

Barnmorskan - nyckeln till hållbar utveckling i ett globalt hälsoperspektiv?

SFOG-veckan

Plenarföreläsning Reproductiv hälsa ur ett internationellt perspektiv

21-08-31

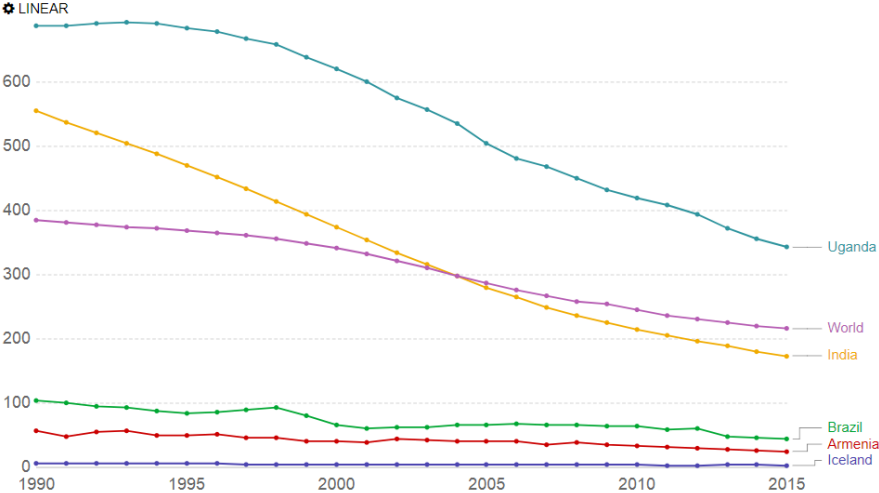
Anneka Knutsson



Global maternal mortality at a glance

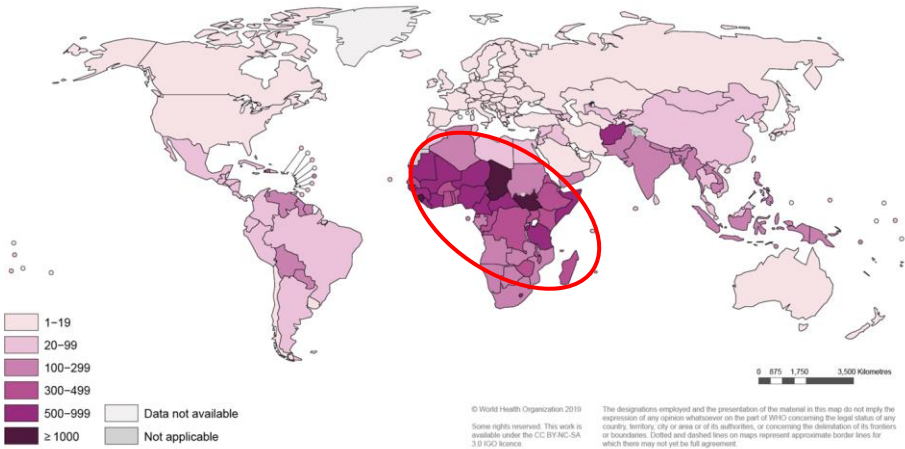
Maternal Mortality

Maternal mortality ratio is the number of women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000 live births.



