

Healthy motherhood: an urgent call to action



While the past 3 years have ushered in a new phase of commitment to child survival,¹ issues surrounding maternal survival have remained largely neglected. The fifth Millennium Development Goal (MDG-5) is to reduce maternal mortality by three-quarters between 1990 and 2015. Yet, sub-Saharan Africa seems to have stalled in its efforts to improve maternal survival. Only two out of five births benefit from skilled attendants at delivery—and that share has remained unchanged between 1990 and 2003. South Asia has seen improvements: from 27% to 38% coverage with skilled attendants. But coverage rates still remain far too low.

To strengthen the science base and to align advocacy messages around maternal survival, *The Lancet* this week launches a series, linked to a global campaign, to secure the position of mothers in the continuum of care from mother to child. Four papers in this series examine the basic epidemiology of maternal death (over 500 000 women die from pregnancy-related complications each year); strategies for reducing maternal mortality; how to scale-up professional skilled care; and how to mobilise financial resources for maternal health. A final paper issues a call to action for maternal survival. We also publish comments from Joy Lawn, Anthony Costello, and Allan Rosenfield, among others, who look at how the evidence presented in this series by *The Lancet* Maternal Health Steering Group fits into the continuum of care. Each issue of *The Lancet* for the next 5 weeks will contain new research findings on a different aspect of maternal health, emphasising the astonishingly diverse research endeavour in this field.

Perhaps the most sobering analysis of the state of safe motherhood comes from Ann Starrs.² After the Nairobi Safe Motherhood conference, held in February, 1987, prospects for safe motherhood looked promising. But a series of strategic errors—focusing only on mothers at risk of complications, relying on traditional rather than skilled birth attendants, and basing the movement on what Starrs calls “complicated, large, and expensive” plans—punctured these early hopes. Starrs sees encouraging reasons for optimism about new programmes and policies designed to tackle maternal mortality. Next year’s twentieth anniversary of the Nairobi conference will be a cold wake-up call, reminding political and health leaders alike that, while much has been learned, the results for

women have fallen badly short of what should have been achieved.

The commonest causes of maternal death among women in low-income and middle-income settings vary substantially according to region.³ In Africa, haemorrhage causes a third of maternal deaths. In Latin America, hypertensive disorders are the most common cause of maternal mortality. Other major causes of death—sepsis, obstructed labour, and complications from abortion—also vary by geography. These estimates now provide policymakers with valuable guidance for service provision and health-system reform. A crucial message from *The Lancet* Maternal Health Steering Group is that professionalisation of maternity care must be the absolute priority. This in turn, demands strong political leadership to train, develop, and retain skilled health workers, and to maintain a strong focus on equity of access to facility-based obstetric care.

Calls for action such as these can seem oversimplistic. After all, there is a dramatic crisis in human resources for health in sub-Saharan Africa. Transport and communication links between rural and urban settings are fragile. Basic emergency obstetric care needs—intravenous antibiotics, anticonvulsants, and oxytocic drugs, together with surgical instruments—are often absent. There remains disagreement about the value of traditional birth attendants. And many governments have shown little interest in prioritising MDG-5.

Yet the appalling neglect of motherhood as both a health issue and a fundamental human right has provoked agencies⁴ and professional associations⁵ to begin to lay a foundation for country action. The purpose of this *Lancet* series is to go one step further: to establish and bring together the essential factual prerequisites for implementation of programmes to reduce the preventable and unacceptable toll of maternal deaths. There can be no safe future for our species without healthy motherhood.

Richard Horton

The Lancet, London NW1 7BY, UK

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- 2 Starrs AM. Safe motherhood: 20 years and counting. *Lancet* 2006; published online Sept 28. DOI:10.1016/S0140-6736(06)69385-9.
- 3 Khan KS, Wojdyla D, Say L, Gülmezoglu AM, Van Look PFA. WHO analysis of causes of maternal death: a systematic review. *Lancet* 2006; **367**: 1066–74.
- 4 The World Health Report 2005. Make every mother and child count. Geneva: WHO, 2005.
- 5 Queenan JT. Worldwide involvement. *Obstet Gynaecol* 2006; **107**: 974–75.

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