Maternal Mortality Causality

A Kenyan Experience

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Abstract

Maternal and neonatal mortality rates are the best indicators of any country's health-care service. In developing countries, women form the backbone of the economy while children provide security against extinction. Global maternal mortality estimates indicate that most of the countries in sub-Saharan Africa have maternal mortality rates that are greater than 550/100,000 live births. In contrast, Kenya's maternal mortality rate is 414/100,000 live births. Analysis of the specific causes of maternal mortality in Kenya indicates a clear need for addressing postpartum hemorrhage, improving access to skilled birth attendance, and promoting antenatal care. The Protecting Life Movement is introducing rescue home centers to address the problem of crisis pregnancies in Kenya.

Introduction

During the United Nation Millennium Summit in 2000, the international community adopted eight goals that were aimed at improving lives of all people. In millennium development goal number 5 all countries committed themselves to reducing the maternal mortality ratio by three quarters, between 1990 and 2015. A review of the progress was carried out by M.C. Hogan in 2010.¹ Results revealed that the maternal mortality ratio in Kenya has declined very slowly, and that Kenya is not yet on track to meet millennium development goal number 5. The results for maternal mortality in table 1.

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0024-3639/2011/7802-0011 \$.30/page.

Table 1 Maternal mortality ratios for Kenya

Year	Maternal Mortality Ratio
1980	494 (307–768)
1990	452 (263–732)
2000	730 (437–1157)
2008	413 (236–678)

This means that there was need to accelerate the progress. It is estimated that 99 percent of all maternal deaths occur in developing countries where 85 percent of the population lives. More than 50 percent of these occur in sub-Saharan Africa and 1/3 from Asia.² This is a reflection on the inequality in resources between the rich and the poor. The world map on page 1619 of the Hogan study shows the areas with high maternal death rates.

Global Causes of Maternal Deaths

Women die from a wide range of complications in pregnancy, childbirth, or the postpartum period. Most of these complications develop because of the pregnancy and some because pregnancy aggravated an existing disease. According to the World Health Organization, the main causes of maternal deaths include severe bleeding (25%), infections (15%), eclampsia (12%), obstructed labor (8%), unsafe abortion (13%), and other direct (8%) and indirect (20%) causes.³ It is worth noting that unsafe abortion represents only 13 percent and that most of the other causes are preventable. Among the indirect causes (20%) of maternal death are diseases that complicate pregnancy or are aggravated by pregnancy, such as malaria, anaemia, and HIV.⁴ Women also die because of poor health at conception and a lack of adequate care needed for the healthy outcome of the pregnancy for themselves and their babies.

Challenges of Dealing With Maternal Mortality Globally

However, funding for programs which address the major causes of maternal mortality has taken a back seat to funding aimed at increasing access to abortion in many nations which do not want abortion imposed on their own people. The supporters of abortion funding claim that legalization of abortion will significantly decrease maternal deaths, but evidence for this claim is lacking. In fact, there is some evidence that introduction of medical abortion will actually increase maternal morbidity and mortality in areas where health infrastructure is lacking. M. Niinimaki, in an extensive, registry-based analysis of complications following medical and surgical abortion, stated: “Because medical

abortion is being used increasingly in several countries, it is likely to result in an elevated incidence of overall morbidity related to termination of pregnancy.”⁵ In nations such as Kenya, which lack the health-care infrastructure available to women in Scandinavia, this morbidity will become mortality.

In order to address maternal mortality in Kenya, the solutions need to be aimed at the causes of maternal mortality in Kenya. Solutions such as legalizing abortion may target social problems in the West, but do not adequately address the real medical needs of Kenyan women. This paper will analyze maternal deaths in Kenya by cause and then propose solutions based on a rational analysis of causes. Only when the specific causes in a nation are identified will policy makers be able to formulate solutions which are in accord with their needs and their culture.

Demographics of Kenya⁶

Kenya's population is around 40 million, nearly 50 percent are less than 18 years. The maternal mortality rate is 414/100,000 live births, with only 42 percent of births attended by skilled health-care personnel while 53 percent attend antenatal care at least four times. Ten percent of those who deliver at home go for post-natal checkups, 9.6 percent of pregnant women are HIV positive, and 50 percent of the population lives below the poverty line. The fertility rate is 4.6, neonatal mortality rate is 33/1,000 live births, and HIV prevalence in those 15–49 years old is 8.7 percent for women and 5.6 percent for males.

