the lowest rates of family planning coverage in sub-Saharan Africa. In 2010, only 9% of Sudanese used contraceptives – a decline from 11% in 1990. The gap between the need for family planning and the available resources is growing. Currently, 29% of women who would like to space their children cannot find family planning services compared to 7% in 2006, with the gap being most evident in rural areas. The attitudes of health professionals, cost, limited option of methods offered, and unavailability of contraceptive supplies also contribute to the high unmet needs in Sudan. The decision of whether or not to use family planning as well as the choice of certain methods may also not reflect women's personal preferences as much as that of men's and the community's.

Sudan also has acute shortfall of health visitors, the main provider of family planning, due to high turnover and low graduation rate of its cadres. Although midwives, in addition to doctors, are authorized to provide some family planning services, the midwifery coverage in the country is still low.

Poverty, illiteracy and low socio-economic status of Sudanese women considerably limit their ability to plan their pregnancies, and to access reliable family planning information and services. Young and poor Sudanese



women have the least access. This is a major concern for the country given the high incidence of child marriage. Approximately 10% of female adolescents ages 12-14 years and 38% ages 15-19 years are married. Of these married girls, 1% aged 12-14 years and 16% ages 15-19 years have begun childbearing, and yet 95% of them have no access to family planning.

The majority of Sudanese who use family planning (70%) use oral contraception (birth control pill), followed by contraceptive injection (10%) and Intra-Uterine Device IUD⁴ (5.5%). Only 1% use male condoms. Other methods include female sterilization, lactation amenorrhea⁵, and traditional techniques such as periodic abstinence and withdrawal.

Sudan also has faced challenges in providing condoms to support the family planning programme, including stock-outs of condom supplies. The health system needs assistance to improve its capacity to provide accurate data on the demand, supply and consumption of family planning commodities.

UNFPA support to family planning

In Sudan, UNFPA is working with partners at national and state levels – including the Ministry of Health, Sudan Family Planning Association, and NGOs to improve access to quality family planning services. UNFPA provides family planning supplies for health facilities, and for community-based distribution programs. The agency also supports training of health care providers, including midwives and health visitors, as well as education and outreach campaigns targeting religious leaders, policy makers, social workers, men and other members of the community about the importance of birth spacing.

Family planning is included in health policies such as the National Strategy for Reproductive Health, National Health Policy, and Maternal and Neonatal Mortality Reduction Roadmap. UNFPA is also assisting the Ministry of Health through the Reproductive Health Commodity Security (RHCS) programs to ensure reliable supply of contraceptives by strengthening the delivery system, logistics information and supply management and rehabilitation of warehouses in five states – Kassala, Gedarif, White Nile, Blue Nile and South Kordofan. UNFPA also supports the government to ensure RHCS become an integral part of Sudan's national policies and development frameworks, resulting in the development of the National Addendum of RHCS Operational Plan and the establishment of the RHCS Committee.

In humanitarian settings, where pregnancy and childbirth can be particularly risky due to severe lack of health care services and where family planning services may be lost, UNFPA supports providing family planning supplies as an integral part of emergency reproductive health services.

4 IUD is a contraceptive device placed in the uterus

5 Infertility that occurs when a menstrual period is absent and the woman is fully breastfeeding