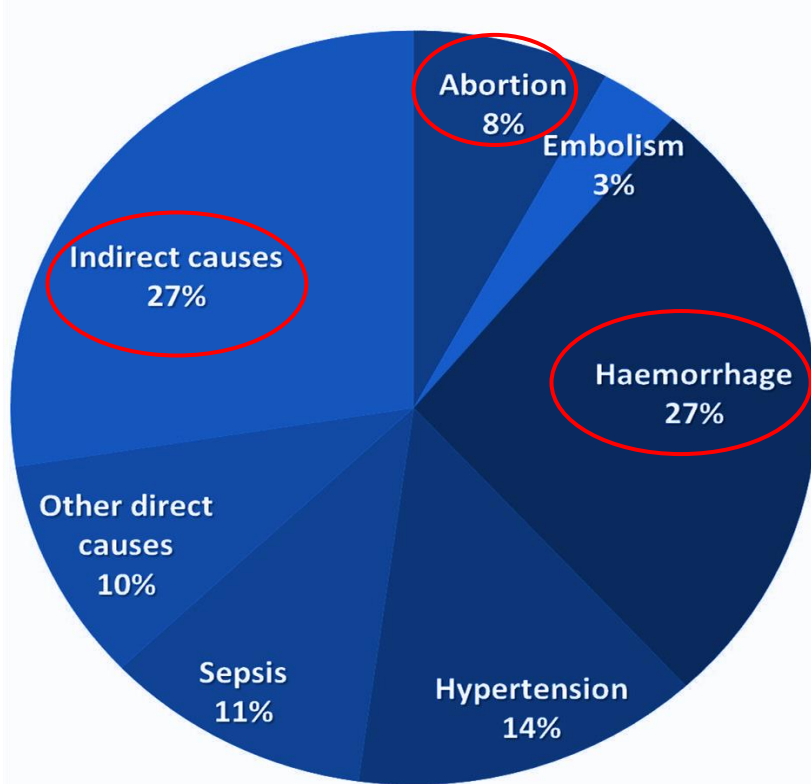
Source: Gapminder (2010) and World Bank (2015)

Figure 4.1. Maternal mortality ratio (MMR, maternal deaths per 100 000 live births), 2017



Sources: 1. Our World In Dat 2. Trends in MMR 2000-2017 (UN MMEIG)

Preventable causes



- ☐ Poverty
- ☐ Inequity
- ☐ Gender inequality
- ☐ Weak health systems

Result in:

- ☐ Three delays
 - ☐ Delay in seeking care
 - ☐ Delay in reaching care
 - ☐ Delay and poor quality in service provision at the facility

... or in other words

Failure to address the complexity of root causes and necessary solutions

Lack of sustainable investments

Weak governance and systems

RESULTING IN:

