

Importance of Antenatal Care in reduction of Maternal Morbidity and Mortality

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Pakistan with a population of over 140 million¹ is a federation of four major provinces, Punjab, Balochistan, the North-West Frontier Province (NWFP) and Sindh. It is a country that fails on almost every social and health indicator. It has an infant mortality rate (IMR) of 85 per 1000 live births², an unacceptably high maternal mortality ratio of 340 per 100,000 live births², a contraceptive prevalence rate of 24%³, with total fertility rate of 5.6⁴, a female literacy rate of 26%⁵ and a less than 1% of GDP expenditure on health². The ratio of 93 women per 100 Pakistani men compares unfavourably with a global ratio of 106 females per 100 males and is lower than the South Asian average of 94 to 100⁶. The compromised status of Pakistani females is further exemplified by the gender related development index (GDI), which takes into account inequality in achievement between men and women and gender empowerment measure (GEM), which indicate whether women are able to actively participate in economic and political life. Pakistan ranks 120 out of a total of 146 countries on GDI and on a GEM ranking of 94 countries Pakistan ranks ninety-second⁷. The reproductive risk index which scores countries separately on the percentage of women receiving prenatal care and the percentage of births attended by skilled personnel is 52.7 and the risk index ranking is 37 while that of neighbouring country Sri Lanka is 94 and 28.4 respectively⁸. These indices indicate the disadvantaged status of Pakistani women, particularly with reference to health.

In Pakistan, like other developing countries, the major causes of maternal mortality remain hemorrhage (21%), eclampsia (18.6%), sepsis (13.3%), abortion (11%), obstructed labour (8.7%) and others (27.4%)⁹.

Good antenatal care, its provision and accessibility can mostly prevent all the above causes that require emergency obstetrical care. In 1994, the International Conference on Population and development (ICPD) held in Cairo, emphasized the importance and need for maternal health care services that will enable women to go safely through pregnancy and childbirth to produce a healthy baby. One of the cornerstone of provision of good maternal health service is antenatal care that not only identifies risks and detects complications like hypertension and malpresentations, but also provides information on: i) recognition of danger signs and symptoms, ii) where to go in case of emergency and iii) transportation to referral site¹⁰. Antenatal visits can play a critical role in establishing confidence between the woman, the family and the health care provider.

In developing countries only 65% women receive antenatal care compared to 97% in developed countries. In urban Sindh 63% women avail antenatal care as opposed to only 15% in the rural areas¹¹. According to the Maternal and Infant Mortality Survey (MIMS)- Sindh of 3998 women, the three main reasons cited for not availing antenatal care were women's perception of no complaints (44%), services not available (21.4%) and costs too much (14%). The article published in this issue indicates that social status and economic conditions were important determinants of utilization of antenatal services. A study from Rajasthan, India also observed that socio-economic status and literacy levels influenced utilization of antenatal service¹².

The importance of quality antenatal care cannot be questioned. But without availability of transport and

efficient round the clock Emergency Obstetric Care (EmOC) facilities, it is not possible to reduce maternal morbidity and mortality. It is estimated that in Pakistan 1 in 20 women who suffer from complications of pregnancy reach a health facility where EmOC is available. This is due to three types of delays: delay in seeking care, delay in reaching to an EmOC and delay in starting treatment due to non-availability of trained health care personnel, blood, life saving drugs and equipment. In a survey of 48 health facilities in 4 districts of Sindh almost none were providing quality EmOC¹³.

How tragic it is that pregnancy and childbirth, a joyous event for women in developed countries becomes a source of lifelong disability or worse for women in the developing world. For a country like Pakistan where technology has advanced to produce nuclear bomb, it is ironical to have the MMR which Sweden had in the 1880s, political will backed by adequate resources is urgently needed to implement programs to reduce maternal mortality and morbidity through provision of good antenatal care and access to round the clock quality EmOC services.

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