The leading causes of maternal mortality in Kenya which are similar to others from Africa are: 34 percent postpartum hemorrhage, 16 percent sepsis/infections including HIV, 9 percent hypertensive disease, 4 percent obstructed labor, 4 percent anemia, 4 percent abortion and 30 percent other causes.⁷

Discussion

Analysis of the specific causes of maternal mortality in Kenya indicates a clear need for addressing postpartum hemorrhage, improving access to skilled birth attendants and promoting antenatal care.

With adequate prenatal care alone, one is able to educate the pregnant women on nutrition, and the prevention and treatment of conditions that would make them more vulnerable to postpartum hemorrhage. There would also be an opportunity to communicate the need to consult early in case of complications and the importance of seeking delivery services from skilled birth attendants. They would also be advised on the importance of post-natal visits.

Policy makers need to be educated on the importance of maternal mortality so that they can allocate funds appropriately. They should also be involved in improving health-care services and other infrastructure

as well as finding ways of empowering women. This is crucial because causes of maternal deaths are multifactorial, and considering the known delays in decision making, in reaching health institutions, and in intervention at the institutions.

Interventions for Lowering the Maternal Mortality Rate

Lowering maternal mortality in Kenya must involve implementing programs which are consistent with Kenyan culture, and which meet the specific needs of the Kenyan people. In the author's experience, the Kenyan people want abstinence programs to decrease the pregnancy rate among their young people and single women. The Kenyan people want promotion of focused antenatal-care programs, and delivery by skilled birth attendants. The Kenya Obstetrics and Gynecological Society is planning a national program for the reduction of postpartum hemorrhage.

The Kenyan people also recognize the social problem of pregnancies outside of marriage, including the lack of support by the involved men and also the women's families. This leads to a greater risk of health problems during the pregnancy and delivery. However, the Kenyan solution is to offer support to those women in crisis pregnancies, so that they are not forced to destroy their unborn children through abortions. To this end, the Kenyan Protecting Life Movement is planning to partner with churches so as to help the churches establish rescue homes for women and girls in crisis pregnancies in all the forty-seven Kenyan counties. These homes would offer accommodation, antenatal care and delivery, counseling, and empowerment through education or skills.

The Kenyan people also recognize the need to increase education, as well as economic and political stability, in order to foster an environment in which women can fully utilize available health-care resources.

Continuing Social Challenges

Many factors in the social fabric of the nation of Kenya inhibit delivery of health care services. Lack of education, food taboos, unhealthy cultural practices, natural calamities and wars, and ethnic fighting, coupled with political instability all work against the effective delivery of health-care services. In addition, conditional funding from developed countries, linked to ideological agendas such as abortion legalization, drain precious financial resources which would be better directed to providing essential health care to Kenyan women.

Conclusions

Reduction of maternal mortality in Kenya is one of the goals of the Kenyan nation. The causes of the majority of maternal mortality in Kenya are similar to many neighboring African nations, and include

postpartum hemorrhage, infections including HIV, hypertensive disease, obstructed labor, and other causes. Abortion accounts for less than 4 percent of maternal mortality in Kenya. Interventions to lower maternal mortality should be directed at the major causes of maternal mortality, and should be consistent with the culture of the Kenyan people. International health funding which is linked to abortion ideology obstructs the Kenyan people from addressing their health needs.

Finally, it was noted by Dr. Halfdan Mahler, director general of the World Health Organization in Nairobi in 1987, that “maternal mortality [is] ... a neglected tragedy, neglected because those who suffer it are a neglected people, with the least power and influence over how national resources shall be spent; they are rural peasants, and above all they are women.” More than two decades later it is almost status quo.⁸

Notes

¹ M.C. Hogan et al., “Maternal Mortality for 181 Countries, 1980–2008: A Systematic Analysis of Progress Towards Millennium Development Goal 5,” *Lancet* 375 (2010): 1609–1623.

² Ibid.

³ K.S. Khan et al., “WHO Analysis of Causes of Maternal Death: A Systematic Review,” *Lancet* 367 (2006): 1066–1074.

⁴ Richard Horton, “Countdown to 2015: A Report Card on Maternal, Newborn and Child Survival,” *Lancet* 371 (2008): 1271–1219.

⁵ M. Niinimäki et al., “Immediate Complications After Medical Compared With Surgical Termination of Pregnancy,” *Obstetrics & Gynecology* 114 (2009): 795–804.

⁶ World Health Organization, “Kenya Demographic and Health Survey: 2008–09,” <http://apps.who.int/medicinedocs/en/m/abstract/Js17116e/>.

⁷ Khan et al., “WHO Analysis of Causes of Maternal Death.”

⁸ Quoted in G. Rama Padma, “Perceptions on Safe Motherhood: An Analysis of Results from Rural Andhra Pradesh,” *Economic and Political Weekly* (January 29, 2005): 465.