**Lack of Equity in Access,
Quality of Care,
and Accountability**



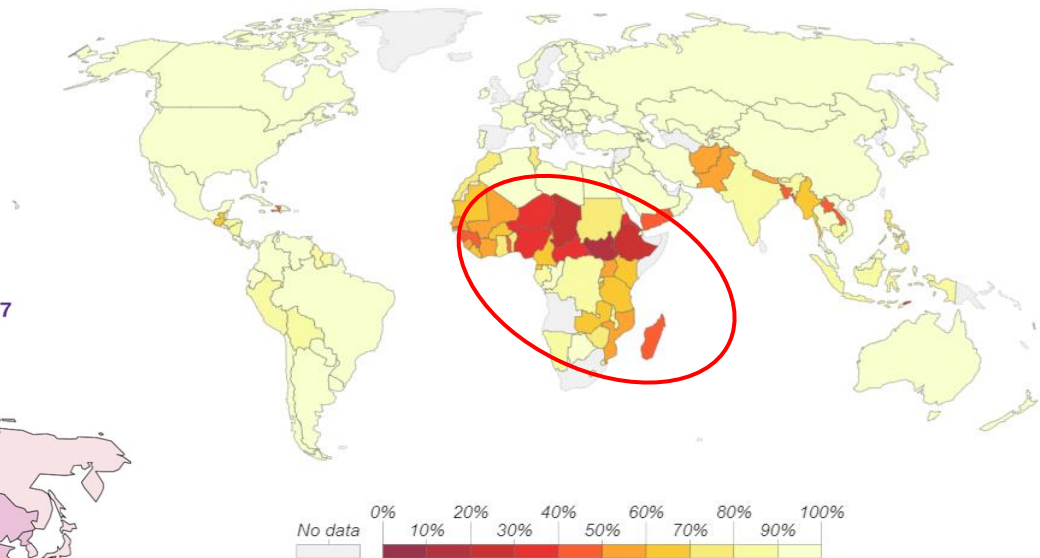
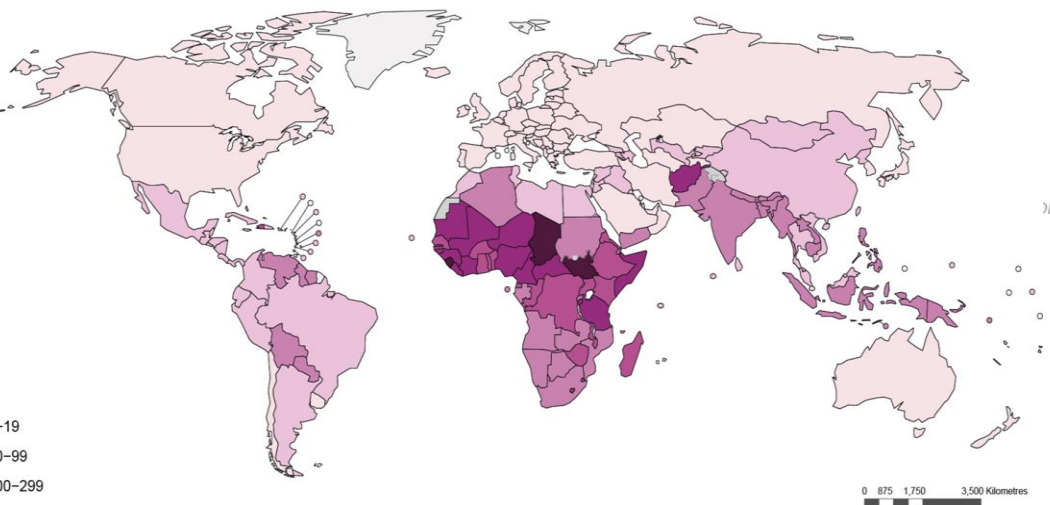
MMR compared to skilled birth assistance

Births attended by skilled health staff (% of total), 2015

Percentage of births attended by personnel trained to give the necessary supervision, care, and advice to women during pregnancy, labor, and the postpartum period; to conduct deliveries on their own; and to care for newborns.

o
i

Figure 4.1. Maternal mortality ratio (MMR, maternal deaths per 100 000 live births), 2017

