

Written Response on Maternal Mortality Rate

141/2018:

Hon. Dr Mere Samisoni to ask the Minister for Health & Medical Services – "Can the Minister inform the House what are the Maternal & foetal Mortality & Morbidity /Rates since 1994".

Madam Speaker,

I thank the Honourable Member for her question.

Maternal death or maternal mortality is defined by the World Health Organisation (WHO) as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management and not from accidental or incidental causes.

These are the two performance indicators that are sometimes used interchangeably maternal mortality ratio and maternal mortality rate, which can be rather confusing as both are abbreviated "MMR".

However, according to WHO Reproductive Health Publication the maternal mortality rate in Fiji has demonstrated a consistent reduction over the years from 1994 to 2017.

Proper planning and accountability for improving maternal health, and assessment of MDG 5 and SDG targets, require accurate and internationally comparable measures of maternal mortality. Many countries have made notable progress in collecting data through civil registration systems, surveys, censuses and specialized studies over the past decade. Yet, like Fiji, many still lack comprehensive systems for capturing vital events data, and underreporting continues to pose a major challenge to data accuracy. Given the challenges of obtaining accurate and standardized direct measures of maternal mortality, the *Maternal Mortality Estimation Inter-Agency Group* (MMEIG) – which comprises of the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA), World Bank Group and the United Nations Population Division (UNPD) – partnered with a team at the University of Massachusetts Amherst, United States of America (USA), the National University of Singapore, Singapore, and the University of California at Berkeley, USA, to generate internationally comparable MMR estimates with independent advice from a technical advisory group that includes scientists and academics with experience in measuring maternal mortality.

The *Maternal Mortality Estimation Inter-Agency Group* or MMEIG has reported a change for Fiji of 50 percent during the Millennium Development Goals years from 1990 to 2015.

Ref: (<http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>)

Furthermore, an in-depth review of our maternal deaths indicate an increasing predominance of unpreventable maternal deaths. The 2017 Maternal Mortality ratio was 37 per 100,000

which compares favourably with the global average of 216 and for middle income country the average of 237 and for the Pacific island small states average 75.

Ref: (<https://data.worldbank.org/indicator/SH.STA.MMRT>)

Madam Speaker,

From 2006 a number of initiatives were started which I believe has contributed to the decline in Maternal & Foetal Mortality & Morbidity rates

- i. The Emergency Obstetric Care Program
- ii. The Mother Safe Hospital Initiative
- iii. Community health workers program
- iv. Improvements in Neonatal Intensive care capacity including the provision of Surfactant

The perinatal mortality data indicates a down ward trend from 2006 to 2017. This trend is consistent with efforts on the ground in terms of the 3 initiatives mentioned above. The downward trend in Maternal Mortality Ratio reported in initiative point 1 above is also consistent.

The perinatal mortality rate comprises the sum of the still birth rates and neonatal death rate.

In 2017 our still birth rate of just under 6 per 1000 deliveries is the lowest recorded rate. The global still birth rate in 2009 was 18.9 per 1000 deliveries.

The stillbirth rate varies sharply by country, from the lowest rates of 2 per 1000 births in Finland and Singapore and 2.2 per 1000

births in Denmark and Norway, to highs of 47 in Pakistan and 42 in Nigeria, 36 in Bangladesh, and 34 in Djibouti and Senegal. Rates also vary widely within countries. In India, for example, rates range from 20 to 66 per 1000 births in different states.

Our neonatal mortality rate (NMR) has mostly remained between 6 and 8 for much of the last 7 years. This compares favorably with the global average and average for middle income countries of 19 per 1000 live births reported by World Bank (<https://data.worldbank.org/indicator/SH.DYN.NMRT>). The average for Pacific Island small states is reported at 11 per 1000.

Madam Speaker,

Maternal and foetal and morbidity rates has declined dramatically since 1994. Around the 1960's the government policies began to encourage antenatal care at health facilities and the delivery of all babies in hospitals by nurses, midwives or doctors (Fiji Ministry of Health, 1972).

While the root causes of maternal death are complex, the push to ensure deliveries were being attended to by skilled personnel and efforts by clinicians to improve local and national healthcare delivery processes and clinical care, are likely to have contributed to improvements in maternal health outcomes. Additionally, the commitment of the country and the Ministry of Health to adhere to international benchmarks for maternal mortality, such as the Millennium Development Goals (MDGs), contributed to the awareness of the maternal mortality situation and led to combined efforts to improve maternal health outcomes in pregnancy. The rate of improvement has slowed in recent years

and there has been a slight increase in the maternal mortality rate (MMR) since 2010. This suggests that further marked reductions in MMR would require additional efforts by government, clinical service networks (CSNs), the community and development partners.

Maternal Mortality in Fiji 2008-2012 (PDF Download Available). Available from: https://www.researchgate.net/publication/290929586_Maternal_Mortality_in_Fiji_2008-2012 [accessed Jun 07 2018].