Global reductions in newborn and maternal deaths remain low

While substantial progress has been made globally on aspects of child and maternal survival, including efforts to fight malnutrition and major diseases such as AIDS and malaria, the deaths of millions of children and mothers during childbirth have been largely overlooked, say two leading health researchers at the annual world congress of the International Health Economic Association in Toronto, Ontario (July 10–13).

“This is where we have performed the worst,” Dr. Zulfiqar Ahmed Bhutta, chairman of the department of paediatrics and child health at Agha Khan University in Karachi, Pakistan, told the gathering of health economists in Toronto. “We’ve tackled the low-hanging fruit. But when it comes to newborn deaths, the reductions in deaths remain low.”

In the race to save the lives of millions of children and mothers in developing nations, decades of research has been distilled to reveal exactly where the most severe mortality problems exist and how to tackle them. The evidence indicates that in the five countries with the largest numbers of maternal and child deaths — India, China, Pakistan, Nigeria and the Democratic Republic of Congo — most mothers and children die shortly before or after childbirth, according to Dr. Robert Black, chairman of the department of international health at the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland.

Overall, mortality figures for both mothers and children have been falling “quite consistently since the 1970s,” Black noted at the congress, mentioning Latin America, where maternal mortality has dropped more than 40% since 1990, as an example. But this success has not been matched in Africa and South Asia, warned Black, whose work in the area of child and maternal health recently helped him net the Canada Gairdner Global Health Award.

About half of preventable child deaths — an estimated 8 million each year — are among neonates, Black noted. In this category, the biggest killers of children are preterm birth complications and birth asphyxia. Among preventable maternal deaths — estimated at 350 000 annually — the biggest killer is hemorrhage, according to Black, who cited preliminary figures from a series of recent studies.

That means, more than anything else, child and maternal mortality must be tackled by improving conditions for mothers, says Black, who pointed to the development at Johns Hopkins of a comprehensive guide for health systems reform called the Lives Saved Tool (www.jhsph.edu/dept/ih/IIP/list/index.html). The tool is designed to allow health system planners to zero in on life-saving interventions such as increasing skilled birth attendant capacity. It is being adopted by developing nations such as Nigeria to ensure maternal and child health strategies are evidence-based and integrated into health system strengthening strategies.
To reinforce his emphasis on childbirth as a focus for global health, Black pointed to new research indicating that an estimated 2.6 million stillbirths have not been counted among the global burden of preventable child deaths — a figure that more than offsets estimates of reduction in child deaths achieved worldwide over the past decade (Lancet 2011;377:1523-38).

The newly revealed number of stillbirths reinforces the need for skilled birth attendants in the countries with the highest child and maternal mortality, according to Bhutta, who told congress attendees that the stillbirth epidemic has been overlooked because of an “all-pervasive notion that you can’t do anything about them.”

But the development of evidence-based guides for health system reform, such as the Lives Saved Tool, indicates that “we now know with growing precision what the issues are,” according to Bhutta. “The facts are pretty clear.” — Paul Christopher Webster, Toronto, Ont.