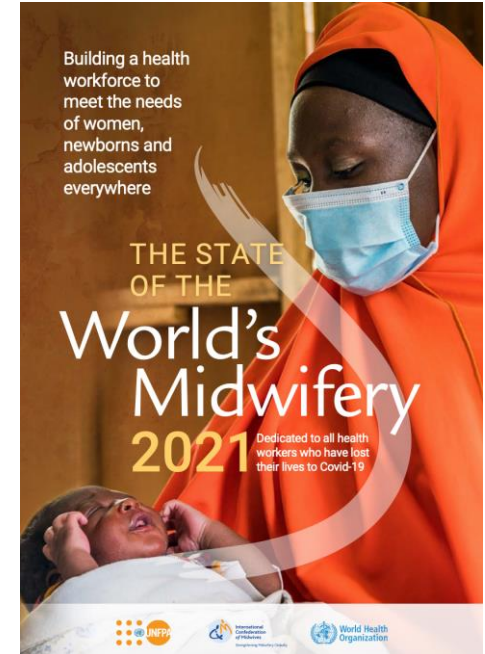


State of the World's Midwifery, 2021

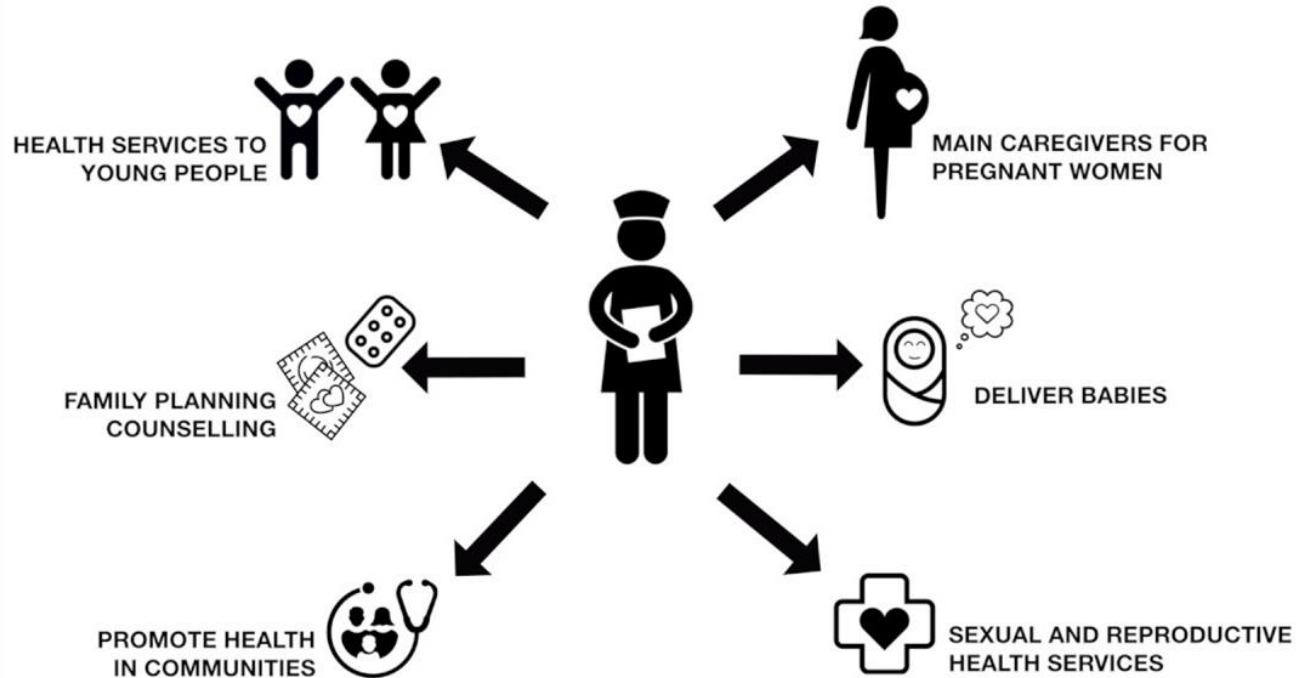
Midwives can provide about **90%** of the SRMNAH care needed, but they account for **less than 10%** of the global SRMNAH workforce

The world needs **900,000** more midwives (500 000 in Africa alone)

By 2030, the midwife shortage will still be major (**750,000**),



The central role of midwives in provision of SRHR care and services



Impact of midwives on direct causes of MM

- *Potential impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths: a Lives Saved Tool modelling study, 2019, Lancet Global Health* <https://www.thelancet.com/action/showPdf?pii=S2214-109X%2820%2930397-1>
- Identified 31 'midwife-delivered' essential interventions
- Used LiST to estimate maternal deaths, newborn deaths, stillbirths if coverage of these interventions stayed the same to 2035 in 88 high-mortality countries
- Repeated for 4 scenarios:
 - Modest scale-up (10% every 5 years)
 - Substantial scale-up (25% every 5 years)
 - Universal coverage (95% by 2035)
 - Attrition (2% decrease every 5 years)

Results -lives saved

Midwives who are **EDUCATED AND REGULATED TO GLOBAL STANDARDS** play a vital role in reducing mortality

Achieving **UNIVERSAL COVERAGE** of midwife-delivered interventions by 2035

COULD AVERT



67%
of maternal deaths



64%
of newborn deaths



65%
of stillbirths

SAVING 4.3 MILLION LIVES
PER YEAR BY 2035

A less ambitious **25% INCREASE** IN COVERAGE of midwife-delivered interventions every 5 years

COULD AVERT



41%
of maternal deaths



39%
of newborn deaths



26%
of stillbirths

SAVING 2.2 MILLION LIVES
PER YEAR BY 2035

Even a modest **10% INCREASE IN COVERAGE** every 5 years

COULD AVERT



22%
of maternal deaths



23%
of newborn deaths



14%
of stillbirths

SAVING 1.3 MILLION LIVES
PER YEAR BY 2035

Results: High-impact interventions

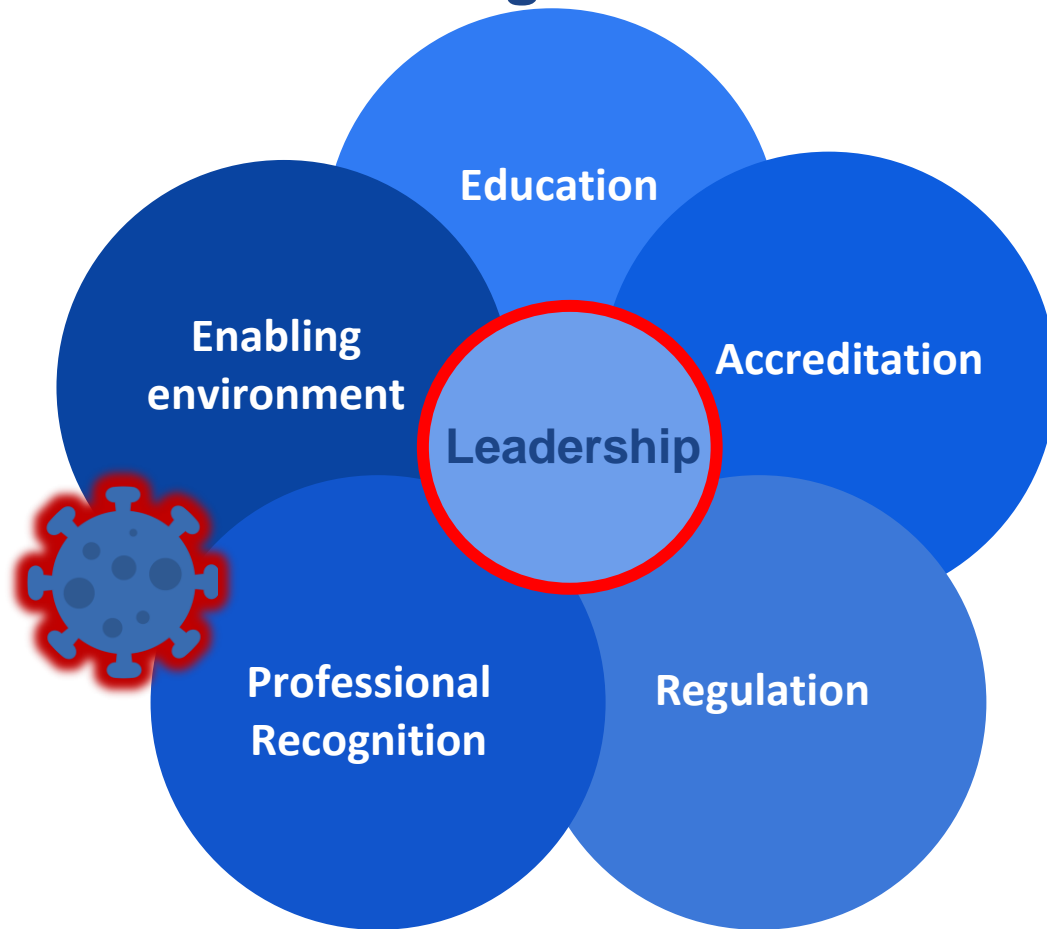
- Modern methods of contraception (c. half of deaths averted)
 - More in the least developed countries
- Hypertensive disorder case management (stillbirths)
- Antenatal corticosteroids, assisted vaginal birth, management of preterm babies, management of neonatal sepsis and pneumonia (newborn deaths)
- Hypertension screening and management, parenteral uterotonics and assisted vaginal birth (maternal deaths)

Impact of midwives on indirect causes of MM

- Women's empowerment - Listening to “What women want”
- Quality of care - provision and experience - impacts women's care seeking behaviour
- Keeping pregnancy and childbirth normal - preparedness for complications
- Preventing “Too much too soon - to little to late”



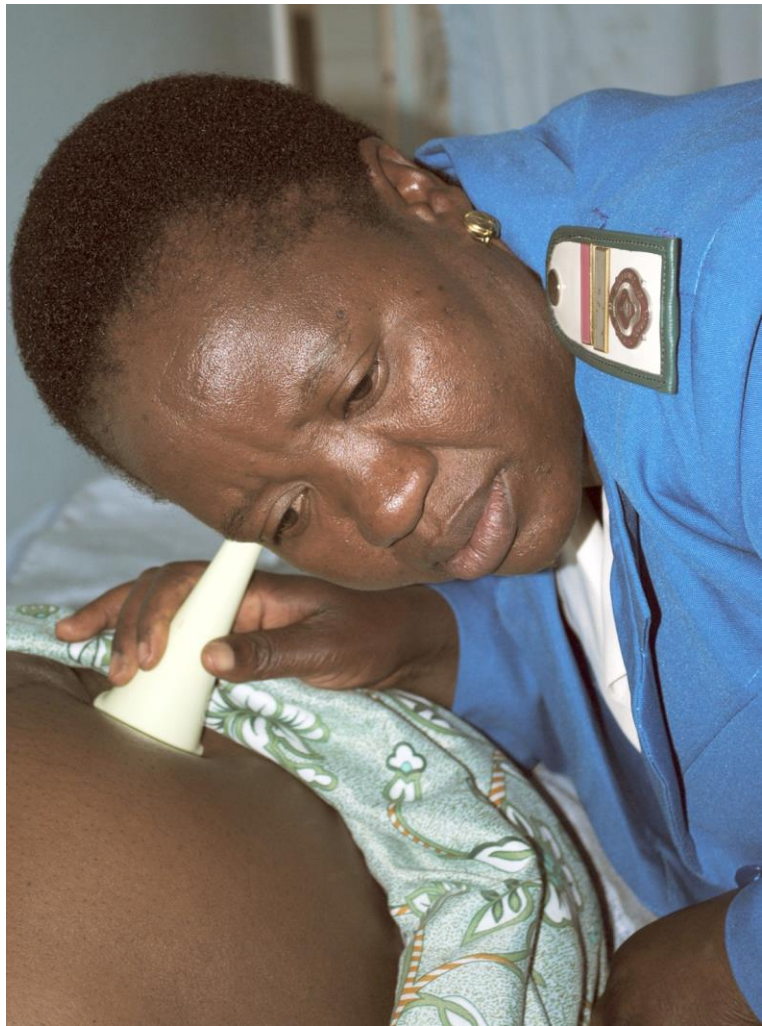
Realising universal coverage of midwives



Investments needed!

- **Financial** – ODA, domestic, private sector
- **Partnerships**
 - South – south learning
 - Twinning
 - Universities
 - Health system authorities
 - Professional associations
- What role does and could Sweden play?





“Universal coverage of midwife-delivered interventions could avert two thirds of maternal and neonatal deaths and stillbirths, allowing 4.3 million lives to be saved annually by 2035. There is no better incentive to make midwives more central to all health systems and to ensure that they are educated, protected and treated as the valued professionals they are.”

Amina Mohammed Deputy Secretary-General of the United Nations

Tack!

